

State of Wisconsin

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Joint Committee on Finance

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Howard Marklein
Representative Mark Born

Date: April 2, 2024

Re: 14-Day Passive Review Approval – DHS

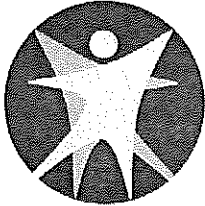
Pursuant to s. 165.12(3), Stats., attached is a 14-day passive review request from the Department of Health Services, received on April 2, 2024.

Please review the material and notify **Senator Marklein** or **Representative Born** no later than **Friday, April 19, 2024**, if you have any concerns about the request or if you would like the Committee to meet formally to consider it.

Also, please contact us if you need further information.

Attachments

HM:MB;jm



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

APR 02 2024
St. Finance

April 1, 2024

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

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

Dear Senator Marklein and Representative Born:

Per s. 165.12(3), as established by 2021 Act 57, I am submitting to the Committee under 14-day passive review the attached proposal for spending settlement funds received from proceedings under *In re: National Prescription Opiate Litigation, Case No: MDL 2804*.

The Department proposes to expend \$36 million across the state in FY 25 in a variety of strategies that will provide support across the continuum of care, including prevention, harm reduction, treatment, and recovery. The details of these activities are described in the attached report.

Please contact me with any questions about the plan.

Sincerely,

A handwritten signature in cursive script that reads "Kirsten Johnson".

Kirsten L. Johnson
Secretary-designee



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

**National Prescription
Opiate Litigation Funds**

**DHS Proposal for
State Fiscal Year 2025**

April 1, 2024

P-03288 (04/2024)

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2021 Wisconsin Act 57 Summary

2021 Wisconsin Act 57 requires the Department of Health Services (DHS) to submit to the Joint Committee on Finance (JFC) by April 1 of each year a proposal for expending settlement proceeds paid to the state from the National Prescription Opiate Litigation (NPOL), Case No. MDL 2804. Per Act 57, 30 percent of the NPOL settlement proceeds will be allocated to DHS for purposes that comply with the settlement agreement or court order. DHS is required to submit a plan to JFC for spending settlement proceeds by April 1 of each year for the next fiscal year and requires JFC approval via the 14-day passive review process before it can expend the NPOL settlement funding. Approval is also required if DHS seeks to deviate from the proposed plan in the future. The remaining 70 percent of the settlement proceeds will be provided to local governments that were party to the litigation.

Overview of Settlements and DHS Plan

In 2022, DHS submitted a proposal for the use of \$31 million in settlement funds anticipated to be received in fiscal year 2023. The Joint Committee on Finance approved a plan for the expenditure for these funds, after objecting to the initial expenditure plan submitted by the Department of Health Services and making modifications.

Table 1: FY23 DHS Proposed Strategies vs. JFC Approved Strategies

Proposed Program	DHS \$ Requested	JFC Approved
Narcan	\$3 million	\$3 million
Fentanyl Test Strips (FTS)	\$2 million	\$2 million
Capital Projects	\$11 million	\$10 million
Community Prevention	\$1 million	\$0
School Prevention	\$2 million	\$250,000
Tribal Nations	\$6 million	\$6 million
Central Alert System	\$500,000	\$500,000
Medication Assisted Treatment (MAT) Expansion	\$1 million	\$2 million
Room and Board	\$2.5 million	\$2.5 million
Family Support Centers	\$2 million	\$0
Law Enforcement Grants	N/A	\$3 million
After School Prevention	N/A	\$750,000
Hub and Spoke	N/A	\$1 million
TOTAL	\$31 million	\$31 million

In 2023, DHS submitted a proposal for the use of \$8 million in settlement funds anticipated to be received under the pharmaceutical distributor and Johnson & Johnson agreements in fiscal year 2024. Funding received was less than the amount received in fiscal year 2023, therefore, not all initiatives approved for the first year were proposed in the second year. The Joint Committee on Finance approved a plan for the expenditure for these funds after objecting to the initial expenditure plan submitted by the Department of Health Services and making modifications.

Table 2: FY24 DHS Proposed Strategies vs. JFC Approved Strategies

Proposed Program	DHS \$ Requested	JFC Approved
Narcan & Fentanyl Test Strips (FTS)	\$4 million	\$2.9 million
Capital Projects	\$3 million	\$0
School Prevention	\$1 million	\$0
Room & Board	\$0	\$2.5 million
Medication Assisted Treatment	\$0	\$2 million
Treatment Platform	\$0	\$300,000
Surgical Collaborative of Wisconsin	\$0	\$300,000
TOTAL	\$8 million	\$8 million

As of March 1, 2024, opioid agreements with the nation’s three major pharmaceutical distributors (Cardinal, McKesson, and AmerisourceBergen) and Johnson & Johnson remain as a finalized settlement making payments to Wisconsin as part of the NPOL. Additional settlements reached with Teva, Allergan, Wal-Mart, Walgreens, and CVS will begin making payments in 2024. Based on the terms of the settlements, the State of Wisconsin will receive approximately \$36 million throughout fiscal year 2025.

The Wisconsin Department of Justice continues to litigate several other opioid settlements with additional manufacturers and distributors. These settlements remain in flux with no solid timetable for resolution.

DHS proposes to invest fiscal year 2025 settlement funds in a variety of strategies that will provide support across the continuum of care, including prevention, harm reduction, treatment, and recovery. The entire amount of funding anticipated for fiscal year 2025 is allocated in the plan.

Over the past two years, per plans approved by JFC, DHS has utilized opioid settlement funds to award grants throughout the State of Wisconsin. The funding for these efforts, programs, and strategies will end over the next year. The proposal being submitted by DHS for this year’s settlement funds demonstrates the ongoing investment needed to sustain these efforts and scale up programs demonstrating success.

Below is a table summarizing the initiatives and allocation amounts for this proposal. Each initiative is covered in more detail in the following sections of this document.

Table 3: FY23 & FY24 JFC Approved Strategies; FY25 DHS Proposed Strategies

	FY23 Amount Funded	FY 24 Amount Funded	FY 25 Amount Requested
Tribal Nations	\$6 million	N/A	\$6 million
Community, Education, After-School Prevention	\$250,000 (K-12) \$750,000 (After-school)	\$0	\$5 million
Family Support/Resource Centers	\$0	N/A	\$5 million
Peer Support in Opioid Treatment Programs	N/A	N/A	\$5 million
Narcan	\$3 million		\$3.5 million
Fentanyl Test Strips (FTS)	\$2 million	\$2.9 million	\$1 million
Capital Projects	\$10 million	\$0	\$3 million
Room and Board	\$2.5 million	\$2.5 million	\$2.5 million
EMS Leave Behind Programs	N/A	N/A	\$1.5 million
Public Health Vending Machines	N/A	N/A	\$1 million
Law Enforcement Grants	\$3 million	N/A	\$1 million
Data Collection & Surveillance System Enhancements	N/A	N/A	\$1.5 million
Medication Assisted Treatment (MAT) Expansion	\$2 million	\$2 million	\$0
Hub and Spoke	\$1 million	N/A	\$0
Central Alert System	\$500,000	N/A	\$0
Treatment Platform	N/A	\$300,000	\$0
Surgical Collaborative of WI	N/A	\$300,000	\$0
TOTAL	\$31 million	\$8 million	\$36 million

