



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

September 30, 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 26 Quarter 1 (FY 26 Q1) 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
April 2025	\$ 1,383,502.90
August 2025	\$ 13,052,948.87
TOTAL	\$ 89,790,640.54

B. Funding Amounts Awarded or Allocated

As of September 15, 2025, DHS has no funding opportunities open for application, one funding opportunity under review, and a cumulative total of \$68,354,771 in awards and allocations.

Funding Opportunities Under Review:

The table below summarizes the grant funding opportunity DHS currently has under review.

Funding Opportunities Under Review	
Category	Available Funding
TOTAL	\$ 2,000,000
Peer Services Expansion in Opioid Treatment Programs and Office-Based Treatment Programs/Medication-Assisted Treatment Expansion	\$ 2,000,000

DHS is utilizing \$2 million of Wisconsin’s share of National Prescription Opiate Litigation settlement funds to support medications for opioid use disorder (MOUD). Funds will be used to reduce barriers to treatment, increase engagement and retention of individuals enrolled in treatment, and improve treatment outcomes through the utilization of peer support services and mobile units. A minimum of \$500,000 will be used for peer services in offices that are certified under Wis. Admin. Code § DHS 75.59, also known as Opioid Treatment Programs (OTP), or offices that are certified under Wis. Admin. Code § DHS 75.60, also known as Office Based Opioid Treatment (OBOT). Funds will also be awarded to support maintenance of mobile medication units. Mobile units can dispense MOUD and offer related services, expanding access to services in underserved areas such as rural communities, homeless shelters, or carceral settings. Because mobile units offer services in places that are convenient for such groups, they may increase treatment engagement and encourage people to receive services they would not otherwise access. The initial application period closed on August 20, 2025. Applications are currently under review. Awards will be shared in future quarterly reports.

Awarded & Allocated Funds:

The following table summarizes the amount of funding DHS allocated and awarded by category of use during FY 26 Q1 and cumulatively.

Funding Awards & Allocations by Category			
Category	Previous Awards	FY 26 Q1	Cumulative Awards
TOTAL	\$ 67,354,771	\$ 1,000,000	\$ 68,354,771
Expand Naloxone Direct Program & Test Strips	\$ 9,504,771	\$ -	\$ 9,504,771
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
Community Based Prevention - Opioid Prevention	\$ -	\$ 1,000,000	\$ 1,000,000
Peer Services in OTP/OBOT & MAT Expansion	\$ -	\$ -	\$ -

FY25 Community-Based Prevention – Competitive Grant Program: Community-Based Opioid Prevention

Community anti-drug coalitions, nonprofit agencies, and faith-based organizations were invited to apply for funds to support prevention programs throughout Wisconsin. Entities can use the awarded funds to

support the following activities: drug prevention; evidence-informed prevention; stigma reduction; training in evidence-informed implementation; community-based education or intervention services; programs and curricula to address mental health needs of young people; or other activities permissible under opioid settlement agreements. The total amount of funds available for this funding opportunity was \$1,000,000, with four awards being made in the amount of \$250,000 each. The initial application period closed on June 17, 2025. Awarded agencies included: Arbor Place, Forest County Potawatomi Community, Hope Council, and United Community Center.

Arbor Place

Arbor Place programming will serve youth (under age 18) in Dunn and Pierce Counties. Results from the 2023 Youth Risk Behavior Survey (YRBS) indicated that youth in these regions faced disproportionately high levels of food insecurity and homelessness, which are two risk factors for substance misuse. Additionally, in 2023, 33% of youth in Dunn and Pierce Counties reported feeling persistently sad or hopeless, and rates of marijuana and alcohol use were higher among youth in these counties. Arbor Place aims to increase protective factors in youth such as resiliency and positive coping mechanisms in youth through a combination of educational programming, emotional support services, and alternative events.

Forest County Potawatomi Community

Forest County Potawatomi Community (FCPC) programming will serve youth ages 11-17 who are either FCPC-enrolled or descendants. Currently, FCPC's Indian Child Welfare Department has 57 open cases, a large percentage of which involve opioid and/or other substance use by either the parent or child. FCPC currently coordinates with local school districts to provide in-school counseling, led by dual diagnosis counselors, for Tribal nation youth. The FCPC aims to use culturally driven, community-based prevention programming to increase social and community connection in youth and positively impact youth decision-making.

Hope Council

The Hope Council's prevention programming will serve youth, parents, and other adults of Kenosha County. According to the 2023 YRBS, over half of Kenosha County high school students reported feeling anxiety, and over a third of high school students reported persistent feelings of hopelessness or sadness. These mental health indicators are major risk factors for substance misuse. Through a multi-pronged approach of youth and parent/trusted adult educational programming, the Hope Council aims to improve the mental health indicators of Kenosha County youth and decrease youth access to illicit substances.

United Community Center

United Community Center (UCC) Programming will serve the Hispanic community (of all ages) in southern Milwaukee. While opioid overdose fatality rates have decreased across Milwaukee County in recent years, fatalities in southern Milwaukee zip codes have increased. This neighborhood-specific increase in overdose fatalities, coupled with a lack of linguistically and culturally appropriate prevention programming for the Hispanic community in South Milwaukee, has left a gap in primary prevention that the UCC hopes to fill. By providing educational programming for community members of all ages, the UCC aims to increase community awareness of the negative impact of substance misuse, while building positive coping skills in individuals.

C. *Funding Expenditures*

As of September 10, 2025, a total of \$35,385,200 in expenditures have been recorded for programs supported with settlement funds; this includes \$28,056,560 in reported previous expenditures (\$1,431,888 in additional expenditures posted to FY 25 Q4 after the last report was submitted) and \$7,328,640 of expenditures in FY 26 Q1.

Under the state's accounting and contracting systems, in most circumstances, a grantee must report expenditures to the state under its contract. The state then makes payments to the grantee based on those reported expenses within required timeframes. In some circumstances, a grantee will not report

expenditures to the state until the end of the project, requesting a single payment from the state. Once the state makes the payments, expenditures are recorded in the state accounting system for the contract.

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

Expenditures by Category			
Category	Previously Expended	FY 26 Q1 Expenditures	Cumulative Expenditures
TOTAL	\$ 28,056,560	\$ 7,328,640	\$ 35,385,200
Expand Narcan® Direct Program	\$ 4,818,200	\$ -	\$ 4,818,200
Distribute Fentanyl Test Strips	\$ 671,900	\$ 1,300	\$ 673,200
Capital Projects	\$ 6,893,400	\$ 1,794,200	\$ 8,687,600
Funding for Tribal Nations	\$ 4,359,200	\$ 3,356,800	\$ 7,716,000
K-12 Evidence-Based Prevention	\$ 637,400	\$ -	\$ 637,400
Medication Assisted Treatment	\$ 2,658,860	\$ 101,540	\$ 2,760,400
Room and Board for Residential Treatment	\$ 3,255,900	\$ 832,700	\$ 4,088,600
Law Enforcement Agencies	\$ 1,625,000	\$ 601,700	\$ 2,226,700
Statewide After-School Prevention	\$ 1,750,000	\$ -	\$ 1,750,000
Hub and Spoke Pilot Program	\$ 423,500	\$ 30,500	\$ 454,000
Substance Use Disorder Treatment Platform	\$ 299,400	\$ 174,400	\$ 473,800
Surgical Collaborative of Wisconsin	\$ 254,800	\$ 38,800	\$ 293,600
Opioid & Methamphetamine Data System	\$ 52,700	\$ -	\$ 52,700
Community-Based Prevention	\$ 177,100	\$ 267,300	\$ 444,400
Medical College of Wisconsin	\$ 179,200	\$ 129,400	\$ 308,600

D. Listing of Individual Recipients of Awarded Funds

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

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

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

Naloxone Direct Program & First Responder Harm Reduction Supplies

The Naloxone (Narcan®) Direct Program (NDP) provides overdose reversal and life-saving medication to law enforcement agencies, emergency medical services (EMS), 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 this reporting period, the NDP reports training 5,030 people in overdose prevention and naloxone administration and distributing 18,938 naloxone kits (total of 37,876 doses). NDP agencies reported over 650 successful overdose reversals. Due to data collection limitations, the number of successful overdose reversals is an underreported amount.

DHS finalized the rollout of the law enforcement and emergency medical services leave behind services. Entities began providing leave behind supplies in June 2025. To date, the law enforcement Leave Behind Program ordered and delivered a total of 2,441 fentanyl test strip kits (1 strip per kit) in bulk to all participating agencies, which distributed 82 kits, serving an estimated 112 individuals. The EMS Leave Behind program ordered and delivered a total of 3,871 fentanyl test strip kits (1 strip per kit) in bulk to all participating agencies, which distributed 1,038 kits, serving an estimated 946 individuals.

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, 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 continue their PHVM programs for a second year. Agencies report current activities involving navigating impacts of federal funding restrictions, replenishing popular materials from existing machines, and adding new public health items to existing vending machines. In this reporting period, agencies purchased 70 cases of naloxone, along with other materials for maintaining machines, printing materials, and packing fentanyl test strip kits. To see the location of these and other PHVM operating in Wisconsin, visit <https://www.dhs.wisconsin.gov/opioids/safer-use.htm>.

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 allocated \$500,000 to the Department of Corrections for harm reduction strategies to include the purchase of electronic lock boxes for storing and tracking narcotics. DHS is actively working with DOC on this project with further details to 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 currently. 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)

During this reporting period, the capital construction project at Arbor Place advanced significantly toward completion. By the end of July 2025, 95% of the work was complete. Major accomplishments included the full installation of flooring, cabinetry, and mechanical, electrical, and plumbing devices. The elevator installation was finalized, ensuring accessibility throughout the facility. On the exterior, all siding is complete, concrete walkways and decking have been finished, and construction of the dumpster corral is underway. Landscaping activities have begun, adding to the site's functionality and curb appeal. Inside, initial cleaning has started in preparation for the final phase of work. These achievements bring the project into its final stage, positioning them to transition from construction to operational readiness in the coming months.

Meta House (Milwaukee County)

Meta House continued to make significant progress on Project Horizon throughout the spring and summer. As of July 31, 2025, construction was approximately 43% complete, with major milestones achieved across both the inpatient/residential and outpatient/administrative buildings. During this period, crews completed key structural work including deck and roof pours, staircase installations, and exterior steel stud framing. Sheathing advanced on both buildings, while activities related to foundation waterproofing, air/vapor barriers, and underground plumbing and electrical systems were completed. Interior work also began, with framing, ductwork, and fire protection piping progressing through the fourth floor of the inpatient building. Fireproofing was applied to beams and columns, and window installation began in the office building. By the end of this reporting period, both buildings had framing, sheathing, fireproofing, and infrastructure well advanced and interior build-out underway. The project remains on track for phased occupancy beginning in Q3 2026.

