

# Wisconsin State Targeted Response to the Opioid Crisis (STR)

## 2018-2019 Final Prevention Activity Report July 2019



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**



**ALLIANCE FOR WISCONSIN YOUTH**

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## Background

Since the early 2000s, Wisconsin has experienced a surge in opioid abuse and its related harmful consequences. Over the last decade alone, the number of opioid-related deaths in Wisconsin has nearly doubled (Wisconsin Department of Health Services, Office of Health Informatics). In order to make an impact on these trends, a comprehensive approach to prevention, treatment, and recovery support resources and services is needed.

In February 2017, the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services (DCTS), applied for a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) titled, State Targeted Response to the Opioid Crisis (STR). This two-year grant was awarded to Wisconsin on May 1, 2017. The prevention funding allocation of the STR grant focused on reducing the nonmedical or unauthorized availability of and access to prescription opioids, as well as preventing opioid-related overdose deaths.

DCTS utilized this funding for prevention training and technical assistance infrastructure through the Alliance for Wisconsin Youth (AWY) regional prevention centers to make funding available to AWY member coalitions in both STR grant years. The purpose of this funding was to provide local coalitions with resources to implement specific strategies aimed at reducing the availability of and access to opioids for nonmedical purposes and to prevent the consequences of opioid abuse. Funds were intended to enhance local coalition-led efforts related to preventing opioid abuse rather than supplanting current or ongoing prevention efforts. Funding was made available through an application process, with a menu of strategy options for the following materials and community education efforts:

-  Permanent Prescription Drug Drop Boxes
-  Drug Take-Back Events
-  Prescription Drug Lock Boxes
-  Prescription Drug Lock Bags
-  Prescription Drug Deactivation Units
-  Coordination of Naloxone Training and Distribution
-  Dose of Reality Education Materials
-  Community Education Events

Contained in this report are outcomes related to coalition-led activities from STR grant year two (May 1, 2018–April 30, 2019). The final Opioid STR Prevention Activity Report from grant year 1 (May 1, 2017–April 30, 2018) can be accessed at:

<https://www.dhs.wisconsin.gov/publications/p02175-17-18.pdf>.

## Coalition Application Process

DCTS contracted \$730,000 annually to the Alliance for Wisconsin Youth (AWY) regional prevention centers (RPCs) to support the menu option project for coalitions within their regions. Funding to each of the five AWY regions was based on the number of eligible AWY coalitions within the region. A total of 93 coalitions were eligible to apply for funding under the STR grant prevention menu option project in grant year two (May 1, 2018–April 30, 2019). Coalitions were allowed to apply for up to \$7,300 from the menu option of strategies in order to enhance their local opioid prevention efforts. Funding requests above the \$7,300 base amount were considered and awarded based on adequate completion of application materials and available funding within the region.

Seven of the eight menu option strategies were already being implemented by 14 coalitions through the SAMHSA-funded and DCTS-administered Strategic Prevention Framework Partnerships for Success Grant. For this reason, these 14 coalitions were limited to applying for funds for only the strategy that was not funded under the existing federal grant, coordination of naloxone training and distribution.

To receive funds, coalitions were required to:

- Be an AWY member as of May 1, 2018.
- Identify their target service area for strategy implementation.
- Comply with all reporting requirements.
- Complete an online STR Coalition Menu Option Application and related material distribution or implementation work plans.
- Complete strategy implementation by April 30, 2019.

Each strategy selected from the menu of options required the applicant to complete a plan for either distribution of materials or implementation of the strategy. Distribution and implementation work plans identified how coalitions would use the funds to support opioid prevention efforts in their communities. Plans were due at the time the coalition submitted their funding application in June 2018.









A total of 70 applications were received under the year two STR grant prevention funding solicitation. This included applications from 15 coalitions who had not applied for funding in grant year one. DCTS staff reviewed all applications and work plans. Comments on the applications and work plans were provided to all applicants. Revisions were due in July 2018. Final funding decisions were based on adequate completion of application materials, compliance with the grant requirements, and available funding levels. All 70 coalition applicants were approved at some level of requested funding with award announcements made in mid-August.

Funded coalitions began working with their AWY RPC in August 2018 to finalize invoicing for strategy reimbursement and distribution of materials.

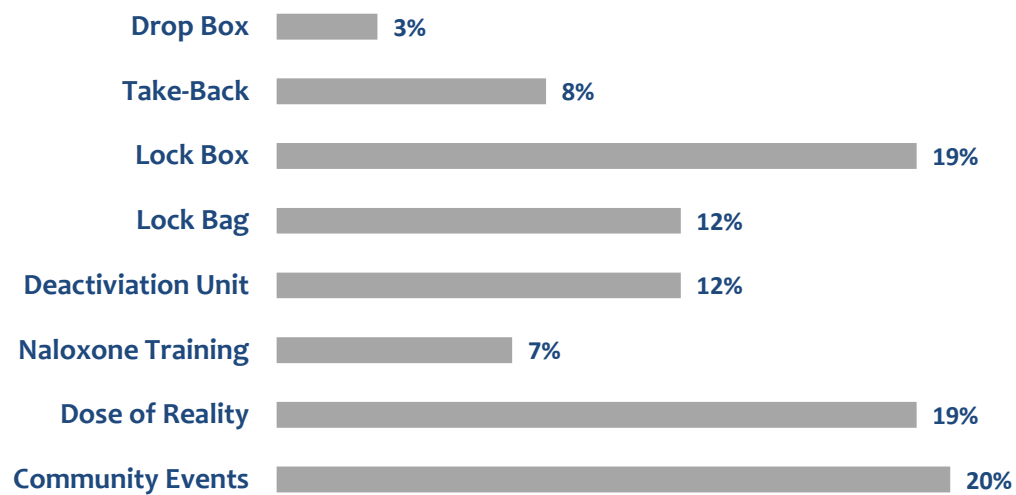
## Coalition Prevention Strategy Selection

Opioid abuse is a complex issue having negative impacts across the state and the nation. The prevention strategies selected for implementation under the Wisconsin STR grant prevention strategy menu option project were designed to enhance local efforts and fill gaps in the community. Coalitions were instructed to consider other available community resources and efforts related to opioid abuse prevention and choose strategies that best met the identified needs of their targeted service areas. See Appendix A for a full list of coalition applicants through the STR prevention strategy menu option project, their service areas, their funding levels, and their strategy selection. Table 1 provides a summary of strategy selection by AWY region. Figure 1 shows the amount of overall funding that was requested for each strategy.

**Table 1: Number of coalitions selecting Opioid STR prevention strategies by region**

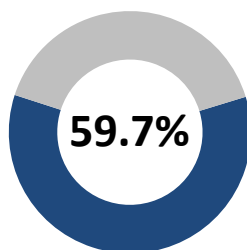
Strategy	North	Northeast	South	Southeast	West	TOTALS
 Drop Boxes	4	2	5	0	6	17
 Take-Back Events	9	6	12	5	7	39
 Lock Boxes	10	8	12	5	5	40
 Lock Bags	4	8	8	3	4	27
 Deactivation Units	14	6	9	6	6	41
 Naloxone Training	10	8	14	7	3	42
 Dose of Reality	15	8	11	7	9	50
 Community Events	14	8	15	10	8	55
<b>TOTAL</b>	<b>20</b>	<b>11</b>	<b>19</b>	<b>11</b>	<b>9</b>	<b>70</b>
<b># of Coalitions</b>						
<b>\$ Request</b>	<b>\$149,450</b>	<b>\$116,100</b>	<b>\$157,325</b>	<b>\$75,925</b>	<b>\$97,975</b>	<b>\$596,775</b>

**Figure 1: Percent of Funding per Strategy**

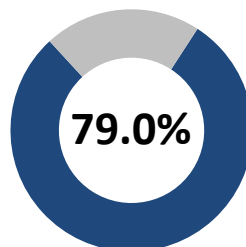
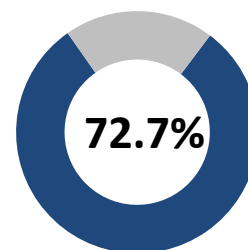


The 70 applicant coalitions were located in 43 counties and included 10 tribal coalition applicants, serving eight of the state's 11 tribes.

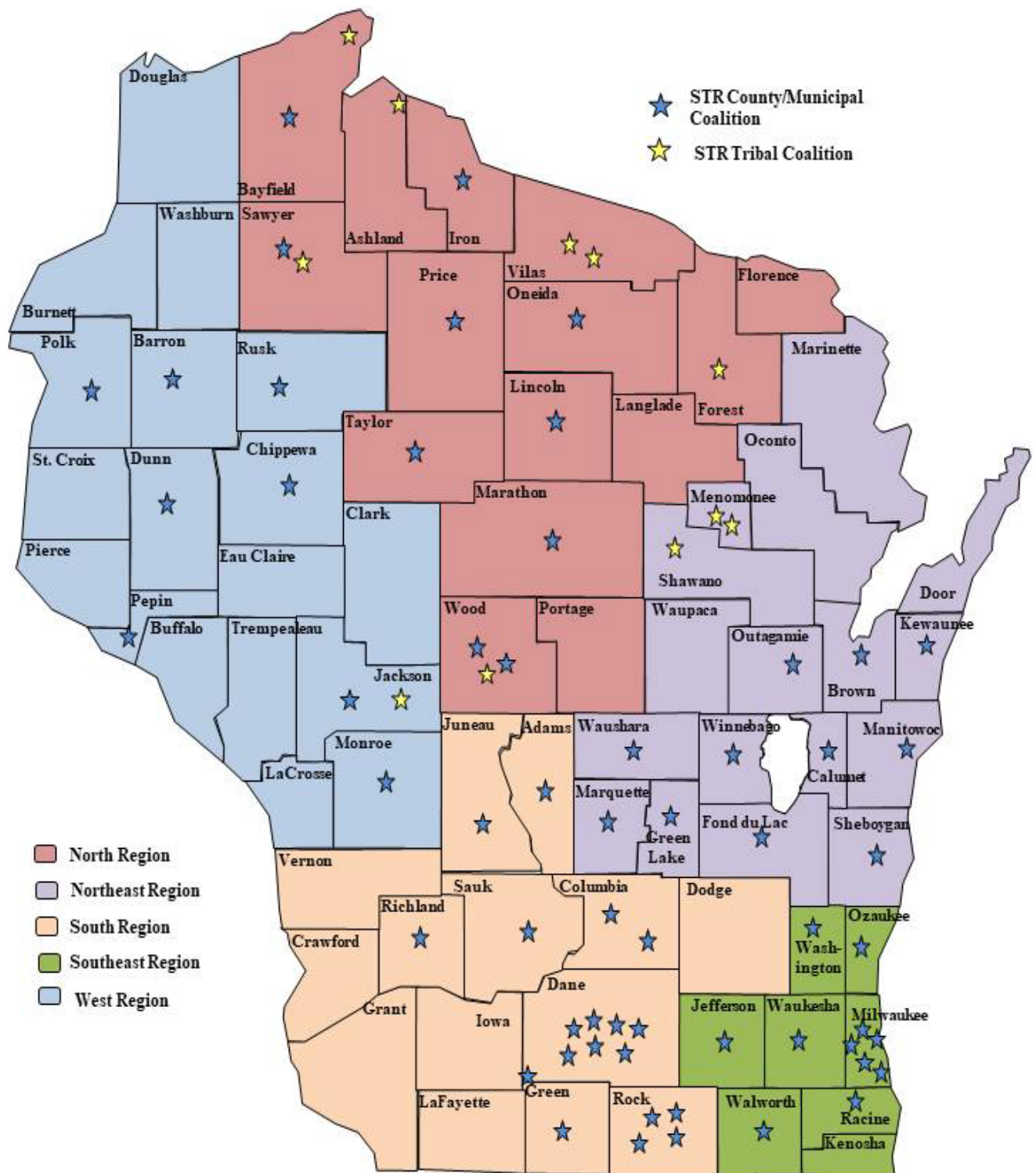
*Percent of Wisconsin Counties  
Participating in STR Year Two  
Prevention Activities.*



*Percent of Wisconsin Tribes  
Participating in STR Year Two  
Prevention Activities.*



*Percent of Wisconsin Population  
Located in STR Year Two Applicant  
Counties and Tribes.*





## Strategy Implementation Outcomes

All 70 coalitions approved for funding through the STR prevention grant were provided an online outcome report survey. The survey was available beginning in April 2019 and was due in May 2019. The outcome report survey consisted of questions specific to each of the eight STR prevention strategies. Both multiple choice and open-ended questions were asked related to implementation efforts for each strategy.









Coalitions were instructed to complete the survey for all strategies for which they applied for funding under the STR prevention grant solicitation. Skip logic was incorporated allowing coalitions to report only on the strategies they had selected and answer only questions specific to their experiences. Quantitative and qualitative analysis of the outcome reports was completed by DCTS staff.

Three coalitions struggled with capacity issues and staff turnover. As a result, these coalitions were not able to implement any of the strategies they selected and did not receive funding for their selected strategies. The data contained in the remainder of this report is based on the 67 coalitions that received funding to support their strategy implementation efforts.

Fifty-three (79.1 percent) of the coalitions funded through the STR prevention solicitation completed implementation of all the strategies they selected. The prescription drug lock bag strategy had the highest completion rate, with all coalitions completing the strategy as planned. The permanent prescription drug drop box strategy was considered complete if the coalition was able to both purchase and place a drop box during the grant cycle. The lower completion rate of 81.3 percent (table 2) for this strategy was largely due to logistical barriers and buy-in from the locations identified for box placement. Barriers to the completion of the naloxone training strategy (completion rate of 84.6 percent) were largely attributable to scheduling issues with qualified trainers. Weather also played a part in coalitions' ability to complete this strategy. Several planned events had to be cancelled due to severe winter weather and flooding.

