



State of Wisconsin  
Department of Health Services

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Tony Evers, Governor  
Kirsten L. Johnson, Secretary

December 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 2 (FY 26 Q2) report of expenditures from the opioid settlement dollars received through the National Prescription Opiate Litigation, Case No. MDL 2804 (NPOL).

A. *Settlement Funds Received*

<b>All Settlement Funds Received</b>	
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
<b>TOTAL</b>	<b>\$ 89,790,640.54</b>

**B. Funding Amounts Awarded or Allocated**

As of December 11, 2025, DHS has no funding opportunities open for application, two funding opportunities under review, and a cumulative total of \$73,367,771 in awards and allocations.

**Funding Opportunities Under Review:**

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

<b>Funding Opportunities Under Review</b>	
<b>Category</b>	<b>Available Funding</b>
<b>TOTAL</b>	<b>\$ 4,000,000</b>
Room & Board for Residential Treatment	\$ 3,000,000
Law Enforcement Agencies	\$ 1,000,000

**FY 26 – Room and Board Costs for Medicaid Members with an Opioid Use Disorder or at Risk for an Overdose in Residential Substance Use Disorder Treatment Programs**

During this reporting period, DHS allocated \$3 million in FY 26 NPOL settlement funds to fund room and board costs for Medicaid recipients who receive services under Medicaid’s residential substance use disorder treatment program. Awards will be shared in future quarterly reports.

**FY 26 – Law Enforcement Opioid Abatement Efforts**

During this reporting, DHS allocated \$1 million in FY 26 NPOL settlement funds to support current Law Enforcement Opioid Abatement grantees to sustain and grow existing strategies which include medication-assisted treatment (MAT) services in jails and MAT education and awareness training for staff. 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 Q2 and cumulatively.

<b>Funding Awards &amp; Allocations by Category</b>			
<b>Category</b>	<b>Previous Awards</b>	<b>FY 26 Q2</b>	<b>Cumulative Awards</b>
<b>TOTAL</b>	<b>\$ 68,354,771</b>	<b>\$ 5,013,000</b>	<b>\$ 73,367,771</b>
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	\$ 3,000,000	\$ 10,750,000
Law Enforcement Agencies	\$ 6,000,000	\$ 1,000,000	\$ 7,000,000
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 - DOC	\$ 500,000	\$ -	\$ 500,000
Data Collection & Surveillance System	\$ 1,500,000	\$ -	\$ 1,500,000
Community Based Prevention - Opioid Prevention	\$ 1,000,000	\$ -	\$ 1,000,000
Peer Services in OTP/OBOT & Mobile Units	\$ -	\$ 1,013,000	\$ 1,013,000

**Expand Naloxone Direct Program**

During this reporting period, the Naloxone (Narcan®) Direct Program (NDP) issued a funding opportunity to provide naloxone, an opioid overdose reversal medication, at no cost to eligible agencies for free distribution to people at risk for an opioid-related overdose and to people who may witness an opioid-related overdose. Braiding multiple funding sources, to include \$3 million in NPOL settlement funds

(allocated in FY25 Q2), DHS made awards to 135 agencies. Appendix A lists the awards provided as a part of this application process.

**Peer Services in Opioid Treatment Programs/Office Based Opioid Treatment Programs and Opioid Treatment Program Mobile Unit Maintenance**

In the previous reporting period, DHS provided a funding opportunity to support medications for opioid use disorder (MOUD), reduce barriers to treatment, increase engagement and retention of individuals enrolled in treatment, and improve treatment outcomes through the utilization of peer support services and mobile units. NPOL settlement funds in the amount of \$2 million dollars was made available with a minimum of \$500,000 allocated towards peer services in offices that are certified under Wis. Admin. Code § DHS 75.59, also known as Opioid Treatment Programs (OTP), or offices that are certified under Wis. Admin. Code § DHS 75.60, also known as Office Based Opioid Treatment (OBOT). Funds were also available to support maintenance of mobile medication units. Applicants were eligible to request a maximum of \$25,000 per mobile unit. Mobile units can dispense MOUD and offer related services, expanding access to services in underserved areas such as rural communities, homeless shelters, or carceral settings. The initial application period closed on August 20, 2025. All eligible applicants were awarded in the total amount of \$1,013,000. Award details can be found in Appendix A.

**C. Funding Expenditures**

As of December 10, 2025, a total of \$39,976,500 in expenditures have been recorded for programs supported with settlement funds; this includes \$38,432,100 in reported previous expenditures (\$3,046,000 in additional expenditures posted to FY 26 Q1 after the last report was submitted) and \$1,544,400 of expenditures in FY 26 Q2.

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

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

<b>Expenditures by Category</b>			
<b>Category</b>	<b>Previously Expended</b>	<b>FY 26 Q2 Expenditures</b>	<b>Cumulative Expenditures</b>
<b>TOTAL</b>	<b>\$ 38,432,100</b>	<b>\$ 1,544,400</b>	<b>\$ 39,976,500</b>
Expand Narcan® Direct Program	\$ 5,321,200	\$ -	\$ 5,321,200
Distribute Fentanyl Test Strips	\$ 673,200	\$ -	\$ 673,200
Capital Projects	\$ 10,607,700	\$ 696,000	\$ 11,303,700
Funding for Tribal Nations	\$ 7,716,000	\$ 181,200	\$ 7,897,200
K-12 Evidence-Based Prevention	\$ 637,400	\$ -	\$ 637,400
Medication Assisted Treatment	\$ 3,099,700	\$ 61,700	\$ 3,161,400
Room and Board for Residential Treatment	\$ 4,252,700	\$ 453,200	\$ 4,705,900
Law Enforcement Agencies	\$ 2,244,100	\$ -	\$ 2,244,100
Statewide After-School Prevention	\$ 1,750,000	\$ -	\$ 1,750,000
Hub and Spoke Pilot Program	\$ 484,600	\$ 15,400	\$ 500,000
Substance Use Disorder Treatment Platform	\$ 498,600	\$ 50,300	\$ 548,900
Surgical Collaborative of Wisconsin	\$ 293,600	\$ -	\$ 293,600
Opioid & Methamphetamine Data System	\$ 52,700	\$ -	\$ 52,700
Community-Based Prevention	\$ 449,000	\$ -	\$ 449,000
Medical College of Wisconsin	\$ 351,600	\$ 86,600	\$ 438,200

**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 Overdose Prevention Supplies**

The Naloxone 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, and recovery community organizations. DHS continues to braid multiple funding sources including settlement funds to allow for awards to support statewide naloxone saturation efforts.

During this reporting period (August 2025 – October 2025), the NDP reports training 7,864 people in overdose prevention and naloxone administration and distributing 28,104 naloxone kits (total of 56,208 doses). NDP agencies reported 926 successful overdose reversals. Due to data collection limitations, the number of successful overdose reversals is an underreported amount.

This is the second reporting period since providing overdose materials to law enforcement and emergency medical services leave behind programs. This reporting period, the law enforcement Leave Behind Program distributed a total of 467 fentanyl test strip kits (1 strip per kit) and served an estimated 394 individuals. The EMS Leave Behind program distributed a total of 1,920 fentanyl test strip kits (1 strip per kit) and served an estimated 1,234 individuals.