Second Round Funding:

United Community Center (Milwaukee County)

The United Community Center's (UCC) construction of their new men's residential facility is advancing as planned. During this period, UCC broke ground after safely removing some outdated structures from the site. UCC used a deconstruction company that ensured that all hazardous materials, such as asbestos, were responsibly contained. In addition, they prioritized salvaging and reusing materials (including windows, doors, bricks, metals, pipes, and lumber) by donating them to others. With preliminary milestones successfully completed, JVS Construction is now active on-site, moving the vision into its physical construction phase. The project implementation continues in alignment with established timelines, with observable progress on-site that reflects effective coordination between the planning and construction phases. A signature feature of the facility will be a dedicated commons area, intentionally designed as a flexible and welcoming space where residents can engage in exercise and mindfulness activities, participate in meetings and group events, and build strong social connections. This shared hub will be central to their mission of fostering wellness while addressing mental health and substance use disorders. They remain deeply committed to creating a safe and supportive home for individuals on their path to recovery. The facility is projected to be completed and fully operational by mid-summer 2026, serving as a vital resource for those they support.

Apricity (Winnebago County)

Apricity continues to work with Gries Architecture and site/building plans have been submitted and are awaiting approval. The easement move was approved by the entity utilizing the easement. Papers have been filed to combine the Casa Claire lot with the adjacent lot. The home on the adjacent lot has been demolished and removed. Catalyst Construction has solicited bids for the project sub-contractors. The bids have been reviewed, and contracts have been signed. The project team meetings include on-site supervisors from Catalyst Construction, Gries architect, and the interior designer. This group meets every-other week to provide updates, establish deadlines and review assignments for 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. 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 – Progress continued as they provided access to cultural and spiritual support for individuals impacted by the opioid crisis via traditional medicine

through the harm reduction program and support engaging in treaty harvesting. Phones, phone cards and bus passes have been purchased and are being distributed to participants of the harm reduction program, facilitating regular contact with peer support specialists and navigators. At the harm reduction building, their community members who have been impacted by the opioid crisis continue to receive essential support unavailable elsewhere. During this quarter, they continued offering monthly sexually transmitted infection testing through a partnership with the Ashland County Public Health Department, with between 8-15 individuals signing up to be tested. They also partnered with outside agencies to participate in a train-the-trainer event to offer culturally based family circles programming for individuals harmed by opioids. Contracted peer support workers have distributed thousands of doses of naloxone and connect individuals in the local area with access to sterile injection equipment and other lifesaving supplies. They customized a shed to house a public health vending machine, which is stocked with naloxone and other critical supplies. They are most proud of the Gathering of Native Americans (GONA) summit, which focused on youth substance use prevention, held on June 18-21, 2025. Approximately 15 Bad River youth assisted with the planning and execution of the event. In preparation for the event, the youth coordinators conducted a Community Readiness Assessment (CRA) to evaluate the community's knowledge about, and interest in substance use prevention. The results of the CRA indicated they are in the readiness stages of preplanning, preparation and initiation in their efforts to create community change. This means, there is clear recognition that something must be done; however, efforts may be less focused and detailed. Active leaders are planning efforts, and the community has offered modest support and/or efforts. Services provided during this reporting period include but are not limited to, community-based peer support – 1,248 people served; individuals trained in overdose reversal – 196 people served; received naloxone kit at no cost – 546 people served; traditional medicine sessions (sweat lodge, shake tent, individual consultations) – 25 people served; youth drug prevention – 150 youth served.

Forest County Potawatomi - They are pleased to report an increase in the number of community members they have assisted transition from treatment to independent living. Their program is designed to equip individuals with essential life skills that foster independence and encourage successful integration into the community. They provided training in assertiveness to help clients effectively communicate their needs and assert their rights, as well as coping strategies to manage stress and adversity. Although their enrollment numbers have decreased, they will continue their efforts to improve the program and better serve the community. They have successfully served a total of 11 community members to date. Among them, four individuals have graduated from their programming, demonstrating their progress and readiness to transition to the next phase of their personal development. In their operations, they experienced two unsuccessful discharges; however, they are pleased to report that this figure reflects a reduction in such cases compared to previous periods, indicating improvements in support strategies. Currently, five community members are actively receiving services which are tailored to foster their growth and reintegration into the community. They remain committed to supporting everyone's journey and enhancing the effectiveness of their services.

Ho-Chunk Nation – Ho Chunk Nation (HCN) Behavioral Health (BH) has the flexibility to engage in multiple areas of focus, advancing evidence-informed programs and strategies that support treatment and recovery for individuals with opioid use disorder (OUD) and co-occurring substance use and mental health conditions. During this period, HCN BH engaged in a rapid spenddown process, directing funds toward initiatives that would strengthen both current operations and future programming. Resources were invested in launching new programs, sending staff to key trainings, and securing items to better support clients and the providers who serve them. With this phase complete, HCN BH was able to return to its strategic development efforts. HCN BH has strategically invested in and initiated several key programs and services, including overdose reversal kits, Minuchin Structural Family Therapy practices, Just a Horse Equine Assisted Learning, and Mending Broken Hearts facilitator training. With these tools and resources now in place, the coming year will allow them to generate meaningful data including outcome statistics to demonstrate their impact. HCN BH was able to distribute anxiety coping

educational items to children and youth during the 2025 Memorial Day Pow-Wow in Black River Falls, WI. Staff provided anxiety identification fact cards, emotion based sensory stickers, and breathing lights. On-site training was provided to the children, youth and their parents/guardians on how to use the breathing light as a tool to regulate and de-escalate heightened emotions. HCN BH is building a strong partnership with an Equine Assisted Learning (EAL) service provider, Just A Horse Rescue & Sanctuary. Their staff had the opportunity to experience a sample of the EAL curriculum on-site, deepening their understanding of its impact. They are now finalizing the details of a service contract to bring this innovative approach to those they serve. In addition, HCN BH staff have completed specialized trainings that enhance their ability to engage with clients in a more holistic and meaningful way—supporting healing, resilience, and long-term recovery.

Lac Courte Oreilles Band of Lake Superior Chippewa - During this reporting period, the Lac Courte Oreilles (LCO) Tribal Nation Opioid Abatement Efforts Program focused on three main priorities that have helped strengthen the community's response to the opioid crisis.

The priority was continuing to build and support the LCO Men's Sober Living Home, "Endazhi-noojimong." The sober living home continues to provide recovery support services including transitional care, peer support, daily reflections (12-steps), behavioral health classes, and Ojibwe cultural activities. These services support long-term recovery and continued growth of the program. This quarter, two participants achieved over six months of sobriety, graduated the phasing-up program, obtained permanent full-time employment, and continued to recovery independently. The home has 12 beds and remains mostly full, averaging eight participants.

The second priority this quarter was strategic planning for the LCO Emergency Shelter, "Endazhi-wiidookaazod." The shelter has implemented updated policies, updated programming and voluntary community resource services to strengthen harm reduction efforts. Kitchen renovations and new bedroom furniture greatly improved safety and sanitation. Individuals wishing to stay beyond 90 days must now request an extension (30, 60, or 90 days) and provide proof of enrollment in local housing programs within the reservation or Sawyer County.

The third priority for LCO was on strengthening the roles of the transitional care coordinator and program coordinator to provide more community support and transitional care services. These two positions meet weekly to review data, participant progress, and overall care focusing on residents of the sober living home and shelter. The program addresses needs in housing, transportation, employment, culture, and essential services, helping participants achieve stability and maintain long-term recovery. Peer support remains central to the approach, with cultural and spiritual activities integrated into care plans. The program continues to address significant barriers such as limited transportation and lack of awareness of available resources. By providing direct assistance with IDs, licenses, court and probation appointments, vocational rehabilitation, and more, they help participants move forward in their recovery journey while supporting healing and wellness in the community.

The transitional care coordinator continues to develop personalized transition plans for sober living and shelter participants, emphasizing peer and cultural support. He has completed parent peer support training, naloxone train-the-trainer certification, and recovery coach training, in addition to his existing peer support certification. He also leads sweat lodge ceremonies and connects participants to traditional healing practices.

The program coordinator supervises the men's sober living house manager and emergency shelter house manager, manages policies and procedures, oversees staff, and handles administrative responsibilities including strategic planning, reaching objectives and goals, programming, training, and cultural activities.

Services provided during this reporting period include but are not limited to: tribal nation abatement participants – 27 people served; community support outreach assistance for individuals at emergency shelter – five people served; LCO emergency shelter temporary stay (harm reduction) – 47 people served; intervention referral to Bizhiki Wellness – four people served; traditional Coordinated Care Services – 21 people served; hosted/assisted community events – eight events attended.

Lac du Flambeau Band of Lake Superior Chippewa – During this project period, Lac du Flambeau Band of Lake Superior Chippewa has five individuals placed in sober living homes. Lac du Flambeau is seeking to recruit a psychologist and Tribal social worker.

Menominee Indian Tribe of Wisconsin – The Menominee Indian Tribe of Wisconsin continues to dispense harm reduction supplies to community members in need. Services provided during this reporting period include but are not limited to hygiene kits – three people served; medication assisted treatment services – 24 people served; community events attended – three events; residential treatment services – eight people served.

Another noteworthy area of change has been observed in the community's fatal overdose numbers. In 2023, nine people lost their lives due to a drug overdose, this reduced to seven in 2022, and in 2024, one person lost their life due to a drug overdose. So far for 2025, data is reporting one drug overdose death this year.

Oneida Nation - They implemented medication assisted treatment at their Oneida Community Health Center October 1, 2024. They have had 58 participants attend Kunhi-Yo "I'm Healthy", which was sponsored by the Oneida Behavioral Health's Opioid Response Team. Overdose Awareness Conference planning has begun. They have not started the process to secure conference space but do plan to host the event at the Oneida Hotel and Conference Center. They are finalizing the agenda and ordering supplies for the event. They have selected a vendor for public health vending machines and are awaiting quotes for the procurement process. They have started ordering supplies to stock the vending machines. They have also started the partnership with TryCycle Software solution to be able to provide 24/7 recovery support via a recovery app.

During this reporting period 24 people received residential services, 117 people engaged with recovery coaches, and 58 people have begun receiving medication assisted treatment.

Red Cliff Band of Lake Superior Chippewa - The Red Cliff Wrap Around Care Team is responsible for oversight and implementation of the opioid response efforts. The team consists of health administration, behavioral health, wrap around coordinator, human/family service administrator, police chief, housing service manager and judge. The team meets bi-weekly to discuss progress and plans. The funding supported three positions during the report period.

- The evaluation/data entry position is responsible for data collection/analysis associated with the Tribal Action Plan.
- The service facilitator trainee position works within the wrap around care program providing case management/coordination services.
- The social emotional coach position is located at the Bayfield School. The position provides intervention/connection to services for students/families. Substance use treatment (inpatient treatment) for opioid use is not a service provided within the Red Cliff service system. Tribal members are referred to outside providers; however, the coordination is conducted at the tribal level. This includes coordination of availability, payment, transportation, etc.