Strategies were selected for this initial plan based upon consideration of the following background information:

- Analysis of opioid data and surveillance collected by DHS and other state agencies.
- Review of current opioid strategies supported by state and federal funds, including whether these strategies could be successfully expanded or enhanced with additional funds.
- Identified needs not currently funded by DHS due to resource limits or restrictions.
- Best practices from the United States Department of Health & Human Services – Overdose Prevention Strategy.¹
- Information and input gathered from citizens and partners during listening sessions in January 2022:
 - o DHS conducted 12 listening sessions to gather big-picture input from a broad group of stakeholders to inform DHS' use of future opioid settlement funds.
 - o Through these sessions, DHS heard from over 800 individuals. A report was created summarizing the feedback.²
- Information and input collected from citizens and stakeholders collected via the public survey open January-February 2023:
 - o DHS received over 4,000 survey responses, with representation from all 72 counties and 11 federally recognized tribes. A report was created summarizing the responses.³
 - o Those who submitted surveys included people who work in the areas of prevention, harm reduction, treatment, and recovery, including healthcare, law enforcement agencies, EMS, fire departments, those who work in the criminal justice system, treatment providers, those who work with children and/or families impacted by substance use, individuals who support friends or family members with opioid use/substance use disorders, and who have lived experience with opioid use/substance use disorders.
- Information and input provided by current opioid settlement funded agencies and organizations, community leaders, and other partners during the series of roundtable events hosted in partnership by DHS and the Wisconsin Department of Justice (DOJ) in December 2023 and February 2024.
 - o Regionally based roundtables were hosted in Madison, Appleton, Eau Claire, Milwaukee, Wausau, and with Tribal Nations in Keshena. See attached summary "[Winter 2023-24 Opioids Settlement Funds Roundtables Summary](#)".
- Recommendations submitted to DHS by statewide providers offering services throughout the continuum of care for substance use.

DHS intends to continue coordination around the areas of investment with other political subdivisions, including counties and some municipalities, receiving the remaining 70 percent of settlement proceeds, with the goal of leveraging all settlement funds received by the state and ensuring non-duplicative efforts. It is imperative for all recipients to work together to create the greatest impact possible with these funds in our state. Over the past years, DHS has worked closely with the Wisconsin Counties Association (WCA) to support their efforts to their members. WCA has hosted multiple opioid summits for members to better understand the terms of the settlements, processes to determine best use of funds, and reporting

¹ <https://www.hhs.gov/overdose-prevention/>

² <https://www.dhs.wisconsin.gov/publications/p03211.pdf>

³ <https://www.dhs.wisconsin.gov/publications/p03417.pdf>

requirements. DHS has been asked to participate in each summit and appreciates this partnership. At the summits DHS has provided information on state level initiatives, shared assistance available to counties, and listened to better understand their plans and decision-making regarding use of the settlement funds. DHS remains committed to working closely with county and local governments to ensure that both state and local investments of settlement proceeds are aligned in supporting local efforts and needs.

State of Opioid Epidemic

Most overdose deaths in Wisconsin involve synthetic opioids such as fentanyl.

In 2022, more than 1,800 Wisconsinites died of a drug overdose.⁴ Most of these overdose deaths – 80% in 2022 – involved opioids such as fentanyl, oxycodone, or heroin (Figure 1, left). Fentanyl is a synthetic opioid approved in the United States for managing severe pain. However, most recent cases of opioid-involved drug overdose deaths in the United States are linked to illegally manufactured synthetic opioids.⁵ In Wisconsin, more than 90% of opioid overdose deaths involved synthetic opioids (Figure 1, right).

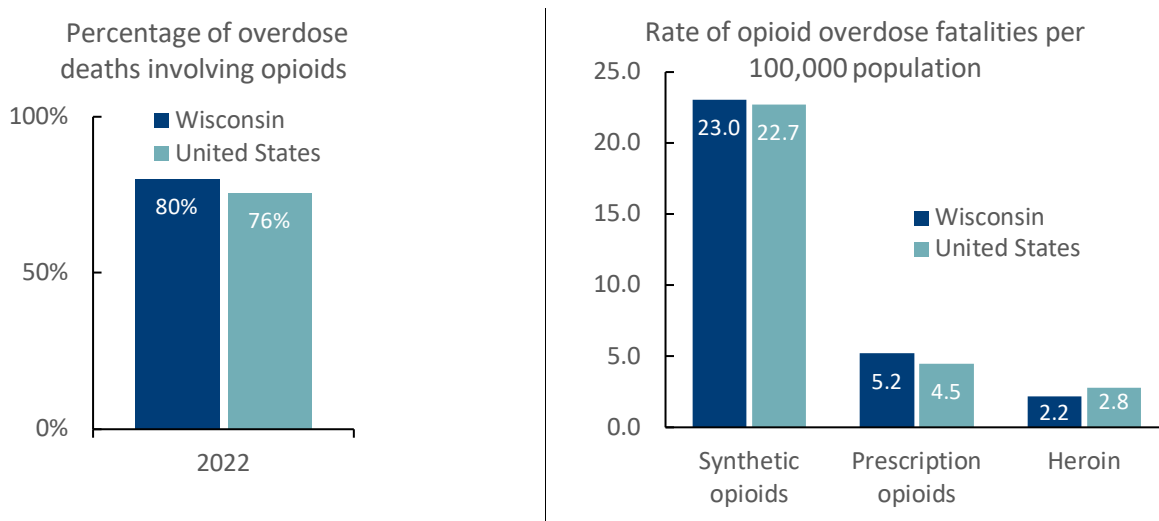


Figure 1. Opioids continue to be represented among the majority of overdose death in Wisconsin and nationwide. Recently, overdose deaths are dominated by high rates of synthetic opioid overdoses.^{4,5}

⁴ Wisconsin Department of Health Services. Vital Records Death Certificate Data.

⁵ Center for Disease Control and Prevention. Provisional Drug Overdose Death Counts. Accessed January 25, 2024. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Fatal overdoses often involve more than one substance.

In recent years, Wisconsin has seen a rise in overdose deaths involving more than one substance. Polysubstance overdoses most frequently involve opioids and stimulants, such as cocaine or methamphetamine. This is notable because while opioid overdoses are significantly more common than stimulant overdoses, rates of overdose involving *both* substances are growing faster than those involving either drug alone (Figure 2).⁶ Of the 1,461 opioid overdose deaths in 2022, less than 50% did not include cocaine or a psychostimulant.

