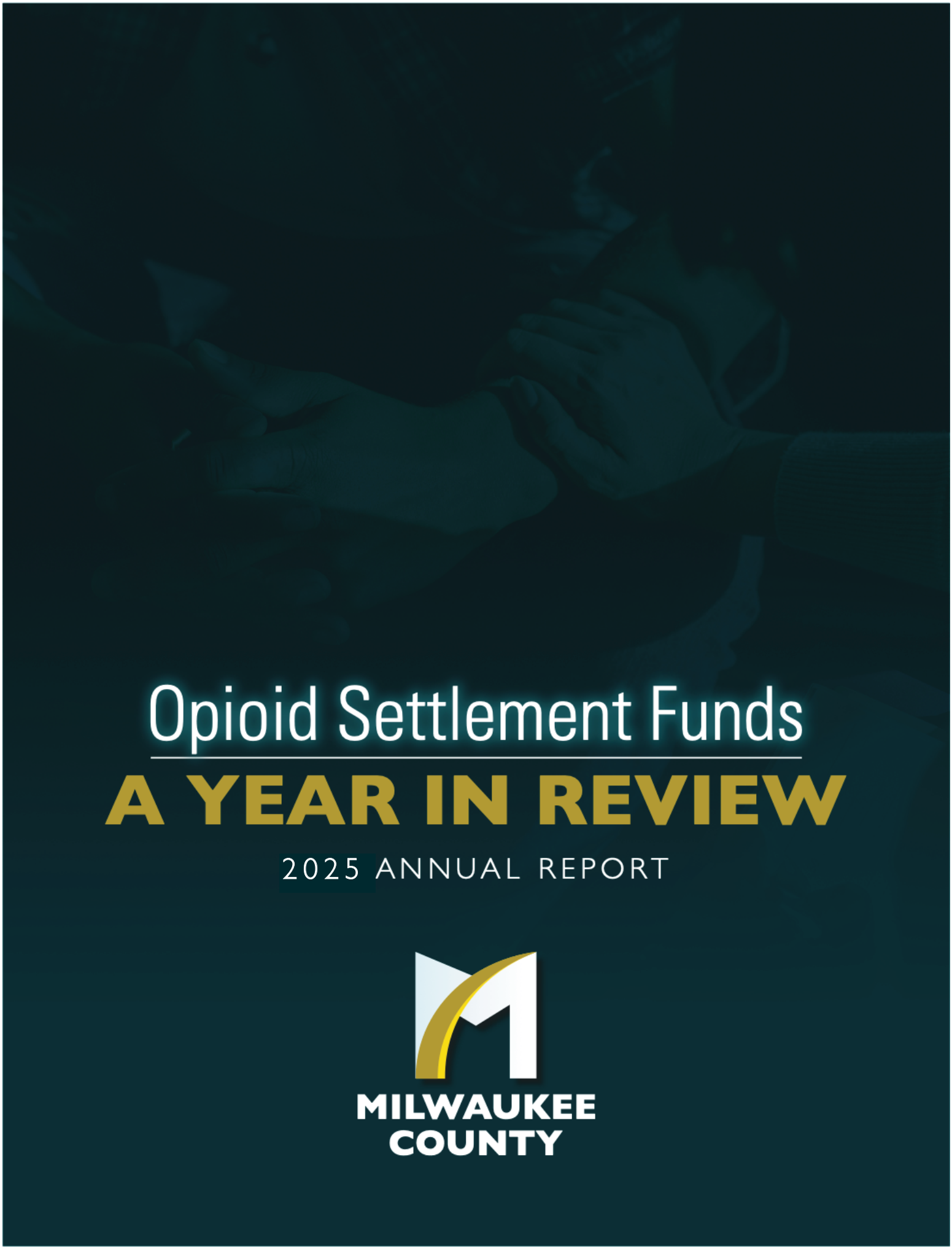

Opioid Settlement Funds

A YEAR IN REVIEW

2025 ANNUAL REPORT

MILWAUKEE COUNTY

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Executive Summary

Milwaukee County continues to advance a coordinated, data-informed response to the opioid crisis through strategic investment of Opioid Settlement Funds. These investments build on an established system of care and are designed to address the full continuum of needs, including prevention, harm reduction, treatment, and recovery supports.

Opioid overdose deaths in Milwaukee County declined 22.7% between 2024 and 2025, reflecting a shift in trends observed both locally and nationally. While no single factor can fully explain this change, research and emerging practice suggest that increased access to naloxone, expanded availability of medication-assisted treatment, targeted outreach to individuals at highest risk, and coordinated, data-driven public health responses are contributing to this change. Milwaukee County's investments are closely aligned with these evidence-based strategies.

Since 2023, Milwaukee County has authorized $34,164,366 in Opioid Settlement Funds across three cohorts, which represent 29 projects led by four departments. These investments reflect a comprehensive approach that prioritizes immediate, life-saving interventions while also strengthening long-term system capacity.

Milwaukee County has established a structured and transparent process to guide the allocation of settlement funds. This process incorporates data analysis, community engagement, and cross-sector collaboration to identify priorities and ensure that investments align with local needs and approved opioid abatement strategies.

Early implementation efforts are demonstrating measurable progress across multiple areas:

- More than **7,000 individuals received support through Mobile Integrated Health programs**. Nearly **200 individuals received medication-assisted treatment while incarcerated**, with **97% connected to ongoing care** after release and **zero overdose deaths** reported post-release in 2025
- More than **2,900 naloxone kits and tens of thousands of harm reduction supplies** were distributed across Milwaukee County to support overdose prevention
- Prevention and outreach efforts reached **tens of thousands of residents**, including more than **11,500 older adults, through targeted engagement strategies**
- New data tools, including a public overdose dashboard and predictive modeling, are improving real-time response, transparency, and cross-system coordination

BY THE NUMBERS

$34,164,366
Amount of OSF Allocated

$16,291,091
Amount spent through 2025

29
Number of OSF projects

4
Number of departments with OSF projects

3
Cohorts of the projects funded

These efforts are supported by strong partnerships across Milwaukee County departments, healthcare providers, community-based organizations, and individuals with lived experience, helping to build a more responsive and coordinated system of care. At the same time, the opioid crisis continues to present complex and evolving challenges.

Milwaukee County remains committed to transparency, accountability, and continuous improvement in the use of Opioid Settlement Funds. By aligning investments with evidence-based strategies, engaging community partners, and using data to guide decision-making, the County will continue strengthening its response to the opioid crisis and expanding access to services and supports for residents impacted by substance use disorder.

Through sustained investment and collaboration, Milwaukee County will continue working to reduce overdose deaths, expand access to services, and support long-term recovery for residents impacted by substance use disorder.

Milwaukee County Opioid Settlement Funds

Milwaukee County faces a public health emergency that has devastated families, overwhelmed services, and disproportionately affected communities of color: the opioid epidemic. In response, the County has committed to turning its historic $111 million opioid settlement into a catalyst for recovery, healing, and prevention. By focusing resources where they are needed most, treatment, harm reduction, and long-term prevention, Milwaukee County aims to reverse the trajectory of opioid-related harm and build a healthier, more equitable future.

Opioid Epidemic Background

The opioid epidemic in the United States has evolved over several decades, beginning in the late 1990s with a significant increase in opioid prescribing following the approval and widespread use of prescription pain medications. In 2011, the Centers for Disease Control and Prevention (CDC) formally declared prescription opioid overdose deaths an epidemic. Since then, the crisis has continued to intensify, with more than half a million lives lost nationwide since the federal public health emergency declaration in 2017. In recent years, the epidemic has shifted from prescription opioids and heroin to illicit synthetic opioids, particularly fentanyl, which is significantly more potent and has contributed to a sharp increase in overdose deaths.

Beginning in mid-2023, overdose deaths began to decline both nationally and locally. While rates remain above pre-pandemic levels, this shift represents a meaningful change in trajectory.

Chart A below illustrates trends in opioid overdose death rates over time in Milwaukee County compared to the State of Wisconsin.

EPIDEMIC TIMELINE

1995: Purdue Pharma introduces OxyContin, a powerful opioid painkiller, to the market.

1999: Rise in prescription opioid overdose deaths.

2010: Rapid increases in overdose deaths involving heroin. Heroin use rose as individuals addicted to and chemically dependent on prescription opioids sought an affordable and accessible substitute.

2013: Overdose deaths involving synthetic opioids increased significantly, particularly with Fentanyl, due to its ease and cost of production, trafficking advantages, and higher potency.

2017: Fentanyl is now the deadliest opioid in the illicit drug supply, responsible for 96% of overdose deaths in Milwaukee County.

2023: Milwaukee County allocates its first cohort of Opioid Settlement Fund projects.

Opioid related deaths decline nationally and at the state and local levels.

Opioid Settlements

In response to the opioid epidemic, state and local governments across the country filed lawsuits against opioid manufacturers, distributors, and pharmacies, alleging violations of the federal Controlled Substances Act and related laws governing the distribution and marketing of opioid medications. Beginning in 2021, a series of nationwide settlement agreements were reached with major industry participants, including distributors, manufacturers, and pharmacies, including the three largest. In 2025, the Wisconsin Department of Justice announced a settlement reached with Purdue Pharma and its owners, the Sackler family.

The Milwaukee County Board of Supervisors authorized the Office of Corporation Counsel to enter into these settlement agreements on behalf of the County. As a result of these actions, **Milwaukee County is expected to receive more than $111 million over an 18-year period**, after attorney fees. This represents the largest financial

recovery in Wisconsin history by any local government and presents a significant opportunity to invest in long-term strategies to address the opioid crisis.

Settlement funds are required to be used for opioid abatement activities, including prevention, harm reduction, treatment, and recovery efforts. Milwaukee County has established a structured and transparent process to allocate these funds in alignment with evidence-based practices and community priorities.

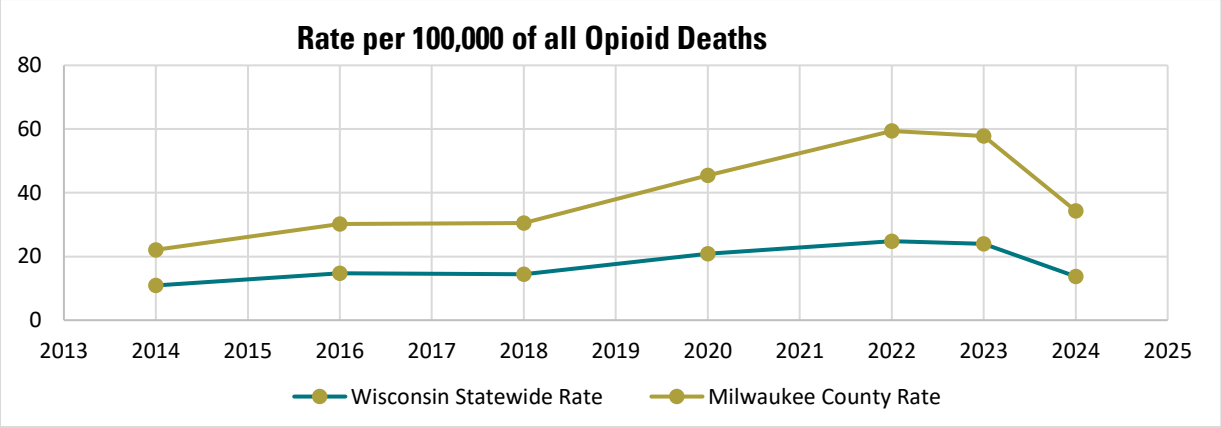
The following table summarizes opioid settlement funding allocated to Milwaukee County, including both finalized and anticipated agreements.