Tribal Action Plan activities during the reporting period include:

- Service facilitation – significant increase in clientele resulted in hiring of a second trainee position. Trainees are community members that will be trained in case management within the wrap around model.

- Monthly data gathering across systems – added data for public health vending which will track dispensing of naloxone/fentanyl strips/ etc.
- Initial efforts to establish traditional healing. Indigenous evaluation work began on the planning phase for the Indigenous Evaluation Project. A one-day work session was facilitated to identify stakeholders and timeline. The evaluators also attended the Red Cliff Language Camp to get a sense of the community and current evaluation tools used.
- Family/Community Activities During the report period, funds were used to support the first annual LaPointe Band Round Dance event and the Red Cliff Language Camp.

The project collaborated with the AODA Harm Reduction Coalition to sponsor an essay scholarship. The essay was focused on “Ink Your Voice” related to safe/sober community. There were four winning essays that received a small scholarship, and the essays were published in the community newsletter. The development of a Traditional Healing program made progress during the report period. The Tribal nation identified and came to an agreement with a healer that provides service for two other Tribal nations. The group will continue to work through logistics to provide both individual and community services.

During this reporting period the following were provided: behavioral health services – 238 people served; medication for opioid use disorder – Four people served; family programming events – two events; naloxone provided to 17 individuals.

Sokaogon Chippewa Community- During the reporting period from May 1 to July 31, 2025, the Sokaogon Chippewa Health Clinic (SCHC) made steady progress in advancing opioid abatement efforts. They maintained consistent support for over 40 clients per week through their integrated behavioral health services, focusing on opioid use disorder (OUD) and related challenges. Key advancements included networking opportunities enabled by grant-funded trainings, which fostered partnerships with organizations such as ProSay, Great Lakes Inter-Tribal Council (GLITC), and Wisconsin Legal Aid to better assist justice-involved clients. They also continued development of a perinatal mental health program to address the needs of pregnant and postpartum women. Additionally, retention bonuses funded by the grant have secured a fully staffed behavioral health department for the upcoming year, ensuring continuity of therapeutic services delivered by trusted community members.

The project experienced some delays due to staff turnover, particularly impacting their ability to initiate new clients on medication assisted treatment (MAT), such as Suboxone. To resolve this, they are actively recruiting a new provider and have established interim collaborations with regional MAT programs to maintain continuity of care for existing clients. They also faced challenges in staffing peer support positions, which they are addressing by building a mentoring pipeline to identify and certify community members in long-term recovery.

The following services were provided during the reporting period, with approximate numbers served based on tracking:

- Integrated behavioral health and opioid use disorder support (including case management, harm reduction, and telehealth/outreach): Over 40 clients per week (approximately 520 unique encounters over the 13-week period, serving clients across all age groups, including those with co-occurring disorders and elders).
- Intensive substance use disorder treatment support (inpatient, intensive outpatient counseling, recovery groups, and coordination with MAT): 17 tribal members.
- Culturally tailored prevention events (co-hosted community gatherings incorporating spiritual ceremonies and traditional practices): Multiple events, reaching an estimated 100+ community members focused on youth and general prevention.

- Networking and support for justice-involved clients (through partnerships with ProSay, GLITC, and Wisconsin Legal Aid): 10-15 clients assisted with care coordination and harm reduction.
- Transportation and childcare support for pregnant/postpartum women and others: Provided to 15 clients to facilitate attendance.

Several positive outcomes emerged from this funding. The grant-enabled trainings not only built crucial relationships for supporting justice-involved clients but also enhanced their capacity for culturally responsive care, leading to higher client satisfaction reported in anonymous surveys. Co-hosting cultural events strengthened community prevention efforts and fostered a sense of collectivism, with participants noting reduced stigma around substance use disorder. Retention bonuses have ensured a stable behavioral health team, resulting in consistent service delivery and improved client compliance with treatment plans. Overall, these efforts contributed to holistic improvements in community health, with early indicators from electronic health record data showing stable MAT retention and no reported opioid-related overdoses among served clients during the period.

St. Croix Chippewa Indians of Wisconsin - Clients of the Wings of Migizi program consistently asked for various levels of cultural connection to aid in their recovery efforts. In the closing months of this year's iteration of the grant, a change in efforts evolved to include Spiritual Advisor Services from outside sources. Contracts have been executed by a Spiritual Leader to help guide not only this program but their clients on the road to recovery while creating inroads towards cultural reconnection. Through this effort, their contracted Spiritual Advisor will also create long lasting individual and environmental impacts by creating infrastructure leading into various ceremonial practices. The intent is to make transitional services available across entry to re-entry, to support those getting back into cultural practices to a more advanced level of ceremony.

Peer support specialists supported through this funding continue working with clients of the program, conduct both individual and group interactions, participate collaboratively with other programs and supporting tribal efforts in harm reduction and opioid abatement services. Both specialists report various levels of turnover in their client files. However, towards the end of this reporting period, both recovery activities and referrals began to increase. For clients whom a higher level of care is needed, referrals have been made to both internal and external agencies.

The Elder Advisory Board continues to meet and discuss topics related to helping the opioid abatement efforts and efforts for the St. Croix Tribal Human Services Department. 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 valuable. 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 for supportive services such as those involving behavioral health or peer support specialists. During this reporting period the peer support specialists continued their efforts in creating and supporting cultural events typical for the spring and summer seasons. Peer support specialists have both begun work towards cultural events throughout the summer. At the end of each summer season, many use this activity as way to reconnect with their heritage and their peers. 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 continues to play a vital role with clients and their recovery efforts.

The peer support specialists continue to introduce clients to groups, cultural activities, individual sessions, job searches, etc. Some of those services have also included supporting transportation, job coaching, attending court appearances along with clients, referrals and introductions to other tribal and local services. They support getting clients to medical appointments, probation appointments, court dates, and substance use and behavioral health appointments. Along with their advocacy, they also continue to introduce and encourage client participation in Big Drum

Ceremonies, Powwows, Pipe Ceremony, Seasonal Treaty and Ceremonial activities and all the preparation for these events. Referrals have been made to other recovery support systems within the Tribal nation, county and other supportive program structures. Some of those include VERNA, Tribal Behavioral Health, Aurora Community Services, Tribal Education, Aanji-Bimaadiziwin Healing Center, and other Peer Support Specialists.

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”. Drum groups, traditional teachings, language revitalizations efforts, and seasonal activities continue to flourish as a result of both the “Wings of Migizi” program and the Opioid Abatement Grant. As a result of grant funding, the Wings of Migizi program has helped, and continues to help those in every stage of recovery. Many of these interventions cannot be quantified in reportable numbers, but significant impacts for those in varying stages of recovery. Some have hit milestones in their recovery by obtaining their driver’s license, found stable living, engagement with the community, maintained attendance at AA, NA, and other Wellbriety meetings.

Stockbridge-Munsee Community Band of Mohican Indians - During this reporting period, the Stockbridge-Munsee Health and Wellness Center (SMHWC) approved and purchased a bubble packer that will be used to bubble pack medications including prescribed controlled substances. This will allow the SMHWC to more easily conduct random pill counts as required by our controlled substance prescribing policy. The clinic used funds to cover the cost of pharmacy, medical, and lab staff to allow their clinic to better follow their controlled substance prescribing policy. This policy requires random pill counts and drug testing for patients who are prescribed controlled meds for longer term use. The intent is to ensure patients are using the medication correctly and that medications are not being diverted or used by others. The SMHWC also used funds to pay for behavioral health staff, medical staff, and pharmacy staff to carryout medication assisted treatment (MAT) for patients and to train additional providers.

The SMHWC used funds to contract with an outside entity to conduct listening sessions with community and provide a summary of concerns in the format of a framework to help the Tribal nation create a more comprehensive plan in addressing substance use disorders more broadly.

The talking circles were very well received. The Tribal nation is looking at options to continue the availability of group supports to people with substance use disorders and their family and friends. The Tribal nation is using other funds to upgrade an existing building that will be used for a healing to wellness center that will include a rehabilitation support area to hold talking circles, AA, NA, and peer recovery coach meetings.

During this reporting period, medication assisted treatment was provided to 7 individuals; prescription monitoring was completed for 100 patients; two new providers were trained on medication assisted treatment, naloxone training was completed, and 61 naloxone kits were distributed.

Central Alert System

The overdose alert system, or Wisconsin Suspected Overdose Alerts for Rapid Response (WiSOARR), is a secure web-based application developed and maintained by DHS staff. WiSOARR 1.0 was launched statewide at the end of October 2024. WiSOARR 2.0 will be launched at the end of September 2025. At the time of this report, 150 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.

Enhancements wrapping up development include:

- Updates and refinements to user interface on map page
- Functionality to improve and streamline workflows for DHS Administrator functionality:
 - Streamlined user interface for managing access requests and user group onboarding
 - User event logging
 - Mechanism for content management (i.e., training, tutorials, and resources)
- Addition of non-fatal overdose encounters by law enforcement
- Addition of the option for coroners and medical examiners to report suspected fatal overdose incidents

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 define and document DHS staff roles to support the long-term sustainability of WiSOARR.

K-12 Evidence-Based Prevention Program

During this quarter, staff from the Wisconsin Department of Public Instruction (DPI) supported school districts in completing financial claims for services rendered during the 24-25 school year. In their end-of-year reports, school districts documented progress on funded initiatives and identified their intent to utilize carryover funds in fiscal year 2026.

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 Addiction Recovery Helpline and to community providers within Wisconsin. WISAM has reconnected with key stakeholders and have resumed development of the hotline and are ready to implement. WISAM reports that they have worked with the Addiction Recovery Helpline and have completed training for providers and peer support and expect to start serving patients within the next 30 days.

Milwaukee Health Systems (Eau Claire), Milwaukee Health Systems (Appleton), Quality Addiction Management (Beloit), and Addiction Medical Solutions (Oshkosh)

Agencies were funded to develop mobile Opioid Treatment Program (OTP) units to provide all three forms of FDA (U.S. Food and Drug Administration) approved medications for opioid use disorder, clinical services, and peer support and recovery coach services. These units are also intended to 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 physical unit has been completed, and delivery took place on October 7, 2024. A storage facility was secured and, multiple outreach events and public awareness events were conducted in Barron and Chippewa County. Though a dispensing location has not been able to be secured the State certification survey was completed on October 14, 2024. No state certification was issued. Application has been closed by the Wisconsin Department of Quality Assurance on May 31, 2025

due to missing travel plan and no identified dispensing location. The agency has no grant funding remaining. No further updates will be provided for this program/agency.