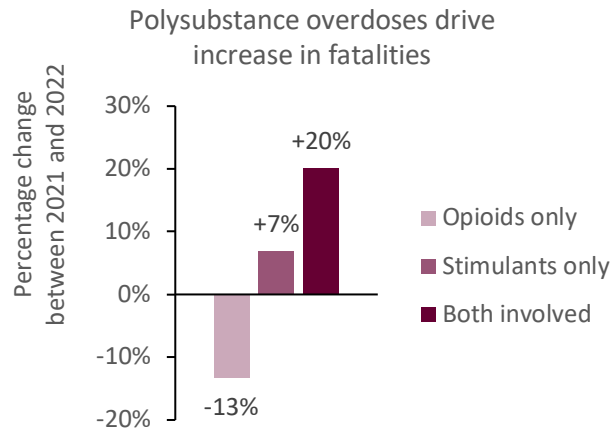


Figure 2. Fatal overdoses involving both opioids and stimulants increased from 2021 to 2022.⁵

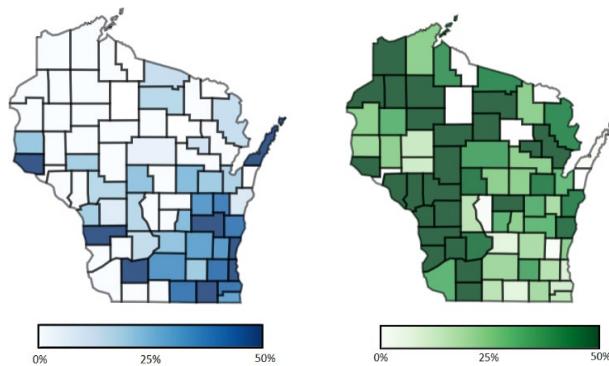


Figure 3. The percentage of fatal opioid overdoses that also involved cocaine (left) or psychostimulants (right) in 2022 varies by county.⁶

The type of stimulant most involved in polysubstance overdoses varies by region. For example, psychostimulants such as methamphetamine are more likely to be involved in opioid overdose deaths in the Northern and Western regions of the state (Figure 3, right), while cocaine is more commonly found in combination with opioids the Southeastern region (Figure 3, left).⁶ More than 50% of opioid overdose deaths involved either cocaine or amphetamines in 2022.

⁶ Wisconsin Department of Health Services. Vital Records Death Certificate Data.

Rates of non-fatal overdose in Wisconsin emergency departments are below national rates.

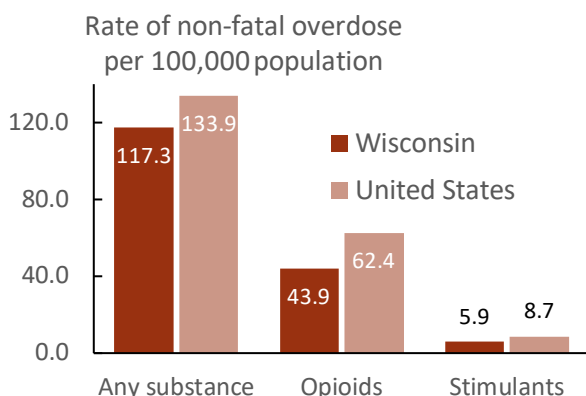


Figure 4. Rates of non-fatal overdoses encountered in Wisconsin emergency departments are lower than the national average.^{3,5}

Hospital discharge data provide insight into non-fatal overdose statistics in Wisconsin (Figure 4).⁷ Critically, these data only represent individuals who experienced an overdose and visited the hospital, and do not include individuals who recovered from an overdose prior to receiving formal medical treatment, or those who refused transport to medical facilities by emergency medical services (an estimated 10% of ambulance runs for overdose in WI⁸). The number of non-fatal overdoses involving any substance decreased ~10% from 2021 to 2022 in Wisconsin,⁶ and ~5% nationwide.⁹

Fatal overdoses affect different populations disproportionately in Wisconsin.

Some demographic groups are more heavily impacted by the overdose crisis than others. Specifically, rates of fatal opioid overdose are higher among males and among individuals of Black or American Indian racial groups in both Wisconsin¹⁰ and nationwide¹¹. In 2021, the rate among males was more than double that of females; the disparity in death rates between the Black or American Indian populations versus the statewide rate is even larger (Figure 5).

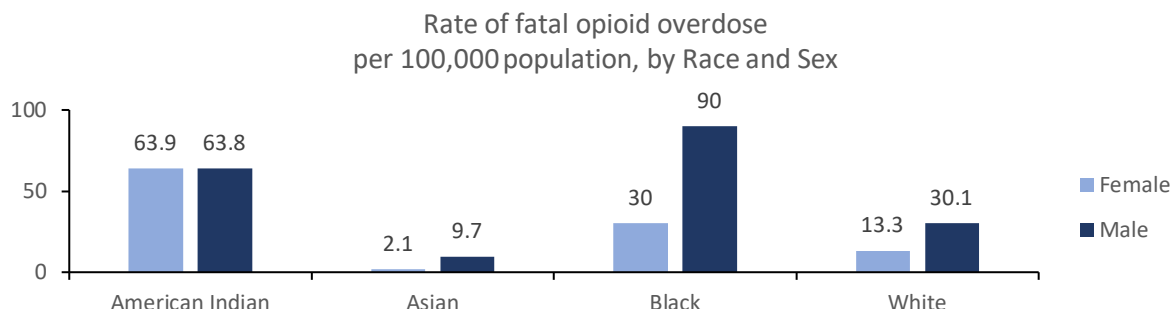


Figure 5. Rates of fatal opioid overdose among several demographic groups was disproportionately high relative to the state average in 2021.¹⁰

⁷ Wisconsin Department of Health Services. Wisconsin Hospital Association Information Center: Hospital Discharge Data from Emergency Department visits.

⁸ biospatial. Secure access via Wisconsin Department of Health Services, Wisconsin Ambulance Run Data System. Accessed January 31, 2024. <https://www.biospatial.io/>

⁹ Center for Disease Control and Prevention. Nonfatal Overdose Dashboards. Accessed January 17, 2024. <https://www.cdc.gov/drugoverdose/nonfatal/index.html>

¹⁰ Wisconsin Department of Health Services. Vital Records Death Certificate Data.

¹¹ Center for Disease Control and Prevention. Drug Overdose Deaths in the United States, 2001-2021. Accessed January 31, 2024. <https://www.cdc.gov/nchs/products/databriefs/db457.htm>

Strategy 1: Funding for Tribal Nations: Sustain and Grow

Building off the Committee's support for this meaningful work in the 2022 plan, DHS will allocate \$6 million in settlement funds to sustain key initiatives and allow the tribes to adjust efforts based on the changing landscape. Through a grant funding opportunity, federally recognized tribal nations will identify strategies across the continuum of prevention, harm reduction, treatment, and recovery for which they plan to use these funds. This may include culturally tailored traditional practices to improve treatment outcomes, prevent opioid misuse, promote health, and enhance community resources.

While all populations have been affected by the increase in opioid overdose deaths in Wisconsin, not all populations have been affected equally. Alarming trends exist demonstrating disparity amongst those impacted by the opioid crisis. In 2014, the American Indian population had a lower opioid overdose death rate per 100,000 than the White population (7.0 vs 10.9). Since that time, American Indians continue to see an increase in opioid overdose deaths. In 2020, the opioid overdose death rate for American Indians was double the rate for the White population (39.6 vs 19.8). In recent years Wisconsin tribes have taken steps to address the rise in opioid overdose deaths. Multiple tribal nations throughout Wisconsin have declared states of emergency in response to the rise in substance use, the opioid epidemic, and synthetic opioids. This includes, but is not limited to, the Bad River Band of Lake Superior Chippewa, the Lac du Flambeau Band of Lake Superior Chippewa, and the Menominee Tribe of Wisconsin.