**Harm Reduction Strategies – DOC**

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 fund the following initiatives: Locked Medication Storage, Peer Supported Comprehensive Reentry, and Sobriety Treatment Assisted Recovery. DHS is actively working on contracting with DOC on this project. Further details will be shared in future reports.

**Capital Projects**

Community-based providers offering prevention, harm reduction, treatment, and recovery services for individuals with an opioid use disorder were previously invited to apply for funds to support capital projects expanding services in Wisconsin. During the first round of awards, DHS awarded part of this funding for a capital project that supports the expansion of bed capacity for the treatment of pregnant and post-partum women in a family-centered treatment environment. Two of the three awarded agency contracts remain active 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 the reporting period of August 1, 2025, to October 31, 2025, Arbor Place successfully completed construction on its capital project, marking a major milestone for the organization. To celebrate this achievement and introduce the new space to the community, a public open house was held on September 24, 2025, drawing over 200 attendees. Remaining tasks before officially opening for services include securing the occupancy permit and the DHS 75 license, both of which are expected to be finalized without any barriers. Arbor Place is on track to begin operations in the newly completed facility as planned.

**Meta House (Milwaukee County)**

At the beginning of this reporting period, Meta House was approximately 43% complete with construction; by October 31, 2025, construction was approximately 64% complete. Interior work continues to move forward across both buildings. Painting has begun on the third floor of the outpatient and administration building. Framing is complete throughout, and drywall installation is well underway. Installation of mechanical ductwork is also moving along in both buildings. Crews have installed sanitary, venting, and water lines, and the sprinkler system installation is ongoing. Electrical rough ins continue across all floors.

Significant exterior progress occurred in preparation for the winter months. Window installation in both buildings is nearly complete. The parking lot graded and asphalt was poured just after the close of this reporting period. Installation of brick veneer is well underway, and most panels were installed across the outpatient/administration and the inpatient/residential buildings. The gas meter was also installed.

Looking ahead, the project team anticipates completing the brick veneer by mid-November. Interior work in the outpatient/administration building will continue with painting, ductwork installation, and final window installations. Electrical and plumbing inspections are scheduled. Crews will finish drywall in the outpatient/administration building before transitioning to the inpatient/residential building. Installation of sidewalks, curbs, and gutters are expected before year-end. The project remains on budget and on schedule for completion in 2026 Q3. As of October 31, the DHS opioid funds awarded to Meta House to support this project have been fully expended.

**Second Round Funding:**

**United Community Center (Milwaukee County)**

As of October 31, 2025, construction for UCC's new men's residential SUD treatment facility is steadily advancing, bringing UCC and its Human Services division one step closer to expanding much-needed support for men facing substance use challenges in their community. The project remains on schedule and is expected to welcome its first residents by the summer of 2026, marking a promising opportunity for them to make an impact on local recovery services. Their progress aligns with DHS's timeline, ensuring that prior to the December 31, 2026, deadline, men in the area will have access to recovery-centered housing and supportive care.

**Apricity (Winnebago County)**

Apricity continues their work with Gries Architecture and has been notified in a change of DHS personnel who has been assigned to the project. The new personnel have engaged with Gries and Apricity and have been brought up to speed on the project. The garage and trees that were in the new construction area have been removed. Work is underway with utility companies burying lines throughout the property. The construction of the new detached garage and parking area has begun. The foundation work for the first addition is in process. Meeting with the project team occur every other week to discuss updates, deadlines, and assignments.

**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 9 federally recognized tribal nations, DHS continues to provide technical assistance and attends the Tribal State Collaboration for Positive Change (TSCPC) monthly meetings.

**Bad River Band of Lake Superior Chippewa** – This year’s project is focused on a new initiative: Youth Substance Abuse Prevention (YSAP) Programming, which is defined as culturally-based, and evidence-backed programs designed to engage youth in positive activities to prevent the onset of substance use disorder at a population scale. This funding supports key staff positions for the developing youth substance use prevention programming. During the reporting period, project staff have been meeting weekly in planning sessions for the development of new programming. They are planning a community kickoff event of the YSAP on December 10, 2025, to sign youth and other community members up for the YSAP advisory board and to introduce the community to the YSAP concept.

Services provided this reporting period include: 37 individuals with recent opioid or stimulant use who received nutrition support and 29 youth enrolled in drug prevention programming.

**Forest County Potawatomi** - Forest County Potawatomi (FCP) is pleased to report they have expanded services, by adding Life Skills and the Wellbriety 12 Step training program. Four of their peer support specialists will now be certified to facilitate groups in the Life Skills and Wellbriety 12 Steps to better the services they offer their clientele in hopes it helps clients achieve long-term recovery.

FCP are currently serving five clients, and they are doing well in the program. They had one successful discharge who is now working full time and has obtained housing. This client has facilitates his own NA meeting since graduating from the program. The program has had a few more clients who have graduated and are doing well by maintaining full time employment, obtaining housing, and continuing to maintain their sobriety. The program recently launched a survey system that will be used for when a client graduates and then six months post-graduation as well.

**Ho-Chunk Nation** – During this reporting period, the Ho-Chunk Nation (HCN) engaged in contracting activities with DHS. Throughout this period, HCN BH has held multiple internal strategy meetings to support smooth, timely, and compliant spending of Tribal Nations Opioid Abatement Efforts (TNOAE) funds once activated. Below are additional updates on progress with this funding:

**Staffing:**

Five of seven positions are currently filled. Interviews were completed, resulting in two conditional offers. One candidate declined the offer, and the second has not yet responded.

**Doximity:**

Doximity is an online platform for healthcare professionals, offering a wide range of services that streamline communication, networking, and tasks. HCN BH Administration will distribute a usage inquiry to eligible staff to determine who currently has an active subscription and who would like to enroll. Once responses are collected, administration will coordinate next steps to initiate subscription setup and ensure operational readiness.

**Equine Assisted Learning (EAL):**

A second EAL provider has been identified to serve the greater Wisconsin Dells area. HCN BH Administration has issued a participation interest survey across multiple platforms. Once sufficient data is collected, service cycles will be developed and launched.

Infant/Toddler Mental Health (ITMH):

This service has transitioned into a collaborative initiative with HCN Department of Social Services – Child & Family Services (HCN CFS), which is serving as the lead. HCN BH will begin referrals as soon as notification is received that the program is operational.

Community Education (Coyote & Crow):

HCN BH Administration successfully engaged the manufacturer to negotiate pricing for program materials.

Training Events (Minuchin Structural Family Therapy & Indigenous Peer Recovery Support): Scheduling for these training events will begin once TNOAE funds are fully loaded and available in the HCN accounting system.

Recovery Housing (Hostopi Hoci):

The recovery house is open and currently providing day services and classes to participating clients.

The only service providing services this reporting period is Recovery Housing (Hostopi Hoci). Fourteen people and three dependents received support this reporting period. Below is a testimonial from one of the participants of the program.