Milwaukee Health Systems (Appleton)

The physical unit has been completed and delivered. State certification was completed on August 19, 2024, and issued on October 29, 2024, Continuing wait on DEA certification. The agency has continued to struggle to find a dispensing location due to zoning issues, community concerns/stigma surrounding medication assisted treatment and a mobile unit being in their area. The agency has completed multiple outreach events in targeted area in effort to increase community contacts and educate community about medication assisted treatment and mobile unit safety. The agency has no grant funding remaining. No further updates will be provided for this program/agency.

Quality Addiction Management (QAM) (Beloit)

The physical unit has been completed and delivered. The agency is looking for a new dispensing location as the location that was secured has been certified as a brick-and-mortar medication unit. Beloit QAM has conducted multiple outreach events and public awareness events in Walworth and Rock Counties. State certification was completed on October 10, 2024, and issued December 4, 2024; the mobile unit is not deployed. The agency has no grant funding remaining. No further updates will be provided for this program/agency.

Addiction Medical Solutions (Oshkosh)

The mobile unit was delivered on February 18, /2025. The State certification has not been scheduled at the time of this report. AMS continues to work on getting the unit registered for Oshkosh. AMS has secured agreements with the Wisconsin Department of Correction for dispensing locations. The Oshkosh mobile unit applied for state/federal and DEA certification. All grant funding has been utilized. No further updates will be provided for this program/agency.

Wisconsin Department of Corrections

During this period, DOC contracted providers continued to screen, assess, and make referrals for clients under the supervision of the DOC Division of Community Corrections (DCC) residing at their facilities. Additionally, DOC staff continued to meet with DOC – contracted mobile unit vendor, Addiction Medical Solutions (AMS), to discuss locations that would best serve (DCC) clients on one of the mobile unit routes. This co-location would provide an efficient referral pathway and warm hand-off for clients.

This funding supports increased access to MAT for individuals receiving treatment and services at identified RSPs throughout the state. The identified RSPs support the continuation of medications for opioid use disorder for those with an active prescription. Also, at intake, RSP treatment staff screen clients for opioid treatment needs and refer clients to medications for opioid use disorder (MOUD) services, if they are interested in receiving MOUD as part of their treatment plan. During this period, the number of clients assessed for opioid use disorder (OUD) was two, and the number of clients maintained on their active MOUD prescriptions or referred to a MOUD provider was eight. Additionally, DOC contracted with community opioid treatment programs to provide mobile MAT services to clients under the supervision of the DCC in underserved areas of the state. The mobile MAT units remove barriers to treatment such as transportation. The services provided through the mobile MAT units include administering and dispensing medications for opioid use treatment, collecting samples for drug testing or analysis,

dispensing take-home medications, and providing medical and psychosocial assessments and counseling, when possible. Though delayed in implementation of service delivery, AMS, one of the contracted mobile MAT service vendors, projected the number of individuals served per year as 50 – 100.

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

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. This contract operates on a calendar year. During this reporting period (April 1, 2025 – June 30, 2025), awarded agencies provided services to 271 people for a total of 11,547 days of service. This quarter's average daily cost was \$73.94 which is a significant decrease in comparison to the last reporting period.

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.

Calumet – Community Drug Disposal

The drug drop box has been received and installed in the lobby of the Sheriff's Office. The public is using it on a regular basis. Twenty-five of the 300 drug deactivation kits have been distributed to the public in the months of May and June.

Chippewa – Community drug disposal program, Medication-assisted treatment education and awareness training.

The department utilized larger drug deactivation kits during the local Chippewa Valley summer music festivals in Cadott, WI: Force Fields, Hoofbeat [formerly Country Fest] and Rock Fest. Those supplies have allowed for safe and proper drug disposal for community residents and visitors while keeping our environment and water supplies clean.

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

The agency is continuing to provide medication assisted treatment (MAT), counseling, and after care. They have screened 509 individuals for opioid use disorder and provided MAT for 20 participants. Ten doses of naloxone have been distributed and 20 individuals received peer support services. The agency has purchased 5,000 drug deactivation kits and continues distributing them to community members throughout Columbia County.

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

The Dane County Sheriff's Office did experience a waiting period to allow for the county to approve the grant contract and a contract amendment with Wellpath (correctional medical provider) to hire the 0.5 FTE nurse practitioner for MAT and add a deputy for movement related to MAT services. These contracts allow methadone to be delivered to people in the care of the

Dane County Sheriff's Office. Both contracts were approved in April 2025. The MAT deputy started on April 29th and the 0.5 FTE nurse practitioner started with Wellpath on April 20th.

During this reporting period, 419 people were screened for an opioid use disorder; 125 people have been enrolled in MAT; 87 people received peer support services; 203 people have been enrolled in case management or care coordination services; 67 people were discharged from the program due to being released from jail; and one person was discharged due to program violations.

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

During this reporting period, the Dunn County Sheriff's Office received 28 referrals to the program. Referrals were from law enforcement, human services, treatment court, Dunn County Jail, treatment facility Arbor Place, peer support provider Kaleidoscope, the shelter Stepping Stones/Cairn House, self-referrals, and various other community members/support community groups. They have started a community online referral system that sends referrals directly to their Project Hope Cordata entry system and streamlines the data entry piece as well. Community and law enforcement have been continuing to utilize Behavioral Health Officers (BHO) as a resource to meet with individuals in active crisis or needing follow up for potential assistance related to substance use. During this reporting period, Dunn County Sheriff's Office was in the finalizing stages of approving a case worker position to add to the Project Hope Team. Many grant meetings were held to finalize details and determine a hiring process.

BHOs have been working diligently with existing substance use disorder clients, as well as prioritizing crisis referrals and stabilizing those in need with useful resources. With additional people being referred to their already large case load, it is creating some delays in prompt outreach to new referrals. The agency is looking forward to the hire of a case worker who will assist with managing the workload.

During this reporting period, 32 people were referred for pre-arrest or pre-arraignment deflection programming. Thirty-two people were also enrolled in pre-arrest or pre-arraignment deflection programming.

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

During this reporting period, the Eau Claire County Sheriff's Office completed the development of a video titled, "Eau Claire County Deflection Program: One Step at a Time." This video is a central component of their broader deflection program media campaign, which included both the development and dissemination of educational messaging throughout Eau Claire County. The video was distributed across multiple platforms, including 16 gas stations within the county, mobile advertisements, and various smart devices (e.g., televisions, gaming consoles). To further expand their outreach, two advertisements were created for Eau Claire Transit, one interior and one exterior bus ad, featuring the message "Recovery is Possible" alongside information about the Eau Claire County Deflection Program. Additionally, two advertisements were placed at the local shopping mall, promoting the message: "No-cost, judgment-free recovery support is available through the Deflection Program." This public education initiative is aimed at increasing awareness of alternatives to incarceration and promoting access to opioid recovery services through their newly launched self-referral pathway.

The agency also finalized some additional training dates for local law enforcement. They worked with the Information Systems (IS) department to create "views" in Structured Query Language (SQL) to get information from the Avatar system. Up until this point they had the case worker double-enter data in Avatar and an excel spreadsheet. This is extremely difficult for data mining, so creating "views" (basically making row level security possible) protects client security/privacy but also allows them to access important data metrics/information. They have also had training for a city within the county and received their first deflection referral from that city a few days

later. The Community of Practice meetings with other deflection sites have been helpful and informative.

The permanent drug drop box was installed and remains operational since July 12, 2024. The drop box is available to the public 24 hours a day, seven days a week. Information about the box is available on the Eau Claire Health Alliance website:

<https://www.ehealthalliance.org/news/new-medication-drop-box-now-available-247-in-eauclaire> and a short video was created to demonstrate how to easily dispose of medication at the drop box, which is available in English, Spanish, and Hmong.

During this reporting period, 101 drug deactivations kits have been distributed and 36 people were referred for pre-arrest or pre-arraignment deflection programming with four people being enrolled in the program.

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

The agency has not submitted an updated progress report for this quarter.

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

During this reporting period, the Jackson County Sheriff's Office continued to work toward sustaining and growing all funded programs. While not without challenges, the most robust program is the treatment for incarcerated individuals with OUD. This program continues to expand access to evidence-based treatment and support interventions aimed at decreasing recidivism and improving health outcomes and overall wellbeing for those with an identified opioid use disorder or who are at risk of opioid overdose. As their agency prepares for program continuation in year three, a concerted effort to further develop pre-arrest and pre-arraignment deflection efforts will be a priority. At the conclusion of year two, their agency developed a strong foundation to support ongoing efforts moving forward. Efforts including bringing awareness through education regarding the impact of the opioid epidemic and evidence-based solutions known to improve outcomes for those impacted in their area. These efforts are ongoing and play a key role in program success and sustainability.

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

Delays and setbacks have occurred and primarily pertain to staffing concerns. As a small agency, staff are tasked with a diverse set of responsibilities that often compete for prioritization. This can impede the progress of program expansion while staffing levels remain low and existing staff are stretched thin. This is especially true of the pre-arrest and pre-arraignment deflection efforts, as well as contract finalization for peer support services. Currently, recruitment and retention efforts

are ongoing, and a contract for peer support is pending final approval, allowing peer support services to be provided to individuals who are incarcerated and then transitioned into the community for improved continuity of care.

One ongoing challenge they have experienced concerning jail-based medication for opioid use disorder program has been limited space for individual and group services to be provided to their program participants. With the implementation of a range of services available to program participants, they have exceeded capacity for the multi-purpose spaces that are shared within the jail. This makes program expansion challenging. However, their team continues to explore creative ways to ensure they maximize the available spaces for both the team and participants whenever possible. One of the most successful aspects of their jail-based medication for opioid use disorder program has been the reentry planning support offered to participants. While access to affordable and stable housing is limited, and the absence of this basic need can be a tremendous risk factor for those in early recovery, the team has worked to explore ways to mitigate this through partnerships that follow an employment model. Reentry planning has also ensured better continuity of care for individuals returning to the community from their county jail.

While the pre-arrest or pre-arraignment deflection program did not have any enrollments or complete anyone during this review period, our program did participate in two community events where self-referral information was distributed, harm reduction kits were made available (which included naloxone), and other resources and educational materials were provided. During this review period, more than 700 people attended the public events where the deflection team participated. This was an excellent opportunity to bring more awareness to their community about the opioid epidemic and the evidence-based resources available to help reduce the risk of opioid related harm.

During the reporting period, the agency screened 132 people for an opioid use disorder, 12 individuals were enrolled in MAT, and 31 people were trained and received naloxone. Fourteen individuals were successfully discharged from the program after being released from jail with all having medication and a follow-up plan in place.

Kenosha County Sheriff's Office – Community Drug Disposal Systems

The Kenosha County Sheriff's Office engaged individuals in medication management, counseling, peer support, substance use disorder programming, and other programs offered in the jail while they are in custody. This process ensures a smooth transition of care for those who remain with them for an extended period. During this reporting period, they have seen positive progress in their program's development. Individuals have become more engaged, increasingly aware of the programs they offer, and many voluntarily seek assistance as they work toward overcoming addiction.