Table A: Summary of Opioid Settlement Awards as of December 31, 2025

Settlement	Wisconsin Total	Milwaukee County Total	Milwaukee County Net (after attorney fees)
First Settlement (Distributors and Manufacturers)	$420 million	$71 million	$57.3 million
Second Settlement (Pharmacies)	$321 million	$56.7 million	$50 million
Third Settlement (Kroger)	$21.7 million	$3 million	$2.4 million
Additional Settlements	N/A	N/A	$1.8 million
Remnant Defendants Settlement	TBD	TBD	TBD
Secondary Manufacturers	TBD	TBD	TBD
Purdue/Sackler	$80 million	TBD	TBD
		Total (Net to Milwaukee County)	**$111.5 million**

As shown in Table A, opioid overdose death rates in Milwaukee County **increased significantly between 2014 and 2022, followed by a notable decline in 2023 and a more substantial decrease in 2024**. While this trend is encouraging, Milwaukee County's rate remains higher than the statewide average, underscoring the continued need for targeted and sustained intervention.

Chart A: Rate per 100,000 of all Opioid Deaths[1]



[1] https://www.dhs.wisconsin.gov/opioids/deaths-county.htm

While no single factor can fully explain the recent decline in overdose deaths, research and emerging practice consistently point to four contributing strategies. Milwaukee County's Opioid Settlement Fund investments are aligned with each one.

Evidence-Based Strategy	Milwaukee County Investment
Increased access to Naloxone and harm reduction supply distribution	Countywide naloxone and harm reduction distribution efforts: ▪ 75,000+ prevention and harm reduction supplies distributed through community-based events ▪ 2,900+ naloxone kits were distributed throughout the community ▪ 25,000+ harm reduction kits distributed through vending machines ▪ 19 harm reduction vending machines deployed across Milwaukee County
Expanded availability of medication-assisted treatment	Expansion of treatment access for individuals with opioid use disorder: ▪ 197 Individuals received MAT while incarcerated ▪ Buprenorphine to all MED units within the Milwaukee County EMS
Targeted outreach to individuals at the highest risk	▪ Multiple projects focused on older adults and justice-involved (youth and adults) ▪ More than 11,500 older adults were engaged through targeted outreach, education, and community events
Coordinated data-informed public health responses	Expanded use of data systems and cross-agency coordination to guide decisions: ▪ 12 data dashboards were developed to track overdose trends and inform response strategies ▪ Public overdose dashboard reached 2,800+ users and over 5,000 views ▪ Medical Examiner capacity improvements reduce the death investigation timeline from 124 days to 49 days ▪ 2,200+ toxicology screening and 500+ overdose-related death investigations conducted to support surveillance and prevention

Milwaukee County will continue to monitor the drug supply and its impact on neighborhoods and populations as disparities in overdoses persist across communities. Sustained investment, cross-sector coordination, and ongoing community engagement will be essential to maintaining progress and ensuring that all residents have access to the resources and support needed to prevent overdose and support recovery.

While these settlement funds represent a significant new investment, Milwaukee County has long maintained a comprehensive system of care to address substance use disorder.

Existing System of Care

For more than two decades, Milwaukee County has prioritized addressing substance use disorder through a comprehensive system of care. The Department of Health and Human Services (DHHS), through its Behavioral Health Services Area, operates the Community Access to Recovery Services (CARS) program, which serves as the central access point for substance use services in Milwaukee County.

The CARS system provides a full continuum of care, including prevention services, detoxification, assessments, care coordination, connections to community-based services, bed-based services such as transitional residential treatment and bridge housing, as well as ongoing treatment and recovery supports. This system is designed to meet individuals where they are and support long-term recovery through coordinated, person-centered care.

In 2025, Milwaukee County invested approximately **$15.7 million in alcohol and drug addiction services through the CARS service area**. Of this nearly $16 million, almost $12 million comes from grants and $4 million comes from tax levy. While this existing system provides a strong foundation, demand for services continues to exceed available resources, and gaps remain across prevention, harm reduction, treatment, and recovery supports.

REMEDIATION CATEGORIES

Treatment. Services to treat opioid use disorder and any co-occurring substance use disorder or mental health condition through evidence-based or evidence-informed programs or strategies.

Prevention. Services related to the primary, secondary, or tertiary prevention of opioid use disorder in children, youth, or adults.

Harm Reduction. Services that reduce opioid-related problems and improve quality of life without primarily emphasizing sobriety or a reduction in use.

Other Strategies. Activities related to research, training, evidence-based data collection, opioid crisis surveillance, and analysis of abatement strategies.

Opioid Settlement Funds are intended to supplement, not replace, existing funding. These resources provide an opportunity to strategically address gaps in the system, expand capacity, and enhance services for individuals and communities most impacted by the opioid epidemic. This approach allows Milwaukee County to build on existing infrastructure while accelerating efforts to respond to emerging trends and community needs.

"My administration continues to strategically invest opioid settlement dollars in innovative, community-driven approaches to prevention, harm reduction, treatment, and recovery. While there is still more work ahead, these investments are helping expand services, reduce overdoses, and build a stronger, more responsive system of care across Milwaukee County."

Milwaukee County Executive David Crowley

Strategic Planning

Milwaukee County's approach to addressing the opioid crisis is grounded in data, community engagement, and evidence-based practices. In 2023, the Office of Strategy, Budget, and Performance (SBP) convened internal department experts, public health partners, and the Medical College of Wisconsin to develop a five-year strategy for Opioid Settlement Fund investments. This strategy provides a structured framework to guide decision-making and ensure alignment across departments and initiatives.

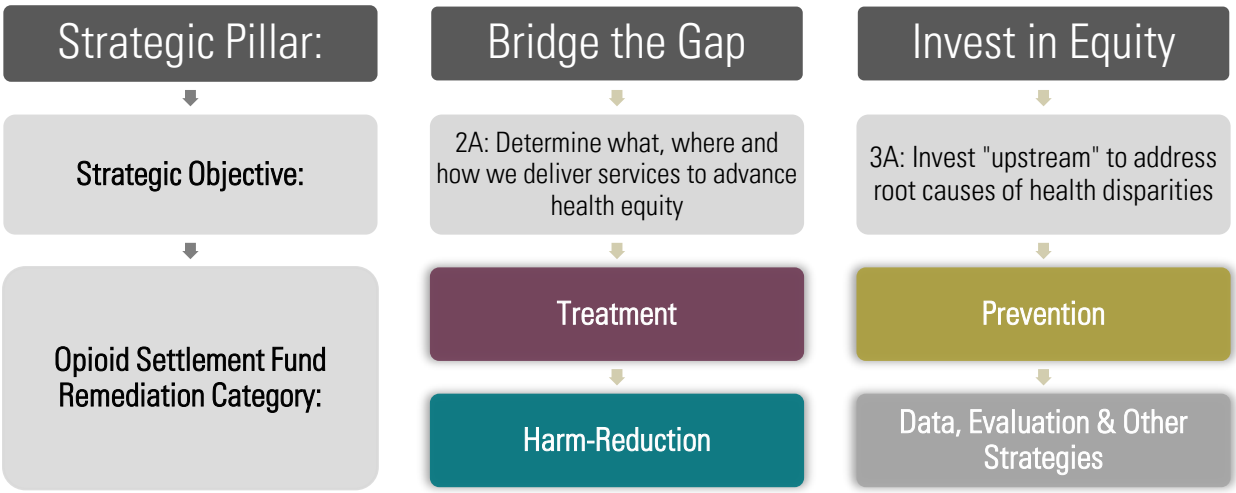
During annual allocation periods, Milwaukee County departments develop proposals and cross-sector collaborations that align with and advance the County's strategic priorities. This approach ensures that investments are coordinated, data-informed, and responsive to evolving community needs.

Alignment with Milwaukee County Strategic Objectives

Opioid Settlement Fund investments are aligned with Milwaukee County's broader strategic objectives, particularly those focused on Bridging the Gap and Investing in Equity (Diagram A). These priorities guide both upstream

population health strategies and downstream service delivery approaches, ensuring a comprehensive and equitable response to the opioid crisis.

Diagram A: Milwaukee County Strategic Objectives



Guiding Principles

Milwaukee County funds proposals from departments and partners that reflect the following guiding principles. These principles are embedded in the proposal review process and guide project design and implementation:

- **Supplement Existing and Evidence-Based Programs**
  Dedicate funds to enhance programs with a proven track record locally or those identified as promising practices nationally.
- **Fill Service Gaps**
  Invest across the continuum of care where existing services are insufficient or where data indicates unmet need.
- **Align with County Strategy**
  Ensure program goals advance efforts to Bridge the Gap and Invest in Equity through both upstream (population health) and downstream ("No Wrong Door") approaches.
- **Address Racial and Ethnic Inequities**
  Prioritize investments that address disparities exacerbated by the opioid epidemic.
- **Prioritize Data and Program Evaluation**
  Track and analyze program data to understand impact, support continuous improvement, and inform decision-making.
- **Build Capacity**
  Strengthen both the County's internal capacity and the capacity of community-based organizations to implement and sustain effective programs.
- **Support Short- and Long-Term Interventions**
  Balance investments across remediation categories to address immediate needs while shifting resources toward prevention over time.
- **Promote Partnerships**
  Collaborate with public and private partners to maximize impact and avoid duplication of services.
- **Engage Community**
  Prioritize strategies informed by individuals with lived and living experience.
- **Consider the Broader Ecosystem**
  Support the well-being of children, families, and communities impacted by substance use.

Settlement Fund Five-Year Goal (2023-2028)

Through the Opioid Settlement Fund, over the next five years, Milwaukee County will reduce fatal and non-fatal drug incidents in Milwaukee County, with no disparities across race/ethnicity.

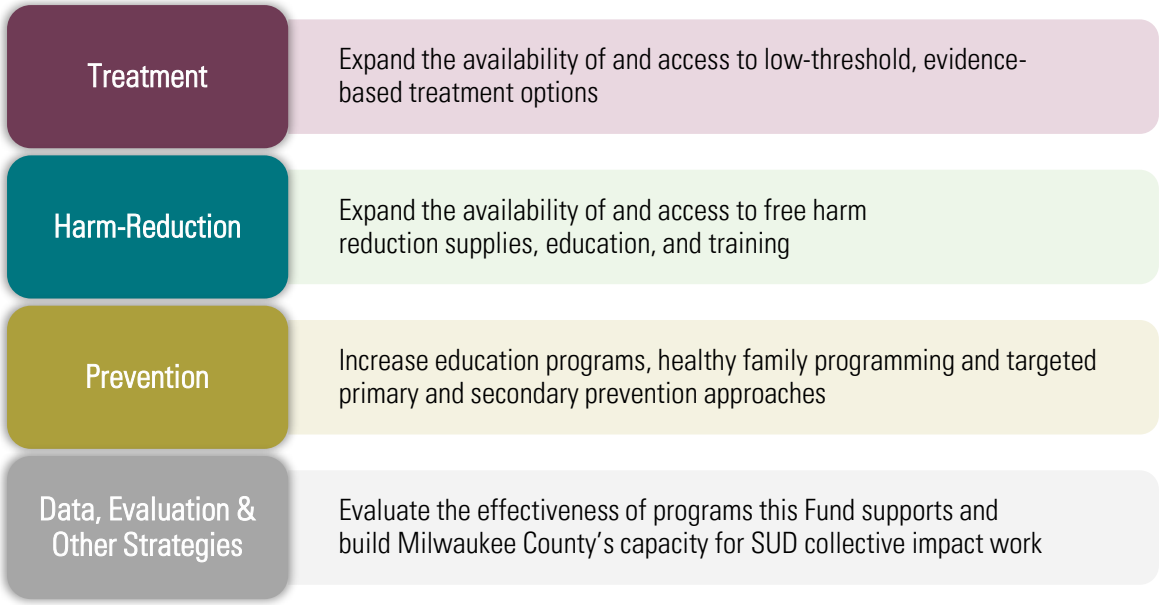
Allowable Uses

Settlement guidance allows opioid settlement funds to address the crisis's multifaceted challenges, including addiction treatment, recovery services, and initiatives aimed at preventing opioid misuse. Settlement guidance also emphasizes the importance of allocating resources to address the social and economic impacts of opioid addiction. Milwaukee County used this guidance to develop a strategy and allocation process ensuring funds are used effectively to address the root causes of the crisis and mitigate its widespread consequences.