The subsequent sections of this report provide results specific to each of the STR prevention strategies funded from May 1, 2018, through April 30, 2019.

**Table 2: Opioid STR Grant prevention strategy completion rates by strategy**

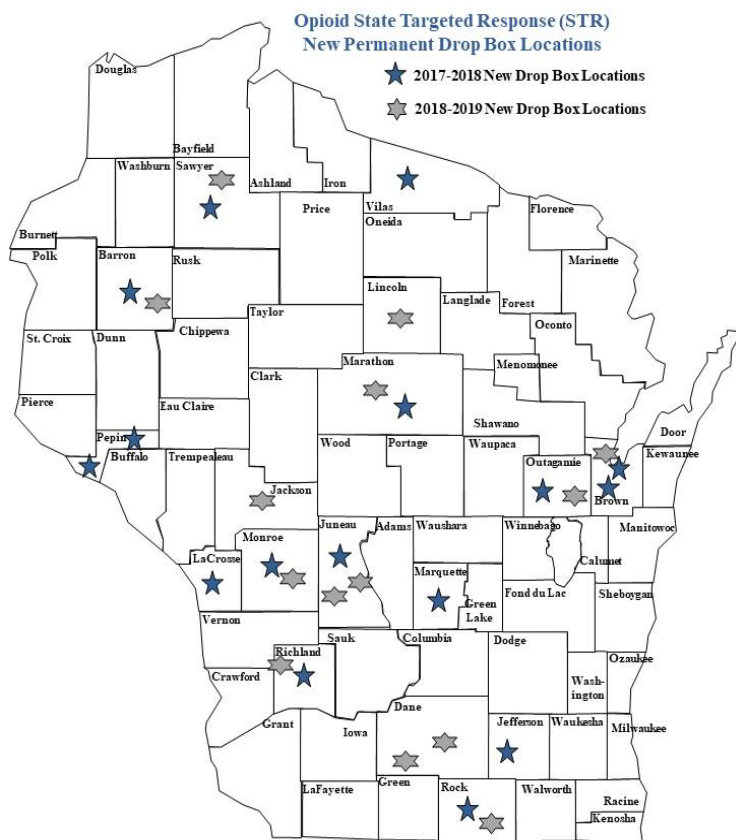
Strategy	# of Coalitions Receiving \$	# of Coalitions Completed	Completion Rate
 Drop Boxes	16	13	81.3%
 Take-Back Events	37	35	94.6%
 Lock Boxes	39	36	92.3%
 Lock Bags	26	26	100.0%
 Deactivation Units	38	37	97.4%
 Naloxone Training	39	33	84.6%
 Dose of Reality	47	45	95.7%
 Community Events	52	50	96.2%
<b>TOTALS</b>	<b>294</b>	<b>275</b>	<b>93.5%</b>

## Prescription Drug Drop Boxes



The purpose of the permanent prescription drug drop box strategy was to increase the accessibility of a safe and responsible method for disposing of unwanted and expired medicines in order to protect families, communities, and the environment. Coalitions, law enforcement, and pharmacies were encouraged to work together to purchase and place permanent drug drop boxes in as many community locations as possible. Coalitions received \$1,000 for the purchase of each drop box.

Seventeen coalitions selected to implement the prescription drug drop box strategy. One coalition that selected this strategy was not able to participate and receive funding for this initiative. Thus, only 16 coalitions implemented this strategy. A total of 20 drop boxes were requested through the application process. Three percent of the overall STR grant prevention funding for coalitions supported this strategy. In STR grant year one, 16 new permanent drop boxes were placed.

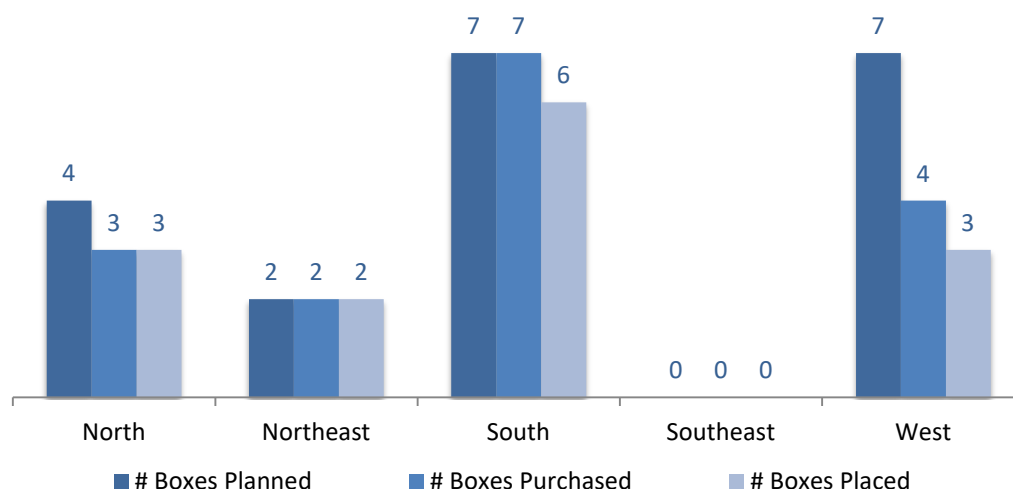


### Strategy Outcomes

Eighty-eight percent of the coalitions (14 coalitions) who received funding to implement the permanent prescription drug drop box strategy purchased at least one drop box during the grant period. Of those, 13 coalitions (92.9 percent) were able to place a drop box in a permanent location.

A total of **14** new permanent prescription drop boxes were placed in 12 counties with STR prevention funds. Two additional boxes were purchased, but were unable to be placed in a permanent location during the grant cycle. Ten boxes were placed in law enforcement agencies, three were placed in pharmacies or clinics with pharmacies, and one was placed in a treatment center. A total of **725** pounds of medications were collected through nine boxes from August 1, 2018, through April 30, 2019. Five coalitions did not report poundage due to box placement taking place late in the grant cycle, or the box had not yet been emptied by the reporting deadline.

**Figure 2: Number of drop boxes planned, purchased, and placed by region.**



Two coalitions were not able to purchase drop boxes as planned. These coalitions both had planned to purchase boxes for placement in pharmacies/health centers. They noted logistical setbacks and buy-in from needed partners as reasons for not being able to complete strategy implementation as planned.

The two coalitions that were unable to place their purchased drop boxes cited logistical barriers to implementation. One was planning to place the box in a law enforcement agency that was moving locations. Once the move takes place, the box will be installed in the new location. The other coalition purchased two boxes, one which was placed successfully at a municipal law enforcement agency, the other was planned at a different law enforcement agency, but concerns about meeting DEA regulations set the project back.

All coalitions were asked to provide details about challenges or barriers they encountered while implementing this strategy. Some of the challenges included:

- Delays in placing permanent boxes due to logistical issues.
- The cost for the box was more expensive than anticipated.
- Funding and installing required surveillance equipment.

*After holding a Drug Take Back at the CTC, it was identified that there is no area in northeast Brown County to drop off unused medications. After a lot of upper management discussions and approvals, we were allowed to move forward with this strategy. We are very excited to see how this permanent drug drop box is received in an area of Brown County where there are no other resources*

- Brown County Drug Alliance

## Prescription Drug Take-Back Events



The purpose of the prescription drug take-back event strategy was to provide a method for safe and responsible disposal of unused and expired medications to reduce diversion and protect the environment. Coalitions and law enforcement were encouraged to work together to host a take-back event(s) within the coalition's targeted service area. The most common take-back event was a one-day event at a specific location. Some take-back events were mobile or traveling events. For example, the collection was part of Meals on Wheels deliveries. Both types of events or a combination of the two were considered acceptable for implementing this strategy.

Thirty-nine coalitions selected to implement the drug take-back event strategy; however, two coalitions that selected this strategy were not able to participate in the STR project and receive funding for this initiative, lowering implementation for this strategy to 37 coalitions. Work plans for this strategy identified a total of 122 planned events. Eight percent of the overall STR grant prevention funding for coalitions supported this strategy. In STR grant year one, 58 take-back events were held.

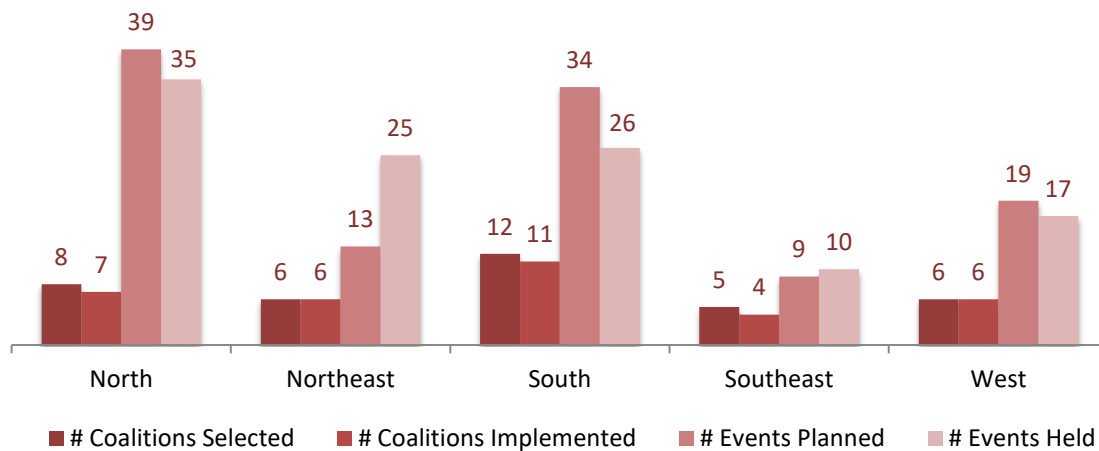
### Strategy Outcomes

Eighty-seven percent of the coalitions (34 coalitions) who received funding to support take-back events were able to host at least one event during the grant funding cycle (figure 3). A total of **113** take-back events were held in 23 counties and three tribes during the reporting period. The number of events held by individual coalitions ranged from one to 17 events.

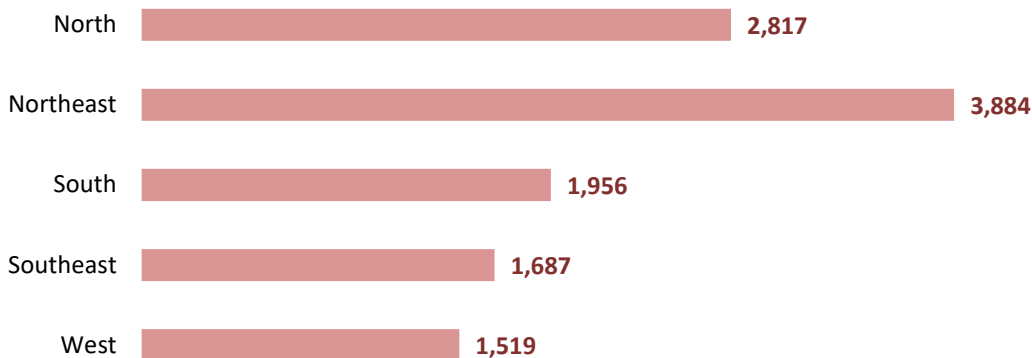


A total of **11,863.4** pounds of medications were collected through STR prevention-supported take-back efforts (figure 4).

**Figure 3: Number of coalitions selecting versus implementing the take-back strategy and the number of take-back events planned versus implemented by region.**



**Figure 4: Pounds of medications collected through STR prevention-funded take-back events by region.**



For the purposes of reporting, take-back events were tracked as single location events or mobile events. This allowed take-back events that were held at different locations on the same date to be counted individually as single events, while allowing efforts that spanned several days but were part of one effort (for example, law enforcement collecting medications through Meals on Wheels deliveries) to be counted as mobile events. The majority of take-back events were single location events (92 percent). The most common location was at law enforcement agencies (48.7 percent). Other locations included businesses (15.9 percent), community or senior centers (14.2 percent), and pharmacies or flu shot clinics (7.1 percent).

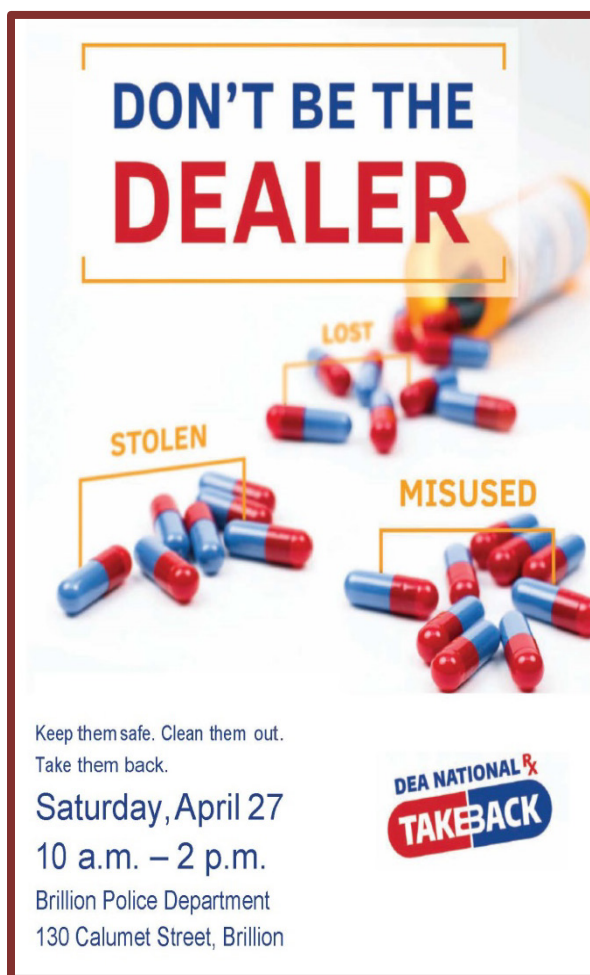


All coalitions were asked to provide details about barriers or notable successes they encountered while implementing this strategy. Barriers included:

- Advertising.
- Weather.
- Staff time.
- Coordination/availability of law enforcement.