The agency offers comprehensive support to individuals who are being released from custody and are seeking to begin a healthier lifestyle outside of the facility. Currently, the partnership with the National Alliance on Mental Illness (NAMI) helps them engage individuals through memberships to local fitness centers, encouraging physical well-being and community connection. They also provide voucher programs to help individuals obtain clothing and other essential items. Additionally, they assist with various support services and resources to ensure a smoother transition back into society. By addressing these critical needs, they aim to set individuals on a path toward stability and success in their communities.

During this reporting period, 51 individuals received some form of MAT, 51 received training on naloxone administration and were given two dose kits and 23 people engaged with peer support services.

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

The La Crosse Sheriff's Department is in the early stages of this funding opportunity. They purchased 194 drug deactivation kits and distributed 100 to community members. The Justice Support Services program was provided two cases of drug deactivation bags to give to drug court and Opheila House (program for justice involved females) clients.

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

The Madison Police Department's (MPD) "Madison Area Recovery Initiative" (MARI) 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 Program Assistant (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. Typical tasks performed on a daily basis include:

- Review and process MARI pre-arrest diversion referrals sent by MPD officers.
- Reviews 911 incident data to identify suspected overdose related calls for service responded to by MPD officers and determine if eligibility for a MARI Resource Team outreach visit is present.
- Scheduling MARI Resource Team cadre and peer support work shifts (2 to 3 times per week).
- Prepare and provide briefing information to MARI Resource Team cadre officers and peer support specialists at the beginning of each outreach visit shift.
- Organizes and plans MARI related "tabling" (e.g. resource) events at locations known to be frequented by individuals struggling with OUD or other substance use disorders.

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.

The agency is appreciative of the collaboration with their partners at the UW Population Health Institute (UWPHI), Dane County Department of Human Services (DCDHS), and the MPD MARI team for their assistance in data collection efforts so they can track and monitor the MARI programs effectiveness, and areas where they need to find ways to improve. As they have reported previously, they would like to see higher numbers of eligible MARI referrals make successful contact with the DCDHS Treatment Readiness Center at 2914 Industrial Drive (e.g., "Detox). Since September 2020, their UWPHI research partner informs them MPD has made over 269 referrals to the MARI program. Unfortunately, only 110 (40.9%) have successfully contacted the DCDHS Treatment Readiness Center to schedule a clinical assessment and formally enroll in the MARI program. In their earlier (pre-COVID) MARI program (Aug 2017-Aug 2020), MPD referred 263 persons to MARI and 160 (61%) successfully contacted the MARI assessment hub, completed clinical assessment, and formally enrolled in the MARI program. They believe the 40% MARI enrollment rate they are currently experiencing can be improved. This continues to be a primary discussion point for their MARI Operations Team (e.g., partners, stakeholders, etc.) as they look to make MARI more inclusive and available to individuals in the community struggling with OUD and other substance use disorders.

During this reporting period, 10 pre-arrest diversion referrals were identified or received directly from officers by the MPD MARI referral team. In addition, one participant was discharged from

the MARI programs as unsuccessful when it was determined they were no longer engaged in treatment or recovery.

Since September 2020, 105 MARI referrals have become program participants by completing 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 61 successfully completed their six-month MARI pre-arrest diversion treatment plan. Three hundred and fifty drug deactivation kits have been purchased and the distribution plan is in progress.

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

A new program coordinator has been hired to manage the program. There has been strong interest from individuals to access the supportive services offered.

During this reporting period, 609 people have been screened for an opioid use disorder, 35 people have been enrolled in medication assisted treatment services, 35 people have been trained in naloxone administration and received two dose kits, 7 people have engaged in peer support services, 35 people have received case management or care coordination services, and 20 people have been discharged because of being released from jail.

Marquette County Sheriff's Office – Community drug disposal systems

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

Menominee County Sheriff's Office – Community Drug Disposal Systems

The project is on task and the Menominee County Sheriff's Office has been distributing medication deactivation kits to the community. One thousand drug deactivation kits have been purchased with 300 of them being distributed to community members.

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

All officers have completed the online training for MAT. All drug deactivation kits have been distributed to elderly and community members through face-to-face contact at community events. The deactivation kits have been well received by the community including elderly residents who report the kits are easy to use. The kits are described as a safe, quick way to get dispose of unwanted/expired medications.

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

There has been increasing awareness among correctional and healthcare staff regarding the risks associated with addiction. As a result, there has been enhanced screening and monitoring during the admission process, along with a clear clarification of the protocols in place to ensure effective ongoing monitoring. The Racine County Sheriff's Office implemented a backpack program that provides essential items to individuals upon their release from custody, supporting their transition back into the community.

They have been able to maintain the delivery of medications for opioid use disorder through collaboration with external healthcare providers and by utilizing available resources efficiently. Enhanced screening during the intake process allows for early identification of opioid use disorder. The agency's ongoing efforts to train and enhance the skills of existing staff in both addiction and mental health support have helped bridge gaps in service. They have also seen improvements in inmate engagement in treatment, as many have expressed appreciation for the structured support they receive. A peer counselor visits monthly to provide support to inmates on methadone treatment.

They continue to face challenges in recruiting a qualified peer counselor. Identifying and hiring suitable candidates has proven difficult, which in turn delays the delivery of essential emotional and social support services for inmates. Despite these obstacles, they remain committed to securing a peer counselor and are actively pursuing all available avenues to fill this critical role.

Peer support services have been provided to three people and approximately 28 individuals have received case management or care coordination services during this reporting period. Fourteen people have been discharged from the program due to their release from the jail.

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

The Rhineland Police Department continues enhance awareness of the deflection program and in their work with clients. Progress has been made in communicating with stakeholders about the services they provide. The recovery coach has maxed out their client caseload and the agency is now considering adding a second coach.

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

The agency hosted a training for their staff to learn about medications for opioid use disorder. They held an in-person training at their facility taught by Dr. Salisbury-Afshar of the University of Wisconsin and two peer supports from Safer Communities in Madison. They had a great turn out for these trainings especially from their command staff (leadership) and received positive feedback regarding the information they were able to learn.

This reporting period, 609 people were screened for an opioid use disorder, 30 people enrolled in MAT, three people were trained in administering naloxone and were provided two dose kits, 15 people received case management or care coordination services, and 9 people were discharged due to being released from jail.

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

The reporting period of May 1st through June 30, 2025, has been productive for the Sawyer County Sheriff's Office. Their community connections are steadily growing; this period has brought 54 new contacts. These contacts include but are not limited to local businesses, houses of worship, lodging, local non-profits, government offices, Tribal entities, and individuals seeking services. Having a coordinator position for the program has proven to be beneficial for relationship cultivation and program growth.

During this reporting period, 22 people were referred for pre-arrest or pre-arraignment deflection programming with 6 people being enrolled in the program.

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

Casebook software was implemented and built-out to be used as a HIPPA-compliant client management software. This will allow for tracking of clients through community support/resources/services and can be utilized to send secure messages through a HIPPA-compliant portal from service providers. The community resource officer attended and presented at multiple events including a safety event for 3rd grade students from multiple school districts, a mental health wellness fair, the Monroe County Safe Communities Coalition, and the Harm Reduction Coalition. They strengthened a partnership with the drug court program and celebrated another drug court graduation.

The community resource officer built an impressive web of community resources. By gathering information of existing resources, they have been able to build partnerships and connect those who can work together. Several providers were offering pieces of the “puzzle” but did not know

the other pieces existed - someone just needed to put it all together. Their peer support program worked with 19 clients from Sparta this period. As indicated earlier, they continue to work towards the goal of mainstreaming the client management system for better information sharing.

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

They continue to distribute drug deactivation kits throughout their community; 1,200 kits have been purchased and distributed.

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

Now that the new jail has been fully operational for a few months, the agency indicates they are now operating at the capacity they initially intended to. They also have been able to significantly increase the number of people that they are meeting with and providing services to. The jail staff are becoming more comfortable with programming and understanding their roles within that programming. They have been making direct referrals, especially for individuals that come in with existing prescriptions or who are experiencing acute withdrawal. The individuals they are working with are thankful for how efficient the jail has been in continuing medications to treat opioid use disorder. They continue to develop relationships and stronger communication with their community partners, specifically Department of Corrections Division of Community Corrections. This has allowed for more efficient release coordination to include providing medications to individuals and coordinating for services in the community upon release.

The Sheriff's Department ensures every new person in custody is getting screened and is following up with them in a timely fashion. They have utilized the jail messaging software to communicate with those that are looking for services, to create a more efficient model of seeing who is appropriate for services and who is not.

The electronic medical record is now fully operational within the new jail. This was a component of their original budget, but it took a long time to implement. Now that it is fully operational it will allow for more efficient documentation and communication. It has been very encouraging to see the number of individuals that they have been able to help with this program. People have been able to continue existing prescriptions without missing doses. Inmates have been able to start on medications that help them to avoid significant withdrawal symptoms and avoid trips to the hospital. Furthermore, they have been successful in providing wrap around support services for those releasing from custody. They are regularly connecting people to counseling, primary care, peer support/recovery coaching, and medication continuation in the community post release. They have also had a high number of participants reach out post release, which is really encouraging to see.

The agency is adjusting to a new jail that has doubled in population size. The agency has identified and is exploring how having a programming officer available to assist with movement related to medication assisted treatment programming and other support services would create more efficiency.

During this reporting period, 436 people have been screened for an opioid use disorder, 48 people have been enrolled in MAT services, 14 have been trained on naloxone administration and have been given two dose kits of Narcan, 27 people engaged in peer support services, and 27 people have received case management or care coordination services.

Community-Based Prevention – Competitive Grant Program

DHS was directed to provide grants to anti-drug coalitions, nonprofit agencies, and faith-based organizations to support prevention programs. Agencies can use the funds to support the following activities: drug prevention, evidence-informed prevention, stigma reduction, training in evidence-informed implementation, community-based education or intervention services, programs and curricula to

address mental health needs of young people and any other activities permissible under the settlement agreement.

As noted in FY 25 Q1 reporting, DHS allocated \$500,000 to regional centers of the Alliance for Wisconsin Youth (AWY) for the prevention activities. Each Regional Prevention Center released funding opportunities for local coalitions to apply for to provide prevention services as noted above.

Northeastern Wisconsin Area Health Education Center (NEWAHEC)

- Fostering Healthy Youth Project (FHYP) – coalitions continue to work on and build upon their FHYP logic models and strategies within their communities.
 - \$79,800 to coalitions
 - \$25,000 to Impact Planning to develop, implement and evaluate
- Youth Mental Health First Aid Training
 - One training completed in June with 12 attendees, a second training was set for July 22 but due to training schedules, challenges with identifying trainers, and limited capacity of supporting partner agencies, the Youth Mental Health First Aid second in person training was not able to be completed and was rescheduled for August 20, 2025.
- Safe Zone Training
 - This training had to be canceled due to complications with the scheduled trainer and is being rescheduled for coalition members.
- NEWAHEC had unspent funds and will be working with DHS for a contract renewal to support coalitions' ability to complete the intended activities from the original funding strategies identified.