*“This Recovery House helped so much mentally, emotionally, and supportive of sobriety and helpful direction towards healing from a sexual assault. Motherhood/Fatherhood is Sacred, Talking Circle, AA & NA, walks, crafts, and cooking class. Each day has been so uplifting. I first started attending day after getting out of the hospital with withdrawals. These few weeks I was able to change focus on looking for employment, handle some personal challenges and doing all that alone I was my own "roadblock." I positively progressed to wanting want more for myself like baby steps, small to big accomplishments. The house is also a positive place to gather myself before weekends. I left on a Friday knowing I didn't want to use or drink over the weekend; I was so excited to come back Monday and share I'm still sober. The Staff/ladies helped so I didn't feel so alone and it's temporary that rock bottom/isolation feeling. As a victim of sexual assault, I'm weary/fearful of places I go. Now cause of emotional support and focusing on healing, I've been attempting more events but have a major daily fear of possibly running into my assailant. I barely left my house, was unable to leave from anxiety & alcoholism now I'm slowly gaining back confidence, empowerment being a Ho-Chunk Hijiñuk. The ladies are very supportive and without their help (also HHCC Doctors & Behavioral Health) I would not have the gratitude I have today. I'm grateful the weeks I've attended, they probably been the best healing time of my year. Makes me want to help others or put more into service work. Thank you for all your help.”*

**Lac Courte Oreilles Band of Lake Superior Chippewa** - During this reporting period, the Lac Courte Oreilles Tribal Nation Opioid Abatement Efforts (TNOAE) Program continued to strengthen direct services addressing the opioid crisis through three key areas: the men’s sober living home, the emergency shelter, and community/transitional care services.

Endazhi-noojimong – LCO Men’s Sober Living Home:

The sober living home continues to provide recovery support, including transitional care planning, peer support, daily reflections rooted in the 12 steps, behavioral health classes, and Ojibwe cultural activities. This quarter, two participants successfully obtained their driver’s licenses, and one was able to purchase a vehicle and secure insurance, important milestones for independence and long-term stability. The home (12-bed capacity) remained mostly full, averaging five – eight residents. Staff are currently revising policies and procedures to better align with the home’s structured phasing-up model.

Endazhi-wiidookaazod – LCO Emergency Shelter:

The emergency shelter implemented updated policies, expanded voluntary resource services, and further strengthened harm reduction efforts. Renovated kitchen facilities and new bedroom furniture have improved safety, sanitation, and comfort for individuals. Individuals requesting to stay beyond 90 days must now apply for a 30-, 60-, or 90-day extension and provide proof of enrollment in local housing programs. The shelter remains at full capacity and continues to refine procedures to ensure alignment with evidence-based and harm reduction best practices.

#### Community and Transitional Care Services:

The Transitional Care Coordinator (TCC) and Program Coordinator meet weekly to review participant progress, track data, and coordinate care for residents of both the sober living home and the emergency shelter. Services provided include support with housing, transportation, employment, cultural engagement, and access to essential community resources. Peer support remains central to the program, with cultural and spiritual activities integrated into participant care plans. The program continues to address significant barriers such as limited transportation and limited knowledge of available resources. Staff provide direct assistance with obtaining IDs, driver's licenses, attending court or probation appointments, accessing vocational rehabilitation, and meeting other transitional needs.

The Transitional Care Coordinator continues to create individualized transition plans for sober living residents, shelter guests, and other community participants, with a focus on peer support and culturally informed care. The TCC completed a qualitative survey of over 15 clients. The following are some of the highlights captured by the survey:

- High satisfaction with transitional care services
- Strong trust in the Transitional Care Coordinator
- Feeling respected, supported, and safe
- Better ability to manage stress, health needs, and daily responsibilities
- Strengthened relationships and improved outlook on life
- Reduced or ceased substance use
- High value placed on peer recovery support, cultural/traditional medicine, transportation assistance, and emotional/spiritual support

These findings highlight the importance of coordinated transitional care and peer support for long-term recovery success among individuals with opioid use disorders.

The Program Coordinator supervises the men's sober living house manager and emergency shelter house manager, oversees staff, manages policies and procedures, and leads administrative responsibilities such as strategic planning, goal setting, programming, training, and cultural activities. This quarter, initial planning began with the Tribal Governing Board and Indian Health Center to explore the possibility of integrating the sober living home and emergency shelter into the LCO Indian Health Center structure through 105(l) leases to support long-term program sustainability.

The program maintains active partnerships with the LCO Behavioral Health Center/Bizhiki Wellness Center through monthly sobriety feasts, grant meetings, and ongoing collaborative efforts. These partnerships strengthen community recovery support and help promote harm reduction and evidence-based practices across all programs.

A major challenge continues to be funding sustainability when planning for sustainable long-term operations for both the LCO Emergency Shelter and the LCO Men's Sober Living Home. Under the assumption that the program was ending, staff began closing cases, resulting in a decline from 27 active cases last quarter to 16 this quarter. LCO has committed to supporting the three programs until more permanent sustainability strategies are established through partnership with the Indian Health Center.

Services provided during this reporting period include but are not limited to tribal nation abatement participants – 19 people served; community support outreach assistance for individuals at emergency shelter – five people served; LCO emergency shelter temporary stay (harm reduction) – 44 people served.

Transitional Coordinated Care Plans have been used actively across all programs to support long-term recovery and harm reduction. These participant driven plans empower individuals to identify needs and goals, while also allowing staff to track service gaps and improve program delivery. Below is a summary of TCC services provided:

<b>Transitional Coordinated Care Plan Services Provided in FY 2025:</b>	<b>2025 (Feb, Mar, Apr)</b>	<b>2025 (May, Jun, Jul)</b>	<b>Current Quarter (Aug, Sep, Oct)</b>
Health Care and Medical Services:	6	1	0
Mental health and Counseling Services:	2	2	0
Traditional Healing Practices:	15	7	3
Housing and Transitional Services:	15	4	0
Social Services and Family Support:	3	0	1
Legal Advocacy Services:	3	2	0
Education, Employment & Training Services:	12	8	4
Emergency Crisis Intervention:	0	1	0
Local Transportation Services:	20	17	12
Peer Support/Parent Peer Support:	46	56	32
Sober Living Vouchers:	4	17	5
Sober Living Supplies:	6	3	2

Cultural activities remain integral to their recovery model, including sweat lodges, sobriety feasts, and youth prevention efforts. Participation in local drug task force meetings continues. Monthly Ojibwe cultural activities at the sober living home and shelter have been reduced due to funding uncertainty.

**Lac du Flambeau Band of Lake Superior Chippewa** – During this reporting period, the funds supported three clients in sober living homes for 90 days. The funds supported community events, suicide prevention awareness events and a pow wow.

Clients in sober living for any amount of time increases their chances of long-term sobriety and enhances their recovery skills. This in turn will affect their family and peers in a positive way. Holding community events spreads awareness and allows the community to come together for a common reason, while providing support to one another.

**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 – 39 people served; medication assisted treatment services – 16 people served; community events attended – three events.

This funding has allowed the Menominee Tribal Clinic to provide medication for opioid use disorder via Vivitrol. Because of the cost of the medication, this option was not utilized as much as it should have been.

**Oneida Nation** - They implemented medication assisted treatment at their Oneida Community Health Center October 1, 2024. They have had 47 participants complete the program and currently have 48 active enrollees. They have selected a vendor for public health vending machines and are working on the outside design, marketing plan, and ordering supplies. 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, 124 people engaged with recovery coaches, 377 people attended Kunhi Yo “I’m Healthy” overdose awareness conference

and dispensed 142 naloxone kits, and 48 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.
- The Youth Outreach Mentor position is located at the Noojimo'iwewin Drop-in Center and partially at the Bayfield School. This position provides mentorship to the youth outreach positions and facilitates connection to services for families.