Notable successes included:

- Using the opportunity to educate the community about prescription drug abuse.
- Distributing lock boxes, lock bags, and deactivation units at take-back events.
- Including sharps disposal at events.

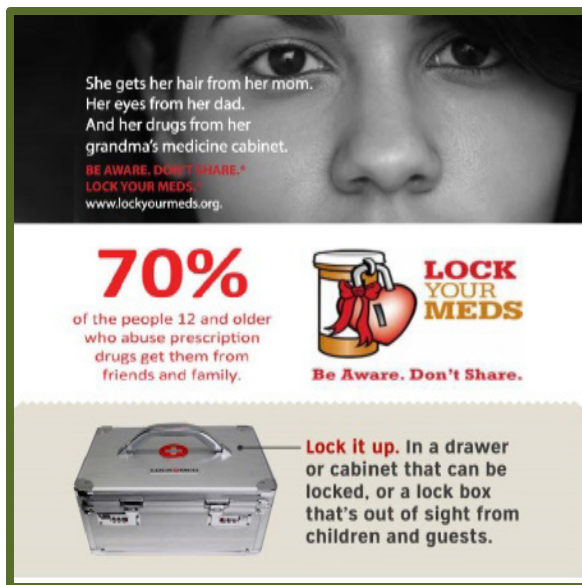


*Through an extensive awareness campaign of the locations of our permanent drop boxes, these are now being used to dispose of their Rx. People are not waiting for an event to return their Rx, which is great, but I think is also why our event did not generate much for pounds collected, whereas the permanent drop boxes that were emptied by the Sheriff's Department had 370 pounds collected.*

- Polk United

*Do as much promotion of the events as possible. We put out a press release and hung flyers all over our county. The day before, we booked a 30-minute slot on our local radio station to talk live about the take-back events. We also invested in durable, canvas banners that we hang up at the locations we host the events, to help draw community members in.*

- SAFE Juneau County



The purpose of personal prescription drug lock boxes was to provide a means of secure home storage for medications to prevent diversion for nonmedical purposes. Coalitions were encouraged to partner with first responders (law enforcement, EMS, fire), health care clinics, home health care providers, senior centers, and other community agencies to distribute lock boxes to individuals prescribed narcotics.

A total of 39 coalitions received funding to distribute lock boxes. As opposed to the lock bag and deactivation unit strategies, which had identified vendors who provided volume discounts for bulk purchases, the lock box-vendor identified in STR grant year one did not have the inventory

to accommodate large volume purchases. In addition, several coalitions in grant year one requested the ability to purchase their own lock boxes to better meet their needs. As a result, in STR grant year two, coalitions were allocated \$25 per lock box requested, and asked to identify how many boxes they intended to purchase with the funding. Coalitions planned to order a total of 4,210 lock boxes under this strategy. Nineteen percent of the overall STR prevention funding for coalitions supported lock box purchases. While there were production issues in grant year one, 2,169 lock boxes were distributed during that funding cycle.

### Strategy Outcomes

Ninety-two percent of coalitions were funded to distribute lock boxes during the grant period were able to distribute materials (36 coalitions). Two coalitions were unable to purchase lock boxes, and one coalition was able to purchase, but not distribute the lock boxes they purchased during the grant cycle. These three coalitions noted receiving boxes late in grant cycle due to backorder from the manufacturer, and already having enough boxes in inventory as reasons for not implementing the strategy as intended.

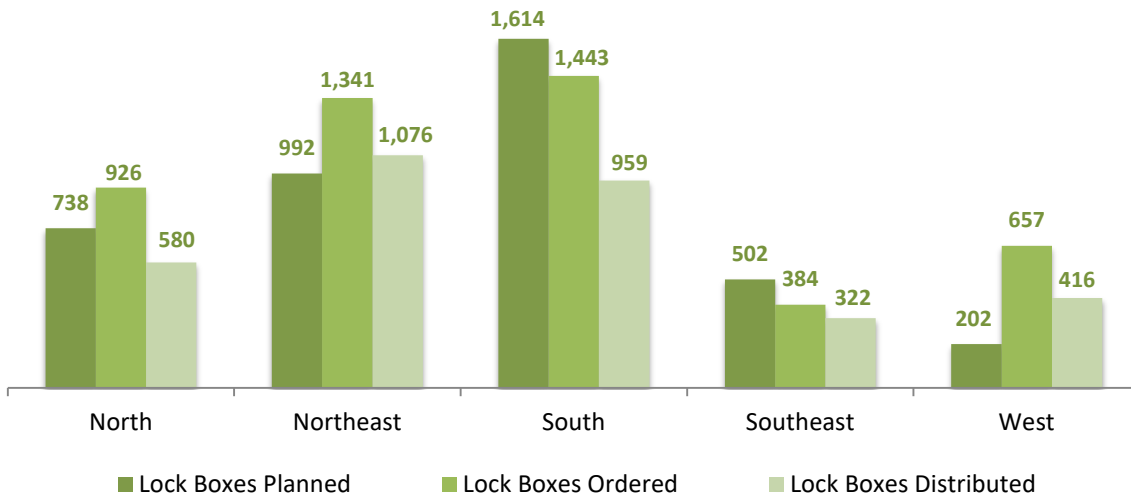
A total of 4,751 lock boxes were purchased and **3,353** were distributed in 32 counties and four tribes. This amounts to 71 percent of the lock boxes ordered being distributed to community members and partner agencies by April 30, 2019.

*The biggest success of the lock boxes, like the lock bags, is that it offered opportunity to have a discussion and share best practices on safe Rx drug practices, storage, disposal, and to underscore not to share your drugs with anyone. The lock boxes were a helpful strategy for our community.*

- Winnebago County Drug and Alcohol Coalition

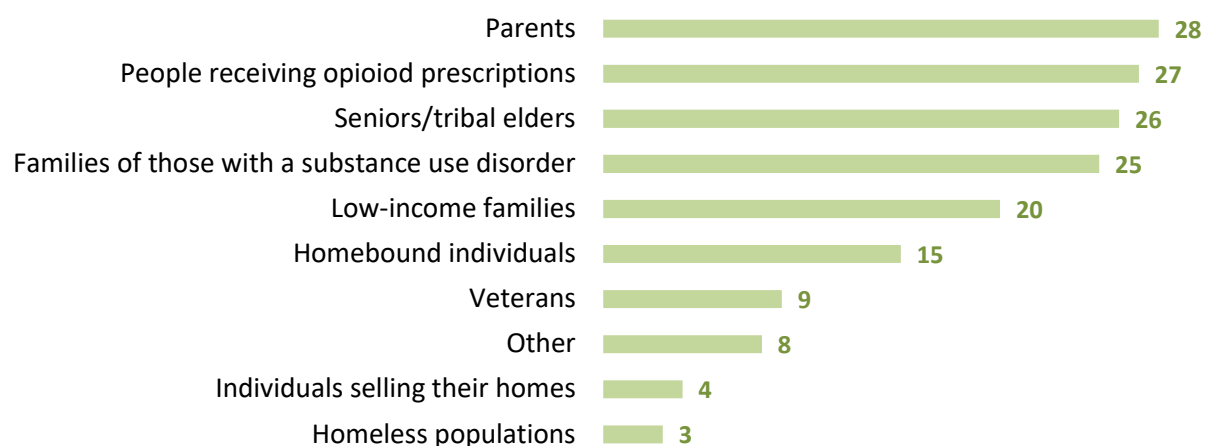


**Figure 5: Number of lock boxes planned, ordered, and distributed by region.**



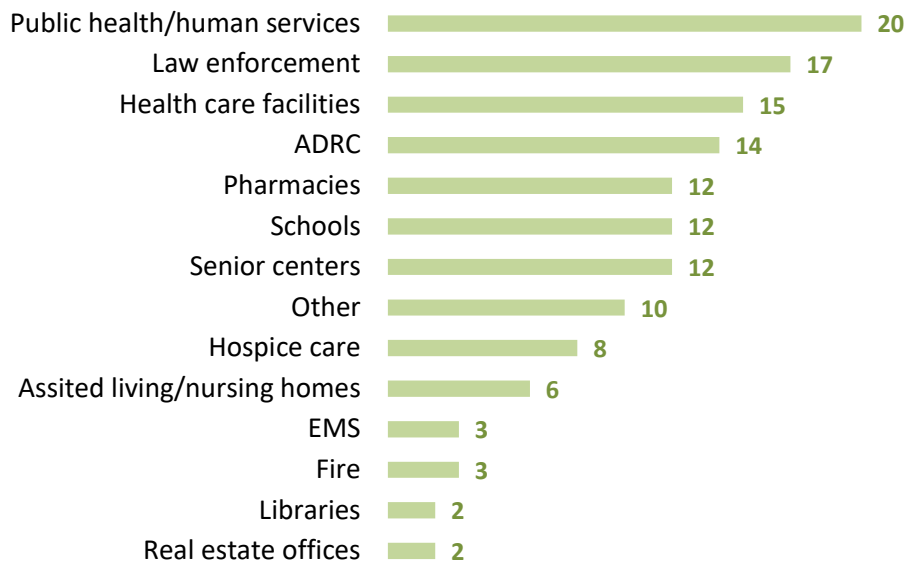
Coalitions targeted multiple audiences for distribution of lock boxes. For the purposes of reporting on targeted audiences, coalitions were asked to select all populations they targeted for distribution (figure 6). They were also able to select and specify “other” populations they targeted. Coalitions primarily targeted parents (78 percent), followed by individuals receiving opioid prescriptions (75 percent), seniors/tribal elders (72 percent), and families of those with a substance use disorder (69 percent). Other populations mentioned included foster parents, Latino(a) families, and individuals participating in take-back events or coalition trainings.

**Figure 6: Number of coalitions targeting specific populations with lock box distribution.**



Many coalitions partnered with other local agencies to distribute lock boxes. These partnerships helped the coalitions reach their target audiences. Coalitions primarily partnered with public health/human services (56 percent) and law enforcement agencies (47 percent). Other identified agencies included food pantries, low income housing complexes, domestic violence shelters, Veteran’s Affairs Clinics, and home visiting.

**Figure 7: Number of coalitions targeting/partnering with specific agencies for lock box distribution.**



Qualitative analysis of responses showed that the biggest barriers to implementation of this strategy included:

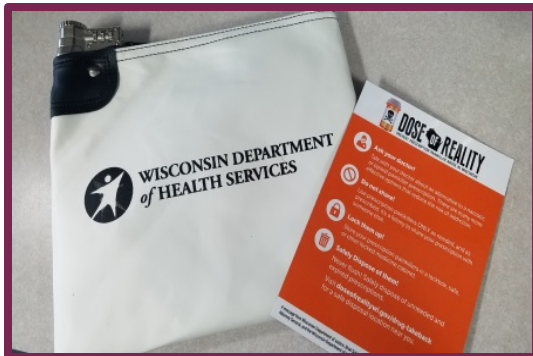
- Delays in receiving boxes from the manufacturer.
- Concerns from seniors that the combination boxes are too difficult to operate.
- Lack of buy-in or space from partnering agencies to keep an inventory of boxes on hand.

Although there were some notable barriers to strategy implementation, the majority of coalitions mentioned that the lock boxes they distributed were well-received in the community.

*Lock boxes are becoming easier to distribute in our community given the efforts surrounding the opioid crisis. People have started seeking them out via public health by word of mouth.*

- Brown County Drug Alliance

## Prescription Drug Lock Bags



The purpose of personal prescription drug lock bags was to provide a means of secure storage for medications to prevent diversion for nonmedical purposes. Coalitions were encouraged to partner with first responders (law enforcement, EMS, fire), health care clinics, home health care providers, senior centers, and other community agencies to distribute lock bags to individuals prescribed narcotics.