Marshfield Clinic

- 22 unique community organizations received over \$149,000 to implement strategies focused on improving youth mental health, reducing stigma associated with harm reduction and various harm reduction activities. Seven participated in stigma reduction strategies, 15 participated in harm reduction strategies, and five participated in SchoolPulse. Marshfield Clinic reported the following outcomes:
 - 1.25 million people reached through stigma reduction campaigns
 - 890 doses of naloxone medication distributed to 512 individuals
 - 13 naloxone access boxes implemented across two communities
 - 2,683 people reached through 28 different sharps disposal events across nine communities
 - 30 permanent sharps disposal units installed in seven different communities
 - Five school districts implementing SchoolPulse programming to support student mental health.

Marshfield Clinic has concluded their work on this program and will no longer be providing progress report updates.

Community Advocates

- Germantown Youth Futures Coalitions in Washington County received - \$6,598 – to provide parent education handbooks for caregivers of middle and high school age youth, host parent chat events with community stakeholders, discuss substance use practices and prevention resources, and provide supplemental mental health resources.
- Kenosha County Substance Abuse Coalition received \$25,495 to purchase parent education handbooks for caregivers of middle and high school age youth in both English and Spanish, in addition to purchasing Operation Parent's Trends N Training toolkit, supporting prevention education among community members at events.

Funds also are supporting two staff to be trained as instructors in both Mental Health First Aid (MHFA) and host the MHFA training in the community and provide additional educational materials.

- West Allis West Milwaukee Family Resource Center received \$15,043 – to purchase parent education handbooks, the Trends-N-Training toolkit, and educational materials. Funds will also support strengthening partnerships with faith-based communities and schools, and hosting parent meetings and youth prevention workshops facility with the recreation department and law enforcement.
- Neu-Life Community Development, a partner of RISE Drug Free MKE Coalition received - \$13,147 – to support prevention education materials for parents. Neu-Life is a youth serving organization in the city of Milwaukee and implements substance use prevention curriculum. Funds will help support prevention education, implement parent prevention education events, allowing for more community members and caregivers to engage with Trends N Training toolkit, distribute educational handbooks and support communities understanding substance misuse.
- Community Advocates had unspent funds at the end of their contract period. They will be working with DHS for a contract renewal to support coalitions’ ability to complete the intended activities from the original funding strategies identified.

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 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 the reporting period of May 1 through June 30, 2025 (the contract ended on June 30, 2025), all participating Boys & Girls Clubs successfully implemented the Opioid Abuse Prevention Program. This year marked a significant milestone for the statewide initiative, with more youth reached than in any previous year.

A total of 1,433 youth participated in the program. Of those, 1,176 completed at least 11 sessions, and 1,222 demonstrated improvement or sustained strength in healthy decision-making, resilience, and refusal skills, as evidenced by pre- and post-assessment data.

Below are narrative success stories to further illustrate the program’s impact.

Submitted by The Boys & Girls Clubs of Sheboygan County: “Throughout the implementation of Smart Moves: Core + Substance Use Modules, members had the opportunity to work closely with staff and apply the program’s content to their personal lives. At their Cooper location, the majority of members have encountered situations involving drugs and substance abuse. One of their 4th-grade members, in particular, has experienced significant trauma in her early years related to drug use and abuse within her household. Initially, she was reluctant to participate and would quickly disengage when Smart Moves Core sessions began. To better support her and others with similar experiences, staff adjusted the implementation by offering the sessions in a small group format. This change created a more comfortable environment for open discussion. As a result, she began attending four to five days a week and actively participated in the sessions. This targeted program presented a significant challenge for many members, especially those with personal experiences related to substance use. However, it also demonstrated that, with effort and support, there are healthy ways to process and work through difficult emotions. One positive outcome from the Cooper site’s implementation was the introduction of journaling. Staff collaborated to help members express their emotions in a safe, constructive way—an alternative to expressing anger through disruptive behavior or opting out of sessions. One of their 3rd-grade members at the Sheboygan Falls location has been actively involved with the Boys & Girls Club for the past two

years. He attends programming regularly, participating 4–5 days a week. Throughout the Smart-Moves core sessions, he remained consistently engaged, and staff took the time to ensure he fully understood the material. This member can confidently recite the four strategies for saying no and frequently applies them during his time at the Club. He understands that refusing involves more than simply saying “no”—it includes giving a reason, removing himself from the situation, and reinforcing his choice if necessary. He uses these strategies daily, which help him navigate peer conflicts in a positive and constructive way. Through his participation, he has developed essential social-emotional skills, including effective communication, sound decision-making, and strong resistance and refusal techniques.”

Submitted by Stateline Boys & Girls Club: “Running the Opioid Abuse Prevention Program has truly highlighted the magnitude of the crisis we’re facing in today’s world. Throughout this journey, they’ve been fortunate to collaborate with youth facilities, school districts, and parents to better understand and address the needs of young people in their community. Thanks to the support of the Youth 2 Youth Program, they’ve been able to educate their youth on the proper use of naloxone — a critical step in empowering them with life-saving knowledge. The Joel Barrett Club would like to extend their deepest thanks for introducing them to this impactful curriculum. At first, they were hesitant to implement it. Opioid abuse is a difficult topic, especially since many of their kids have lost loved ones or know someone currently struggling with addiction. But as the Program Director, they quickly saw how engaged their teens and preteens became. They were eager to learn how to say no, how to recognize the signs of danger, and most importantly, how to potentially save someone’s life. Mary, the instructor from Youth 2 Youth, has been a tremendous asset to the club. From the moment she stepped through the doors, she welcomed everyone with open arms and an open heart. Her patience, compassion, and genuine care have left a lasting impression on both students and staff. She’s helped guide their youth through these difficult conversations with understanding and grace — and for that, they are incredibly grateful. Her impact has been truly meaningful, and it’s clear how much she is valued by everyone here.”

Submitted by The Boys & Girls Clubs of Greater Milwaukee: “This school year was the first time Fitzsimonds implemented the Opioid Abuse Prevention Program with their members. Initially, there was concern from members because this is a difficult topic to discuss. They chose to primarily focus on the Cadet group (9 – 12-year-olds) as they know this is an age group that is vulnerable to be persuaded into trying drugs. As a public-school teacher in the city of Milwaukee, I cannot tell you how many times their middle school students have been caught vaping or smoking in the bathroom. When we began the program, members were somewhat unsure what each session looked like, but as each session passed, the members became more open and honest. Many members spoke about seeing drugs in their schools as well as in their community. Many members shared a wealth of knowledge on the importance of staying away from drugs. Not only did we speak about opioid abuse but mental health as well. Since the pandemic, we have seen a lot of our youth struggling with mental health issues. Some of our youths are turning to drugs to mask the pain or function in life. As we discussed this very touchy topic, members were moved to share their experiences with one another as well as understanding that it is okay to not be okay. We also spoke with students about what strategies they could use to regulate themselves when they are experiencing a mental health crisis. Whether it is using a fidget or receiving a hug from a trusted adult, members need to know they have someone in their corner. In the fall, we will continue to have these discussions with our members to give them a positive outlook on life.”

Submitted by The Boys & Girls Club of the Wausau Area: “SMART Moves has gone beyond the 14 sessions in our Teen Center. The Boys & Girls Club of the Wausau Area has a group of around 12 members (sometimes more) who meet weekly to continue using the tools, information, and resources they learned about in SMART Moves. During this group, we have a volunteer, and a Youth Development Specialist help keep the group on track, however, it is mostly member-led. This group discusses trends they are seeing in school and their community, concerns they have for themselves, and work on how to get through those concerns. Recently we had a member who was concerned about her mental health. She was afraid to talk to her parents about resources because she was unsure if they would take her seriously. With the tools she received from SMART Moves and this weekly group, she was able to successfully advocate for herself and receive the resources she needed.”

Submitted by The Boys & Girls Club of Sparta: “SMART Moves this year went smoother than last being it was the first year ran. We really got a head of the game by being able to run it twice. We were able to run the program in the summer and then again in the school year. The fun part for the school year for the kiddos doing it twice was putting in games based on the objectives for each lesson. They really liked to do that, and of course getting treats to participate was also one of their favorite things about the program. The kid’s favorite part though is getting to work with our local police department. They love getting to hang out with them and learning from them.”

Submitted by The Boys & Girls Clubs of the Tri-County Area: “By the end of this year, we saw significant success conducting our SMART Moves: Opioid Abuse Prevention Program through use of small groups. In particular, we saw growth through our 5th and 6th small group. Staff leading this group would utilize separate spaces away from other groups to conduct their small groups throughout the year. This staff has shared that the Club members over the course of the school year were more willing to participate in the program, and they even stayed engaged in the topics discussed. During their last session of the year, staff only had to give the members a topic once or twice. Club members then had an in-depth conversation with one another throughout the 45-minute time period. One Club member asked to see a list of additional topics to discuss and led the group to switch topics that they hadn’t already talked about.”

Submitted by Boys & Girls Club of Barron County: “When J.L. first started attending the Club, he was a challenge. Angry, withdrawn, and often aggressive, he carried a heavy load that spilled into his behavior. His attitude was negative, and it was clear he didn’t want to be here. Conflict seemed to follow him, and finding connection was tough. But we saw more than his behavior—we saw his potential. After many challenging days, we began working closely with J.L.’s mom to better understand his background, his triggers, and the pressure points that caused his outbursts. With consistency and care, things slowly began to shift. J.L. started showing moments of calm. Then kindness. He began helping younger members with small tasks—at first reluctantly, then with growing confidence. We could see a new side of him beginning to emerge. That shift became a full transformation during our Opioid Abuse Prevention Program. J.L. didn’t just participate—he led. He spoke with passion about the dangers of drug abuse, even sharing personal stories from his own life that stunned and inspired the room. Younger members leaned in, listening to his every word. They looked up to him. In those moments, J.L. wasn’t the “angry kid” anymore—he was a mentor. Since that program, J.L. has stepped into a leadership role in the Club. He checks in with younger members, steps up without being asked, and has become someone staff and peers alike can count on. He walks into the Club not just with a better attitude—but with purpose. His story is proof that behavior is communication—and when we listen closely, give grace, and meet kids where they are, they can become the leaders they were meant to be. J.L. is now one of our brightest examples of what change looks like.”