Remediation Category Objectives

To achieve this five-year goal, Milwaukee County will invest across the four remediation categories to achieve the following outcomes, with a focus on historically underserved areas and populations. This will ensure that projects are funded based on their alignment to a set of common objectives (Diagram B).

Diagram B: Milwaukee County Remediation Category Objectives



Projects funded within each category are required to demonstrate measurable outputs and outcomes using logic models. These models support ongoing evaluation and accountability, while annual reporting highlights both individual project performance and the collective impact of investments across categories.

Fund Allocation Process

Milwaukee County has established a structured, multi-phase process to guide the allocation of Opioid Settlement Funds. This process was launched in 2022, when the Office of Strategy, Budget and Performance (SBP) convened

County departments, public health partners, and community stakeholders to develop an allocation framework designed to address the opioid crisis holistically.

The allocation process was informed by prior planning efforts, including recommendations from the 2018 City-County Heroin, Opioid, and Cocaine Task Force and insights gathered through statewide listening sessions conducted by the Wisconsin Department of Health Services. These inputs, combined with local data and community engagement, helped shape a framework that prioritizes both immediate and long-term strategies.

In the early years of funding, Milwaukee County prioritized investments in treatment and harm reduction to address urgent community needs. As the system continues to stabilize, the strategy includes a planned shift toward increased investment in prevention and long-term systems change.

Milwaukee County departments are invited to submit proposals during each allocation cycle. Proposals are developed by service areas and informed by department-led community engagement. Each proposal includes a detailed description of the project design, target population, goals, supporting evidence, and plans for evaluation and sustainability.

Proposals are reviewed through a collaborative and transparent evaluation process. An expert review panel scores each proposal using a standardized rubric that assesses quality, feasibility, equity, and alignment with strategic priorities. The panel includes representatives from community organizations, individuals with lived experience, public health partners, academic institutions, and County departments. The Office of Strategy, Budget and Performance works closely with departments to strengthen proposals throughout the review process.

Final funding recommendations are developed based on panel scoring and subject matter expertise and are presented to the County Executive for approval. The Milwaukee County Board of Supervisors then reviews and authorizes funding allocations prior to implementation.

This structured approach ensures that funding decisions are consistent, transparent, and aligned with Milwaukee County's long-term strategy to address the opioid crisis.

2025 Allocation Timeline (Cohort Three)

Milwaukee County continues to apply this structured approach in subsequent funding cycles. The following timeline outlines the process used for Cohort Three funding, supporting fiscal years 2026 through 2028.

Proposal Phase: Milwaukee County service areas developed and submitted proposals, including both multi-year programmatic expenses and one-time investments in equipment, technology, and capital improvements.

Review Phase: An eight-member review panel, composed primarily of community stakeholders and County subject-matter experts, evaluated proposals against established criteria. This process emphasized equity, impact, and alignment with strategic priorities. The Office of Strategy, Budget and Performance partnered with departments to refine proposals, which were also reviewed by subject matter experts in chemical dependency, treatment, and research to inform final recommendations.

Approval Phase: Projects recommended for funding were presented to the County Executive for approval. The Milwaukee County Board of Supervisors then reviewed and authorized funding for seven projects totaling $9.1 million. Implementation began following formal approval.

Cohort Results to Date

Through this process, **Milwaukee County funded fifteen projects in Cohort One, totaling $16.5 million, and seven projects in Cohort Two, totaling $8.5 million**. These projects were led by multiple departments, including the Department of Health and Human Services, the Office of Emergency Management, the Medical Examiner's Office, and the Milwaukee County Sheriff's Office.

Approved Allocations for Cohort Three

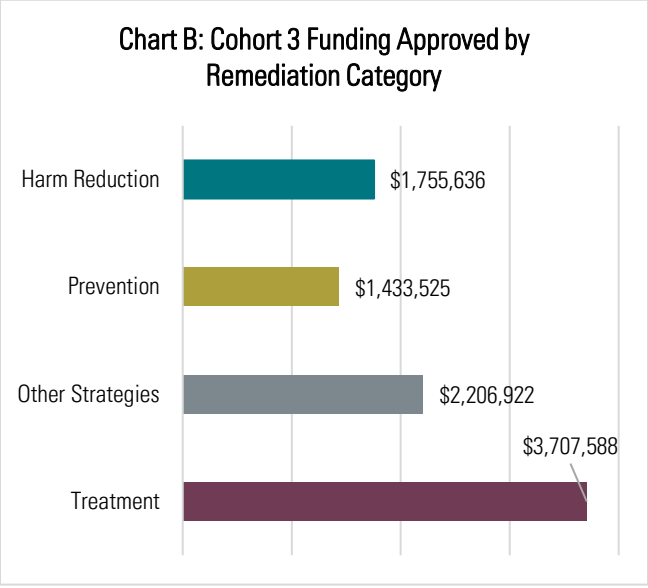
A total of $9,103,671 was authorized for spending across seven projects for fiscal years 2026 through 2028. These projects are led by three departments and continue investments initiated in Cohort One, reflecting Milwaukee County's strategy to scale and sustain effective programs.

Cohort Three funding is distributed across all four remediation categories, reflecting a balanced approach to addressing the opioid crisis (Chart B). The majority of Cohort Three funding supports treatment and harm reduction, reflecting a focus on immediate, life-saving interventions (Chart C). This aligns with Milwaukee County's strategic focus on stabilizing the crisis through immediate, life-saving interventions while continuing to invest in prevention and long-term system change.

The Department of Health and Human Services received the majority of funding, accounting for nearly 60% of total allocations. As the County's primary provider of substance use services, DHHS is uniquely positioned to identify service gaps, leverage additional funding sources, and implement equitable strategies to expand access to care for individuals with opioid use disorder.

Table B and Charts B and C summarize Cohort Three projects by department and funding allocation, illustrating how Milwaukee County continues to target resources to address critical service gaps and advance equity-focused goals.

Cohort Three investments reflect a continued focus on stabilizing the crisis while maintaining investment across the full continuum of care.



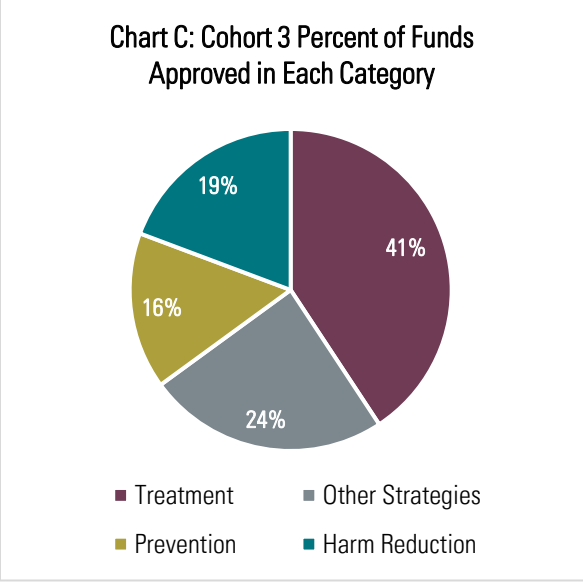


Table B: Cohort Three Projects Receiving Opioid Funds

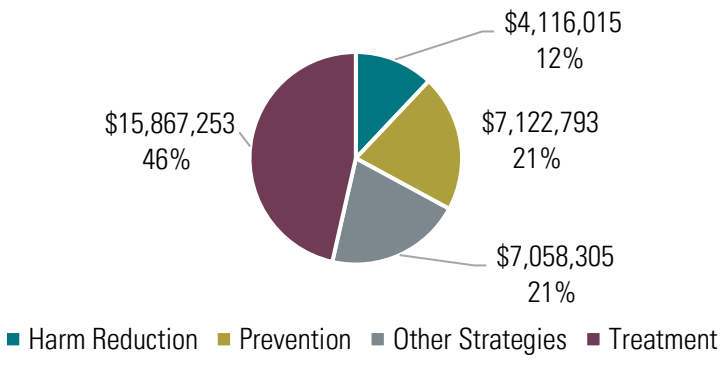
Project Title	Remediation Category	Lead Department	Total Project Amount
Community Regranting	Treatment	Health and Human Services	$2.295,087
Medical Examiner Staffing Renewal	Other Strategies	Medical Examiner	$1,755,636
Harm Reduction Supplies	Harm Reduction	Health and Human Services	$1,719,145
Substance Use Disorder System	Treatment	Health and Human Services	$1,412,501
Aging and Disabilities Service Opioid Prevention Project	Prevention	Health and Human Services	$1,018,341
Harm Reduction Data Analytics	Harm Reduction	Office of Emergency Management	$487,777
Prevention Integration	Prevention	Health and Human Services	$415,184
		Total Allocation for FY26-28	$9,103,671

Continuing investments in previously funded projects allows Milwaukee County to build on demonstrated success and maintain continuity of services.

Summary of Allocations for Cohorts One (FY23-25), Two (FY24-26), and Three (FY26-28)

Milwaukee County has now allocated Opioid Settlement Funds across three funding cohorts. In total, $34,164,366 has been authorized for spending across 29 projects, led by four departments. Projects span all remediation categories, as demonstrated in Chart D.

Chart D: Amount and Percent of Approved Projects in Each Remediation Category



Together, these three cohorts represent a comprehensive investment strategy that balances immediate service needs with long-term system development. The first cohort established a foundation of critical services, while the second and third cohorts expanded treatment capacity, strengthened harm reduction efforts, and introduced more targeted and innovative approaches.

Treatment, harm reduction, and other strategic investments comprise the largest share of funded projects, reflecting the County's prioritization of urgent, life-saving interventions. Prevention investments, while fewer in number, are expected to increase in future funding

cycles as system capacity stabilizes and expands. While projects were categorized into their most evident remediation category, many cover more than one.

The Department of Health and Human Services received the largest share of funding, followed by the Office of Emergency Management. This distribution reflects both departmental expertise and the County's strategy to deploy resources through systems capable of implementing evidence-informed interventions at scale.

Table C provides a comprehensive list of funded projects across all three cohorts.

Together, these investments demonstrate Milwaukee County's commitment to scaling effective programs, strengthening system capacity, and sustaining progress over time.