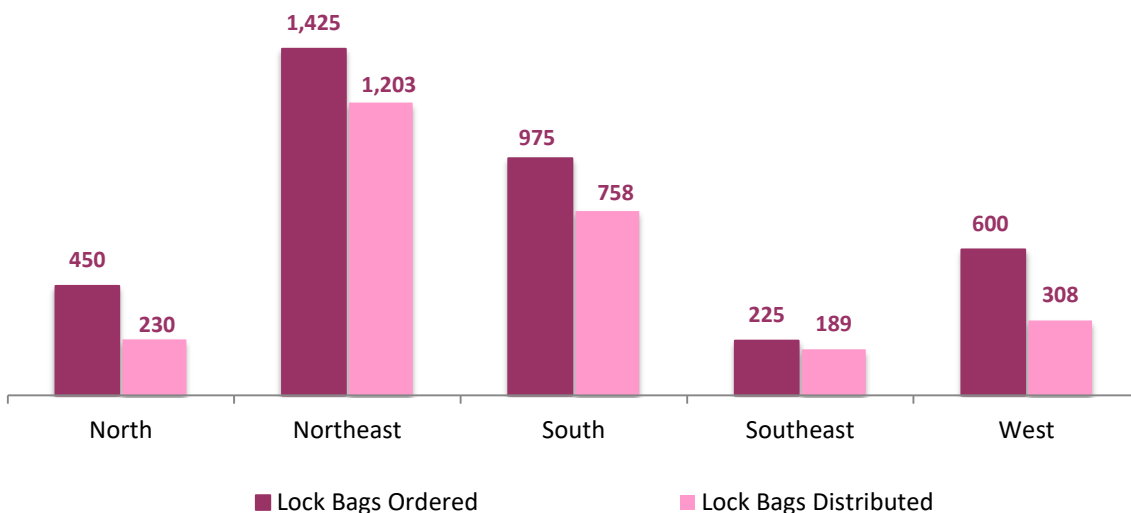
A total of 26 coalitions selected to distribute lock bags, and all funded coalitions were able to complete the strategy as intended. A total of 3,675 lock bags were requested by coalitions under this strategy. Twelve percent of the overall STR grant prevention funding for coalitions supported lock bag purchases. In STR grant year one, 1,314 lock bags were distributed by participating coalitions.

### Strategy Outcomes

All coalitions who applied to distribute lock bags during the grant period were able to distribute materials. Coalitions distributed between five and 825 lock bags during the grant year.

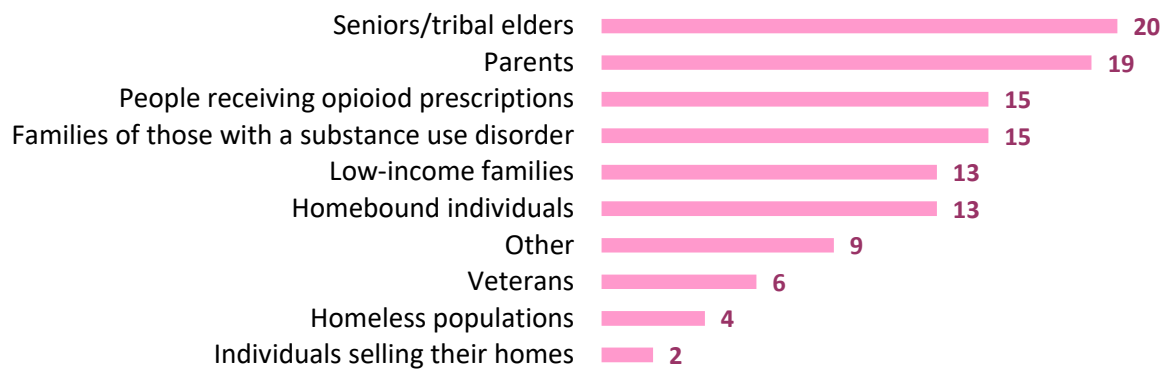
A total of **2,688** lock bags were distributed in 21 counties and one tribe. This amounts to 73 percent of the lock bags ordered being distributed to community members and partner agencies by April 30, 2019.

**Figure 8: Number of lock bags ordered versus distributed by region.**



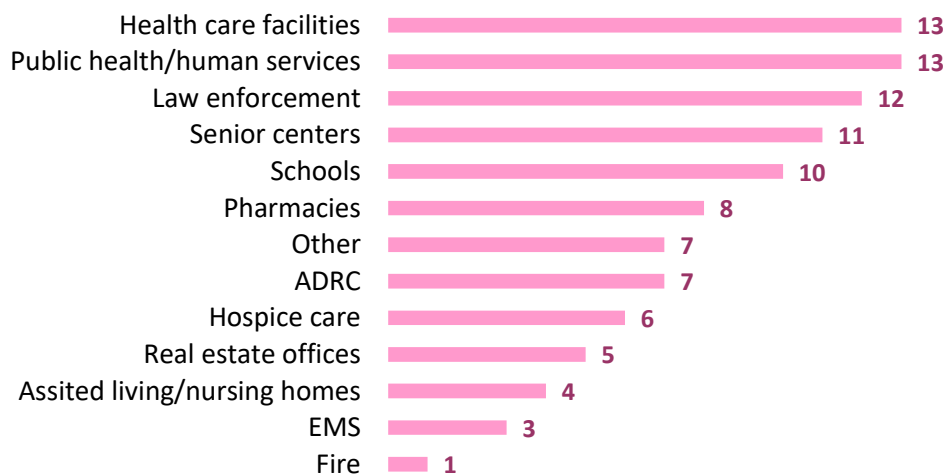
Coalitions targeted multiple audiences for distribution of lock bags. For the purposes of reporting on targeted audiences, coalitions were asked to select all populations they targeted for distribution (figure 9). They were also able to select and specify “other” populations they targeted. Coalitions primarily targeted seniors/tribal elders (71 percent), followed by parents (68 percent). Other populations mentioned included college students, foster parents, underserved populations, and individuals dropping off medications at take-back events or attending other events.

**Figure 9: Number of coalitions targeting specific populations with lock bag distribution.**



Many coalitions partnered with other local agencies to distribute lock bags. These partnerships helped the coalitions reach their target audiences. Coalitions primarily partnered with health care facilities and public health/human service agencies (46 percent). Other identified agencies included low-income housing complexes, senior living apartment complexes, churches, Veteran’s Affairs clinics, and college campuses.

**Figure 10: Number of coalitions targeting/partnering with specific agencies with lock bag distribution.**



Coalitions were asked to provide information on barriers and successes related to distributing lock bags. While all coalitions who received lock bags were able to distribute some of them, qualitative analysis of responses showed that the biggest barriers to implementation were that people seemed to prefer the lock boxes (4 mentions) and that some people viewed the lock bags as not secure enough (3 mentions). Other barriers included tracking and reporting of distribution by partner agencies, weather, and staff time for distribution.

*I think the lock bags are nice to have as a choice for people. They are sometimes preferred over boxes, especially by our local school district. The school district has one in each building that is used for field trips.*

- Lodi Community Action Team

*These lock bags were distributed to the first 150 elders that arrived at the 2018 Menominee Tribal Elders Christmas Party. They were a big hit. Responses from individuals that received them at the event were very favorable. Follow-up conversations reported that the bags were very useful and “frustrated” younger family members (the elder’s grown children and grandchildren).*

- Oskeh Waep Coalition, Inc.



*Some feedback that we got from those who had received the lock bags was that they did not feel the bags were secure enough; that someone could easily cut through the bag.*

- Walworth County Drug and Alcohol Coalition

*It was beneficial to identify the agencies which work with individuals who take opioid medications or are at risk of substance use disorders because these bags meet a specific need and the everyday person might not see an immediate use for them.*

- Jefferson County Drug Free Coalition

*The lock bags were a popular item. Local law enforcement is interested in partnering with Meals on Wheels for pickups of unwanted drugs later this year. They will help to distribute the remaining lock bags when they make those visits.*

- Dunn County Partnership for Youth

## Prescription Drug Deactivation Units



The purpose of prescription drug deactivation units was to provide a means to conveniently, safely, and responsibly dispose of unused and expired medications to reduce the potential for diversion. When medications are placed in the deactivation unit, they interact with the carbon inside, rendering them physiologically inactive (deactivated) and safe to throw away. Coalitions, first responders, clinics, pharmacies, and home health care providers were encouraged to work together to distribute units to individuals or populations unlikely to take part in take-back events or come to permanent drug drop box

locations. This strategy was especially important for areas with few permanent drop box locations, individuals that distrust law enforcement and are unlikely to bring unwanted medications to a drop box located inside a law enforcement agency, and home-bound populations.

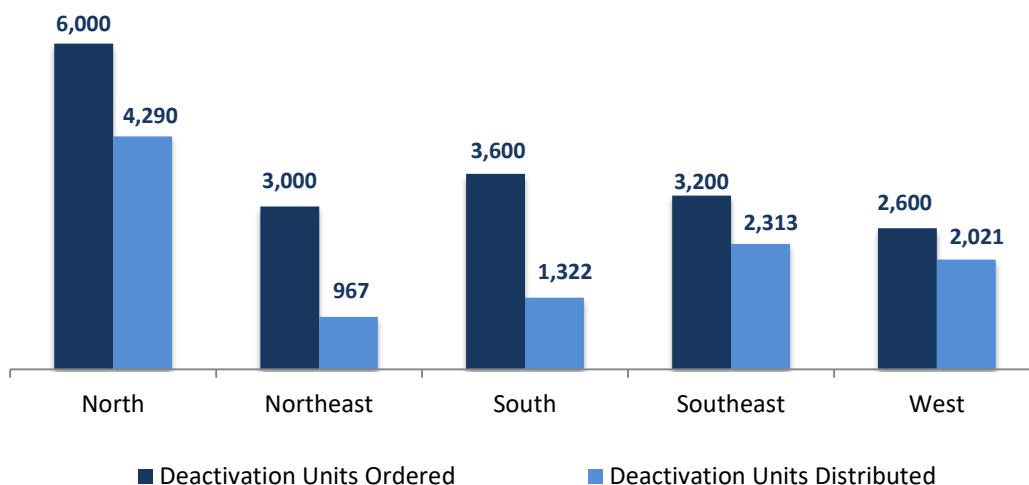
Thirty-eight coalitions were funded to participate in distributing prescription drug deactivation units. A total of 18,400 units were requested by coalitions under this strategy. Twelve percent of the overall STR grant prevention funding for coalitions supported this strategy. In STR grant year one, 4,119 deactivation units were distributed by participating coalitions.

### Strategy Outcomes

Ninety-seven percent of the coalitions who were funded to distribute deactivation units during the grant period were able to distribute units to their intended audiences. A total of **10,913** deactivation units were distributed in 26 counties and three tribes, this amounts to 59 percent of the deactivation units ordered. Individual coalitions distributed between five and 1,290 deactivation units.

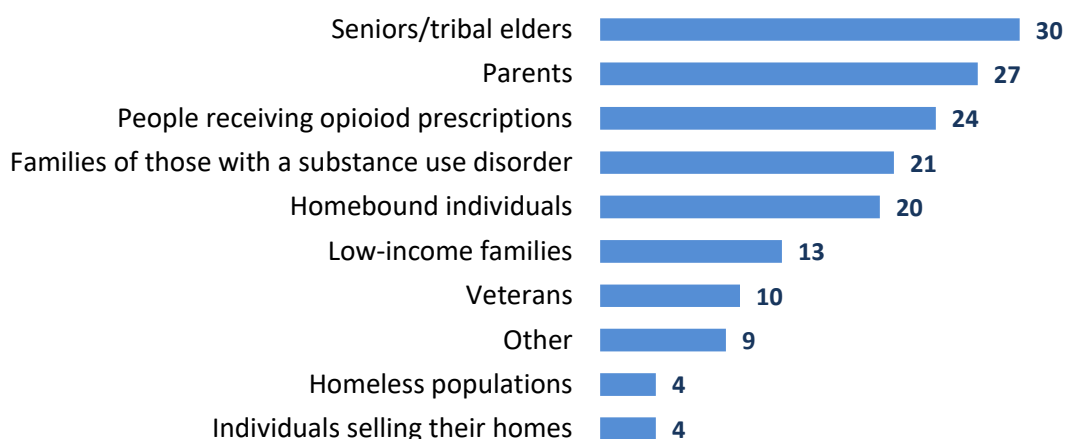


**Figure 11: Number of deactivation units ordered versus distributed by region.**



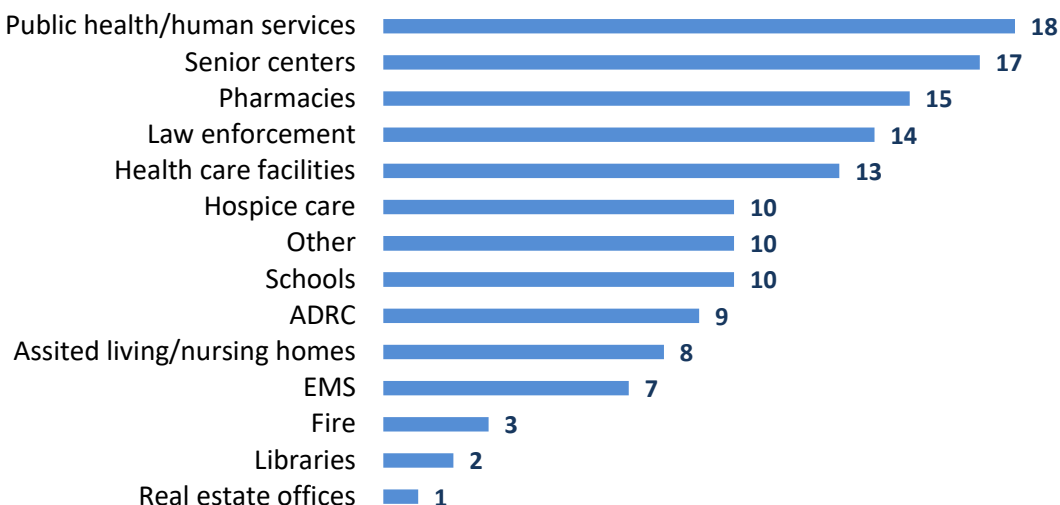
Coalitions targeted multiple audiences for distribution of deactivation units. For the purposes of reporting on targeted audiences, coalitions were asked to select all populations they targeted for distribution (figure 12). They were also able to select and specify “other” populations they targeted. Coalitions primarily targeted seniors/tribal elders (81 percent), followed by parents (73 percent). Other populations mentioned included moms seen in the health department, and individuals dropping off medications at take-back events or attending other events.