Submitted by Boys & Girls Clubs of Greater Milwaukee: “As the year draws to a close in the context of opioid abuse prevention, I found it challenging to highlight a single scholar, leading me to recognize the collective efforts of all. Initially, when we introduced the topic, the students appeared hesitant and reluctant to share their knowledge or inquiries regarding drugs, alcohol, healthy living, and wise decision-making. However, as we progressed through the discussions together, they gradually opened up and began to trust me. Their engagement grew, and to my surprise, I found myself learning from them as well. They felt comfortable enough to confide in me about their experiences outside the walls of the Boys and Girls Club, revealing the ways in which drugs and alcohol were being utilized right before our eyes. It is truly amazing to witness these scholars undergoing a remarkable transformation, becoming more adept at navigating challenging choices. I am incredibly proud of their progress.”

Submitted by Boys & Girls Club of Janesville: “During our SMART Moves programming, members were visited by three Janesville Police Department Officers. They led a great conversation with the kids about healthy lifestyles, peer pressure, and saying no to risky behavior. Members then drew pictures of themselves living a healthy lifestyle. It was a positive experience for all involved, and the kids were encouraged to take their pictures home, share them with their families and talk with them about how they could also live a healthy lifestyle. The next week, a parent came in and shared that her daughter had done this and now wants to be a police officer!”

Submitted by Boys & Girls Clubs of Greater Milwaukee: “When we started the SMART Moves Core program, many of the members were unfamiliar with the program and didn't want to participate. However, over time, many of them became deeply involved in the program. They are all interested in healthy decisions they can be making with their friends, peers, and the community. These topics can sometimes be heavy for the members, but our teens make the environment fun and inviting for all. We also had the support of parents, as they also agreed that these topics should be discussed with children in light of what we're going through in the world today. The members learned a lot, and I've observed that they've been making good decisions since we started this program.”

“J.W. is a bright and determined second grader who recently completed the K-2 Smart Moves Opioid Prevention Program, designed to help young students make safe and healthy choices. Before starting the program, J.W. said she knew a little about drugs, but not much. Now, she feels more confident and informed. “I learned not to do drugs,” she shared proudly. “I also learned how to say no if someone ever offers them to me.” Throughout the program, her and other members explored age-appropriate lessons about what drugs are, why they can be harmful, and how to make smart decisions when faced with peer pressure. The program used fun activities, discussions, and role-playing to help students build skills they can carry with them as they grow. Staff facilitating the program were impressed with how engaged and thoughtful she was during the sessions. “J.W. showed a strong understanding of the importance of making safe choices,” said by staff. “She asked great questions and set a wonderful example for her peers.” Now, J.W. is not only more knowledgeable, but she’s also ready to help others make safe choices, too. Her success in the program is a reminder that it’s never too early to start building a foundation for a healthy future and lifestyle.”

Submitted by Boys & Girls Club of Lac Courte Oreilles: “This year marked my first opportunity to teach the SMART Moves curriculum to an 8th-grade class. The curriculum allowed us to dive into critical topics affecting our community, including the growing issue of opioid addiction. At the start, students were hesitant to participate. This hesitation could have stemmed from several factors—my being new to them, the sensitive nature of the topics, or simply a lack of understanding about what opioids are. However, with each session, the students began to open up more and engage with the material in a thoughtful and meaningful way. One student, in particular, stood out to me. Initially, she was quiet with her head down, but she would still answer questions, often with a tone that suggested the subject hit close to home. Over time, she began to speak more freely and confidently, even contributing her own scenarios and strategies for how she would handle or avoid risky situations. Watching her growth and engagement was incredibly rewarding. Although the beginning was challenging, the journey became easier—and even fun—as trust was built. We concluded the program with a SMART Moves Jeopardy game, which turned out to be a highlight. Every student was excited to participate and eager to answer questions, showing how much they had learned and grown. Overall, teaching SMART Moves was not only a valuable educational experience for the students but also a deeply fulfilling one for me.”

Submitted by Boys & Girls Clubs of the Bay & Lakes Region: “During this program, the members participated in an activity where we talked about ways to say no to something we felt was bad for us. The discussion involved situations and members had to choose how to say no and why. During this discussion, one member didn't have her group of friends with her, and she seemed a lot more involved than in the past. When discussing how to say no to others, E.M. became very engaged and listened to everyone's responses closely. She even participated in the conversation and mentioned that she often has to tell her friends no to things and how they get mad at her when she does. Then other group members who heard this tried giving her advice as to what she should do and even told her that if they were mad at her, that she could come and hang out with them instead. “I'm good at telling people no but they don't listen to me,” she said. You could see the warmth on her face when the entire group supported her. It can sometimes be difficult to get the members talking during our Smart Moves program. During our discussion on vaping, I had one member take the reins and lead the group discussion. Having the discussion led by a peer allowed other members to feel confident in sharing their thoughts and ideas. It was great to see everyone so engaged. I sat back and chimed in with topics to guide the conversation.”

Submitted by Boys & Girls Clubs of Portage County: “At the beginning of the SMART Moves program, one Club member stood out—not for enthusiasm, but for resistance. They scored significantly low during the pre-survey and showed little interest in participating during group discussions. It was clear this young person didn’t feel comfortable or confident engaging with the material—or with their peers. Week by week, with encouragement from Club staff and the supportive environment, this Club member began to change. It started with small gestures and by the end of the program, the difference was remarkable. The once-quiet participant had become an active voice in the room, offering thoughtful contributions, asking questions, and engaging in conversations. Their postsurvey scores reflected the growth I had seen firsthand. I’m incredibly grateful to have programs like SMART Moves in our Club. They create a safe, supportive environment where young people can grow, take risks, and discover their voice.”

Submitted by Boys & Girls Clubs of Portage County: “Just a week after I wrapped up the SMART Moves program, during Club, three girls who had completed the program came up to me and they told me that over the weekend they had all been hanging out together at a local park when one of them spotted a vape lying on the ground. Instead of being curious or tempted, they immediately knew how to handle the situation—thanks to what they had learned in SMART Moves. They remembered the lessons on peer pressure, the importance of making smart choices, and the refusal skills we had practiced together. With confidence and clarity, they chose to walk away and encouraged others to do the same. This moment was a powerful testament to the impact of SMART Moves curriculum. It showed that the program isn’t just about classroom discussions or role-playing—it’s about real-life choices and helping young people develop the resilience, confidence, and critical thinking they need to stay safe and make responsible decisions.”

Submitted by Boys & Girls Clubs of the Northwoods: “Although we've had discussions and lessons on these topics, it is great when our youth open the conversations on their own. This year, we had a group of our 4th and 5th grade students tell our staff that they've seen students at school with vapes and that they've been encouraged by those classmates to try it. Our members stated that they told their friends no because they knew it wasn't good. This knowledge came from their DARE programming in school, as well as our SMART Moves and Positive Action curriculums that touch on these topics. They used the decision-making skills they learned to know it wasn't a good choice, the communication skills they learned to "just say no", and turned to their Trusted Adults / Sphere of Safety supports to talk through it. The fact they opened the conversation on their own was a great opportunity for another spontaneous "lesson" for them, and an unplanned check-in for us to see how effective our programs were. Last year, we had a sibling set of three (6th grade, 3rd grade, and 1st grade), whose father was struggling with alcohol related trouble. The oldest came to our staff and was the one who told us what was going on, and we were able to offer support for him and the younger sisters. As the family continues to go through different steps of their journey with this, we've been able to be a constant support when needed, even in quiet ways such as a few extra moments of check-ins. This youth has learned about the effects of alcohol, and is seeing the impacts firsthand, and is doing a great job navigating it by using the things he's learned and relying on his trusted staff when needed.”

Submitted by Boys & Girls Club of the Wisconsin Rapids Area: “Throughout this school year, one of the most impactful outcomes of the Opioid Abuse Prevention Program was seen in a small group of 4th grade students who participated in weekly lessons led by a dedicated trained Club staff member. At the start of the year, many of the students had limited awareness of the dangers surrounding substance misuse or did not understand the seriousness. One member in particular, member A.B., was often withdrawn or disruptive during facilitation. However, over time, the consistent staff, schedule and creativity of the sessions incorporating interactive games, storytelling, and reflection activities sparked noticeable changes. By mid-year, A.B. began actively participating and even volunteering to help lead parts of group activities. Specifically, a session with a role-playing exercise where students practiced how to say "no" in different peer pressure scenarios inspired member A.B. to share what he learned with other staff members for the remainder of the night. This story is a clear example of how early prevention, when delivered with care and consistency, can plant the seeds for long-term resilience. While these members are still young, the lessons they’ve learned and the confidence they’ve gained are foundational steps toward a healthier future.”

Submitted by Boys & Girls Clubs of West-Central Wisconsin: “Throughout high school, J.W. has been conflicted. He had a rough background that introduced risky behaviors into his life, including early exposure to drugs and alcohol. He was struggling with low self-worth, lacked clear direction, and admitted he didn’t care much about what happened next. But when he joined the SMART Moves program at the Boys & Girls Club, he started thinking differently. Through open conversations, relatable lessons, and a safe space to reflect, J.W. began to imagine what his future could look like. With the help of Club staff and the program’s focus on social-emotional learning and goal setting, J.W. has grown more confident in making his own choices, not just following others. He’s learned how to set boundaries, recognize red flags, and understand the “why” behind his decisions. Most importantly, J.W. now sees value in himself and his future. He talks about wanting to stay clean, graduate, and be someone his younger siblings can look up to—proof that with the right tools and support, smarter moves are possible.”

Submitted by The Boys & Girls Clubs of Oshkosh: “H.H. was a 5th grader in our SMART moves program who broke down during one of the open discussions after one of the activities. She opened up to our team member about how she ended up living with her grandma because of the substance use occurring in her previous living situation. We were able to be a place where she felt safe enough to share her testimony and know that she was not alone as other members vocalized their own experiences.”

Substance Use Disorder Treatment Platform

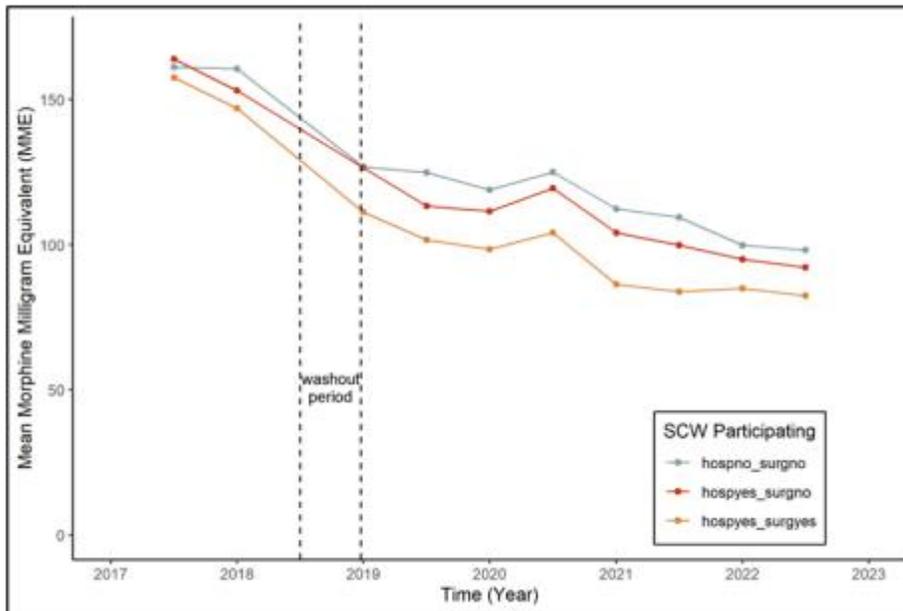
DHS was directed to allocate \$1.2 million for DHS to provide \$300,000 per year for four years, to pay a vendor RehabPath, for collecting and maintaining information regarding substance use disorder treatment providers for the state’s substance use disorder treatment platform. RehabPath reports 672 substance use providers are now registered with the platform with 3,831 searches having been completed and 499 service connections being made. Of the providers registered, 232 accept Badger Care. RehabPath will continue to work on enhancing vendor collection and service enhancement as the initiative continues.