Table C: Summary of Cohort One, Two, and Three Projects by Remediation Category

Treatment				
Project	**Department Leader**	**Cohort One Approved Budget**	**Cohort Two Approved Budget**	**Cohort Three Approved Budget**
Substance Use Disorder System Enhancement	Health & Human Services	$2,565,352	$2,565,352	$1,412,501
Medication Assisted Treatment - Behind the Walls	Health & Human Services	$2,514,909		
Filling Gaps in Community Paramedic Coverage	Emergency Management		$2,373,988	
Residential Substance Abuse Treatment Capacity	Health & Human Services	$1,071,140		
PATH: Pre/Post Incarceration Access to Treatment and Healing	Emergency Management		$1,066,966	
Strengthening Opioid and Substance Use Education and Treatment for Justice-Involved Youth	Health & Human Services	$799,190		
Opioid Treatment in the Prehospital Environment	Emergency Management	$536,550		
Homeless Outreach Project	Health & Human Services	$481,570		
Harm Reduction				
Project	**Department Leader**	**Cohort One Approved Budget**	**Cohort Two Approved Budget**	**Cohort Three Approved Budget**
Opioid Educator	Emergency Management	$407,798		
Respite Build-Out – Dedicated Harm Reduction Beds	Health & Human Services		$426,000	
Harm Reduction Supplies	Health & Human Services	$910,889		$1,719,145
CORE Team	Emergency Management	$97,906		
Narcan Deployment and Education	Sheriff's Office	$66,500		

Prevention				
Project	Department Leader	Cohort One Approved Budget	Cohort Two Approved Budget	Cohort Three Approved Budget
Coordination of Opioid Prevention Services Project	Health & Human Services	$4,845,607		$2,295,087
Aging and Disabilities Services Opioid Prevention Project	Health & Human Services	$843,661		$1,018,341
Prevention Integration	Health & Human Services			$415,184
Other Strategies				
Project	Department Leader	Cohort One Approved Budget	Cohort Two Approved Budget	Cohort Three Approved Budget
ME Staffing needs	Medical Examiner	$2,290,541		$1,755.636
FOCUS (Featuring Our Communities' Untold Stories)	Health & Human Services		$1,412,026	
Harm Reduction Data Analytics	Emergency Management	$719,909		$487,777
Grief Outreach and Grief-Informed Care	Health & Human Services		$630,295	
Portable Body Cooler	Medical Examiner	$192,448		
Overdose Predication Model	Health & Human Services		$29,000	
ME Autopsy Carts	Medical Examiner	$19,450		
Total		**$16,562,469**	**$8,512,627**	**$9,103,671**

Expenditure Progress for Cohorts One, Two, and Three

Milwaukee County authorized funding for the first 15 projects (Cohort One) in January 2023, followed by seven projects in Cohort Two in July 2024 and seven projects in Cohort Three in July 2025. To date, four projects from Cohort One have been completed. Cohort 3 projects begin to spend in 2026. Therefore, the total allocation for Cohorts One and Two is $24,645,36. Of this amount, $16,291,091 has been spent, $2,749,960 has been obligated, and $5,604,310 remains unspent.

Current expenditure levels reflect the typical phases of project implementation, particularly for initiatives that require staff recruitment, procurement, or complex contracting. As projects mature, spending is expected to increase.

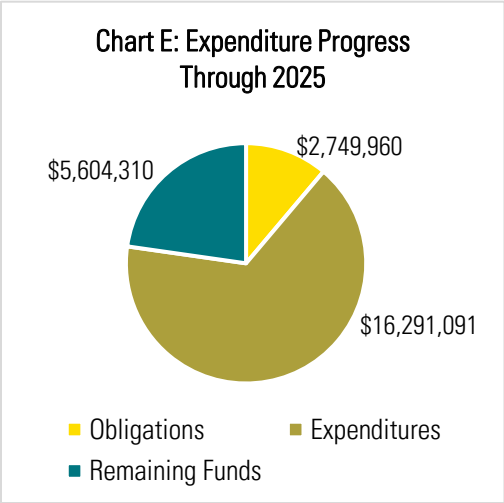


Chart E summarizes expenditure progress across all three cohorts through December 31, 2025. Additional detail on project-level spending is provided in the Impact and Outcomes section.

Monitoring expenditure progress is an important component of Milwaukee County's commitment to transparency and responsible stewardship of settlement funds.

Programmatic Impact and Overview

Milwaukee County's initial investments of Opioid Settlement Funds are beginning to demonstrate measurable progress across multiple service areas. Projects have expanded access to treatment, increased the availability of harm reduction resources, strengthened prevention efforts, and advanced the use of data to inform decision-making.

Early results from the first two cohorts highlight meaningful progress across treatment, harm reduction, prevention, and data innovation. These efforts actively engage residents, strengthen community partnerships, and build the infrastructure needed to support long-term system change.

The following section summarizes key accomplishments by remediation category, illustrating the early impact of Opioid Settlement Fund investments.

Diagram C: Summary of Outcomes from Cohorts One and Two

Aging and Disabilities Services Opioid Prevention Project

PROJECT OVERVIEW

The Aging and Disabilities Services (ADS) Opioid Prevention Project aims to address the unique needs of older adults in Milwaukee County at risk for opioid misuse. A dedicated Aging & Disabilities Opioid Prevention Coordinator leads a team of two outreach workers with lived experience implementing a targeted harm reduction saturation approach. This approach uses data and GIS mapping to identify high-need areas for door-to-door canvassing, distribution of harm-reduction supplies, engagement with senior living facilities, a public awareness campaign, and events aimed at reducing social isolation among older adults while providing opioid-prevention resources.

PROJECT POPULATION

The project targets individuals over 50 years of age, as well as those living with disabilities residing in Milwaukee County, who may be at risk for opioid use/misuse.

PROJECT INFORMATION

Lead Department:
Health & Human Services

Project Manager:
Ricky Person

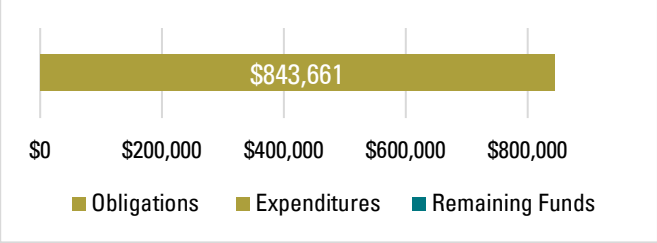
Remediation Category:
Prevention, Harm Reduction

Cohort One:	Allocation:
1/1/23-12/31/25	$843,661

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Aging and Disabilities Services project was allocated $843,661 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



In 2025, this project received a National Association of Counties Achievement Award recognizing innovative county programs, as well as an Honorable Mention from the Milwaukee County Office of Equity Community Engagement Awards.

We expanded outreach in high-overdose areas, reaching over 10,000 individuals and hosting seven education-focused public health events with more than 1,200 attendees. New partnerships with senior living property managers have also strengthened access to residents.

Through neighborhood outreach and door-to-door canvassing in senior housing, we identified significant concerns related to overdose, substance use, and safety. Residents shared experiences of administering naloxone, being targeted by drug dealers, and feeling unsafe in their homes. In response, we have provided resources and will continue to provide targeted support in these communities.

CHALLENGES AND SOLUTIONS

This project addresses mobility barriers among older adults by delivering resources directly to neighborhoods and senior housing, building trust, and expanding access to life-saving education and harm-reduction tools, such as naloxone and test strips.

Unlike many opioid interventions that target broad or younger populations, this effort is highly focused. Using data to identify overdose hotspots among older adults and align outreach with senior living locations, the project delivers tailored programming that resonates, such as pairing education with familiar activities like bingo.

One ongoing challenge is limited bilingual capacity, which can restrict engagement in Spanish-speaking communities on Milwaukee's south side. We are exploring opportunities to expand the team, with a priority on bilingual outreach.

We have also identified significant safety concerns in some senior living facilities. In 2026, we will focus on addressing these issues while continuing to strengthen relationships with property managers and residents to support sustained opioid prevention efforts.

PUBLIC AND COMMUNITY ENGAGEMENT

This project maintains a strong focus on community engagement, hosting seven public health events in 2025. "Bingo & Learn" events effectively combine recreation, relationship-building, and education, helping outreach staff become trusted, familiar resources within the community.

The Holiday Healing Summit at Washington Park Senior Center was the largest event, serving 250 participants. It featured a keynote speaker with lived experience, a local panel, wellness and trauma-informed sessions, and resource navigation, alongside opportunities for community connection and storytelling.

Outreach in senior living facilities included culturally responsive presentations, such as storytelling, music, and resource and healing stations. A family wellness event at 28th and Wells took an intergenerational approach, recognizing grandparents as caregivers, and included school supplies, games, and accessible health and recovery resources.

The project also expanded public awareness through media engagement, including participation in a Milwaukee Journal Sentinel story on drug use in senior housing and an interview on the WNOV morning radio show.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ $843,661 in OSF funding ▪ ADS Opioid Prevention Coordinator staff time ▪ Outreach Worker time ▪ Collaborators/partners ▪ Harm reduction supplies, including Narcan ▪ Brochures **Partners** ▪ BHS ▪ OEM ▪ Senior Centers ▪ Project Heat ▪ Near Westside Partners ▪ Repairers of the Breach	▪ Focus outreach services on high overdose areas to enhance prevention and harm reduction efforts and reduce overdoses among the older adult population. ▪ Develop and facilitate Opioid Education Training. ▪ Develop and facilitate Harm Reduction Training. ▪ Hosted Community Engagement Events in high overdose areas: 26th & Atkinson; 13th & Mitchell; 28th & Wells. ▪ Host/convene Holiday Healing Summit at a senior center. ▪ Hosted 2 Bingo & Learn events	▪ 11,587 overall resident contacts in 2025, comprised of: o 1,050 resident contacts with outreach workers via door-to-door canvassing. o 10,150 resident contacts via public health/community engagement events. o 387 resident contacts via presentations. ▪ Supplies distributed via events and canvassing: 2,064 Narcan kits; more than 1,300 test strips. ▪ 7 overall events hosted, with 1,293 attendees overall. ▪ Public health messaging and promotion reached 827,737 (number of people who saw an ad) via social media and 25,000	▪ Increase in older adults receiving outreach tailored to their age group, with 11,587 served. ▪ 160 training participants. ▪ Increase in awareness among older adults: o 82% reported in the post-event survey that they learned something new about overdose and opioid prevention; o 79% were connected to a useful resource o 68% said they felt more confident knowing how to respond to an overdose.

▪ Harambee Neighborhood Association ▪ Free at Last Ministries ▪ Gerald L Ignace Indian Health Center, Inc ▪ Marquette Univ. Police Department ▪ Parkhill Senior Apartments ▪ ERAS ▪ Mercy Homes ▪ Housing Authority Association ▪ U Safe Place Bridge Housing	▪ Provided education and training at 4 senior living apartment buildings in high overdose areas.	flyers distributed with grassroots promotion. ▪ 160 residents/older adults trained. ▪ 3 trainings occurred, including 2 Bingo-Education events. ▪ 250 seniors attend Holiday Healing Summit at Washington Park Senior Center. ▪ 75 people at each of two Bingo & Learn events. ▪ Continued use of the Ideal Approach for Targeted Harm Reduction: Identify high-risk areas, develop community partnerships, educate, link to assessment and referral services, link people to peer support and treatment services. ▪ Continued to use the OEM dashboard created for this project, showing age 50+ overdoses by gender, race/ethnicity, vulnerability index, age, and zip code. ▪ Collaborated with the GIS team at OEM to design and add a new 2025 dashboard identifying senior living apartments in high overdose areas.	▪ 16% decrease in nonfatal overdose among Milwaukee County older adults aged 50+ between 2024 and 2025.