**Figure 12: Number of coalitions targeting specific populations with lock bag distribution.**



Many coalitions partnered with other local agencies in order to reach their target populations. Coalitions most often partnered with public health/human services departments (49 percent) and senior centers (46 percent). Some of the other agencies identified included: churches, CCS program, dental offices, domestic abuse shelter, veteran's services agency, and community treatment programs.

**Figure 13: Number of coalitions partnering with specific agencies for deactivation unit distribution.**



One coalition was not able to distribute their deactivation units. This coalition cited the need to get approvals prior to distribution. Staff turnover delayed the approval process. Notable barriers to strategy implementation included challenges with partner agencies (six mentions), confusion about how to use the units (five mentions), concerns about whether the units are environmentally safe (two mentions), and already having plenty of other disposal options (two mentions).

Coalitions were overall pleased with the deactivation units and reported they were well received in the community and by partner agencies.

*For one of the distribution strategies, the coalition partnered with the Meals on Wheels program to distribute deactivation packets with home-delivered meals.*

- Reducing Excessive Alcohol Consumption for Health (REACH) Calumet County



*It would be interesting if a partnership could be made with Walmart, as they provide the powder that gets poured directly into the plastic prescription bottle to be disposed of, which doesn't seem as environmentally friendly, as the bottles should be recycled. A future project is to reach out to the local Walmart to see if they would consider a local change, or if they have to stick with a corporate decision.*

- Healthy People Wood County

*The drug deactivation kits have been well received by the community. Some of the pharmacies are starting to give a kit to every person who receives an opioid prescription, especially if it anticipated that they would only need the medication for a short time. We identified several new partners that have been able to use many of the kits for their clients and are very pleased to get them from the coalition. The kits are practical because many people can use the kits themselves or give it to someone they know.*

- Jefferson County Drug Free Coalition

*Moving forward, we would like to offer these in the library as well, and partner with the Chamber of Commerce to help get them out in our communities.*

- Lodi Community Action Team

*We provided these to our local Commission on Aging office and funeral homes. The coalition will also be keeping some units, in case partners need additional units in the next few months.*

- Taylor County Drug Opposition Partners



The purpose of coordinating naloxone training and distribution was to reduce opioid-related overdose deaths. Providing naloxone to an individual can reverse an opioid-related overdose.

All levels of first responders, including EMTs, police, and fire, have had the ability to be trained to carry and administer naloxone since the enactment of 2013 Wisconsin Act 200 in 2014. Since the law went into effect, some law enforcement agencies have identified lack of training resources as a barrier to carrying and administering this life-saving medication. In addition, community members with loved ones who use opioids and those working in areas where an overdose may occur (libraries, hotels, convenience stores, etc.) could benefit from training on administering naloxone.



Coalitions that selected this strategy were instructed to partner with emergency medical services, law enforcement, fire, and community groups to identify training and resource needs for equipping first responders and community members with naloxone as a life-saving measure. Coalitions were further instructed to coordinate efforts across agencies and partner with the AIDS Resource Center of Wisconsin (ARCW) to provide training on naloxone administration. Training included: recognizing the signs of an overdose, rescue

breathing, administering naloxone, evaluation, and support. Individuals trained through these efforts received nasal naloxone.

**DOES SOMEONE YOU  
LOVE USE OPIATES?**

**DO YOU FEAR FOR THEIR LIFE?**

**NALOXONE SAVES LIVES.**

**FREE NALOXONE TRAINING!**

Community member Naloxone (Narcan) training. Participants will have the opportunity to take home a kit, if needed!

A total of 39 coalitions in 25 counties and two tribes were funded to participate in this strategy. Their work plans identified the intent to hold up to 103 trainings. Seven percent of the overall STR grant prevention funding for coalitions supported this strategy. In STR grant year one, coalitions held 62 naloxone events, training 1,306 individuals.

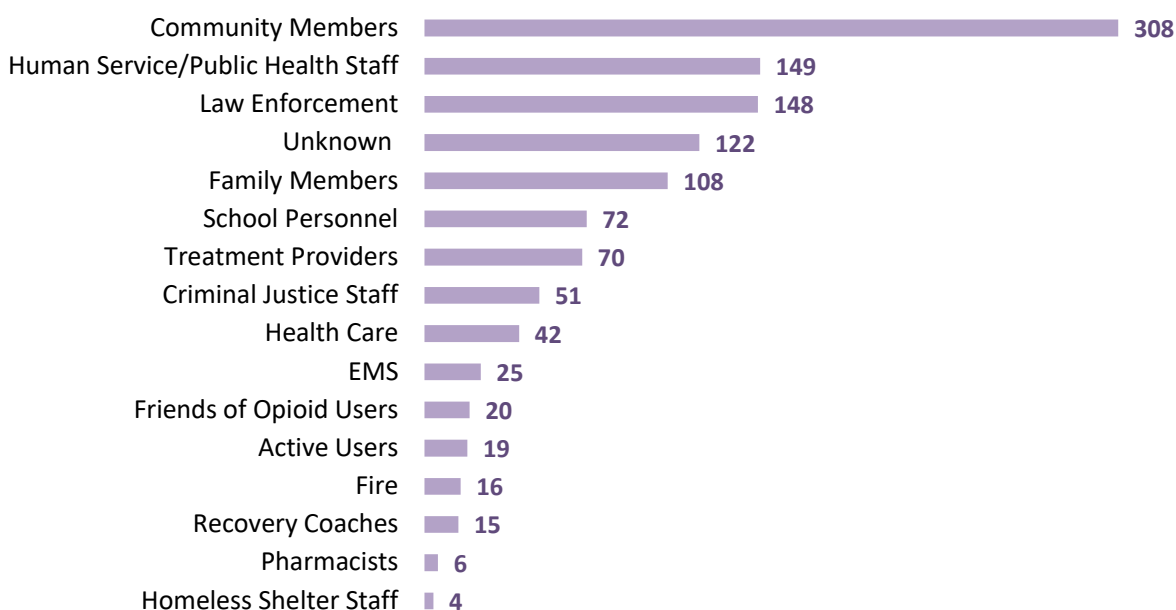
### Strategy Outcomes

Eighty-five percent of the coalitions funded to coordinate and provide naloxone training during the grant period were able to host at least one naloxone training event. Coalitions held between one and six events. A total of **68** events took place statewide (66 percent of planned estimate), training **1,175** individuals in 23 counties and one tribe (figure 14). The most prevalent sectors represented at trainings included community members (308 individuals), human service/public health staff (149 individuals), law enforcement (148 individuals), and family members (108 individuals), (figure 15).

**Figure 14: Number of coalitions implementing naloxone strategy, number of naloxone events held, and number of individuals trained to administer naloxone by region.**



**Figure 15: Number of individuals trained to administer naloxone by sector.**



Six coalitions were not able to host naloxone trainings as planned during the grant cycle. These coalitions cited the inability to coordinate a date and time with a qualified trainer, getting appropriate permissions, and weather as reasons for trainings not being held as expected. This strategy also had the most coalitions that implemented the strategy sharing challenges or barriers related to implementation. Overarching barriers to implementation

mentioned by multiple coalitions included scheduling, stigma related to harm reduction strategies, attendance, coordinating a trainer with ARCW, and weather.

*The law enforcement agency had to change their current policy and add a new policy to include the use of Narcan®. This took some time. There was hesitation on the part of law enforcement to administer Narcan® to the general public due to the vocabulary within the law that would protect them from lawsuits. The consensus was that law enforcement would need a standing order from a physician in order to administer Narcan® to the general public.*

- Northwoods COPE Coalition

*We received feedback from several attendees that they knew, and invited, others to come with them to the training; however, they did not attend because they did not want to be “seen” or associated with Narcan® and/or drug misuse.*

- Healthiest Greenfield Coalition

Strategy highlights include:

- “The ARCW trainers provided valuable information to participants and they provided Narcan®. We had two participants say this information would be helpful for high school-aged students. There were participants who said that drug use is common at their workplace and that Narcan® would be helpful to have. Targeting certain workplaces with this training could be a future strategy used by coalitions.”  
- Jefferson County Drug Free Coalition
- “These were great events! Over 120 community members/professionals were trained at these events. We were surprised by such a great turn out from the first event, 44 individuals, which was far exceeded at our second event. We hosted the second event a few weeks before the holidays and called it “The Season Can Be the Reason,” which included personal stories from people in recovery, a narcotics 101 presentation, and naloxone training!”  
- Walworth County Drug and Alcohol Coalition
- “This is a strategy that I would like to see continued. We found great success in pairing the training with other activities, such as the Foster Care Addictions Workshop and Written-Off Documentary.”  
- Marathon County AOD Partnership Council



**DOSE OF REALITY**  
PREVENT PRESCRIPTION PAINKILLER ABUSE IN WISCONSIN.

The purpose of the *Dose of Reality* prescription painkiller prevention awareness campaign was to inform and educate community members about the improper use of prescription opioids, warn

consumers about the dangers of improper storage and disposal of prescription opioids, and encourage positive action. Coalitions were encouraged to use this statewide campaign locally as a tool for providing education in support of other opioid prevention efforts in the community. *Dose of Reality* materials are available for free at [www.doseofrealitywi.gov](http://www.doseofrealitywi.gov). The campaign allows coalitions to upload their own logos to show their endorsement of the campaign. Some materials are also available in Spanish.

A total of 47 coalitions received funding to participate in promoting the *Dose of Reality* Campaign. Nineteen percent of the overall STR grant prevention funding for coalitions supported this strategy.

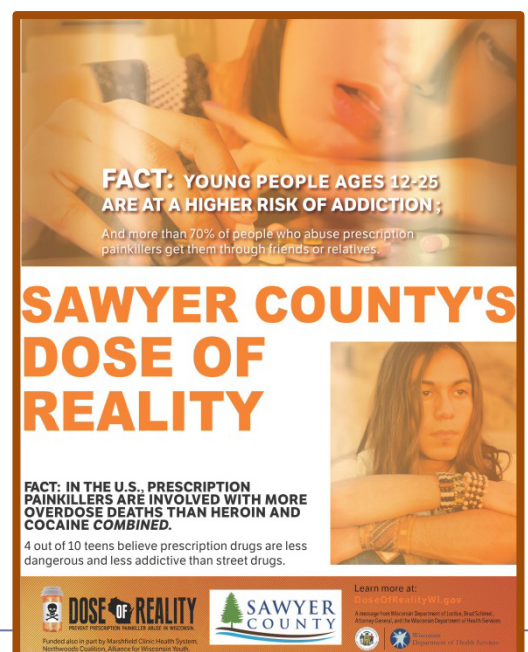
### Strategy Outcomes

Ninety-six percent of the coalitions who were funded to promote the *Dose of Reality* campaign during the grant cycle were able to provide campaign materials within their service areas. Seventy-one percent of participating coalitions used print materials, 58 percent used purchased media buys (excluding social media), and 1 percent used purchased social media buys as a part of their efforts. *Dose of Reality* efforts were supported in 31 counties and three tribes.

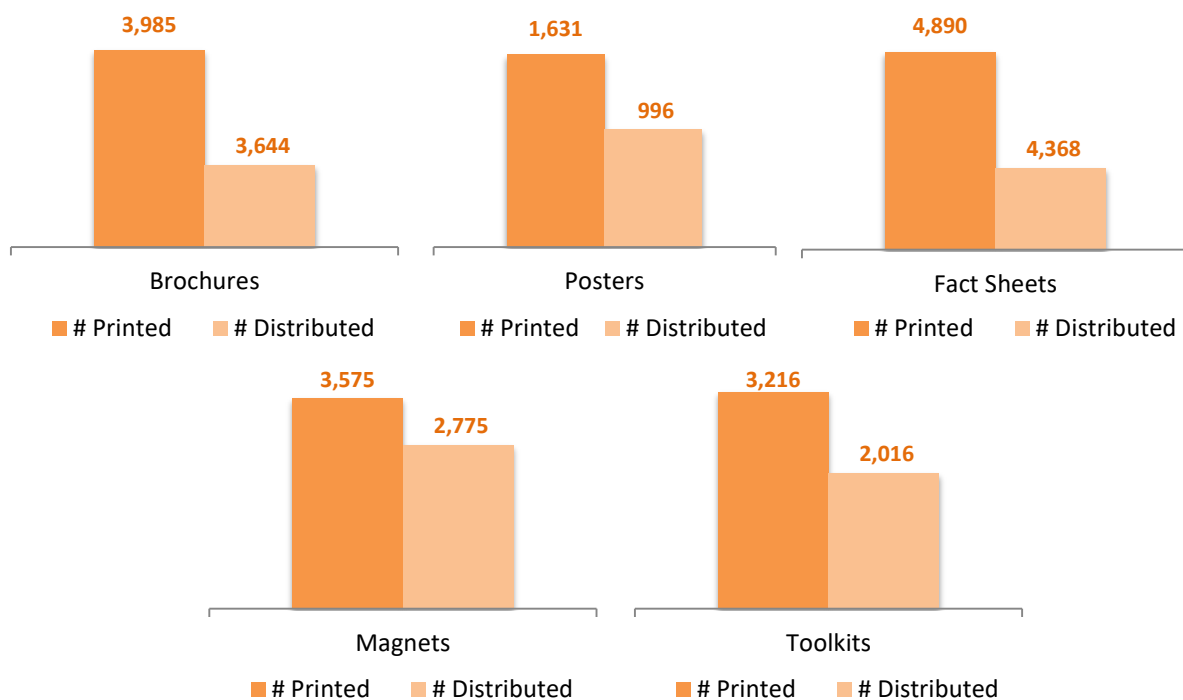
Many coalitions reported they received free or in-kind advertising support from movie theaters, radio, newspaper, and billboard companies. This was in addition to their paid media buys. In addition, many used *Dose of Reality* campaign materials on their coalition Facebook pages and websites for free.