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

During this reporting period the following were provided: behavioral health services – two individuals received SUD treatment outside of the community; 14 individuals received service facilitation services; naloxone provided to 12 individuals.

**St. Croix Chippewa Indians of Wisconsin** - Clients of the Wings of Migizi program have consistently asked for various levels of cultural connection to aid in their recovery efforts. In this quarter of the grant cycle, work continued with their contracted spiritual advisor allowing several clients to reconnect with their traditional values. Throughout the quarter, several healing clinics and sweat lodges have been performed. For many clients who've served time in prison, this is often one of the primary options offered to indigenous inmates. When they have been released back into the community, this is a great familiarity in their efforts to maintain sobriety and on the path into continued recovery. For those in varying stages of recovery, this option has served as a gateway back into cultural/traditional connection.

Peer support specialists continue working with clients of the program, conduct both individual and group interactions, participate collaboratively with other programs and support tribal efforts in harm reductions and opioid abatement. Both specialists report various levels of turnover in their client files. There has been some “ups and downs” in this reporting period. Unfortunately, not all clients complete programming and some returned to using substances. As a result, two individuals in this reporting period lost their lives to fatal overdose. However, that will not overshadow the positive work that has come from the program. Peer support specialists continue

to report success stories and continued sobriety for many of their clients. One of our significant success stories led to a member being removed from Tribal Banishment. The individual formally apologized to the tribe for “selling drugs” to and harming the St. Croix Community in a ceremony removing this individual’s name from our Banishment List and welcoming back to St. Croix. The peer support specialists have been and continue to be a very impactful effort in the St. Croix Communities and this region.

The Wings of Migizi Program and the Aanji-Bimaadiziwin Healing Center have formalized an agreement for post treatment care. The Aanji-Bimaadiziwin Healing Center is a sober living facility transitioning into a treatment facility. It has been proposed for individuals who discharge from the healing center to connect with peer support specialists for post treatment care. In the next reporting period this agreement should be formalized and in practice. There will be more comprehensive data to report on this effort in the next reporting period.

During this reporting period the peer support specialists continued their efforts in creating and supporting cultural events typical with the for the fall seasons. Peer support specialists have begun work towards cultural activities with a variety of events throughout the summer leading into fall. At the end of each summer season, both the wild rice harvest and the hunting season begins. Both peer support specialists and the contracted spiritual advisor have led group and individual outings with clients in this significant cultural activity.

Peer support specialists continue to work with tribal and local police, tribal and county judges, district attorneys and local behavioral health departments alongside with clients. Though not all efforts have resulted in client desires, the advocacy of the peer support specialists continues to play a vital role with clients and their recovery efforts.

During this reporting period, 83 individual visits occurred between both peer support specialists, six group meetings were held each week, 20 referrals were made for other services, and seven individuals were trained and given naloxone.

### **Central Alert System**

The overdose alert system, or Wisconsin Suspected Overdose Alerts for Rapid Response (WiSOARR), is a secure web-based application developed and maintained by DHS staff. WiSOARR 1.0 was launched statewide at the end of October 2024. WiSOARR 2.0 was launched at the end of September 2025. At the time of this report, more than 150 organizations have requested and received organizational approval for access to the application for their staff.

WiSOARR leverages two near-real time data sources – ambulance runs and emergency department visits – for suspected overdose surveillance and anomaly detection. System developments to facilitate user onboarding are currently underway.

To date, three main features are included in WiSOARR:

- 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.

Enhancements that finished development in September 2025 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 – these will be implemented in WiSOARR in September 2025, and data will be available when other state partners are prepared
- Addition of the option for coroners and medical examiners to report suspected fatal overdose incidents – these will be implemented in WiSOARR and data will be available when coroners/medical examiners are onboarded

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 remaining funds were reviewed for distribution to current grantees to support existing or new projects aligned with their budget plans.

Program metrics throughout the entirety of this program to-date include:

- 32,113 students impacted by new/revised opioid prevention and/or substance use policies
- 13,174 students served by the grant
- 2,922 hours of programming provided
- 8,752 students received classroom instruction from purchased curriculum
- 286 staff trained to provide instruction from the purchased curriculum
- 12,268 parents/family members receiving information on opioid prevention issues

### **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 reports that they have worked with 211 and have completed training for providers and peer support specialists and have served approximately 15 patients.

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

During this period, DOC contracted Residential Service Program (RSP) Providers continued to screen, assess, and make referrals for clients under the supervision of the WI DOC Division of Community Corrections (DCC) residing at their facilities. Additionally, DOC staff continued to meet with DOC – contracted mobile unit vendor, Addiction Medical Solutions (AMS), to discuss locations that would best serve Division of Community Corrections (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 Medication-Assisted Treatment (MAT) for individuals receiving treatment and services at identified Residential Services Programs (RSPs) throughout the state. The identified RSPs support the continuation of medications for opioid use disorder 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. Additionally, DOC has contracted with community opioid treatment programs (OTPs) 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).

This reporting period 183 individuals were assessed for opioid use disorder and 81 clients maintained their active MOUD prescriptions or were referred to a MOUD provider.

### **Room and Board Costs for Residential Substance Use Disorder Treatment**

Wisconsin Medicaid has offered a residential substance use disorder treatment benefit since February 2021. It provides treatment for youth and adults to promote recovery from substance use disorder and reduce the incidence and duration of institutional care Medicaid members might otherwise need. Federal law prohibits Medicaid from reimbursing for the costs of room and board. Covering the costs of room and board is a barrier to residential substance use disorder treatment for many Medicaid members. To make this benefit accessible, DHS has solicited applications from Tribal nations and counties for funding to cover the room and board costs for individuals with an opioid use disorder or at risk for an opioid overdose. This contract operates on a calendar year.

During this reporting period (April 1, 2025 – June 30, 2025), awarded agencies provided services to 418 people for a total of 17,031 days of service. This quarter's average daily cost was \$75.77. The total cost for room and board for individuals on Medicaid with an opioid use disorder (OUD) was \$1,016,606.28. The number of individuals on Medicaid in need of and/or requested funds to cover room and board costs for any substance use disorder, other than opioid use disorder was 707. There were 32 individuals who were not on Medicaid but in need of and/or requested funds to cover room and board costs for an OUD.

### **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**

This reporting period they have distributed 79 drug deactivation kits. This brings the total of kits distributed since the inception of the grant. A total of 300 kits have been purchased with grant funding.

#### **Chippewa County Sheriff's Office – Community drug disposal program, Medication-assisted treatment education and awareness training.**

Drug deactivation kits were utilized at several summer music festivals this past summer and will continue to be used by patrol deputies for incidents like home death scenes. Deputies responding to such calls utilize small drug deactivation kits to assist the grieving families by collecting various prescription medications that are no longer needed by the family member that has passed. This seemingly small act gives the families one less thing to worry about while they're grieving and guarantees that our deputies can properly dispose of prescription medications/narcotics appropriately.

#### **Columbia County Sheriff's Office – Treatment for Incarcerated Persons with OUD.**

The agency is continuing to provide medication assisted treatment (MAT), counseling, and after care. They have screened 945 individuals for opioid use disorder and provided MAT for 30 participants. Five naloxone kits have been distributed and 30 individuals received peer support services. Thirty people have been discharged from the program due to them being released from jail.