Coordination of Prevention Services

PROJECT OVERVIEW

The Coordination of Prevention Services project is a two-component initiative that will regrant funds to community-based organizations and implement a Prevention Integration Manager position. The community will provide input into the regranting process during engagement sessions. Funded projects will align with prevention, treatment, recovery, and/or harm reduction activities to respond to the opioid crisis.

The Prevention Integration Manager will oversee regranting and manage prevention projects across DHHS service areas.

PROJECT INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Jeremy Triblett

Remediation Category:
Prevention

Cohort One:	Allocation:
1/1/23-12/31/25	$4,845,607

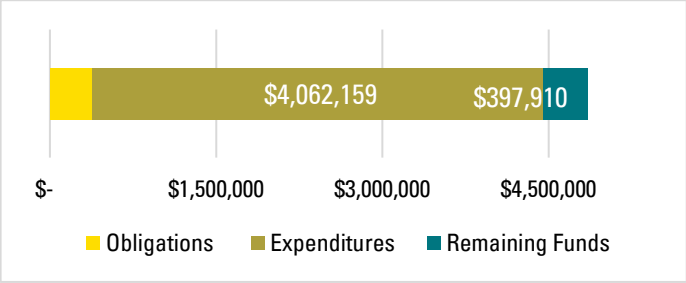
PROJECT POPULATION

This project reached public, private, and nonprofit organizations and collaborators via virtual community conversations in February 2023. One hundred eighteen groups and individuals registered for the events, and 80 participants attended, representing eight municipalities, 33 zip codes, and 26 agencies. The information gathered was used to draft the application for regranting dollars. Agencies submitted proposals for consideration for the regranting of funds.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Community Regranting Project was allocated $4,845,607 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



Better Ways to Cope (BWTC) began the year under the leadership of Vaynesia Kendrick, with Amy Moebius stepping into the role later in the year. In 2025, BWTC expanded to include a dedicated Families cohort and funded six projects in partnership with TANF. A highlight of the year was BWTC Day, along with our first two-day conference in October, which included 48 facilitators and reached 120 residents. During the End of Year Celebration, we recognized agencies for engaging a total of 28,680 attendees in educational, community, and treatment/recovery events. The program also contributed to community safety and harm reduction by distributing more than 75,000 essential supplies, helping to prevent overdoses and reduce disease transmission. From January through October 2025, the BWTC-Families program provided 8,881 hours of intensive support to families.

CHALLENGES AND SOLUTIONS

This year, we were challenged to manage each agency's program and budgetary progress so we could anticipate changes and adjust before the end of the year. We developed the Red, Yellow, Green system to rank their progress and instruct them on how to get into good standing if needed. This empowered agencies to adopt better project management practices and to feel supported by us in implementing their projects.

PUBLIC AND COMMUNITY ENGAGEMENT

December 2025 Executive Crowley held a roundtable with BWTC agencies. https://www.fox6now.com/news/milwaukee-county-highlights-opioid-settlement-funding-amid-federal-cuts

LOGIC MODEL

Primary Delivery Mechanisms

Inputs

- Opioid Settlement Funding of $4,845,576
- Staff Time: Prevention Integration Manager (100%)
- In-kind Staff Time: Health Prevention Coordinator, Public Health Data Analyst

Partners

- Hope House: Fiscal Agent
- Fundees: 15 community-based organizations

Activities

- Regrant funds to community-based organizations.
- Hire Prevention Integration, Manager
- Build media-based communication platforms
- Conduct community listening sessions preceding regranting

Performance Measures

Outputs

Regranting:

- Partnered with Hope House as a fiscal agent, enabling 55 agencies to apply.
- Hosted the Better Ways to Cope Kick-Off meeting with 100% regrantee attendance and 44 total attendees.

Prevention Collective

- Convened 89 county staff over the course of 9 Prevention Collective meetings to develop recommendations and implement DHHS-wide practice changes.

Newsletter

- Sent seven redesigned prevention collective newsletters featuring regranting-related updates.

Website

- Added the BWTC Toolkit to the website for national adoption of the BWTC campaign.

Community Conversations

- Hosted two virtual Community Conversations. 127 community residents from 65 organizations registered to attend.

Key Performance Indicators

Outcomes & Impact

Regranting:

- Regrant $2,850,000 through 15 awards.
- 100% of grantees increased their capacity to turn in progress and financial reports accurately, established new partnerships with other grantees, and launched their funded projects.

Prevention Collective

- Developed two agency-wide recommendations, one of which is the adoption of the Strategic Prevention Framework. DHHS partnered with the Community Advocates Public Policy Institute to implement a change management process to adapt this framework across all service areas.

Newsletter/Website

- The newsletter subscription increased from 3,168 subscribers in June 2024 to 3,939 subscribers by February 14th, 2025.
- Newsletters were opened 5,399 times across all sends.

Website

- Received inquiries about BWTC from Baltimore, Maryland, hoping to adopt the funding model for their target communities.

Community Conversations

- Their feedback was used to develop the regranting process.

FOCUS Initiative (Featuring Our Communities' Untold Stories)

PROJECT OVERVIEW

The FOCUS Initiative (Featuring Our Communities' Untold Stories) reflects a strategic shift from its original framing to better center systemic drivers of overdose and substance use, rather than communities themselves. It emphasizes community strengths, lived experience, and collective solutions, positioning Black, Brown, and Indigenous communities as partners and co-creators in culturally responsive prevention and harm reduction efforts.

FOCUS serves as both a public health communications initiative and an opioid abatement research project, supporting Milwaukee County Behavioral Health Services in strengthening community-informed responses. Using a community-based participatory approach, it gathers qualitative insights from individuals with lived experience, families, and stakeholders to inform prevention messaging, identify emerging trends, and improve access to resources.

By elevating community voice and lived expertise, FOCUS advances more effective communication, expanded access to services, and data-driven decision-making in overdose prevention.

PROJECT INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Africa Lucas

Remediation Category:
Harm Reduction

Cohort Two
7/1/24-12/31/25

Allocation:
$1,421,026

PROJECT POPULATION

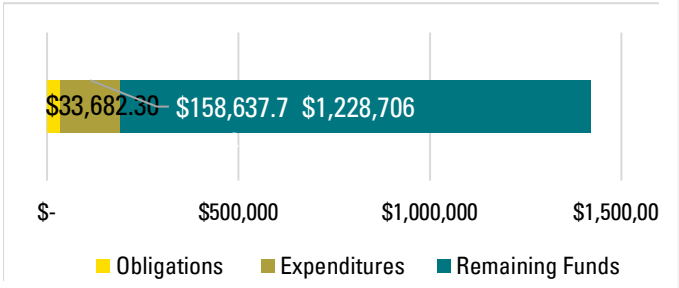
The project serves historically underserved and disproportionately impacted communities in Milwaukee County, prioritizing individuals with lived experience of substance use, affected families, community leaders, and residents of high-overdose neighborhoods. FOCUS centers engagement in communities facing structural inequities, such as poverty, limited access to services, and higher overdose rates, with particular emphasis on Black, Brown, and Indigenous populations.

Recognizing that trends and prevention needs vary across communities, the initiative uses culturally informed engagement to develop effective messaging, improve access to resources, and support strategies grounded in lived experience.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Prevalence of Adulterants Project was allocated $1,421,026. over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



In 2025, the FOCUS Initiative established core infrastructure to support community-informed research and communications. Under the leadership of Project Manager Africa Lucas, partners were selected through an RFP process, including InPower LLC for community engagement and CMRignite for public health messaging.

A launch convening, held in partnership with Healing Indigenous Roots Wellness Center, brought together over 80 stakeholders. Initial research included 13 listening sessions, six key informant interviews, 43 pop-up interviews, and engagement with 138 participants.

These efforts are identifying emerging drug trends, barriers to services, and effective, culturally responsive messaging to inform public health campaigns and Milwaukee County's overdose prevention strategies.

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CHALLENGES AND SOLUTIONS

An initial challenge of the FOCUS Initiative was recruiting a representative and culturally diverse sample, as traditional methods often miss those most impacted by overdose due to stigma, mistrust, and access barriers. To address this, the team used a data-informed,

community-led approach—aligning recruitment targets with county demographics and partnering with trusted community organizations to ensure diverse representation.

Culturally safe engagement spaces, supported by community leaders, strengthened participation and trust. FOCUS also incorporates a post-campaign evaluation model to assess how community-informed messaging influences awareness, behavior, and access to services.

Using a community-based participatory approach, individuals with lived experience contribute not only as participants but also as partners in interpreting findings and shaping recommendations. Early insights are documented in the FOCUS Qualitative Research Mid-Project Report.

PUBLIC AND COMMUNITY ENGAGEMENT

FOCUS maintained strong visibility through community events, media engagement, and public health outreach.

Opioid Abatement Investment Announcement: Milwaukee County leaders announced $9 million in opioid prevention and recovery investments. Milwaukee County Behavioral Health Services initiatives, including FOCUS, were highlighted as part of the county's strategy to strengthen community-centered responses.

Local Media Coverage: Africa Lucas and Aziz Abdullah of InPower discussed the initiative and the need for community-informed solutions to the opioid crisis.

Radio Interview: FOCUS was also discussed on WNOV.860 Milwaukee's Oldest Black Owned Radio Station discusses FOCUS is where lived experience animates the faceless data. Africa Lucas Jeremy Triblett spoke on behalf of Milwaukee County. The conversation highlighted the importance of community storytelling, prevention messaging, and culturally informed harm reduction approaches.

LOGIC MODEL 2026

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Opioid Settlement Funding of $1,421,026 ▪ Opioid Prevention Coordinator ▪ Qualitative Researcher ▪ Project Evaluator	▪ Project Evaluator-(RFP launch 2026) **Community Governance & Co-Creation** ▪ Form and convene a Community Advisory Board (CAB) ▪ Ongoing CAB input into research design, messaging, dissemination, and interpretation of findings **Qualitative Research** ▪ Conduct culturally responsive focus groups and interviews (target: focus groups-16, key informant interviews-20, Mobile pop-up interviews-90)	▪ Conducted 13 focus groups with community organizations to include 138 total participants. ▪ Six key informant interviews ▪ 43 mobile pop up interviews ▪ Biennial data collection in Year 1 and 3 with informations sessions in Year 2. ▪ Number and location of community information sessions, and the number and type of adjustments made to marketing collateral and strategic communication strategy. ▪ Established and actively engaged Community Advisory Board ▪ Creative Advisory Board members has been formed with 15 members. ▪ Amplify Community Gatherings hosted (number, locations, attendance)	▪ Increased consumer and community engagement in culturally responsive health communication and media campaigns ▪ Increased awareness of adulterants, overdose risk, and available prevention and harm reduction resources ▪ Improved cultural relevance, credibility, and reach of prevention and harm reduction messaging ▪ Strengthened community capacity to identify, monitor, and respond to emerging drug trends across priority populations and geographic areas ▪ Increased access to and adoption of harm reduction, safer-use practices, and healthy coping
Partners			
▪ Community Advisory Board(Individuals with lived/living experience, community leaders) ▪ Community Artists & Influencers Showcase			

FOCUS Initiative (Featuring Our Communities' Untold Stories)

▪ Community-based partners and harm reduction organizations ▪ Data Dashboard systems (qualitative and quantitative) NarrativeTool(Audio re	▪ Biennial qualitative data collection (Years 1 and 3) **Amplify Community Gatherings** ▪ Host community gatherings to share findings, hear lived experience, and validate messaging ▪ Facilitate dialogue on drug trends, adulterants, overdose risk, and harm reduction **Communications & Marketing** ▪ Develop and implement a strategic communications plan informed by research and CAB guidance ▪ Launch media campaigns grounded in lived experience and cultural context **Community Artist & Influencer Showcase** ▪ Engage local artists and influencers to translate prevention messages into culturally relevant formats ▪ Showcase creative works at community gatherings and through digital platforms **Evaluation & Learning** ▪ Conduct formative, process, and outcome evaluation ▪ Integrate qualitative and quantitative data across research, communications, and gatherings	▪ Community Artist & Influencer partnerships established ▪ Media products created (campaigns, creative assets, stories) ▪ Distribution of harm reduction materials at events ▪ Mid-year report was submitted by InPower. ▪ Post- Marketing campaign evaluation data will be collected in Years 2 and 3, and data analysis will examine the impact of community and consumer engagement. ▪ Data collection will be both qualitative and quantitative to include surveys, social media comments, reach, social media engagement, conversion rates, website visitors, and referral traffic. ▪ # and type of campaign metrics (number and type of social media mentions, click-through rates, number of impressions, number of engagements, and the duration of exposure).	strategies in historically underserved communities ▪ Improved alignment between community experience, data, and public health response ▪ Reduction in fatal and non-fatal overdoses in Milwaukee County ▪ Reduction of racial and ethnic disparities in overdose outcomes ▪ Sustainable, community-informed prevention infrastructure that supports long-term community well-being.