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. During this reporting period, Vin Baker Recovery enrolled fourteen individuals within Milwaukee County and served a total of 20 members.

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. To date, SCW hospitals have seen a 50% reduction in opioid prescribing for targeted general surgery procedures compared to non-SCW hospitals, though prescribing levels still exceed recommended guidelines. They estimate that this has resulted in thousands fewer tablets entering our communities following just four common general surgery procedures evaluated (laparoscopic cholecystectomy, appendectomy, inguinal hernia repair, and breast lumpectomy).



Recently, the SCW data team finalized important new findings that highlight the impact of participating in the opioid initiative. The figure above illustrates hospitals and surgeons who participated in the initiative (yellow line) saw the most significant and sustained reductions in postoperative opioid prescribing. While non-participating hospitals (grey line) also showed some improvement, their reductions were less substantial. These results reinforce the claim that their approach works and provides a foundation for expanding efforts.

SCW has refined the benchmarked performance reports on post-operative opioid stewardship in two ways, specifically adding a broader set of surgical procedures for breast cancer and improving the estimation of eligible patients by incorporating more accurate data on patient insurance coverage. 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.

The SCW infrastructure is also being leveraged 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. As previously done in the general surgery space, the goal is to evaluate current practice patterns and compare them with national standards to provide surgeon education to reduce over-prescribing.

Analyses of prescription fill data from 2018 to 2023 show that prescribing patterns have substantially declined in both urban and rural areas. However, patients living in urban areas in Wisconsin filled larger prescriptions on average in 2017-2018 (82 (Morphine Milligram Equivalent) MME vs 78 MME for rural patients) but the reverse was true in 2022-2023 (56 MME vs 67 MME for rural patients). Patients living in the most disadvantaged neighborhoods (Area Deprivation Index = 10) received prescriptions that were 33.4% higher than those treated in the least disadvantaged ones (Area Deprivation Index = 1) with progressively increasing opioid doses associated with higher levels of disadvantage. SCW is continuing to analyze these data to better understand how to target educational interventions where they can have the largest impact in our state.

SCW's interventions for surgical prescribers aim to address the supply of prescription opioids available for misuse. To this end, the following educational opportunities and materials were created and distributed by SCW via email and website to over 300 surgeons, nurses, advanced practice providers, pharmacists, 3 quality improvement professionals, and hospital leadership during the past 2 years.

- SCW collaborated with Dr. Tudor Borza, MD, MS (Assistant Professor, Department of Urology, University of Michigan, Honorary Fellow Department of Urology, University of Wisconsin, Co-Director of Opioid Stewardship, Surgical Collaborative of Wisconsin) to create and distribute the Grand Rounds presentation “Postoperative Pain Management and the Opioid Epidemic: The Path Forward in 2024.” Dr. Borza presents on the role of surgical prescribing in the opioid epidemic, describes components of multimodal pain management strategies, and discusses safe and effective opioid sparing pain management strategies in surgical patients. This activity is approved for up to 2.0 AMA PRA Category 1 Credits through the American College of Surgeons (ACS) and is available at no cost to SCW members.
- With input from surgeons, external groups, and published guidelines, SCW updated and distributed Opioid Prescribing Recommendations for Opioid Naïve Patients. This is an evidence-based opioid prescribing guidance card that covers common General Surgery, Breast Surgery, OB/GYN, and Urology procedures managed by SCW surgeons. A 4x6-pocket version of the card can be downloaded and printed at no cost to SCW members.
- SCW partnered with Dr. Amit Singh and Dr. Bill Peppard from the Medical College of Wisconsin to create a new educational opportunity focused on post-operative pain management strategies for both opioid-naïve and opioid-tolerant patients. This opioid stewardship webinar is available to all SCW members and approved for 1.00 AMA PRA Category 1 Credits through the ACS.
- SCW completed the development of a quick reference guide outlining medications for opioid use disorder (MOUD). This guide provides specific information for perioperative management and at discharge and has been distributed to all SCW members at no cost to them. The ACS renewed SCW’s “A Surgical Prescriber’s Guide for Acute Pain Management and Opioid Stewardship” for 3.00 AMA PRA Category 1 Credits.
- Dr. Rebecca Busch, MD, FACS (Assistant Professor, Division of Acute Care Surgery and Regional General Surgery, University of Wisconsin, Co-Director of Opioid Stewardship, Surgical Collaborative of Wisconsin) presented “Responsible Opioid Prescribing” as part of a national Opioid Abuse Day learning series webinar.

Efforts to share findings with SCW surgical practices through virtual and onsite training.

- SCW created annual education on proper opioid prescribing and pain management in collaboration with anesthesiologists, pharmacists, and addiction medicine specialists. 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)
 - Risk factors for OUD, how to screen/manage/identify before and after surgery, when/where to refer, and how to counsel if high risk.
- “Beyond Opioids: Innovating Pain Management for Surgical Patients” panel, featuring surgeons and APPs, was part of the SCW Annual Summer Meeting on August 9, 2025. This panel discussed:
 - Implementing standardized opioid prescribing and disposal
 - A functional pain scale and nonpharmacological methods for pain management on surgical wards
 - Buprenorphine: a novel option for perioperative pain management
- The SCW team attended the 2024 Wisconsin Surgical Society (WSS) Fall Conference in Kohler, WI to connect with surgeons and quality leaders. SCW Executive Director, Dr. Elise Lawson, presented their work to 132 attendees and promoted the ongoing statewide disposal pouch distribution project. SCW hosted a luncheon with 16 surgeons representing UW Health, MCW, Gundersen, ThedaCare, St. Croix Health, Black River Memorial, and Marshfield. During the luncheon, they distributed opioid prescribing reports and provided guidance on their interpretation and implementation to reduce postoperative opioid prescribing. Additionally, they staffed an SCW vendor table throughout the two-day event to

highlight their work, distribute newly created opioid prescribing cards, and enroll participants in the disposal pouch project.

SCW continues to grow its evidence-based education program to prevent the misuse of opioids through patient at-home destruction and disposal: “Eliminating Excess: Safe Medication Disposal.” SCW has been partnering with drug deactivation kit vendors to provide patients receiving a post-operative opioid prescription for free. A total of 5,000 pouches were purchased and labeled with a custom QR code that directs the user to opioid education and information about the program. The 18 participating facilities are located in 11 different counties: Barron, Dane, Dodge, Door, Fond du Lac, La Crosse, Marathon, Milwaukee, Sauk, Winnebago, and Wood Counties.

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. This funding supports and enhances the Periscope Project, a perinatal specialty program providing education, resources, and perinatal psychiatric teleconsultation for medical professionals. This project will work to reduce stigma, inform best practices, and improve the quality of maternal healthcare provided to pregnant and postpartum women who struggle with opioid use disorder.

During this reporting period, Periscope responded to 173 perinatal mental health inquiries from health care providers across the state. This included 137 provider-to-provider case consultations and 36 perinatal mental health resource connection requests. Of those provider-to-provider consultations asked, 19% (18 out of 96) of perinatal mental health cases had a known history of opioid use disorder with an additional 14% (13 out of 96) having a known history of other substance use disorder. Thirty-eight new health care providers contacted Periscope for the first time demonstrating Periscope continues to reach new health care providers.

The Periscope psychiatry team taught eight perinatal mental health educational sessions to a total of 214 Wisconsin health care providers caring for women of reproductive age practicing in family medicine, OBGYN, and psychiatry. On-demand sessions included practices in Middleton, Baldwin, Milwaukee, Summit, and Oshkosh. Dr. Lizzie Hovis taught a session during the Annual Opioids Stimulants and Trauma Conference in Wisconsin Dells. All eight of the educational presentations included content specific to perinatal opioid use disorder. Incorporating perinatal opioid use clinical pearls in all outreach presentations is reaching many healthcare providers caring for women of reproductive age. Periscope is emphasizing the importance of family medicine providers in preconception planning for patients with a history of substance use disorder and the critical role family medicine plays in late-postpartum care. As most perinatal overdose deaths occur late in the postpartum period when most women are no longer in obstetric care it is critical to educate family medicine providers on their role during the postpartum period.

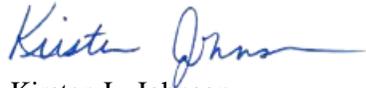
Periscope hosted two free continuing medical education webinars, “*Neonatal Abstinence Syndrome: Now it’s called Nows!*” and “*Management of Co-occurring Mental Health and Substance Use Disorders in Perinatal Patients.*” Both sessions were intended for a target audience of Wisconsin health care providers and professionals caring for women of reproductive age. There was a total of 73 attendees across the two sessions. After attending the webinar, 100% of respondents stated they felt more comfortable caring for perinatal patients with opioid use disorder than before attending the webinar. Through educational sessions, Periscope continues to build capacity in the Wisconsin health care workforce to better address mental health and substance use conditions in perinatal patients.

Periscope began distributing newly created materials intended to reduce stigmatizing language among health care providers and build awareness for and harm reduction tactics related to postpartum overdose.

During the reporting period, a total of 75 the stigma reduction magnets were shared with 16 contacts statewide with the intention these materials will be displayed in clinic charting rooms visible to health care providers. A total of 455 postpartum harm reduction cards were shared with 15 contacts statewide with the intention to be shared with perinatal patients.

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

Sincerely,



Kirsten L. Johnson
Secretary-designee

Appendix A: Community-Based Prevention – Competitive Grant Program: Community-Based Opioid Prevention

Awards for Community-Based Prevention - Competitive Grant Program: Community-Based Opioid Prevention	
Agency	Awarded Amount
Arbor Place	\$ 250,000
Forest County Potawatomi Community	\$ 250,000
Hope Council	\$ 250,000
United Community Center	\$ 250,000