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

The program continues to expand access for treatment to all individuals who are in need. There have been no methadone diversions or attempts, but they have had a small number of incidents involving diversions with buprenorphine which were caught by their movement deputy. Staff have been reeducated to eliminate any future diversions. Approvals for treatment with methadone have been processed quickly with no issues with delivery.

During this reporting period, all new admissions are screened for opioid use disorder during intake. One hundred twenty-five people have been enrolled in medication-assisted treatment and 87 people received peer support services.

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

In September, a case worker for Project Hope was hired to expand the team at the Dunn County Sheriff's Office. In October, Menomonie Police Department also hired a case worker to add to the team as well. Referrals have continued to grow, so the new case workers will assist in timely follow up and case management needs to help deter clients from entering criminal justice system, re-offending, and having guidance after release from jail. Dunn County deputies continue to send referrals and word of mouth has created trust for community members, probation, treatment, jail, human services, churches, landlords, and other agencies to reach out for support and guidance with substance use clients.

Dunn County Sheriff's Office joined in the City of Menomonie's Project Hope in 2023. Project Hope is a law enforcement led deflection and diversion program initiated by the City of Menomonie in 2022. The Sheriff's Office and the City of Menomonie Police Department both have full time Behavioral Health Officers (BHO) who staff the deflection and diversion program. As the program has continued to evolve, the needs have changed, and these Opioid Abatement funds will assist greatly in those efforts to include hiring of a case worker/social worker and increasing the peer support services. This reporting period 56 individuals have been referred to Project Hope.

One of the biggest challenges is to secure housing for someone that has previous evictions, criminal history, either no income or just disability/un-employment. Most of these challenges are obstacles that they must help clients plan around. They look for options outside of county as well. The local treatment center, Arbor Place, currently has a waitlist for in-patient services (6 weeks). Sober living houses are expensive at \$650 per month. The only overnight shelter is in the next county over (Eau Claire). The peer support building is getting fuller as winter approaches. They have expanded to mobile peer support to meet people where they are staying. They have also been trying to work with churches to possibly assist with overnight shelter options.

During this reporting period, 71 people were referred for pre-arrest or pre-arraignment deflection programming. In addition, 245 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 the reporting period, the deflection team prioritized filling the deflection case worker position. In the interim, the recovery and justice supervisor provided case coverage for participants enrolled in the program. The new deflection case worker started on September 7, 2025. Drawing on prior experience in Eau Claire County case management, the new case worker

developed an assessment and individualized service plan to be used with new deflection participants during intake. The deflection team also updated the Eau Claire County deflection program policy and procedure manual to reflect the verbiage utilized in the updates Wisconsin deflection initiative essential elements document released in September 2025.

The process of filling the deflection case worker position took several months and resulted in delays in promoting new and existing pathways to the deflection program. During this interim period, the recovery and justice supervisor provided case coverage for participants enrolled in the program. The new deflection case worker began employment on September 7, 2025, and required several weeks for onboarding and training. As of this report, the deflection case worker is fully integrated into the role and has assumed all case management responsibilities for the deflection program. Next steps include providing education to law enforcement and local first responders on how the deflection program can support individuals exhibiting low-level criminal behavior, substance use, or mental health challenges, who have also expressed a need for recovery services. Although full law enforcement buy-in has not yet been achieved, measurable progress is being made toward this goal.

For the deflection program to be successful, it is essential to support the continued growth of the program by ensuring access to peer support services. To accomplish this, sufficient staffing hours must be available to allow each deflection participant to meet with a peer support specialist at least once per week for one to two hours. For the upcoming fiscal year, it is critical that funding be allocated to the local peer support agency that provides these services to deflection participants. Additionally, securing law enforcement and first responder buy-in is necessary to fully utilize the officer/first responder referral and officer intervention pathways. Continued collaboration with neighboring counties that have more established deflection programs would be beneficial, as it would provide opportunities to demonstrate program effectiveness and share best practices.

During this reporting period, 101 drug deactivations kits have been distributed and 52 people were referred for pre-arrest or pre-arraignment deflection programming with eight people being enrolled in the program.

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

This reporting period ten drug deactivation kits have been distributed to community members.

**Jackson County Sheriff's Office – Medication-Assisted Treatment (MAT) Education & Awareness Training; Pre-arrest or Pre-arraignment Deflection Programs for Persons with Opioid Use Disorder (OUD); Treatment for Incarcerated Persons with OUD**

During this reporting period, overall project progress has been steadily maintained across all four funded initiatives. MAT education and awareness training efforts continued as planned, providing ongoing education to staff and community partners whenever opportunities present themselves. Treatment services for individuals incarcerated with OUD remained active and consistent, ensuring continuity of care and engagement in evidence-based interventions. Deflection programming also sustained its operations, seeking to offer increased opportunities for individuals to access treatment and recovery supports as alternatives to criminal justice involvement. Additionally, deactivation and drug disposal initiatives remained in operation, promoting safe disposal practices and reducing risks associated with unused or expired medications. Overall, each program area continued to move forward as scheduled and remained aligned with project goals for this reporting period.

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.

During this reporting period, the jail-based medication for opioid use disorder (MOUD) program experienced both meaningful progress and notable challenges. A key success has been the program's ability to maintain steady operations across all project areas despite staffing shortages, space limitations within the jail, and the competing demands placed on existing team members. Individualized education for deputies—totaling approximately 35 hours—has strengthened staff understanding of OUD, MAT, and deflection practices, demonstrating the team's commitment to building capacity even without formal external trainings this period. Planning is also underway for the team to attend future training events, which will support continued skill development. At the same time, several challenges have constrained the pace of program expansion. Ongoing staffing vacancies and limited physical space have slowed efforts to broaden access to evidence-based treatment and comprehensive reentry services. However, these constraints have not halted progress. The team is actively working to implement future peer support services and to add Hepatitis-C and HIV screenings with confirmatory testing and treatment referrals, which will strengthen the program's whole-person, recovery-oriented approach. Overall, while resource limitations created strain, the MOUD program remained resilient. Core services continued, staff training advanced, and plans for meaningful program enhancements moved forward, reflecting both dedication and ongoing momentum toward long-term project goals.

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, the team continues to explore creative ways to ensure they maximize the available spaces for both their team and participants whenever possible. One of the most successful aspects of the jail-based MOUD 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 the county jail. Continued funding remains essential to sustaining the progress achieved across all four project areas and ensuring long-term success.

During the reporting period, the agency screened 246 people for an opioid use disorder, nine individuals were enrolled in MAT, and four people were trained and received naloxone. Four

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 conducts comprehensive intake screenings to identify health, mental health, and substance use concerns to ensure each individual receives appropriate care while in custody. When an individual is identified as having a substance use disorder (SUD), a Release of Information is obtained so their existing treatment and medication regimen can continue without interruption. Individuals are offered access to programs that help them remain connected to treatment, and those not currently engaged are introduced to services aimed at promoting healthier lifestyles and supporting sober living. This process helps ensure a smooth transition of care, particularly for individuals who remain with them for an extended period. During the current reporting period, they have seen measurable progress in the development of the program. Individuals are more engaged, demonstrate increased awareness of available services, and many are voluntarily seeking assistance as they work toward overcoming their addictions.