This disproportionate impact among overdose deaths is consistent across all types of opioids involved. In 2014, the American Indian population had a lower death rate compared to the White population for opioid overdoses involving heroin (1.4 vs 4.5), prescription opioids (4.2 vs 5.9), and synthetic opioids (1.4 vs 1.6). By 2020, the American Indian population had higher death rates compared to the White population for opioid overdoses for all opioid types; heroin (6.4 vs 4.2); prescription opioids (10.2 vs 5.7); and synthetic opioids (35.8 vs 16.8).¹²

The growth in American Indian deaths due to opioids continued to grow faster than all other populations in Wisconsin in 2021. Deaths have increased by 55% for the American Indian population from 2020 to 2021, while opioid deaths for all Wisconsinites have grown by 15% over the same time. Almost 92% of the opioid deaths in 2021 in the American Indian population contained a synthetic opioid, compared to 90% for the overall population of Wisconsin. Additionally, drug overdose deaths nationally have increased by 39% for American Indians from 2019-2020.¹³

Funding recipients are anticipated to include the Bad River Band of Lake Superior Tribe of Chippewa Indians, Forest County Potawatomi Community, Lac Courte Oreilles Band Lake Superior Chippewa Indians, Lac du Flambeau Band of Lake Superior Chippewa Indians, Oneida Nation, Ho-Chunk Nation, Menominee Indian Tribe of Wisconsin, Red Cliff Band of Lake

¹² Wisconsin Department of Health Services. *Data Direct: Opioid Death Module. Wisconsin Department of Health Services*. Accessed July 20, 2022. <https://www.dhs.wisconsin.gov/opioids/deaths-county.htm>

¹³ https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm?s_cid=mm7129e2_w&utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top

Superior Chippewa Indians, Sokaogon Chippewa Community, St. Croix Chippewa Indians of Wisconsin, and the Stockbridge-Munsee Community.

Strategy 2: Substance Use Prevention Efforts in Education and Community: Sustain and Grow

Prevention efforts have remained significantly underfunded despite consistently being called-out in all forums by our community partners. Through listening sessions, community surveys, roundtable discussions, and general feedback, prevention's priority is clear across all sectors – parents, people in recovery, schools, law enforcement, treatment providers, social workers, etc. Year after year, DHS receives feedback regarding the dire need to enhance family and education-based prevention if we ever want to truly make an impact on protective factors and multigenerational health outcomes. Prevention efforts stop substance use initiation and reduce the prevalence of people diagnosed with a substance use disorder, continue to be the top request of opioid settlement funds made by community partners. By investing in upstream prevention efforts, Wisconsin can reduce the number of people struggling with substance use and dying of unintentional overdoses.

DHS supports a variety of initiatives to prevent opioid access and availability, as well as raising awareness about using opioids safely, prescribing opioids responsibly, accessing data to inform strategy implementation, and addressing trauma, disparities and stigma related to substance use disorder. The DHS prevention approach incorporates strategies addressed in the Office of National Drug Control Policy's 2011 report "Epidemic: Responding to America's Prescription Drug Abuse Crisis."¹⁴ Consistent with the expert recommendations in this report, along with public health, human services, and prevention experts, the DHS approach includes education, tracking and monitoring, proper medication disposal, and enforcement components. These prevention strategies are intended to decrease risk factors and enhance protective factors statewide. Successful and positive prevention results are comprehensive, multi-faceted, and locally collaborative.¹⁵ DHS proposes investing \$5 million of this year's settlement funds on prevention efforts among K-12 schools, after-school programs, institutes of higher education, and across communities. This would allow us to sustain, grow and expand strategies.

K-12 School-based Prevention Efforts

Prescription opioids, when used as prescribed by a doctor, can be helpful in treating a patient's moderate to severe pain; however, when misused they can have serious consequences including the development of a substance use disorder, overdose, and even death. High school students in Wisconsin participate in the Youth Risk Behavior Survey¹⁶, a confidential online youth survey conducted by the Centers for Disease Control and Prevention and the Wisconsin Department of Public Education. Results from the Wisconsin 2021 Youth Risk Behavior Survey¹⁷ report 11.2% of high school students (grades 9-12) have taken prescription pain medication (including drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet) at least once in their life without a doctor's prescription or differently than a doctor told them to use it. High school females in Wisconsin report lifetime prescription pain medication misuse at a higher rate (14.1%) than males (8.2%).

¹⁴ <https://obamawhitehouse.archives.gov/sites/default/files/ondcp/ndcs2011.pdf>

¹⁵ SAMHSA's Center for the Application of Prevention Technologies. (2016). Preventing prescription drug misuse: Programs and strategies. Retrieved from <https://www.edc.org/sites/default/files/uploads/preventing-prescription-drug-misuse-strategies.pdf>

¹⁶ <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

¹⁷ <https://dpi.wi.gov/sspw/yrbs>

Noteworthy studies have been completed to demonstrate the successful impacts of education-based prevention programming. The Seattle Social Development Project was a study of preventive intervention delivered in the elementary grades called Raising Healthy Children (RHC). Participants were followed up longitudinally.¹⁸ RHC provided elementary school teachers with methods of classroom management, instruction, as well as parents with skills to promote opportunities for children's active involvement in the classroom and family, develop children's skills for participation, and reinforce children's efforts, and accomplishments.

By age 18 years (6 years postintervention), compared with control participants, participating youth demonstrated significantly reduced school misbehavior, lifetime violence, and heavy alcohol use and had improved school commitment, attachment, and achievement. By age 21 years, the full intervention group, compared with control participants, showed significantly better outcomes with respect to education, employment, mental health, and reduced crime rates. By ages 24 to 27 years, the full intervention group, compared with control participants, showed significantly better socioeconomic attainment and mental health.

This study examines whether intervention differences are sustained across generations. It examines intervention outcomes in the offspring of parents who, as children in elementary school, had participated in RHC. Positive outcomes were carried through generationally. Early skill building becomes a scaffold onto which resiliency and future protective factors are built upon. The long-term outcomes of preventive interventions provided in childhood, as noted earlier, indicate that positive cascades can be stimulated through participation in a childhood preventive intervention.

The science is clear that the use of drugs during childhood and adolescence has the potential to disrupt brain function in the areas critical to motivation, memory, learning, judgment, and behavior control, because the brain is still developing. Protective factors in schools, such as school connectedness and positive peer relationships, can help students avoid engaging in risky behaviors and help students learn skills important to promoting healthy choices. K-12-based substance use prevention curriculums and programs can reduce the likelihood of a student's future substance use and impact educational outcomes. These curricula and programs accomplish this by reducing risk factors and increasing protective factors. By helping students develop the knowledge, attitudes, and skills needed to make good choices, they are less likely to use substances.

Evidence-based K-12 curriculums and programming are plentiful and can focus on specific populations and geographic areas (urban versus rural). The Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resource Center and several other organizations provide a list of strategies and implementation information for organizations and agencies.^{19 20}

¹⁸ Hill KG, Bailey JA, Steeger CM, Hawkins JD, Catalano RF, Kosterman R, Epstein M, Abbott RD. Outcomes of Childhood Preventive Intervention Across 2 Generations: A Nonrandomized Controlled Trial. *JAMA Pediatr.* 2020 Aug 1;174(8):764-771.