### Print Media Implementation

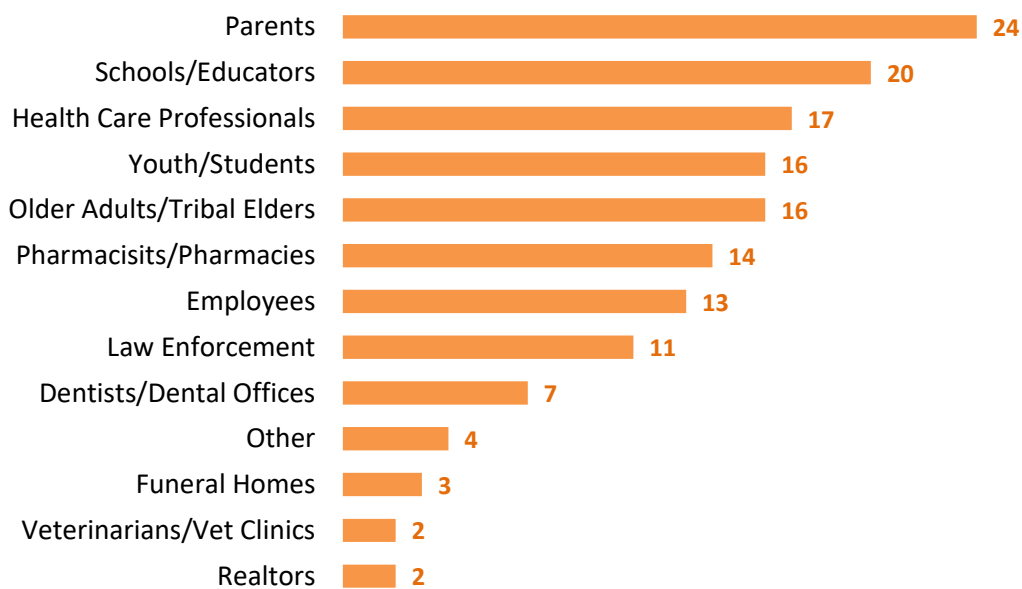
Of the 45 coalitions who completed the *Dose of Reality* strategy, 32 of them used funding for printing campaign materials. A total of **13,799** print materials were distributed. Print materials included brochures, posters, fact sheets, magnets, and toolkits. Eighty percent of the materials printed during the contract period were distributed to targeted audiences within communities (figure 16). Target audiences for print material distribution varied depending on the materials printed. Overall target populations for distribution of printed media messaging are shown in figure 17. Some of the other audiences targeted included coaches, general public, and faith-based organizations.



**Figure 16: Number of Dose of Reality materials printed and distributed by type.**



**Figure 17: Number of coalitions targeting specific populations with printed Dose of Reality materials (coalitions could select more than one target audience).**





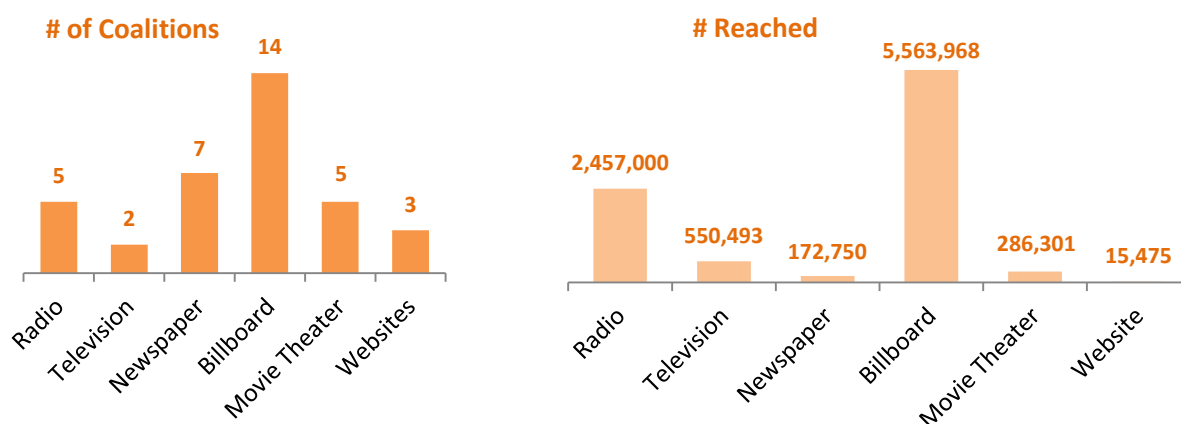
### Purchased Media Implementation

Of the 45 coalitions who completed the *Dose of Reality* strategy, 26 of them reported using funding for purchased media buys (excluding social media). Purchased media buys included radio, television, newspaper, billboard, movie theater, and website advertisements. The majority of coalitions funded billboard advertising (54 percent), and only two coalitions funded television advertising. While it is impossible to estimate the number of unique, individual impressions reached through purchased media efforts, coalitions were able to provide information on 87 percent of their purchased media buys. Seventy percent of coalitions were able to provide reach estimates for radio (three coalitions, plus one coalition able to provide an estimate for one of the three radio stations they used), 50 percent for television (one coalition), and 100 percent of coalitions purchasing newspaper, billboard, movie theater, and website advertisements. One coalition reported “printing the results of the youth survey for Dose of Reality and distributing it to all households as well as ongoing sharing at community events and in the courthouse.” Based on the estimates coalitions were able to provide, the majority of individuals were reached through billboard advertisements (figure 18).



It was also difficult to quantify the length and duration of exposure through each of the different purchased media. While coalitions were asked to report on how long their messages ran, responses varied as there was no standard way to report exposure times. For example, reports on movie theater advertising ranged from “20 previews” to “12 weeks” to “PSA plays before every movie in eight theaters for one year.” With the variation in reporting, it was not possible to summarize the duration of advertising exposure across coalitions.

**Figure 18: Number of coalitions using purchased media and estimated number of individuals reached with purchased *Dose of Reality* media buys.**



### Social Media Implementation

Of the 45 coalitions who completed the Dose of Reality strategy, four of them (1 percent) used funding for purchased social media buys. Coalitions purchased social media ads on Facebook, Twitter, and mobile pre-roll ads. Two coalitions buying social media purchased Facebook advertisements, one coalition purchased advertising on Twitter, and two funded pre-roll ads/mobile display ads. The duration of Facebook advertising ranged between three and four months. Unfortunately, of the two coalitions who purchased Facebook advertising, only one was able to provide information on the click-through rate and an estimate for the number of individuals reached at the time of reporting (31 and 800 respectively). The Twitter advertising ran for four months and reached an estimated 350 individuals.

*The billboards have been very popular. We appreciate the ability to customize the artwork to include our logo and contact information. In addition, to the billboards and newspaper advertising, we used the same art for bag stuffers that were distributed by our primary grocery store, our independent pharmacy, and our meals on wheels program.*

- Stoughton Wellness Coalition

The two coalitions who were not able to promote the Dose of Reality campaign as planned during the grant cycle reported pulling together the logistics by the end of the grant cycle as the barrier to implementing the strategy. All coalitions were asked to provide details about challenges they encountered while implementing this strategy.

Some of the comments related to barriers included:

- “Renting billboard space close to our community is somewhat difficult. A multi-community coordinated effort would be much better than our single billboard.”  
– Oregon CARES
- “The Dose of Reality logo was too small for the clip, but we were able to work with the Affirm Agency to get a better mock-up for the material.”  
– Marshfield Area Coalition for Youth

Overall, coalitions had positive comments about using the Dose of Reality materials. Many coalitions found they were able to get a lot of attention using Dose of Reality messaging and advertising for low and no cost. Coalitions often used the Dose of Reality campaign in conjunction with other efforts. In addition to raising general awareness, Dose of Reality was used to support the promotion of drop box locations, community events, and the availability of lock boxes, bags, and deactivation units.

*Information was well received at the 2018 Menominee Tribal Elders Christmas Party. We received very positive comments regarding the Native American versions that we printed.*

- Oskeh Waep Coalition, Inc.

*“This is one area where we really hear about the impact the PSAs have on people. There is always conversation about the ads after WIAA is over. Thank you for providing the opportunity to make this kind of impact!”*

- Monroe County Safe Community Coalition



## Town Hall and Community Events



### Please Join Us for a Free Dinner & Panel Discussion

The Top 5 Questions Kids Have  
about Alcohol & Other Drugs  
and How to Answer Them

Rides from strangers. Yellow snow. You talk to your kids about lots of dangers. What do you need to talk about when you talk about alcohol and other drugs?

SCHOOL DISTRICT OF  
**Reedsburg**

Free dinner at 6pm, followed  
by a 75-minute panel  
presentation:

- **Tues. March 12**  
Reedsburg Country Club
- **Wed. March 13**  
Sauk Prairie High School

All are welcome! Community members,  
health care providers, and parents of all  
age groups.

Please pre-register so we can get an accurate food count. Contact  
Sara Jesse, Sauk County Health Department, at 608-355-4308 or  
[sara.jesse@saukcountywi.gov](mailto:sara.jesse@saukcountywi.gov)

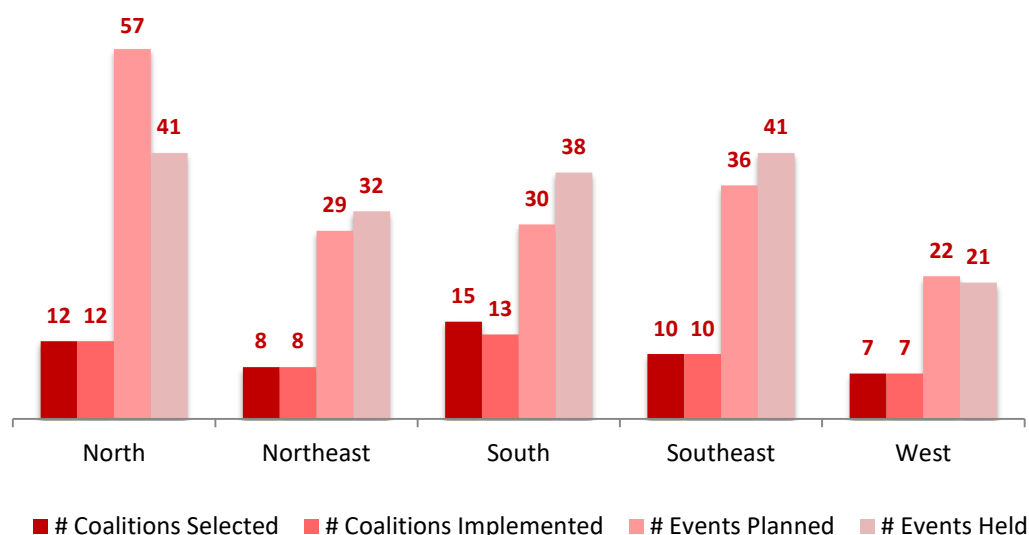
The purpose of town hall meetings and community education events was to inform and educate community members, elected officials, business owners, and health care providers about the risks of addiction associated with opioids, the risk of diversion associated with the improper storage and disposal of opioids, and the risk of overdose associated with using opioids in ways other than prescribed. Community education events could include speaking engagements at schools, community centers, senior centers, or businesses; information dissemination through health fairs or parent/teacher organizations; and cultural events, such as sobriety powwows, Gathering of Native Americans, or talking circles. Events were required to focus on opioid abuse prevention, provide clear messaging related to opioids, and offer solutions and resources to the audience.

A total of 52 coalitions (78 percent of all funded applicants) were funded to implement this strategy. Planning for this strategy identified up to 174 anticipated community events in 33 counties and six tribes. The majority of planned events were targeting the general public. Twenty percent of the overall STR grant prevention funding for coalitions supported this strategy. A total of 9,727 people attended community events in STR grant year one.

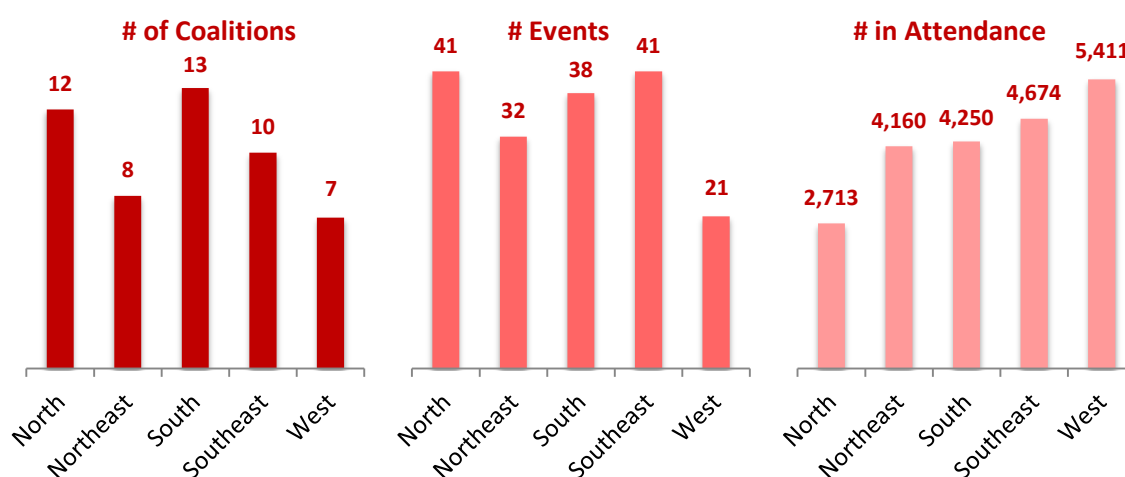
### Strategy Outcomes

Ninety-six percent of the coalitions who applied to host town hall meetings and community events during the grant period were able to hold at least one event (figure 19). A total of **173** community events were held in 34 counties, six tribes, and 88 municipalities between May 2018 and April 2019. The number of events held by individual coalitions ranged from one to 10 events. On average, the coalitions who selected this strategy held between three and four events. A total of **21,208** people attended these community events (figure 20).