Filling in Gaps in Community Paramedic Coverage

PROJECT OVERVIEW

The Office of Emergency Management (OEM) oversees the Emergency Medical Services (EMS) care provided by the 14 municipal fire departments (FD) in the community. This program intends to regionalize and expand Mobile-Integrated Health (MIH) care in the community to enhance equity in the provision of services. MIH is a collaborative approach that uses mobile resources, like EMS personnel and community paramedics, to deliver healthcare services to patients in their homes or other non-hospital settings. OEM is working closely with FDs to ensure seamless care transitions. While MIH has demonstrated success in the implementing communities (West Allis, Greenfield, and Milwaukee), its scope has been limited due to personnel and resource barriers.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

Remediation Category:
Treatment

Cohort Two:
7/1/24-12/31/26

Allocation:
$2,373,988

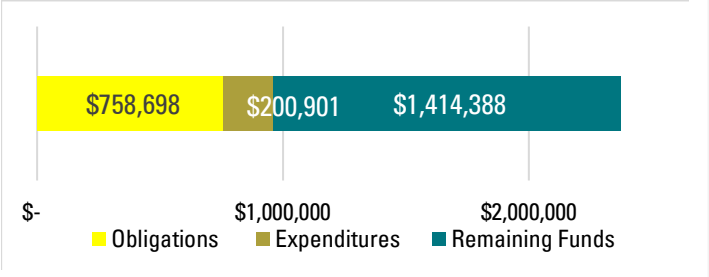
PROJECT POPULATION

This program intends to be regional, serving the entirety of Milwaukee County and filling gaps in MIH care. As opioid use and the related comorbid conditions affect all populations, so too will this program. By its nature, this program will inherently focus on high-vulnerability and low-resourced populations.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Filling in Gaps in Community Paramedic Coverage Project was allocated $2,373,988 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



The Office of Emergency Management and the Milwaukee County fire departments made significant progress in 2025 towards the goals of expanding mobile integrated health (MIH) programs. There was a significant amount of administrative and background work completed, enabling the programs to become active within the county. This included executing agreements, budgeting funding for sub-awards, creating positions, completing interviews, updating license levels with the state, and procuring equipment to become an operational arm of the fire department. Additionally, OEM successfully created 6 positions, including a leader, a social worker, and multiple clinicians. The leader was hired at the end of the year and hit the ground running to create the OEM team.

CHALLENGES AND SOLUTIONS

Some challenges identified in this program include the time required to execute agreements between intergovernmental parties and the extensive hiring process involved in creating a position and conducting interviews. Additionally, from an operations standpoint at times there is a high percentage of contact attempts made with no resulting contact completed. It does speak, however, to the patient population, which typically has a higher level of need, and multiple attempts are encouraged to fully engage the patient in addressing any concerns or needs from a medical and social determinants-of-health perspective.

PUBLIC AND COMMUNITY ENGAGEMENT

The expansion of these programs and services is designed to engage the community for higher-risk patients who may be suffering from substance abuse or in need of additional harm reduction or better connections to address deficits in social determinants of health. Many of these residents are unnecessarily using the 911 system for common, basic needs that do not require an emergency response. These MIH teams typically have paramedic-level training, as well as additional education to address additional needs, and can help facilitate connections to care or activities of daily living. The vast majority of these residents do not require transport to a hospital but rather engagement with better resources in an upstream effort to prevent an emergency.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Subsidy Funding ▪ Medical Direction ▪ Patient Population Assessment ▪ Training for EMS Clinicians **Partners** ▪ Fire Departments, Public Health, Health Systems	▪ Educate Milwaukee County EMS providers on MIH processes and assessments for special populations. ▪ Identify healthcare facilities capable of receiving induced patients (receiving centers). ▪ Provide education to the healthcare facility employees expected to receive induction patients from MIH and continue their care. ▪ Provide education to the receiving centers on how to work with the Health Navigator/Peer Counselor to connect patients to long-term MAT treatment within their system or community. ▪ Survey 100% of induced patients to evaluate the short- and medium-term wellness and life outcomes related to engagement with MAT, as well as the acceptability of receiving MAT in the field. ▪ Monitor EMS utilization, Hospital ED utilization, and Medical Examiner Data to identify the impact of induction on the opioid epidemic within the County ▪ Create a data network that allows for record sharing between MIH programs to understand encounters in EMS or other MIH programs. ▪ Quality Assurance Program and CQI program are established. ▪ Consolidated all patient data collection into one single reporting system. ▪ Social determinants of health screening added to data collection ▪ Hired OEM MIH Captain and created 4 MIH clinician positions and a social worker position. ▪ Purchased SUV and integrated with EMSCOM and 911 Dispatch. ▪ State operational plan updated to include MIH.	▪ 67 community paramedices, 22 community EMTs and 50 MIH technicians trained ▪ 5 EMS agencies the recived induction medictation ▪ 148 of doses of induction medication distributed ▪ 16 of treatment centers and 18 hospitals identified as able to receive induced patients ▪ # of times a social worker was engaged to assist with case management. ▪ 215 patientis asses to SUD treatment progrems with two agencies still pending. ▪ 9 additional MIH standards of care guidelines created in 2025 ▪ 22 of hours of continuing education per clinician, 3 hours specific to MIH. ▪ Zero adverse events related to Buprenorphine reported by patient care records ▪ 7,247 patients received interactions from the MIH program ▪ Approx 1,400 attempted patient contacts were unsuccessful ▪ Provided MIH initial education for 12 fire department clinicians. ▪ 3 additional fire departments began offering MIH services to residents. ▪ 3 existing MIH programs received training and funding to consider expansion. ▪ Connections to peer support programs created.	▪ EMS agencies will offer MIH to 75% of eligible patients within Milwaukee County. ▪ Social Worker/Case Manager will attempt to contact 100% of induced patients transported to a receiving center to connect them with wrap-around services. ▪ Increase the rate of Buprenorphine administration by 15%, given targeted continuing education to current MIH providers. ▪ Compliance with Clinical Opioid Withdrawal Scale (COWS) score assessment and screening. ▪ Monitoring safety events involving Buprenorphine for adverse events such as additional overdoses, allergic reactions, misuse of buprenorphine, diversion by EMS Clinicians, and any impact to vital signs that could compromise life status. ▪ Decrease in 911 call volume for overdoses as well as other types (mental health, chronic conditions, etc.). ▪ EMS appreciated a 10% decrease in non-fatal OD calls fo service ▪ Rate of admin of bupernorphine doubled from 4 incidents in 2024 to 8 in 2025

Grief Outreach and Grief-Informed Care

PROJECT OVERVIEW

This project is a collaboration between Milwaukee County's Department of Health and Human Services (DHHS) Behavioral Health Services (BHS) area, the Milwaukee County Medical Examiner's Office (MCMEO), and the Medical College of Wisconsin (MCW). Social workers contracted through MCW and MCMEO connect families impacted by overdose to grief support resources. Data will be collected via next of kin interviews to enrich the understanding of fatal overdose risk factors and to reduce future overdoses. Collaboration between MCMEO and BHS will take place to identify and refer families to BHS resources. The goal of this project is to address overdose-related grief and to reduce future overdoses.

PROJECT INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Amy Glisper

Remediation Category:
Other Strategies

Cohort Two: 7/1/24-12/31/26

Allocation: $630,295

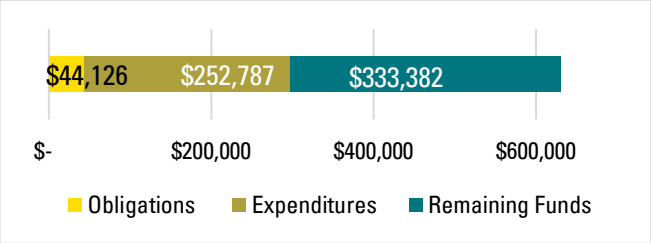
PROJECT POPULATION

This project will serve families who live in Milwaukee County, of which nearly 1,200 families were impacted by the death of a family member to an overdose ruled an accident or undetermined in manner between September 2021 and October 2023. While the fatal overdose rate remained constant for white individuals, the fatal overdose rate for Black individuals rose 77%, surpassing that of white individuals in 2021. The fatal overdose rate rose 48% among Hispanic individuals in the same period.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Grief Outreach and Grief Informed Care Project was allocated $630,295 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



One highlight of 2025 was the project's consistency, with the same two Social Workers from the Medical College of Wisconsin (MCW) placed at the Milwaukee County Medical Examiner's Office (MCMEO). Another highlight was the positive feedback from families and individuals about referrals to community resources during conversations with social workers. Survey responses included: "I know I needed help. I am grateful for her reaching out to me." "[Social Worker] was very concerned about my grief and offered ways to cope that I didn't know existed." "Thank you for being a source of caring in the community."

CHALLENGES AND SOLUTIONS

The most significant challenge this year was completing the 20 Next-of-Kin (NOK) interviews planned for 2025. Given the current OD-PHAST (Overdose-Public Health and Safety Team) process, which uses four-month cycles for a theme, including case reviews, the social workers will shift their goal to 9-15 per year.