¹⁹ <https://www.samhsa.gov/resource-search/ebp>

²⁰ <https://www.edc.org/body-work/opioid-and-other-substance-misuse-prevention>

In alignment with prevention being the consistent priority voiced throughout all efforts to gather public input, DHS plans to continue partnership with the Department of Public Instruction (DPI) and allocate \$2 million in settlement funds for this initiative. This increased funding allocation will allow DPI to better meet the needs of school districts who clearly expressed a desire for additional funds in their applications for 2023-2024 funding. DPI will be able to sustain current school efforts and provide new aid dollars to school districts, independent charter schools, tribal schools, and private choice schools to implement evidence-based substance use prevention programming.

After-school Prevention Efforts

After-school programs are an important component of a comprehensive prevention strategy. They engage young people outside of school hours and are critical to overall development. After-school programs are safe, structured activities that convene regularly and offer activities to help children learn new skills. They encompass a broad range of focus areas including academic support, mentoring, positive youth development, arts, sports and recreation, apprenticeships, workforce development programs, and programs for youth experiencing homelessness. According to the Centers for Disease Control and Prevention, "Programs that follow evidence-based practices aimed at improving personal and social skills of youth are linked with positive social behaviors."²¹

DHS has been partnering with the Boys and Girls Club Fox Valley, which represents a network of 26 Boys and Girls Clubs that serve more than 70 communities across the state. Settlement funds allocated in the 2022 plan are supporting after-school programming for youth focused on providing them information and skills to make healthy decisions through the SMART Moves Program, a program developed by the Boys and Girls Club of America. DHS intends to sustain this partnership and allocate \$1 million in settlement funds for the continuation and expansion of SMART Moves Programming in Wisconsin.

Postsecondary Education/Higher Education Prevention Efforts

The College Prescription Drug Study is a national multi-institutional survey examining the non-medical prescription drug use among undergraduate, graduate, and professional students. This anonymous survey conducted in 2022 found almost 7% of students reporting misuse of prescription pain medications, 8% reporting misuse of sedatives, and 14.5% reporting misuse of stimulants. The majority of students who misused a prescription drug, reported they typically obtained prescription drugs from friends.²² With counterfeit pills closely resembling the original prescription medication and often containing fentanyl, students engaged in postsecondary education and misusing (counterfeit) prescription drugs are at risk for an opioid overdose.

Postsecondary education or higher education includes colleges, universities, community colleges, career schools, technical colleges, junior colleges, institutes of technology, graduate schools, and other forms of education following the completion of high school or high school equivalency. DHS intends to support education, prevention, and harm reduction strategies among institutes of postsecondary or higher education and proposes using \$1.5 million to support these initiatives.

²¹ <https://www.cdc.gov/healthyschools/ost.htm>

²² Baker, Emily A. & Miracle, Tessa L. (2022). College Prescription Drug Study Key Findings Report. College of Pharmacy, The Ohio State University: Columbus, Ohio.

Community-based Prevention Efforts

Community coalitions in Wisconsin are supported by the Alliance for Wisconsin Youth (AWY). They mobilize local leaders to identify and respond to substance use issues specific and unique to their community. Coalitions serve as formal arrangements for cooperation and coordination among community groups and across sectors. Community coalitions are typically composed of youth, parents, businesses, media, schools, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, health care professionals or organizations, state/local/tribal governments, and other local organizations involved in reducing substance use. Currently, there are at least 104 AWY coalitions statewide operating in 62 counties and at least three tribes.²³ “Coalitions focus on advancing protective factors that buffer youth against substance use, such as community involvement, positive contributions to peer groups, and establishing safe and supportive school environments. They also address risk factors, such as perceived acceptability of substance use, availability of substances, and favorable attitudes towards substance use, among others.”²⁴

DHS proposes using \$500,000 to support AWY community coalitions located across Wisconsin working to prevent opioid misuse. These prevention efforts include community education and awareness raising, increase proper storage, security, monitoring, and disposal of prescription medications, providing education on naloxone/Narcan® and other harm reduction strategies, promoting resources for individuals struggling with substance use, and other activities designed to address local conditions leading to substance use.

²³ <http://www.allwisyouth.org/map-of-members/>

²⁴ <https://www.cdc.gov/drugoverdose/drug-free-communities/about.html>

Strategy 3: Funding for Family Resource Centers

Given the lack of these services in Wisconsin, DHS proposes to pilot family support centers that will provide an array of services to those supporting individuals who are actively using drugs, have experienced an overdose, or died from an overdose. This family-focused model can fill service gaps, improve children's well-being, and enhance the lives of those impacted by addiction. DHS plans to allocate \$5 million in settlement funds for this initiative.

The primary focus in the recovery component of the continuum of care has been on the individual working to overcome their substance use disorder. However, evidence demonstrates wide-ranging impacts of substance use exist beyond individuals, to their families, children, caregivers, and peers. Many families and caregivers are suffering and do not know where to turn for support, education, and resources. The needs of the family often go starkly unaddressed. In the event of an overdose or death, the need for support intensifies.

Throughout 2022 and 2023, DHS gathered feedback from Wisconsinites to prioritize strategies and inform our plan for future opioid settlement funds. Resoundingly, unmet needs to build up social support systems for families and caregivers, as well as efforts to support children and families who have lost caregivers to substance use disorders were noted, demonstrating an existing gap in wrap-around services for family-focused care. Custodial and non-custodial caregivers and guardians voiced the impacts of being leaned upon to assume care, supervision, and safekeeping of minor children who have parents struggling with substance use or have lost their life to an overdose. The impacts are described as being significant in all aspects of one's livelihood to include but not limited to financial, emotional, physical, and legal and unfortunately, with minimal to no support from outside resources. More must be done to fill this need and support those affected.

Parents with substance use disorders often raise children in chaotic and impoverished households.²⁵ Opioid addiction, coupled with chaotic home environments increase the likelihood for children to engage in substance use. Over time, if left unsupported caregivers, families, and children have been shown to engage in their own drug use, suffering negative health consequences.^{26 27} This ultimately sets the stage for intergenerational dysfunction, as well as unhealthy personal and community outcomes.²⁸

The impact of an individual's drug use is widespread. Family support centers will provide safe, family-focused services to support the needs of families, children, and caregivers who are

²⁵ Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*, 194-205. [The impact of substance use disorders on families and children: from theory to practice - PubMed \(nih.gov\)](#)

²⁶ McCrory, E., & Mayes, L.C. (2015). Understanding addiction as a developmental disorder: An argument for a developmentally informed multilevel approach. *Current Addiction Reports, 2*, 326-330. [Understanding Addiction as a Developmental Disorder: An Argument for a Developmentally Informed Multilevel Approach - PubMed \(nih.gov\)](#)

²⁷ Mayes, L.C., & Suchman, N.E. (2006). Developmental pathways to substance abuse. In D. Cicchetti & D.J. Cohen (Eds.), *Developmental psychopathology*. Hoboken, NJ: John Wiley & Sons, 599-619. [Developmental pathways to substance abuse. \(apa.org\)](#)

²⁸ Rutherford, H.J.V., & Mayes, L. (2017). Parenting and addiction: Neurobiological insights. *Current Opinion in Psychology, 15*, 55-60. [Parenting and addiction: neurobiological insights - PubMed \(nih.gov\)](#)

impacted by addiction. These family support centers will help caregivers, families, and friends get answers to the many questions they may have when learning about and trying to understand substance use. The centers would provide services such as support groups and resource connection for caregivers. These support centers would supplement and expand upon currently provided resources and services. Existing providers may expand upon available services or new providers may implement deliverables to the identified target populations. Services offered will be free, or of minimal costs. A goal of these centers is to provide services that will be easy to access and available at times convenient to families.