They continue to explore innovative strategies to enhance the success of incarcerated individuals, ensuring they have access to as many resources as possible to support their transition back into the community. Their virtual team meetings remain a cornerstone of this work, providing a platform for collaboration, information sharing, and the exchange of new ideas. Kenosha County values learning from the experiences and successes of other counties, and we are eager to integrate their proven best practices into our programming. By securing adequate funding this will play a crucial role in sustaining and expanding these efforts. Additional resources will help support the ongoing success of the Medication-Assisted Treatment (MAT) program and further strengthen continuity of care for individuals in custody and upon release. They remain committed to maintaining strong, productive partnerships with their Wisconsin colleagues and look forward to continuing this important collaboration for years to come.

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, 40 individuals received some form of MAT, 40 received training on naloxone administration and were given two dose kits, and 23 people engaged with peer support services. The 40 individuals enrolled in substance use treatment services also receive case management or care coordination 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 continues to distribute drug deactivation kits through their deputy workforce. Sheriff's department staff attended four training events for a total of 30 hours of education on substance use disorder. The Justice Support Services program was provided two cases of drug deactivation bags to give to drug court and Ophelia 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.

MPD extends a special thanks to their partners at the UW Population Health Institute, Dane County Dept of Human Services, and the MPD MARI team for their assistance in this data collection effort 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 Dane County 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 Dane County 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 their 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 the 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, ten individuals were referred for pre-arrest or pre-arraignment deflection programming with three people enrolling for the service. 350 drug deactivation kits have been purchased and are now being distributed throughout the community.

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

They continue to see strong participation in their supportive services, with consistently positive feedback from program participants. They have found there are times when persons in their care are receiving MOUD who may be scheduled to transfer to a different county. If the receiving county doesn't yet have an agreement with a local MOUD provider, Marathon County collaborates with that county, and other counties if needed, to ensure continuity of care is maintained without interruption.

Overall, the program has been going very well. They continue to look for new and innovative ways to support their participants as much as possible. A recent visit to LaSalle County Jail in Illinois was especially helpful—it gave them valuable insight into how other facilities structure their programs and highlighted some key differences in approach. In the future, they would welcome the opportunity to visit a larger-capacity jail with a more expansive MOUD program to continue learning and improving.

During this reporting period, 1,191 people have been screened for an opioid use disorder, 73 people have been enrolled in medication assisted treatment services, 35 people have been trained in naloxone administration and received two dose kits, 65 people have engaged in peer support services, 73 people have received case management or care coordination services, and 65 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 700 of them being distributed to community members.

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

Providing drug deactivation kits has been very successful. They continue to work with their jail staff and officers to go to trainings however it is a challenge due to finding coverage for the officers to attend these trainings..

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

During this reporting period, the MAT (Medication-Assisted Treatment) Program has continued to strengthen its comprehensive approach to supporting individuals entering and exiting the correctional facility. Their team consistently conducts immediate risk assessments for every individual upon intake, with a specific focus on identifying those at risk for withdrawal. When withdrawal risk is identified, the Clinical Opiate Withdrawal Scale (COWS) assessment is promptly administered to ensure timely and appropriate clinical intervention. Additionally, the program continues to enhance reentry support by distributing "necessity backpacks" to individuals upon release. Each backpack includes essential hygiene items, clothing, community resource information, and naloxone kits to promote safety and continuity of care post-release. These efforts aim to reduce overdose risk, improve linkage to treatment and recovery resources, and support successful reintegration into the community.

One challenge during this reporting period has been the delay in hiring a peer recovery counselor for the MAT Program. This is a new position that first had to be added to the contract and approved through the legal department before it could be posted. These extra steps have slowed down the hiring process. Because of this delay, the program has had limited peer support services available for participants. They are continuing to work with legal and administration to finalize the process and post the position as soon as possible. Once hired, the peer recovery counselor will play an important role in supporting participants and improving recovery outcomes.

Key success of the MAT Program during this reporting period has been the implementation of a new counseling protocol to strengthen diversion prevention efforts. Individuals identified as engaging in or attempting to divert medication are now required to participate in focused counseling sessions with a provider. This new step promotes accountability, supports behavioral change, and reinforces the importance of medication compliance within the MAT program. By addressing diversion concerns through education and therapeutic intervention rather than solely punitive measures, the program has enhanced participant engagement, improved adherence, and further safeguarded the integrity of treatment services. They have now gained the ability to continue individuals on their Sublocade® or Brixadi® injections in-house if they are on this medication when entering the facility.

This reporting period, 257 individuals have enrolled in MAT services, 64 people were trained how to administer naloxone and were provided a two-dose kit, 18 people received peer support services, and all MAT enrollees (257) received case management or care coordination services, 69 individuals were discharged from the program due to being released from 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.

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

There is no progress to report due to contracting continuing to occur. Program updates will be provided in future reports.

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

Sawyer County continues to make progress. There are ongoing community events (14 events in this period) to assist in bridging the gap between law enforcement and the community. Law enforcement is working together with peer systems navigators and programs coordinator for community outreach and overdose prevention. Collaborative efforts are moving forward (8 community-based meetings attended by programs coordinator, director and law enforcement in this reporting period).

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

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

During this reporting period their community resource officer (CRO) continued to build-out the client management software for utilization within their resource network. They attended the 2025 Wisconsin Substance Use Prevention Conference, as well as multiple community events and presentation opportunities. Their CRO continues to enhance awareness of programming and resources, and open communication lines with stakeholders through various forms of outreach. Post-overdose outreach continues, and opportunities are monitored through case and call reviews, as well as partnerships with other agencies. Hygiene kits purchased during earlier periods are now being dispersed throughout the community.

**Wood County Sheriff's Department – Treatment for Incarcerated Persons with Opioid Use Disorder**

The Medication for Opioid Use Disorder (MOUD) program continues to operate at full capacity and the demand for medication still exceeds original expectations. They have continued to utilize extra case management hours to meet the demand for case management and medication. They are going to make every effort to reduce the extra case manager hours by the end of 2025 to make their budget easier to balance through 2026. They have continued to be able to address and prioritize individuals who are admitted to the jail with existing MOUD prescriptions or that are exhibiting acute withdrawal symptoms. They have consistently managed to communicate with community providers to ensure medication continues after incarceration prior to withdrawal symptoms presenting. Jail staff have commented that the program has allowed for acute withdrawal symptoms to be managed in-house, rather than sending individuals to the hospital. This has resulted in cost savings for the county. This has also allowed individuals' symptoms to be addressed sooner, which results in a timelier care and healthier outcomes for the individuals, and more timely transition from holding cells to general population. This is advantageous to the jail because it reduces the total number of "medical watches" that they must accommodate over the course of their shift. It also frees up spaces for new intakes or other "watches." They continue to be successful in implementing our MOUD program into our recovery pod program. Over 90% of the individuals that are participating in the recovery pods are on a MOUD.

Since the implementation of this program (less than one year ago) they have served 135 unique individuals in the Wood County Jail. They have successfully been able to utilize all three FDA approved medications since the start of this program. During this reporting period no one has utilized methadone. However, the partnership remains in place with Wausau Comprehensive Treatment Center, and they can utilize them any time there is demand for that medication. They continue to coordinate extensively with DOC, and as that relationship has grown, they have been able to coordinate services with them to ensure timely intervention. As noted previously, the jail does continue to see the value of providing medications for opioid use disorder for those individuals who may need them as they come in to the facility and are at risk of experiencing withdrawal symptoms either due to active use, or due to a community prescription.