PUBLIC AND COMMUNITY ENGAGEMENT

The Grief Outreach team is constantly engaged with the community, offering support and community resource referrals to those who have lost someone to a fatal overdose. They are also an integral part of the OD-PHAST team, as their work on next-of-kin interviews directly informs the recommendations and work of this large community team.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Opiod Settlement Funding ($630,295) ▪ In-kind staff time; Project Director	▪ Outreach to families who experience the loss of a family member due to overdoses. ▪ Next of kin interviews. ▪ Make referrals and develop a follow-up survey. ▪ Conduct affinity groups. ▪ Grief-informed training	▪ Outreach to 100% of families in 2025, 99.8% of families received an outreach attempt. Of the 431 cases in which contact was attempted, successful contact was made with 343 (80%) NOK. A total of 897 individual contact attempts were made. ▪ Complete 20 NOK interviews in 2025; 9 interviews were completed instead of the 20 planned. 6 additional interviews were attempted, but the NOK were not interested in participating. ▪ 100% of NOK who received contact received referrals to community resources, and surveys are sent to all next of kin who express a willingness to complete the survey. 50 surveys have been returned ▪ 20 family members referred. The social workers attempted to refer individuals to the groups, but found that folks were more interested in individual counseling than in group counseling. After discussing and trying other ways to increase participation without success, it was decided that the groups would be put on hold for the remainder of the project year. ▪ One group held per month for six months. One group was offered monthly, and later two groups were offered to accommodate different schedules, but no one attended. ▪ 7 staff trained in 2025, two MCW social workers attended the grief training and the social work conference in October 2025.	▪ 80% of families will accept and be successfully referred to grief and substance use-related services. ▪ Inform the work of the OD-PHAST team. Information from the NOK interviews provided significant depth to the cases reviewed and presented to the OD-PHAST team during each four-month cycle. Generally, 2 cases are presented for each cycle. ▪ Determine satisfaction with the outreach services provided in connection with the services referred. In 2025, of the 50 surveys returned, 94% reported being very satisfied or satisfied with the support they received. 92% reported that their conversations were very helpful or helpful. ▪ Satisfaction with the experience. ▪ 90% of participants will demonstrate a readiness to provide grief support following the training. Of the two social workers who attended the grief support training, 100% reported that it was valuable to their current work.
Partners			
▪ MCMEO ▪ MCW			

Harm Reduction Data Analytics

PROJECT OVERVIEW

The Harm Reduction Data Analytics project is intended to develop and maintain overdose data intelligence products (dashboards, modeling, mapping) that provide deeper detail and visibility into Emergency Medical Services (EMS) calls for suspected overdoses than is currently available in public-facing data products. The data products would provide detailed reporting of non-fatal and fatal overdoses by census tract. Attention will be focused on identifying communities and populations who are disproportionately at risk for non-fatal and fatal drug overdoses. Knowing more precisely where and when overdose incidents are occurring in Milwaukee County will allow service providers to target education and interventions better to save lives.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

Remediation Category:
Harm Reduction

Cohort One:
1/1/23-12/31/25

Allocation:
$719,909

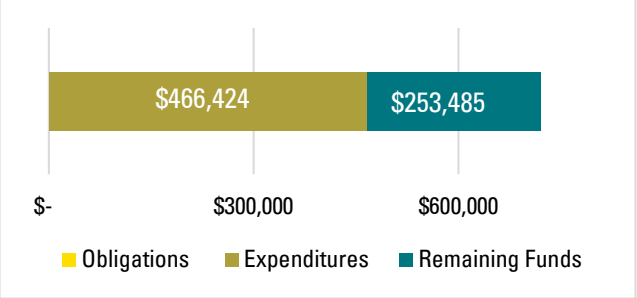
PROJECT POPULATION

The primary audience for this project is the citizens of Milwaukee County. Other stakeholders or groups of interest include elected officials, public health professionals, Fire/EMS agencies, health systems, and law enforcement. This team within the Office of Emergency Management (OEM) will work diligently to produce data products to inform public policy and response strategies.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Harm Reduction Data Analytics Project was allocated $719,909 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2024.



In 2025, our data analytics team achieved multiple successes in analyzing and geospatially processing data sources, which were combined into an effective dashboard. The opioid dashboard on the Milwaukee County Office of Emergency Management's website was the second-most-visited page in 2025. This dashboard was also translated into Spanish for access equity. Our data efforts were also heavily leveraged to inform the overdose public health and safety team efforts, which is a multidisciplinary team aimed at tackling the overdose epidemic within Milwaukee County. Continue to leverage and refine our data, add additional data sets, and recognize these efforts with a 2025 National Association of Counties achievement award.

CHALLENGES AND SOLUTIONS

Some of the challenges have been related to data quality and cleansing, but our analytics team has managed them by providing scripting and automated processes to detect and resolve data quality issues. Some data is also naturally delayed due to testing at the medical examiner's office and the time required to obtain results.

PUBLIC AND COMMUNITY ENGAGEMENT

As mentioned previously, this team is heavily engaged in the overdose public health and safety team. We also provide situational updates and reports to academic institutions such as the Medical College of Wisconsin; we have a standing report to the EMS Council, and we actively participate in multiple monthly meetings with our fire department partners to continue providing updates. As trends are identified, we communicate them to our media partners for broad dissemination. Over the last two years, we have been able to observe an appreciable decrease in overdose fatalities and non-fatal overdoses, both of which have been significant decreases given the efforts informed by this data.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ 2 Full-Time Positions – Harm Reduction Analyst & GIS Coordinator **Partners** ▪ MCW ▪ OD-PHAST ▪ DHHS ▪ BHS ▪ ME	▪ PowerBI Online Training. ▪ Tableau Online Training. ▪ Information Interviews with multiple partners. ▪ Audit of EMS Interactions of likely overdose patients. ▪ Geospatial Analysis of Overdose Trends.	▪ 12 dashboards developed ▪ 2 models developed ▪ 5 of maps developed ▪ OD Dashboard on the OEM webpage had 2,858 active users and 5,171 views ▪ 70 community partners and organizations engaged via OD-PHAST ▪ At least 10 instances, our data has been used in reports, grants, and decision-making, and is constantly evolving ▪ 3 dashboards translated into languages other than English ▪ Public Dissemination: ○ https://risedrugfreemke.org/resources/data.html ○ https://www.sciencedirect.com/science/article/abs/pii/S1877584522000582 ○ https://thedepartmentofwhatworks.substack.com/p/how-milwaukee-county-is-turning-the ○ https://www.researchsquare.com/article/rs-4013689/v1	▪ Sharing knowledge with community partners on overdose analysis findings. ▪ Identifying where harm reduction vending machines should be placed based on geospatial analysis. ▪ Building confidence with analysis through standard queries and reports demonstrating key performance indicator progress. ▪ Regular Quarterly data updates ▪ DHHS used our dashboard with guidance from the data team to fulfill grant applications ▪ OD-PHAST partnership (pulling data for case reviews as well as demographic analysis of non-fatal overdose trends for quarterly themes) ▪ Initial data analysis of non-fatal overdoses to inform the best times to staff clinicians ▪ Milwaukee County 2025 NACO award recipient ▪ Dashboard layout refresh to align with Milwaukee County ▪ Accessibility guidelines ▪ Streamlining data sharing with ME's fatal data set ▪ Building Azure Data lake structure to build efficiency in data collection/scrubbing process

Harm Reduction Outreach CORE Team

PROJECT OVERVIEW

This project will use the Office of Emergency Management (OEM) Community Oriented Regional Emergency Medical Services (CORE) staff to develop, educate, message, coordinate, and distribute up to 500 harm reduction kits per year for three years throughout Milwaukee County. Harm reduction kits are evidence-informed and demonstrate a positive response to alternative access to treatment in vulnerable situations. Currently, naloxone is the only means for EMS field providers to interact positively with opioid overdose patients.

The Harm Reduction Outreach CORE Team project will use the current community engagement channels of local Emergency Medical Services (EMS) agencies to carry out its work. OEM is providing harm reduction kits and community education and partnering with the Wisconsin Department of Health Services and local municipal health departments to use existing distribution channels for naloxone and fentanyl test strips to minimize costs.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

Remediation Category:
Harm Reduction

Cohort One:
1/1/23-12/31/25

Allocation:
$97,906

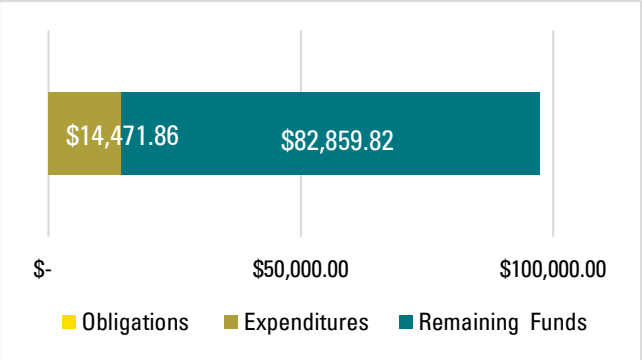
PROJECT POPULATION

The primary audience for this project is the citizens of Milwaukee County. Other stakeholders or groups of interest are elected officials, public health, Fire/EMS agencies, health systems, law enforcement, and others. The Outreach CORE Team will work diligently to provide the community with training and resources on harm reduction kits, their contents, and proper use.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Harm Reduction Community Outreach CORE Team Project was allocated $97,906 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



Our community outreach team participated in several events throughout the year to provide hands-on training in CPR, stop-the-bleed, and naloxone administration. All three of these skills are commonly taught together as part of a first-aid course, given that they all rely heavily on bystander intervention. Of the courses taught in 2025, two stood out as high-participation venues: the Fiserv Forum and American Family Field, both holding 18,000 and 42,000 patrons, respectively. Community involvement was high at both events, with even grade-school children participating in the skills training. Given the significant opportunities to attend training, the EMS system has observed a 56% decrease in EMS-administered naloxone, despite its prevalence and community training.

CHALLENGES AND SOLUTIONS

There were some challenges in finding venues and partner groups willing to provide space and time for our team to deliver these trainings.

PUBLIC AND COMMUNITY ENGAGEMENT

This entire project is meant to be community-facing and engaging. As you can see from the details listed above, more than 60,000 patrons were offered the opportunity in just two courses, and several hundred more through standing trainings throughout the county.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Funding for harm reduction-focused projects. ▪ Supplies for leave-behind kits. ▪ Staffing to provide training and education.	▪ Train first responders and community members on Harm Reduction education with an opioid focus. ▪ Community engagement events promoting harm reduction.	▪ Over 200 leave-behind kits were given out at a community event ▪ Educational opportunities for civilians to engage in bystander CPR and Naloxone administration. ▪ Training conducted at a Bucks and a Brewers game, engaging hundreds of residents and patrons.	▪ 20% increase in training activity and classes provided by OEM. ▪ 20% decrease in first responder use of naloxone due to the availability within the community. ▪ County park employees can identify signs of an overdose and safely administer Naloxone if necessary. ▪ Civilians are now prepared to administer Naloxone. ▪ Improved patient care, community relationships, and health outcomes by implementingTIC practices. ▪ First responders can recognize opportunities to implement trauma-informed practices during community engagement.
Partners			
▪ Libraries, Public Health, Fire Departments, County Departments			

Harm Reduction Supplies

PROJECT OVERVIEW

Harm reduction is an evidence-based strategy that gives individuals living with addiction the tools and means necessary to remain safe in their drug use until they are ready to begin a path of recovery. This project provides a public health strategy for the distribution of prevention and harm reduction supplies, making them readily accessible throughout Milwaukee County to all residents who may need them. By disseminating Harm Reduction Vending Machines (HRVM) and engaging in community-driven educational campaigns, the concept of harm reduction has gained broader acceptance in the community.