DHS envisions family support center services to include the following: information and education on substance use, groups to assist families and caregivers in managing the stress and crises that can occur when a loved one is using substances, whole family support groups, grief recovery for those who have lost someone to substance use, and referrals to harm reduction, treatment, counseling, and recovery, as well as peer support services. These services will be offered in a non-clinical environment.

Strategy 4: Peer Supports for Opioid Treatment Programs

DHS will allocate \$5 million in settlement funds to expand peer support services into Opioid Treatment Programs. Opioid Treatment Programs will have the ability to apply for grant funding opportunities to train and employ peer supports who will enhance existing services. DHS continues to work on reimbursement for peer support services within the Medicaid system to enhance sustainability of these vital services. Until that occurs, these funds would establish a foundational service which will allow for an enhanced workforce, ultimately allowing for peer support workers to remain in place once services become Medicaid reimbursable in the future. We estimate this allocation would support approximately 75 peer support workers across Wisconsin's Opioid Treatment Programs and mobile units.

The Substance Abuse and Mental Health Services of America (SAMHSA) defines peer support workers as "people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse."²⁹

Research has shown that recovery is facilitated by social support.³⁰ Although the name given to this service activity varies from project to project, the terms 'mentoring' or 'coaching' refer to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen their recovery. Peer supporters assist peers with tasks such as setting recovery goals, developing recovery action plans, and supporting problem-solving skills directly related to recovery, including finding safe and stable housing, creating prosocial relationships, engaging in healthy leisure time activities, and job skill coaching. Peer supporters may also help with issues that arise in connection with collateral problems such as criminal justice system involvement or challenges related to physical and/or mental health. The relationship of the peer supporter to the peer receiving help is highly supportive rather than directive. The duration of the relationship between the two depends on several factors such as how much recovery time the peer has, how much other support the peer is receiving, or how quickly the peer's most pressing problems can be addressed.³¹ Encouraging successes are being found within programs utilizing peer support services. Through a series of ten studies, Reif et al³² completed a review of existing peer support services for individuals with substance use disorders. The studies demonstrated increased treatment retention, improved relationships with treatment providers and social supports, increased satisfaction, and reduced relapse rates.

²⁹ <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

³⁰ McLellan, A.T., Hagan, T.A., Levine, M., Gould, F., Meyers, K. and Bencivengo, M., et al. (1998). Research report: Supplemental social services improve outcomes in public addiction treatment. *Addiction*, 93(10), 1489-1499.

³¹ Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

³² Reif S, Braude L, Lyman DR, et al. Peer recovery support for individuals with substance use disorders: assessing the evidence. *Psychiatry Serv.* 2014;65(7):853–861.

Access and availability to quality, evidence-based treatment services, including medication assisted treatment (MAT) is a priority for DHS. DHS continues to support our recent grantees receiving funds to expand access to MAT services. For example, the Wisconsin Society on Addiction Medicine (WISAM) is working to establish telemedicine access and induction of buprenorphine products with the use of peer support and recovery coaching, multiple Opioid Treatment Programs are working with vendors to build mobile units able to provide access to previously unserved communities, several county jails are working to embed MAT services for the people in their care, and the Wisconsin Department of Corrections will provide MAT services to individuals receiving services at their Residential Services Programs throughout the state. Opioid Treatment Programs provide medication for opioid use disorder and patients receiving these medications also receive counseling³³ and other behavioral therapies to provide a whole-person approach. Allowing these new programs the time to begin implementation, establish data collection systems, and evaluate if their new efforts are resulting in their intended goals, provides an opportunity for DHS to strengthen and enhance the current MAT system in Wisconsin by establishing peer support services at Opioid Treatment Programs. DHS continues work on reimbursement for peer support services within the Medicaid system to enhance sustainability of these vital services.

³³ <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions#counseling-and-behavioral-therapies>

Strategy 5: Narcan® Direct Program: Sustain and Grow

DHS proposes using a total of \$3.5 million to support community partners distributing naloxone to people at risk for an overdose or people likely to witness an overdose, to support mail order access to naloxone for rural and indigenous communities, and to support law enforcement access to supplies for their use during an emergency or for distribution in communities.

Naloxone, commonly known by the brand name Narcan®, is a medication used to reverse opioid overdoses. In the fall of 2019, DHS established its Narcan® Direct Program which provides nasal spray naloxone under the brand name Narcan® to community agencies at no cost. These community agencies in turn distribute the naloxone to people at risk for an opioid overdose and those most likely to witness an overdose. Throughout 2023, DHS participated in a Learning Collaborative on 'Achieving Naloxone Saturation' hosted by SAMHSA. The opportunity allowed DHS access to national leadership and advisors, and it supported a planning process to ensure Wisconsin is saturated with naloxone. Additionally, the field of naloxone products has diversified; other naloxone products in addition to Narcan® have been approved by the Food and Drug Administration (FDA). This learning opportunity, the introduction of additional naloxone products, and the request from community partners to expand beyond Narcan® lead to DHS beginning to evolving the Narcan® Direct Program into the Naloxone Direct Program.

Funding to support community partners

DHS continues to see positive outcomes from the current Narcan® Direct Program. With more than 140 community agencies currently partnering with DHS, the access and availability to this life-saving medication is greater than ever. DHS will be convening a similar learning collaborative to the one they participated in with SAMHSA in 2024 to support local partners implementing this program. This capacity building and planning process will build on the solid foundation established across the state, which we hope will expand to cover all counties and tribes. The program has been sustained and grown using one-time funds via the federal government and previous settlement funding plans. In order to maintain the current program level, ongoing support from settlement funds is imperative. DHS proposes allocating \$2.25 million to support the community providers participating in the program; these funds will be braided with other funding sources to meet the full program needs. DHS partners for this program include county human service agencies, local public health departments, tribal health clinics, recovery community organizations, syringe service programs, and opioid treatment programs.

Funding to support mail order access

DHS has supported expanded access to Narcan®/naloxone through a statewide mail order program. The program focuses on increasing access of this life-saving medication among areas of the state lacking access to a physical Narcan® provider, including rural and indigenous communities. As of July 2023, the mail order program tracked sending Narcan® to 65 counties across Wisconsin. In the first few months of the program, November 2022 to July 2023, the program completed 1,040 orders for Narcan® and recorded at least 14 successful overdose reversals. Comments made from program participants articulating the importance of this increased access include, "There is one location in my county that distributes naloxone, and it is

difficult to get there during their hours of operation.” And “I live in a really small town and I’m having a tough time finding programs that help with that. I’m also around quite a few people who either have [overdosed] or will be; that’s why naloxone would really help me, to help them.” Lastly, this quote demonstrates the stigma that people accessing Narcan®/naloxone still face and that a mail order program addresses, “I live with a... family who believes drug abuse is the problem of the person who’s overdosing. It would be hard to pick it up without them questioning.”