**Figure 19: Number of coalitions selecting versus implementing community event strategy and number of events planned versus implemented by region.**

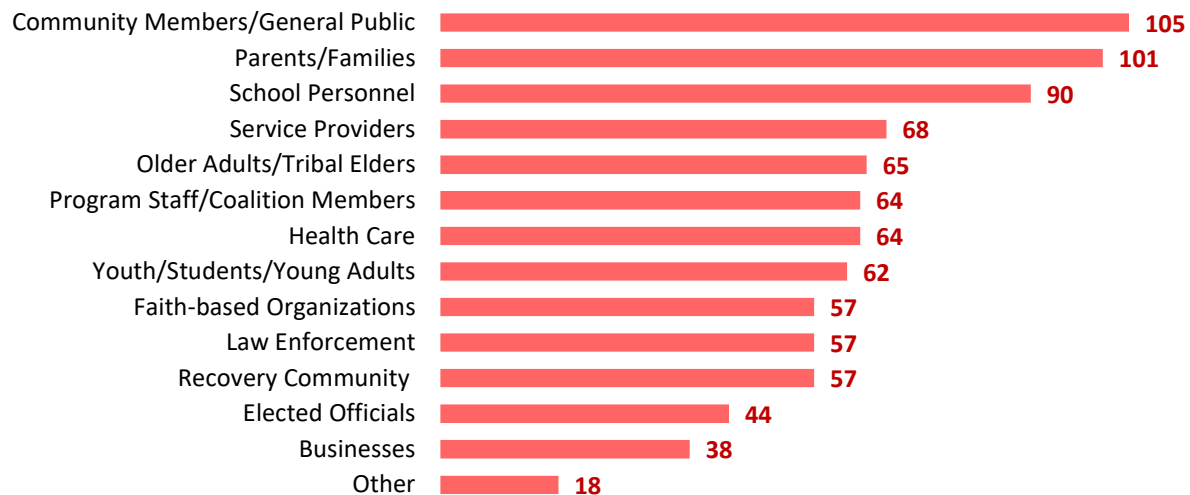


**Figure 20: Number of coalitions hosting community events, number of events held, and number of individuals in attendance by region.**



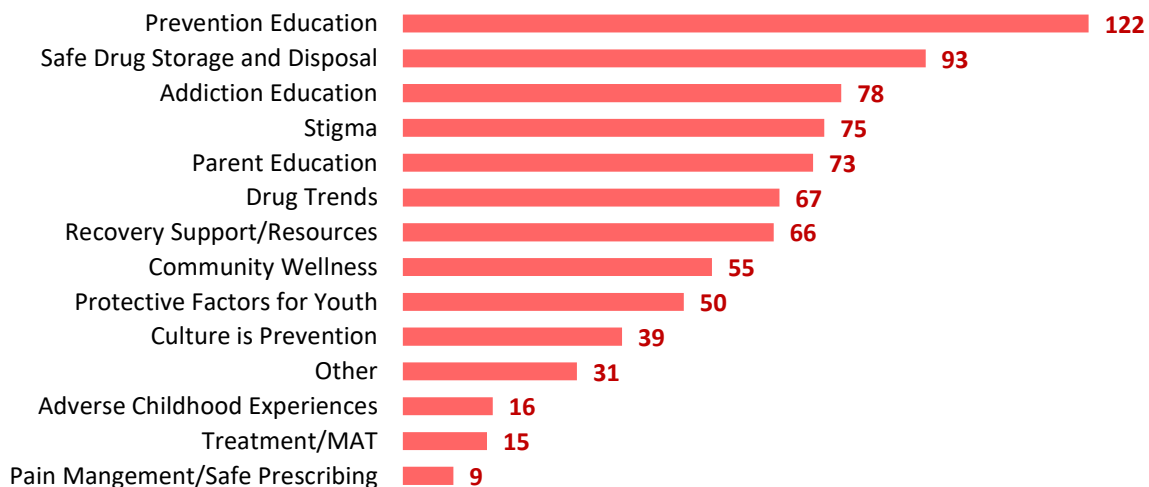
For the purposes of reporting, community events were tracked by the format of the event. Coalitions reported 35 town hall meetings, 30 trainings, eight summits, eight forums, 39 speaking engagements, and four powwows. Thirty-seven events were reported as “other.” Coalitions targeted different audiences for their community events based on the purpose and intended message of the event. Community members/general public, parents/families, and school personnel were populations targeted most often. Other target audiences noted in outcome reports included media, civic organizations, nonprofits, city/village/health services staff, and women’s services.

**Figure 21: Number of community events targeted towards specific sectors (events could target more than one audience).**

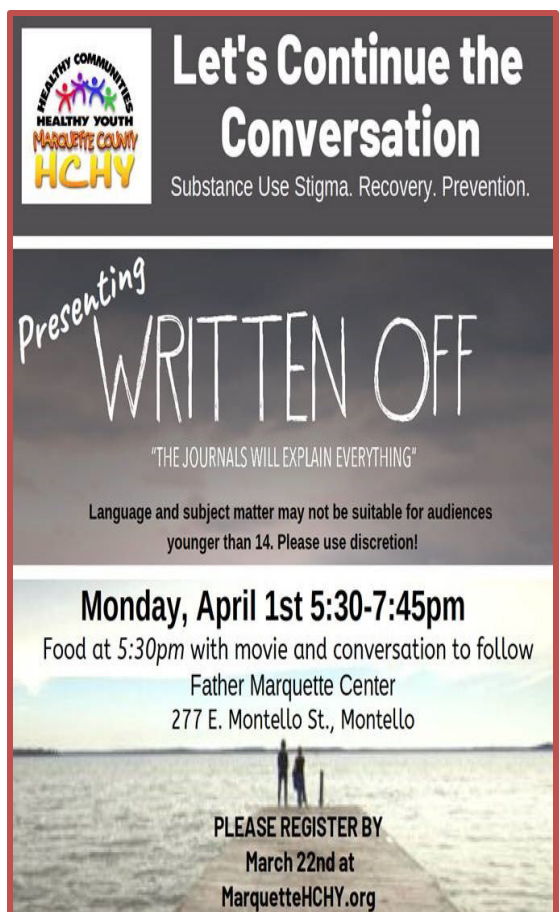


A variety of opioid-related topics were covered through these community events. The majority of community events targeted prevention education (71.0 percent) and safe drug storage and disposal (53.8 percent).

**Figure 22: Number of community events targeted towards specific opioid-related topics (events could have more than one topic/take-away message).**



Both coalitions who were not able to host a community event as planned during the grant cycle noted that scheduling delays (including those due to flooding) hindered their ability to host an event by April 30, 2019. Both coalitions have events planned for June 2019 to complete the strategy.



The major hurdle coalitions cited in regard to community events was low attendance. Some of the reasons noted for low turnout at events included weather, other events happening at the same time, and the need for better promotion efforts. Some coalitions also noted staff time and turnover and trouble securing speakers as challenges with this strategy.

*We went to all seven senior dining sites in the County throughout the month of January and presented about prescription opioids. We provided education on pain management alternatives, prescription trends in Taylor County and safe disposal and storage.*

- Taylor County Drug Opposition Partners

*We organized four events, but canceled one due to lack of participant registration. We relied heavily on schools and community partners to publicize our events and this yielded variable results. Schools with social media accounts did the best at getting people to sign up; those that relied on parent newsletters were not as successful.*

- Sauk County Partnership for Prevention and Recovery

*We discovered this fall that there is a growing interest from faith communities to learn more about their role in addressing substance use. Specifically, they are interested in prevention efforts for families (how to talk with kids about drugs, safe storage/disposal, and learning about what drugs kids are using), how staff of faith communities can better refer to family support/treatment services, and some are wanting to learn more about how they can be a more supporting faith community for those in recovery.*

- Winnebago County Drug and Alcohol Coalition

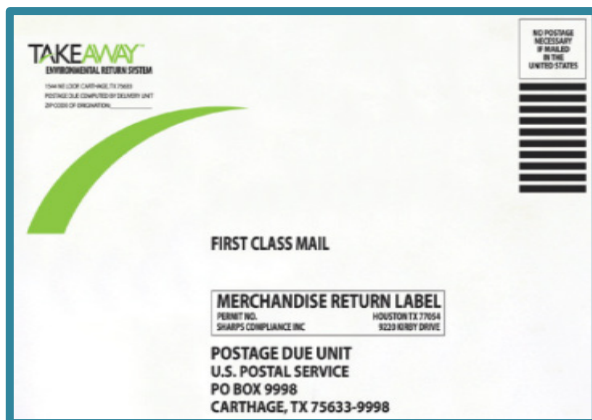
*Two of the events that we did were recorded/live on Facebook so that others could participate remotely. This is a great way to get the message out to more people. One event we had over 1,000 people watch on Facebook either live or after the event.*

- West Allis-West Milwaukee Community Coalition

## Supplemental Strategy- Prescription Drug TakeAway™ Envelopes



The Wisconsin DHS requested and received approval from SAMHSA for carryover funding from underspent STR year one initiatives to supplement grant year two strategies to meet unfulfilled needs.



In 2018, DCTS conducted a survey of AWY coalitions to determine whether the eight approved strategies were adequate to accomplish grant-related prevention goals at the local level. While the majority of coalitions felt that the strategies were adequate to meet their needs, some coalitions identified the need for additional prescription drug disposal options given local conditions (rural, large percentages of underserved populations, and lack of transportation options). These coalitions identified prescription drug mail-back envelopes as an

opportunity for improving the reach of their prevention efforts related to reducing prescription drug diversion. Medication mail-back envelopes are a secure, convenient solution for proper disposal of unused patient medications. Unused prescription medications can be sealed in the self-addressed, stamped envelope and mailed to the disposal company. The disposal company incinerates the envelope following EPA guidelines at no cost to the consumer. In addition, the disposal company tracks the number and weight of envelopes returned to them for incineration, allowing DCTS to monitor the reach of the initiative.

In March 2019, DCTS was able to purchase 11,250 TakeAway™ Environmental Return System envelopes for distribution to agencies throughout Wisconsin. While the envelopes were available to any business, agency, or organization that served people who use medications, AWY coalitions were also encouraged to apply in order to supplement their prescription drug disposal efforts targeting consumers at the time of medication dispensing and partnerships with local pharmacies, health care facilities, and tribal clinics. Applicant agencies were allowed to apply for up to 100 envelopes each.

### Strategy Outcomes

One hundred and twenty-eight agencies from 48 counties applied and received TakeAway™ envelopes between March and May 2019. Because the final inventory of envelopes were not distributed until May 27, 2019, tracking of the number of envelopes returned for destruction was not available when this report was published. However, a total of **11,050** envelopes were requested and distributed to agencies under this supplemental strategy.



Through the application process, 56 applicants for TakeAway™ envelopes (43.8 percent) identified that they were either an AWY coalition or affiliated with an AWY coalition. Forty-six percent of those were unique coalitions. A total of 5,475 envelopes (49.5 percent) were distributed to AWY coalitions or affiliate agencies. An additional 21 applicants (16.4 percent) indicated that they did not know whether anyone at their agency was working with an AWY coalition.

While not all of the AWY coalitions who requested TakeAway™ envelopes participated in the other STR strategies, the STR Final Outcome Report Survey asked coalitions to identify whether they had requested envelopes and, if so, how many they were able to distribute during the very short timeline between receiving the envelopes and grant close-out on April 30, 2019. By the time STR coalitions completed the Final Outcomes Report Survey; 14 coalitions reported requesting TakeAway™ envelopes. Tracking of envelope distribution showed that an additional 12 STR coalitions or affiliate agencies participated by requesting envelopes, but did not report on the outcome report survey.