The biggest need currently is to continue to address the sustainability of the program. They have managed to secure county funding for a part time case manager, which allows them to have one less position that is grant funded moving forward. However, they need to continue to make changes to make this sustainable in case funding opportunities cease to exist. This grant has been incredibly beneficial in the implementation of a program that they can now adjust to best accommodate the needs of their community. They would be very grateful to receive continued updates on funding opportunities, whether through the existing funding source, or another source that administration becomes aware of.

During this reporting period, 361 people have been screened for an opioid use disorder, 53 people have been enrolled in MAT services, 20 have been trained on naloxone administration and have been given two dose kits of naloxone, 49 people engaged in peer support services, and 49 people have received case management or care coordination services.

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

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

As reported in FY 25 Q1, DHS allocated \$500,000 to Regional Prevention Centers (RPCs) of the Alliance for Wisconsin Youth (AWY) for the prevention activities. RPCs include Northeastern Wisconsin Area Health Education Center (NEWAHEC), Marshfield Clinic, and Community Advocates. Each RPC released funding opportunities for local coalitions to apply for to provide prevention services as noted above. Two of these RPCs ran into challenges during the contract period resulting in not being able to spend all their funds. DHS worked with the RPCs to develop the following plans:

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

Support providing Youth Mental Health First Aid Training (YMHFHA). A coalition member was trained as an instructor during the last contract and one training was completed. Funds from this contract will support hosting additional YMHFHA training to coalitions that were not able to attend the previous training. Additionally, funds will support hosting Safe Zone training for coalitions.

#### **Community Advocates**

Support Volition Franklin in providing substance use prevention education, through parent education handbooks for all school age groups. These will be available in English, Spanish and Christian versions. The coalition will also purchase training toolkits to support engaging the community at events and workshops. During the past contract the coalition trained two instructors in Mental Health First Aid. These funds will support hosting their first MHFA training in their community.

As reported in FY 26 Q1, community anti-drug coalitions, nonprofit agencies, and faith-based organizations were also invited to apply for funds to support prevention programs throughout Wisconsin. Awarded entities can use the funds to support the following activities: drug prevention; evidence-informed prevention; stigma reduction; training in evidence-informed implementation; community-based education or intervention services; programs and curricula to address mental health needs of young people; or other activities permissible under opioid settlement agreements. Awarded agencies include Arbor Place, Forest County Potawatomi Community, Hope Council, and United Community Center.

#### **Arbor Place**

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. Contracting continues to occur. Program updates will be provided in future reports.

### **Forest County Potawatomi Community**

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. Contracting continues to occur. Program updates will be provided in future reports.

### **Hope Council**

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. Contracting continues to occur. Program updates will be provided in future reports.

### **United Community Center**

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. Contracting continues to occur. Program updates will be provided in future reports.

### **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 11,337 searches having been completed and 1,683 service connections being made. Of the providers registered, 204 accept Badger Care. Twenty-seven facilities provide recovery coach services. 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 did not enroll any new individuals into their program. They provided services for 13 individuals who were previously enrolled in the program. Vin Baker Recovery has fully utilized their funding. Their final expenditure report has been submitted to DHS.

### **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 (OUD). 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 an OUD.

During this reporting period, Periscope responded to 191 perinatal mental health inquiries from health care providers across the state. This included 156 provider-to-provider case consultations, and 35 resource connection requests related to perinatal mental health. Among the 113 provider-to-provider consultations where substance use history was known, 9% (ten cases) involved a history of OUD and 17% (19 cases)

involved a history of other substance use disorders. Additionally, 38 health care providers contacted Periscope for the first time, demonstrating the program's continued expansion and reach across Wisconsin.

#### Education and Outreach:

The Periscope psychiatry team delivered 9 educational sessions on perinatal mental health to a total of 206 Wisconsin health care providers who care for women of reproductive age. Live sessions were held in Grafton, Lakeland, Sheboygan, Milwaukee, Watertown, La Crosse and Black River Falls.

Periscope psychiatrists also presented at two statewide conferences:

- MCW Door County Summer Institute in Egg Harbor
- Wisconsin Association of Perinatal Care Annual Conference in Oshkosh

Of the 11 total sessions delivered, 10 included specific content on perinatal OUD.

#### Continuing Medical Education Webinars:

Periscope hosted two free continuing medical education (CME) webinars:

1. MOTHERS Program – Maternal Opioid Treatment, Holistic Education, Resource and Support: A Case-Based Presentation
2. Focusing on the Perinatal Brain – Evaluating Attention Symptoms in Motherhood

These webinars focused on Wisconsin health care providers and professionals caring for women of reproductive age. A total of 56 attendees participated in these sessions. Following the OUD webinar, 100% of survey respondents reported feeling more comfortable caring for perinatal patients with opioid use disorder. The post-webinar survey had a 50% response rate.

Through these educational efforts, Periscope continues to build capacity within Wisconsin's health care workforce to better address mental health and substance use conditions in perinatal patients.

#### Stigma Reduction and Harm Prevention Materials:

Periscope continued distributing newly developed materials aimed at reducing stigmatizing language among health care providers and raising awareness of harm reduction strategies related to postpartum overdose.

During the reporting period:

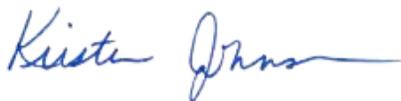
- 142 stigma reduction magnets were distributed to 46 contacts statewide, intended for display in clinic charting rooms.
- 545 postpartum harm reduction cards were shared with 35 contacts statewide, intended for distribution to perinatal patients.

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

DHS was directed to allocate \$1,500,000 to fund substance use data collection, monitoring, and reporting activities needed for the Department of Administration (DOA) to implement the provisions of 2021 Wisconsin Act 181. In 2024, DOA solicited proposals through a Request for Proposal process. In 2025, DOA awarded the Arkansas Foundation for Medical Care (AFMC) to create the Opioid and Methamphetamine Data System. Contracting has been completed. DOA, DHS, Department of Corrections (DOC), Department of Children and Families (DCF), Department of Justice (DOJ), and Department of Safety and Professional Services (DSPS) are working collaboratively with AFMC on this project.

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

Sincerely,



Kirsten L. Johnson  
Secretary

**Appendix A: Naloxone Direct Program**

<b>Awards for Naloxone Direct Program</b>	
<b>Agency</b>	<b>Tribal Nation or County</b>
Adams County Health Department	Adams County
Ashland County Health & Human Services	Ashland County
Bad River Band of Lake Superior Chippewa	Bad River Band of Lake Superior Chippewa
Barron County Department of Health and Human Services	Barron County
Bayfield County Public Health	Bayfield County
Brown County Health & Human Services - Public Health Division	Brown County
De Pere Health Department	Brown County
Buffalo County Health Department	Buffalo County
Calumet County Public Health Department	Calumet County
Chippewa County Department of Public Health	Chippewa County
Clark County Health Department	Clark County
Crawford County Health & Human Services	Crawford County
Tellurian, Inc.	Dane County
Wisconsin Voices for Recovery - UW Madison	Dane County
Public Health Madison and Dane County	Dane County
CAYA Clinic, Inc	Dane County
Madison Street Medicine	Dane County
Wm S Middleton VA Harm Reduction Program	Dane County
Satori House INC.	Dane County
Dane County EMS	Dane County
Start Healing Now	Dodge County
Dodge County Human Services and Health Department	Dodge County
Door County Public Health	Door County
Douglas County Department of Health and Human Services	Douglas County
Vivent Health - Superior	Douglas County
WIMA (Wisconsin Milkweed Alliance, Inc)	Dunn County
Dunn County Health Department	Dunn County
Eau Claire City-County Health Department	Eau Claire County
Vivent Health - Eau Claire	Eau Claire County
Fond du Lac County Health Department	Fond du Lac County
Unified Community Services Grant and Iowa County	Grant County
Green County Human Services	Green County
Green Lake County DHHS	Green Lake County
Ho-Chunk Nation Department of Health	Ho-Chunk Nation
Iowa County Health Department	Iowa County
Iron County Health Department	Iron County
Jackson County Public Health	Jackson County
Jefferson County Health Department	Jefferson County
Waterloo Fire and Rescue	Jefferson County
Juneau County Health Department	Juneau County