Given the positive outcomes demonstrated by providing mail order access to overdose reversal medications, DHS proposes to sustain and grow this program provided by a community partner through the allocation of \$500,000.

Funding to sustain the DHS Law Enforcement Narcan®/Naloxone Direct Program

DHS has been able to support the Law Enforcement Narcan®/naloxone Direct Program for an additional year through the use of last year’s settlement funds. Allocating \$750,000 from this year’s plan will allow DHS to sustain the program for an additional year. In 2022, this program supported 133 law enforcement agencies statewide with free Narcan®. Agencies can use their supply when responding to a suspected overdose or providing it as a ‘leave behind’ resource.

Strategy 6: Test Strip Direct: Sustain and Grow

DHS proposes to use \$1 million to support and grow the Test Strip Program. Potentially harmful substances like fentanyl and xylazine can be mixed into a variety of drugs without people knowing it, raising the risks of overdose and other harms. Drug checking is a harm reduction practice in which people check to see if drugs contain certain substances. In Wisconsin, DHS began the Fentanyl Test Strip Direct Program in 2022 to provide fentanyl test strip kits to tribal nation health clinics, county health and human services departments, county and municipal health departments, and organizations that work with people who use drugs. Drugs mixed with fentanyl are the leading cause of opioid overdose deaths in Wisconsin. More than 90% of opioid overdose deaths in Wisconsin involved synthetic opioids; fentanyl is a synthetic opioid approved in the United States for managing severe pain and it is also manufactured and distributed through illicit sources.

As the drug supply continues to change, the variety of substances being mixed into a variety of drugs also continues to change. Xylazine, a non-opioid veterinary tranquilizer not approved for human use, has been linked to an increasing number of overdose deaths nationwide. Technological advances are attempting to keep up with the evolving drug supply; xylazine test strips are now being used in the same way fentanyl test strips are used to detect fentanyl. The Fentanyl Test Strip Program is evolving and responding to the changing landscape by providing fentanyl test strip kits, xylazine test strips, and any other test strips that may be developed.

Test strips (fentanyl and xylazine) are dipped into drug residue dissolved in water. Within minutes, a person can know whether the drug contains fentanyl or xylazine. A tiny amount of fentanyl – as little as two grains of salt – is enough to kill someone. The risks of using xylazine include sedation, difficulty breathing, dangerously low blood pressure, slowed heart rate, wounds that can become infected, severe withdrawal symptoms, and death.³⁴ With information from the test, a person can take steps to reduce their risk of an overdose and increase their safety and wellness.

³⁴ <https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html>

Strategy 7: Capital Projects for Recovery Housing: Sustain and Grow

DHS will allocate \$3 million in settlement funds to support capital projects that will support and expand recovery housing statewide. DHS anticipates being able to fund approximately 10 grants through a one-time funding opportunity. The competitive grant process will be based on demonstrated need, the expected number of people that will be served annually, demographics to be served, project readiness and anticipated completion date, and the scope of service to be provided.

Funding to support capital projects to expand prevention, harm reduction, treatment, and/or recovery services was included in the 2022 JFC approved opioid settlement funds plan. DHS received 40 applications and almost half of the applications DHS was unable to fund included construction or renovations specifically for recovery housing programs. Given the robust response from statewide partners and the specific need voiced for funds to support recovery housing, DHS is proposing \$3 million for recovery housing capital projects in this year's plan.

Recovery housing can be a critical asset in supporting an individual on their path of recovery, providing individuals a safe and stable place to live. "Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents including decreased substance use, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships."³⁵ A lack in recovery housing remains a critical need throughout nation and Wisconsin.

"Recovery housing is a recovery support service that was designed by persons in recovery specifically for those initiating and sustaining recovery from substance use issues. Founded on social model recovery principles, the recovery housing setting is the service. Recovery homes mindfully cultivate prosocial bonds, a sense of community, and a milieu that is recovery supportive unto itself. Recovery homes that focus on populations with higher needs often add peer recovery support services and other types of supports or actively link residents to recovery or clinical services in the community."³⁸

As part of the efforts to continue increasing access to services across the continuum of care throughout the state, there is a need for both new and updated recovery housing facilities across Wisconsin. DHS wants to remain responsive to the needs of its stakeholders and affected communities. In some cases, the need for services exists in areas of the state where there are no facilities available. If providers are not present, services are not available. In other cases, there is a demonstrable need to renovate existing facilities to modern standards to meet licensing requirements, service delivery requirements, and overall serve communities better. The utilization of settlement funds provides a rare and exceptional opportunity for DHS to physically build capacity and support providers in this effort.

³⁵ Substance Abuse and Mental Health Services Administration. Best Practices for Recovery Housing. Publication No. PEP23-10-00-002. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023.

DHS will prioritize applicants proposing to serve regions of the state currently lacking providers and expecting to serve populations disproportionately affected by the opioid epidemic. DHS will use several different data sets³⁶ and published reports, including "Preventing and treating harms of the opioid crisis: An assessment to identify geographic gaps in services, and a plan to address these gaps,"³⁷ to identify high need areas.

³⁶ Wisconsin Department of Health Services. Data Direct: Opioid Death Module. Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/opioids/deaths-county.htm>

³⁷ <https://www.dhs.wisconsin.gov/publications/p02605.pdf>

Strategy 8: Funding for Room and Board Costs for Residential Substance Use Disorder Treatment: Sustain and Grow

In an effort to continue to try and meet the need for this service, DHS plans to allocate \$2.5 million in settlement funds to cover room and board costs for Medicaid members accessing the residential SUD benefit. Since the federal government does not allow Medicaid to cover room and board costs, this funding fills the existing gap in residential SUD treatment. In 2023, DHS provided \$2.5 million in opioid settlement funds to all 49 applicants, including 43 counties and six tribal nations in Wisconsin. As done previously, these funds will be made available to counties and tribes who then will negotiate rates with residential SUD providers and reimburse them for room and board costs.

Beginning in February 2021, the Medicaid program provides coverage for residential treatment for substance use when medically necessary, as determined by the acuity of the patient's substance use disorder as well as the stability and supports available to them outside of a residential facility. Facilities that provide residential treatment must be licensed by DHS as either a transitional residential treatment service or a medically monitored treatment service. A transitional residential treatment service is defined as a clinically supervised, peer-supported, therapeutic environment with clinical involvement providing substance abuse treatment in the form of counseling for 3-to-11 hours per week. A medically monitored treatment service is defined as a 24-hour service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week.

Patients require residential substance use disorder (SUD) treatment when they have a severe or complex substance use disorder, often with co-occurring conditions such as psychiatric disorders or unstable housing. These patients are at high risk of immediate relapse, continued use, harm to themselves or others, and in some cases death, unless they receive residential SUD treatment. Patients experiencing physiological withdrawal symptoms or other acute medical conditions require monitored detoxification treatment in an inpatient hospital setting before they can be safely discharged to a residential SUD treatment facility.

Low-intensity patients typically require 2-to-6 weeks of care while high-intensity patients typically receive 4-to-13 weeks of care before they can be discharged. Discharge decisions are based on clinical evaluation of a patient and their unique circumstances. Medicaid coverage policy allows members to receive care as long as is medically necessary.