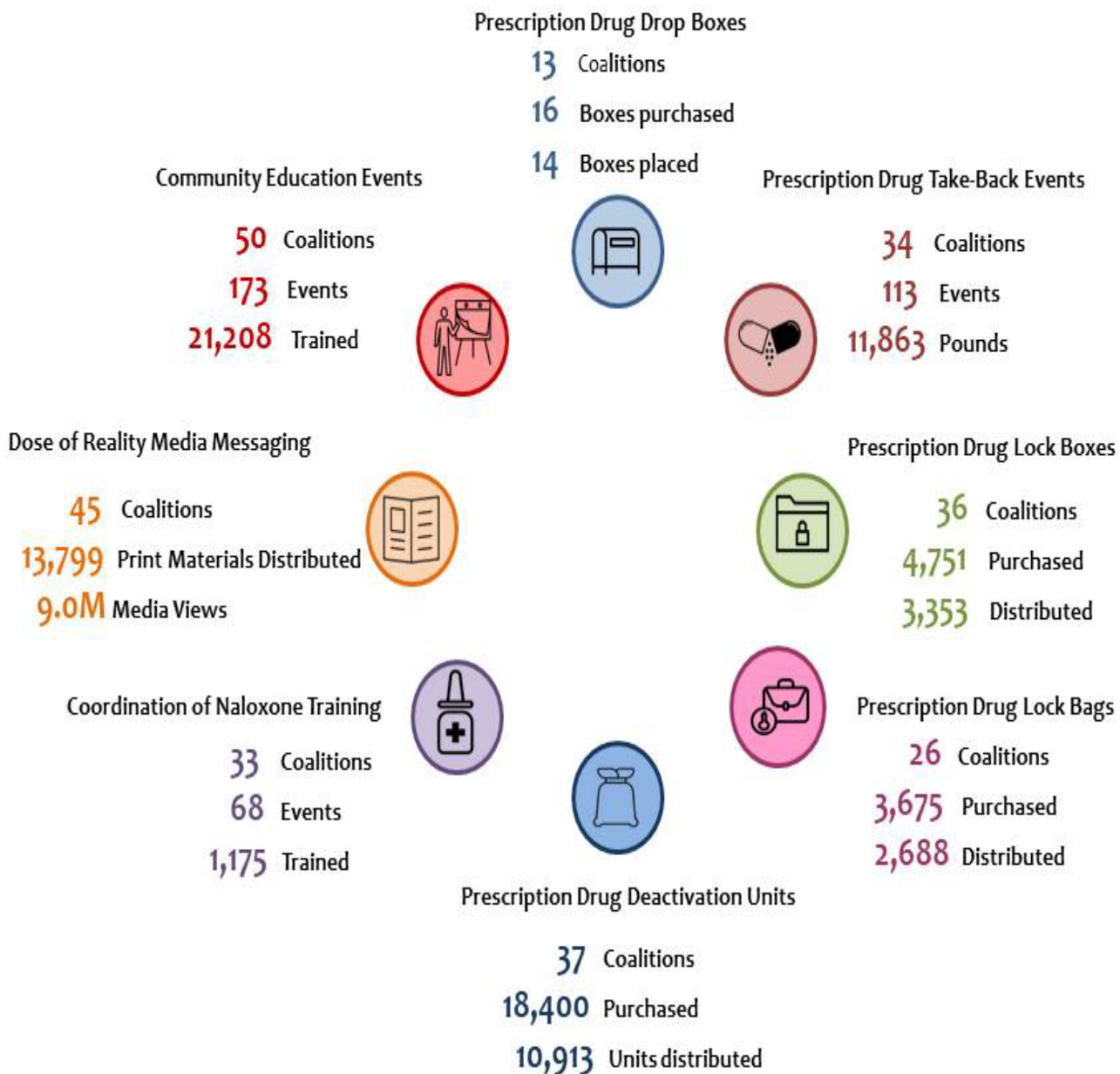
Coalitions reported distributing between zero and 100 of the envelopes they received. Even with the short timeline for distribution, the 14 coalitions reporting on this strategy were able to distribute 373 of the envelopes they requested by the time the outcome report survey was due on May 15, 2019.

Some of the comments received from STR coalitions who reported on their use of the TakeAway™ envelopes included:

- *“We are in the process of distributing these to Meals on Wheels clients, pharmacies, and placing them in libraries and Post Offices.”* – Waushara Prevention Council, Inc.
- *“This method of disposal seems to be more popular than other methods. Our theory is that it is easier to dispose of unwanted medications this way rather than stock piling them to take to a permanent drop box location or to Rx take-back events, which only happen twice per year.”* – Healthier Community Action Team
- *“The coalition will be developing a community distribution strategy to utilize the disposal envelopes.”* - REACH of Calumet County
- *“The envelopes are very popular with the elderly and disabled being served by the ADRC! We hope to distribute the remaining 50 to three local funeral homes. Our coalition is working on this now.”* - Richland County Children and Family Advocacy Council
- *“I passed all envelopes on to our two local pharmacies, as they are the best judge in this particular situation.”* - SAFE Juneau County

Finally, STR coalitions were asked whether they would like to see the TakeAway™ Envelopes added to the strategy list for the upcoming State Opioid Response to the Opioid Crisis (SOR) funding cycle. Twenty-two coalitions replied “yes” (32.8 percent), 38 coalitions replied “maybe” (56.7 percent), and seven (10.4 percent) replied “no.” This feedback, along with monitoring of data on the number of envelopes returned for incineration, will be taken into consideration when developing the strategy options for SOR prevention strategy options.

# STR Year Two Prevention Outcome Summary



## Overall STR Grant Prevention Outcome Summary

More permanent prescription drop boxes were purchased and placed in **Year One** than in **Year Two**.

Drop Boxes Purchased

16

25

Drop Boxes Placed

14

16

More lock boxes, and a greater percentage of the boxes purchased were distributed in **Year Two** than in **Year One**.

Lock Boxes Purchased

4,751

6,796

Lock Boxes Distributed

2,169

3,353

More take-back events were held, collecting more lbs. of medication in **Year Two** than in **Year One**.

Take-Back Events Held

58

113

Pounds of Medication Collected

7,534

11,863

Fifty-eight percent more lock bags were purchased and 69 percent more bags were distributed in **Year Two** than in **Year One**.

Lock Bags Purchased

2,022

3,675

Lock Bags Distributed

1,314

2,688

Eighty-one percent more deactivation units were purchased and 90 percent more were distributed in **Year Two** than in **Year One**.

Deactivation Units Purchased

7,733

18,400

Deactivation Units Distributed

4,119

10,913



More *Dose of Reality* print materials were distributed in Year One, however more people were reached through purchased advertising in Year Two.

*Dose of Reality Print Materials Distributed*



*Estimated Dose of Reality Media Impressions*



More naloxone trainings were held in Year Two than in Year One, however more people attended trainings in Year One than in Year Two.

*Naloxone Training Events Held*



*# of People Attending Naloxone Training*



Twenty-four percent more community education events were held in Year Two than in Year One, resulting in twice as many people reached.

*Community Education Events Held*



*# of People Attending Community Education Events*



## Appendix 1: Opioid STR Year Two Coalition Funding Requests and Strategy Selections

Coalition Name	Service Area	Approved Funding	Drop Box	Take-Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
African American Opioid Coalition	Dane County	\$8,275		√		√	√	√		√
Barron County Community Coalition	Barron County	\$8,550	√				√		√	√
Belleville Area Cares	Belleville and surrounding area	\$11,750	√	√		√		√	√	√
Better Broadhead	Broadhead	\$10,050			√		√	√	√	√
Brown County Drug Alliance	Brown county	\$9,000	√	√	√	√		√	√	√
Building A Safer Evansville (BASE)	School District of Evansville	\$11,050		√	√	√	√	√		√
Chippewa Health Improvement Partnership	Chippewa County	\$8,000						√	√	√
Clinton Coalition	Rock County	\$7,300	√	√	√		√	√	√	
Community Action Team	Stockbridge Munsee Reservation	\$8,075		√	√		√	√	√	√
Community Alliance: Hales Corners and Greendale	Hales Corners and Greendale	\$7,275		√		√	√	√	√	√
COPE Coalition	Oneida County	\$500						√		
Deerfield Cares	Town of Deerfield	\$3,800		√	√			√	√	√
Drug Free Adams County	Adams County	\$1,000								√
Drug Free Communities of Fond du Lac County	Fond du Lac County	\$9,325		√		√	√	√	√	√
Dunn County Partnership for Youth	Dunn County	\$12,800	√	√	√	√			√	√
FACES	Kewaunee County	\$16,000		√	√	√	√	√	√	

Coalition Name	Service Area	Approved Funding	Drop Box	Take-Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
Giwii-minobimaadizimin	Lac Courte Orielles tribal community	\$7,050	√	√			√		√	√
Green Lake County Wellness Coalition	Green Lake County	\$7,300			√		√	√	√	√
Have You Had Enough?	Bayfield County	\$6,575		√	√		√			
Healthier Community Action Team	Lac du Flambeau Tribal Area	\$7,300			√				√	√
Healthiest Greenfield Coalition	City of Greenfield	\$1,000						√		
Healthiest Manitowoc County Substance Abuse Prevention Coalition	Manitowoc County	\$7,175		√	√	√	√	√		
Healthy Communities Healthy Youth (HCHY)	Marquette County	\$8,550			√				√	√
Healthy Edgerton	School District of Edgerton	\$8,300			√					√
Healthy People Wood County	Wood County	\$10,375		√	√	√	√	√	√	√
Healthy Sheboygan County 2020	Sheboygan County	\$7,000		√		√		√	√	√
Iron County AODA Prevention Community Coalition	Iron County	\$3,825					√			√
Jefferson County Drug Free Coalition	Jefferson County	\$9,425		√		√	√	√	√	√
Kaukauna Alcohol, Tobacco, and Other Drug Abuse (KATODA) Prevention Board	City of Kaukauna	\$3,500	√						√	

Coalition Name	Service Area	Approved Funding	Drop Box	Take-Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
Lincoln County Drug Free Coalition	Lincoln County	\$8,800	√		√		√	√	√	
Lodi Community Action Team	All areas served by the School District of Lodi	\$8,550			√	√	√	√		
Marathon County AOD Partnership	Marathon County	\$9,775	√	√		√	√	√	√	√
Marshfield Area Coalition for Youth	Wood County	\$7,300			√		√	√	√	
Mashkiiziibii Drug Awareness Coalition	Bad River Tribe	\$15,300			√					√
Minobimaadiziwin Coalition	Lac du Flambeau Tribal Area	\$6,300		√	√				√	√
Mole Lake Coalition	Sokaogon Chippewa	\$8,775					√		√	√
Monroe County Safe Community Coalition	Monroe County	\$12,275	√	√		√	√		√	√
Netaenawemakanak Coalition	Menominee Tribe	\$500						√		
Northwest Dane Cares Coalition	Mazomanie, Black Earth, Cross Plains	\$9,500	√	√		√		√	√	√
Oregon CARES	Villages of Oregon and Brooklyn	\$7,825		√			√	√	√	√
Oskeh Waep Coalition, Inc.	Menominee Tribe	\$9,075		√	√	√	√	√	√	√
Ozaukee County ATOD Prevention	Ozaukee and North Shore area	\$9,275		√	√		√			√
Pepin County Health Improvement Partners	Pepin County	\$7,300		√	√				√	√

Coalition Name	Service Area	Approved Funding	Drop Box	Take-Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
Polk United	Polk County	\$17,425		√		√	√		√	√
Prevention and Response Columbia County	All areas served by the Columbia County Sheriff's Office, Portage Police Department, Columbus Police Department, Poynette Police Department	\$2,000						√		
Prevention Network of Washington County	Washington County	\$8,000						√	√	√
Price County AODA/Mental Health Coalition	Price County	\$7,725		√	√		√		√	√
Racine County Youth Coalition	Racine County	\$10,075			√		√		√	√
REACH	Calumet County	\$13,400		√	√	√	√	√	√	√
Red Cliff AODA Reduction Team Coalition*	Red Cliff Tribal Community	\$10,600		√			√	√	√	√
Richland County Children and Family Advocacy Council	Richland County	\$13,050	√	√	√		√	√	√	√
Rusk County Youth Council	Rusk County	\$13,300	√	√	√		√	√	√	√
SAFE Juneau County	Juneau County	\$9,800	√	√	√		√	√		√
Sauk County Partnership for Prevention & Recovery	Sauk County	\$9,075			√	√	√			√
Sawyer Co. LCO Joint Prevention Programming Coalition	Sawyer County/LCO Tribe	\$9,000	√						√	

Coalition Name	Service Area	Approved Funding	Drop Box	Take-Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
South Milwaukee Unite Against Drug Abuse	South Milwaukee	\$7,500		√	√			√	√	√
Stoughton CARES	City of Stoughton	\$3,000			√			√	√	√
Stoughton Wellness Coalition	Stoughton Area School District	\$14,000		√		√			√	√
Taylor County Drug Opposition Partners	Taylor County	\$3,825					√		√	√
Together For Jackson County Kids	Jackson County	\$7,650	√	√	√	√	√		√	
Tribal Coordinating Committee*	Ho-Chunk Nation-Jackson, Monroe, Sauk, LaCrosse, Wood, Shawano Counties	\$10,675	√	√	√		√	√	√	√
Walworth County Drug and Alcohol Coalition	Walworth County	\$7,050		√		√	√	√		√
Waukesha Drug Free Communities	Waukesha County	\$9,325					√		√	√
Waunakee Community Cares Coalition	Waunakee and Westport	\$8,200		√	√				√	√
Waushara Prevention Council, Inc.	Waushara County	\$12,550			√	√	√	√		√
WAWM Heroin/Opiate Task Force	West Allis	\$5,500			√				√	√
West Allis-West Milwaukee Community Coalition	West Allis and West Milwaukee	\$1,500			√			√		√
Winnebago County Drug and Alcohol Coalition	Winnebago County	\$22,300			√	√				√
WRPS Native Youth*	Wood County/Ho-Chunk Nation	\$8,775				√	√	√	√	√

Coalition Name	Service Area	Approved Funding	Drop Box	Take-Back Events	Lock Box	Lock Bags	Deactivation Units	Naloxone Training	Dose of Reality	Town Hall/Community Events
Youth2Youth 4 Change	Beloit and Orfordville	\$10,800		√	√	√		√	√	
		<b>\$596,775</b>	<b>17</b>	<b>39</b>	<b>40</b>	<b>27</b>	<b>41</b>	<b>42</b>	<b>50</b>	<b>55</b>

\*Coalition requested funding, but due to staff turnover was not able participate in the STR implementation. As a result, they did not receive the funding requested.