Kenosha County Division of Behavioral Health Services	Kenosha County
Hope Council on Alcohol & Other Drug Abuse, Inc.	Kenosha County
Kewaunee County Public Health Department	Kewaunee County
The La Crosse Lighthouse, Inc.	La Crosse County
La Crosse County Human Services - ISRS - Outpatient Clinic	La Crosse County
La Crosse County Health Department	La Crosse County
Vivent Health - La Crosse	La Crosse County
Bangor First Responders	La Crosse County
Brice Prairie EMS and Rescue	La Crosse County
Shelby First Responders and Fire Department	La Crosse County
West Salem Emergency medical Team	La Crosse County
Lac Courte Oreilles Bizhiki Wellness Center and MAT Program	Lac Courte Oreilles Band of Lake Superior Chippewa
Lafayette County HSD	Lafayette County
Lafayette County EMS	Lafayette County
Langlade County Health Department	Langlade County
Town of Russell First Responders	Lincoln County
Catch the GYST	Manitowoc County
Lighthouse Recovery Community Center	Manitowoc County
Manitowoc County Human Services	Manitowoc County
Manitowoc County Health Department	Manitowoc County
North Central Health Care	Marathon County
Marathon County Health Department	Marathon County
Vivent Health - Wausau	Marathon County
Kronenwetter Fire Department	Marathon County
Marinette County Public Health	Marinette County
Marquette County Health Department	Marquette County
Samad's House	Milwaukee County
Milwaukee Fire Department	Milwaukee County
Franklin Health Department	Milwaukee County
Uniting Garden Homes Inc	Milwaukee County
Wisconsin Peer Alliance for Nurses (WisPAN)	Milwaukee County
Milwaukee County Behavioral Health	Milwaukee County
City of Milwaukee Health Department	Milwaukee County
Cudahy Health Department	Milwaukee County
Hales Corners Health Department	Milwaukee County
NORTH SHORE HEALTH DEPARTMENT	Milwaukee County
Oak Creek Health Department	Milwaukee County
South Milwaukee/ St. Francis Health Department	Milwaukee County
Southwest Suburban Health Department	Milwaukee County
Village of Greendale Health Department	Milwaukee County
Wauwatosa Health Department	Milwaukee County
Outreach Community Health Centers	Milwaukee County
Progressive Community Health Centers	Milwaukee County
Sixteenth Street Community Health Centers	Milwaukee County
Vivent Health - Milwaukee	Milwaukee County

Gerald L. Ignace Indian Health Center	Milwaukee County
Wauwatosa Fire Department	Milwaukee County
Monroe County Health Department	Monroe County
Oconto County Health and Human Services Public Health Division	Oconto County
Oneida Behavioral Health	Oneida Nation
Unity Recovery Services	Outagamie County
City of Appleton Health Department	Outagamie County
Outagamie County Public Health	Outagamie County
Vivent Health - Appleton	Outagamie County
Ozaukee County Human Services	Ozaukee County
Washington Ozaukee Public Health Department	Ozaukee County
Pepin County Health Department	Pepin County
Pierce County Public Health	Pierce County
Polk County Public Health Department	Polk County
Portage County Health and Human Services	Portage County
Oxford House OK Bluff	Portage County
Racine County HSD	Racine County
City of Racine Public Health Department	Racine County
Red Cliff Community Health Center	Red Cliff Band of Lake Superior Chippewa
Richland County Health and Human Services	Richland County
Rock County Public Health	Rock County
Vivent Health - Beloit	Rock County
Rusk County Public Health	Rusk County
Public Health Sauk County	Sauk County
Crivitz Rescue Squad, Inc	Sawyer County
Sawyer County Health and Human Services	Sawyer County
Shawano County DHS	Shawano County
Sheboygan County HHSD	Sheboygan County
Sokaogon Chippewa Health Clinic - Behavioral Health Department	Sokaogon Chippewa Community (Mole Lake Band of Lake Superior Chippewa)
St Croix County Health and Human Services	St Croix County
St. Croix Health Clinic	St. Croix Chippewa Indians of Wisconsin
Stockbridge-Munsee Community	Stockbridge-Munsee Community Band of Mohican Indians
RIPple Drug Education & Awareness	Trempealeau County
Trempealeau County Department of Health and Human Services	Trempealeau County
Trempealeau First Responders	Trempealeau County
Tri County Ambulance (Emplify Health of Whitehall Area)	Trempealeau County
Vernon County Health Department	Vernon County
Wheatland Fire & Rescue	Vernon County
Walworth County Health and Human Services	Walworth County
Elevate Community Resource Center	Washington County
Washington County Health & Human Services Department	Washington County
Addiction Resource Council, Inc.	Waukesha County
George IV Recovery Foundation	Waukesha County

Waukesha County Department of Health and Human Services	Waukesha County
Waupaca County Department of Public Health	Waupaca County
Waushara County Public Health	Waushara County
Winnebago County Public Health	Winnebago County
Three Bridges Recovery Wi, INC.	Wood County
Wood County Health Department	Wood County
<b>TOTAL DOSES AWARDED</b>	<b>246,144</b>

**Appendix A: Peer Services in Opioid Treatment Programs/Office Based Opioid Treatment Programs and Opioid Treatment Program Mobile Unit Maintenance**

		Amount of Award Per Activity				Total \$ Amount Awarded
		#1	#2	#3	#4	
Applicant	Activity	Maintenance of Mobile Medication Units	Mobile Medication Unit Peer Services	*Opioid Treatment Program Peer Services	**Office Based Opioid Treatment Peer Services	
Community Medical Services		n/a	n/a	\$364,493	n/a	\$364,493
Addiction Medical Solutions-Onalaska		\$25,000	\$61,390	\$61,389	n/a	\$147,779
Addiction Medical Solutions-Oshkosh		\$25,000	\$61,390	\$61,389	n/a	\$147,779
Vin Baker Recovery		\$25,000	\$61,390	\$61,389	n/a	\$147,779
Green Bay Comprehensive Treatment Ctr		n/a	n/a	\$77,595	n/a	\$77,595
West Milwaukee Comprehensive Treatment Center		n/a	n/a	\$77,595	n/a	\$77,595
PAS Recovery, Application 1		\$25,000	n/a	n/a	n/a	\$25,000
PAS Recovery, Application 2		\$25,000	n/a	n/a	n/a	\$25,000
		<b>Total Award</b>				<b><u>\$1,013,020</u></b>

**\*Activity #3: Peer services in brick & mortar OTPs.**

**\*\*Activity #4: No applicants applied.**