Medicaid provides residential SUD treatment under two separate circumstances, as part of comprehensive community services (CCS) or under the current Medicaid benefit program. Some Medicaid beneficiaries have been able to access residential treatment since May 1, 2017, as part of the CCS benefit. CCS gives counties the option to offer a variety of psychosocial rehabilitation and support services as Medicaid benefits. The new benefit expanded the range of eligible providers and covered Medicaid recipients who are not enrolled in a county CCS program.

Consequently, under current policy, Medicaid provides coverage only for the treatment costs of residential SUD care. Federal law excludes residential room and board costs from eligibility for

federal matching funds, except in the case of inpatient hospital care. Medicaid patients must pay their own room and board costs, unless a county program or charitable organization provides funding.

Many residential treatment providers are reluctant to accept Medicaid patients given the current lack of a consistent source of funding for room and board. Providers have expressed that doing so would be financially unsustainable. The facilities that accept Medicaid patients frequently have waitlists, typically around two weeks in length. County officials indicate that this delay poses a significant barrier for some patients; severe substance use disorders often prevent patients from remaining ready and committed to receiving care for the duration of the waiting period. Removing this financial barrier will increase availability and access to this crucial component of care.

Strategy 9: **EMS Leave Behind Program: Sustain and Grow**

DHS is proposing to use \$1.5 million of this year's plan to sustain the current EMS Leave Behind Programs and expand to additional sites willing to implement the program. These funds will support the purchase of overdose prevention tools and resources distributed as a part of Leave Behind Programming.

Increasing access to overdose prevention tools, including naloxone and drug checking supplies, is an essential component to reducing overdoses and overdose deaths in Wisconsin. Emergency medical service (EMS) providers across the country and within Wisconsin have instituted public safety-based Leave Behind Programs. Leave Behind Programs allow EMS professionals to distribute, or "leave behind," overdose prevention tools and resources at the scene of care, or after transport to a hospital, with the patient and/or their social networks (family, friends, roommates, etc.). This model presents an innovative opportunity to expand access to life-saving tools for individuals at high risk for overdose and death. In 2023 DHS utilized settlement funds to support 21 EMS agencies across the state with funds for the overdose prevention tools and resources distributed as part of a Leave Behind Program.

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

Strategy 10: **Public Health Vending Machines: Sustain and Grow**

DHS previously awarded 28 agencies across Wisconsin with settlement funds to install and stock PHVMs in their communities. Items used to stock PHVM are consumable products that need to be replenished. DHS will allocate \$1 million in settlement funds to current PHVM grantees to sustain supplies for the installed machines. Funding will support overdose prevention materials including naloxone/Narcan®, fentanyl test strips, etc. Funding is also allowed for packaging items for placement in the machines and for printing resource and promotional materials.

Many Wisconsinites do not seek assistance or services for their drug use due to existing stigma and fear of being recognized, shamed, judged, and/or arrested. Public Health Vending Machines (PHVMs) seek to address those barriers by providing Wisconsinites safe, confidential access to harm reduction supplies through no-cost, stigma-free preventative health and wellness services.

Early evaluation efforts demonstrate PHVMs effectiveness in engaging young people who use drugs and have not previously engaged in harm reduction or recovery services. Implementation of PHVMs is also associated with reductions in syringe sharing, communicable disease in relation to drug use, as well as overdose mortality.³⁸ Studies also suggest PHVMs can improve access to harm reduction resources for hard-to-reach people who use drugs, including younger people, people newer to drug use, persons who use drugs less frequently, and persons with poor linkage to social services.³⁹ These machines increase access to public health and wellness supplies outside of traditional service providers' hours of operation and in locations previously not providing harm reduction tools. PHVMs are practical and require less resources than a brick-and-mortar based program with paid staff.

³⁸ Arendt, D. (2023). Expanding the accessibility of harm reduction services in the United States: Measuring the impact of an automated harm reduction dispensing machine. *Journal of the American Pharmacists Association*, 63(1), 309–316. [Expanding the accessibility of harm reduction services in the United States: Measuring the impact of an automated harm reduction dispensing machine - PubMed \(nih.gov\)](#)

³⁹ Allen, S.T., Reid, M., Whaley, S. (2024) Harm Reduction Vending Machines: What are they and do they work? John Hopkins Bloomberg School of Public Health. [Harm Reduction Vending Machines: What are they and do they work? - Opioid Principles \(jhsph.edu\)](#)

Strategy 11: Law Enforcement Opioid Abatement (Medications for Opioid Use Disorder & Diversion Programming): Sustain and Grow

The previous funding allocated by the Joint Committee on Finance increased vital services to vulnerable populations across the state while building collaborative relationships with law enforcement. DHS will allocate \$1 million in settlement funds to sustain agencies providing medications for opioid use disorder in jails and diversion programming. Based on the accomplishments, ongoing needs and other relevant metrics provided from the first-round grantees, DHS may consider using these funds to expand programs demonstrating positive outcomes. We recognize the importance for these services to remain available to these communities who made investments and also to provide opportunities for law enforcement to expand services in these areas.

Law enforcement plays a vital role in addressing the opioid epidemic in Wisconsin communities. In FY23, DHS provided grant funding opportunities for law enforcement agencies across the state to support their efforts in two strategies: medication-assisted treatment providing three forms of Medications for Opioid Use Disorders (MOUD), as well as diversion and deflection programming for people with an opioid use disorder. Since FY23 and through two rounds of grant opportunities, twelve tribal nation, county, and municipal law enforcement agencies have received grants for projects to prevent and reduce the dangers of opioid use. The projects include community drug disposal systems; programs that keep people with an opioid use disorder out of jail; education and training for staff on the medications for opioid use disorder, including how the medications are used as part of a treatment program; and treatment for jail residents with an opioid use disorder. A community of practice for jails providing MOUD will be provided by the Substance Abuse and Mental Health Services' funded Addiction Technology Transfer Center beginning in Spring 2024 to provide support to these agencies as they begin offering MOUD in their facilities. This effort along with provision of community education regarding general Law Enforcement Opioid Abatement will promote increased awareness and willingness of agencies to participate in the future.

Strategy 12: **Data Collection & Surveillance System Enhancements**

DHS will allocate \$1.5 million in settlement funds towards enhancements to data collection and surveillance systems related to substance misuse. Decisions about substance use funding and programming at the state and at the local level should be driven by data. DHS strives for data-driven decision making with all funding opportunities.

Since 2021, synthetic opioids alone or mixed with other substances have driven the rate of overdose deaths⁴⁰ and the overdose crisis continues to evolve nationwide.⁴¹ Enhanced data collection and surveillance systems will collect, format, analyze, and disseminate information regarding substance misuse, to include data related to opioids and stimulants. The system will be able to track and report on specific data including but not limited to, hospitalizations, ambulance services, and deaths related to substance misuse. An example of strategies which could be supported include those towards establishment of an opioid and methamphetamine public-facing data system to fulfill the expectations of 2021 Wisconsin Act 181.

⁴⁰ Wisconsin Department of Health Services. Vital Records Death Certificate Data.

⁴¹ Center for Disease Control and Prevention. Provisional Drug Overdose Death Counts. Accessed January 25, 2024. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>