PROJECT INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Jennifer Wittwer

Remediation Category:
Harm Reduction

Cohort One:
1/1/23-12/31/25

Allocation:
$910,889

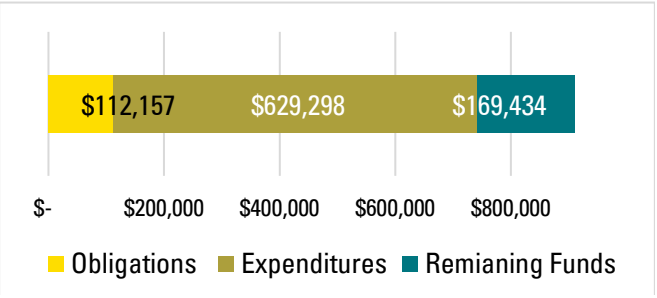
PROJECT POPULATION

The dissemination of HRVM throughout Milwaukee County is a public health approach that serves the entire county. The supplies offered in the HRVM are always free of charge and available 24/7. That said, it is understood through careful analysis of both fatal and non-fatal overdose data that overdoses most deeply impact seven zip codes within Milwaukee County. The placement of the 19 HRVMs was decided upon, in large part, on the prevalence of overdoses in the communities in which they are placed, along with accessibility, community reach, and foot traffic.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Harm Reduction Supplies Project was allocated $910,889 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



A significant milestone was reached with the placement of the first outdoor harm-reduction vending machine at 4th Dimension Sobriety. The machine has already distributed essential resources, including 7 Narcan kits, 30 Fentanyl Test Strips, 8 Medication Deactivation Bags, 18 Medication Lock Bags, and 20 Gun Locks, directly supporting harm reduction efforts. To further strengthen and sustain these initiatives, Harm Reduction MKE hired Tanzanique as the new Harm Reduction MKE Coordinator, bringing extensive clinical services and EMS experience to advance project implementation and outcomes.

CHALLENGES AND SOLUTIONS

This year, we were challenged with managing this project. Before Tanzanique, multiple staff members held responsibilities related to this project. Hiring Tanzanique was a differentiating factor that allowed us to streamline responsibilities and cast a vision for the county that included multiple municipalities.

PUBLIC AND COMMUNITY ENGAGEMENT

Harm Reduction MKE successfully held four community summits, each from 10:00 a.m. to 2:00 p.m., in partnership with Coackley Brothers Water Tower. These events served as a vital platform for collaboration, drawing participation from 64 unique organizations and 62 unique individuals across a wide geographic area, covering 27 ZIP codes and 11 municipalities during three of the four summits. The discussions focused on key strategic initiatives, including advocating for harm reduction policies, examining Good Samaritan policies, proposing vending machine locations, and introducing advanced referral technologies. Exceptional work in the field was also recognized through 6 Harm Reduction Hero Awards for harm reductionists.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Opioid Settlement Funding of $910,889.45 ▪ Leveraged Funding – State Opioid Response (SOR) grant purchased the Vending Machines. ▪ In-Kind Staff – Prevention Integration Program Manager, CARS Director, Grant Manager, Prevention Specialist, Data Analyst	▪ Place harm reduction machines in the community. ▪ Place an Outdoor machine in the community. ▪ Stock supplies into the machines (Narcan, Test Strips, Medication Lock Bags, Medication deactivation bags). ▪ Train host agencies and community members on how to use Narcan. ▪ Canvass neighborhoods within a 10-minute walk of the Host Agencies. ▪ Vivent online depot mails harm reduction supplies. ▪ Meetings with Host Agencies.	▪ 19 machines placed in the community, including outdoors. ▪ 25,455 supplies were left in the machines. ▪ From January to June, there were 5,216 supplies mailed to community members. ▪ 12 Narcan Administration trainings provided. ▪ We did not canvass this year. ▪ We didn't collect feedback from host agencies.	▪ Increase the saturation rate of harm reduction supplies in the community. ▪ Increase the number of supplies leaving the machines. ▪ Increasing the number of supplies distributed by the online depot. ▪ Reduce fatal overdoses in Milwaukee County.
Partners			
▪ Vivent Health ▪ HRI Vending ▪ Host Agencies ▪ Office of Emergency Management (OEM) ▪ Coakley Brothers – storage and inventory partners			

Homeless Outreach – Treatment and Resource Navigators

PROJECT OVERVIEW

Two treatment and resource navigators were hired with this funding allocation to work alongside our homeless outreach team and provide additional services to those experiencing unsheltered homelessness and dealing with active opioid use issues. Due to opioid use rapidly increasing over the last few years throughout the unsheltered population, one of the main barriers our outreach team has reported is an efficient flow into treatment options, for both harm reduction and MAT. There are currently not enough street outreach workers to address this issue consistently. The workflow we envision would allow any street outreach worker in Milwaukee County to refer clients to the treatment and resource navigators. Having on-the-street treatment and resource navigators means we can have a direct link to treatment options in real time and move individuals to safety as soon as they are ready. Additionally, the treatment and resource navigators will work with our homeless outreach team to collaborate on accessing indoor placements and permanent housing opportunities for individuals experiencing unsheltered homelessness and actively using opioids

PROJECT INFORMATION

Lead Department:
Health & Human Services

Project Manager:
Eric Collins-Dyke

Remediation Category:
Harm Reduction, Treatment

Cohort One:	Allocation:
1/1/23-12/31/25	$481,570

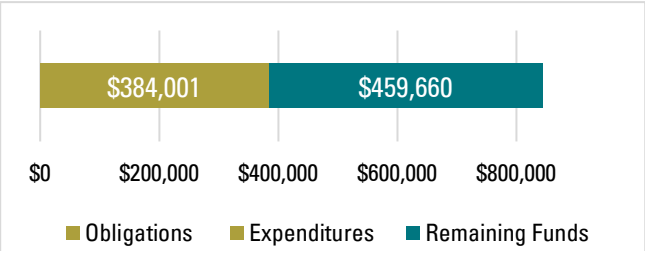
PROJECT POPULATION

Individuals in the community, experiencing homelessness, who are using substances and have not yet independently accessed services, voluntarily or involuntarily; individuals using substances who are in the precontemplation stage of change.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Homeless Outreach – Treatment and Resource Navigator Project was allocated $481,570 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2024.



The goal of this project is to increase access to harm reduction and medically assisted treatment options for those experiencing unsheltered homelessness, and to ensure that every individual staying on the street has a pathway to these resources. Objectives for the project include working collaboratively with homeless outreach teams to provide targeted outreach services to encampments where active opioid use is prevalent and to be a lifeline for treatment connections. With 472 contacts in 2025, this project has demonstrated how large the issue is on the street and that consistent engagement can be a pathway to services and permanent housing. Those contacts were trying to engage individuals who were not otherwise seeking services or help, making them aware of services and offering to help them access them, assessing use and risk while utilizing harm reduction strategies. In the process of trying to engage, the treatment navigators met other needs, including help with accessing vital documents, emergency shelter and housing referrals, shower programs, and food resources. All contacts were made on-site at small- to medium-sized outdoor encampments.

Success story:

One of the Treatment and Resource Navigators has been working to engage and follow a couple living on the northwest side of Milwaukee. They were visible only because they would stand on a corner and seek cash to meet their basic needs and feed their habit but otherwise kept to themselves and were not seeking help or a connection to services of any kind. When we found each of their outdoor sleeping locations, it was apparent they had been there for a while, but they were always out of the way and not trying to be detected. In the fourth quarter of 2025, we began to get real traction and make progress with them. They both entered treatment together at the end of the year and, as of the date of this writing, they have 90+ days clean time and are in a

MAT program. They also have been accepted into a housing program and are apartment searching. A housing navigator is helping them focus on permanent housing options while our navigator continues to support them in their recovery.

CHALLENGES AND SOLUTIONS

Spending was stagnant for parts of 2025 due to one of the treatment navigators going on military leave for 6 months. We anticipate consistent spending in 2026.

PUBLIC AND COMMUNITY ENGAGEMENT

Milwaukee County Housing Services staff joined the local OD-PHAST group to participate in resource sharing, policy development, and overdose case reviews.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ $ 481,570 ▪ Treatment/Resource Navigator time ▪ Homeless Outreach Supervisor time ▪ Collaborators/Partners ▪ Harm Reduction supplies, including Narcan ▪ Outreach vehicle and bus tickets ▪ Rent assistance for housing placements ▪ Navigation Center for additional meeting space and private shower	▪ Joint outreach with homeless outreach workers to assess individuals' complex needs ▪ Targeted outreach to areas where there is significant evidence of IV drug use ▪ Targeted outreach to individuals who are panhandling, with the understanding that many are likely using substances ▪ Inreach to winter warming sites ▪ engage individuals using substances Utilize OSF rent assistance funds to access permanent housing	▪ 472 unduplicated individuals contacted by Treatment/Resource Navigators for basic assessment of needs and eligibility ▪ 45 individuals with whom Treatment/Resource Navigators perform dedicated follow-up for engagement, harm reduction, and motivational interviewing ▪ 9 connections to treatment providers, mental health, and/or substance use, and inpatient or outpatient ▪ 85 shelter and 21 housing referrals ▪ Narcan provided to 32 official program entollees and an additional 17 doses passed to anonymous citizens ▪ 21 individuals moved into permanent housing	▪ #/% increase in individuals experiencing homelessness or housing insecurity contacted by the MCHS Street Outreach team ▪ #/% increase in individuals contacted by MCHS Street Outreach team that are referred to SU providers and programs ▪ #/% of incidents of lost housing secondary to behaviors directly related to substance use ▪ #/% decrease in overdose deaths
Partners			

Medical Examiner Staffing Needs

PROJECT OVERVIEW

The Medical Examiner's Office received funding through this project for three positions, including a 1.0 full-time equivalent (FTE) Forensic Pathologist, 1.0 FTE Medicolegal Death Investigator, and 1.0 FTE Forensic Chemist. The mission of the Medical Examiner's Office is to investigate suspicious, unexplained, and violent deaths in Milwaukee County and provide accurate and timely cause and manner of death. These positions support the scope of work of the Medical Examiner's Office and the investigation into drug-related deaths.

Over 80% of Milwaukee County drug-related deaths involve a narcotic substance such as opioids (predominantly fentanyl, fentanyl analogs, heroin, and morphine) and a combination of opioids with other substances, such as stimulants. This increasing caseload has impacted the workforce and brought the Medical Examiner's Office to a point where additional staffing is required to keep pace.

PROJECT INFORMATION

Lead Department:
Medical Examiner's Office

Project Manager:
Dr. Wieslawa Tlomak

Remediation Category:
Other Strategies

Cohort One:
1/1/23-12/31/25

Allocation:
$2,290,541

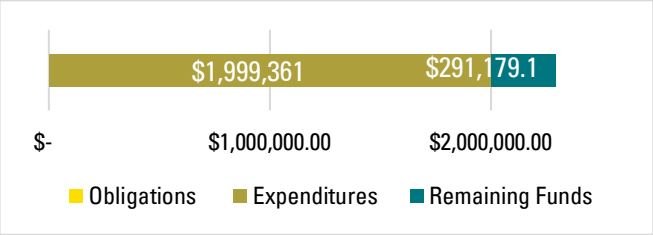
PROJECT POPULATION

According to the 2020 United States Census, Milwaukee County has a population of 939,489. Death investigations in Milwaukee County serve all citizens, including those in historically underserved, marginalized, and/or adversely affected groups. The Medical Examiner's Office also provides autopsy and toxicology services to some surrounding counties.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The ME Staffing Needs project was allocated $2,290,541 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



Opioid Settlement funding has allowed the Medical Examiner's Office to increase critical staffing capacity, resulting in measurable improvements in operational performance and workforce stability. With the addition of dedicated forensic pathology, investigative, and toxicology staff, the Office has significantly reduced turnaround times for toxicology testing and final cause-of-death determinations, strengthened employee retention, and maintained compliance with National Association of Medical Examiners (NAME) accreditation standards. Additionally, enhanced staffing has improved real-time data monitoring and reporting through the newly launched Overdose Dashboard, enabling faster public health response to morbidity and mortality trends.

CHALLENGES AND SOLUTIONS

The primary challenge remains the sustainability of these staffing gains beyond the Opioid Settlement funding period. Without a long-term funding strategy to maintain these positions, the Office risks losing the operational efficiencies, improved turnaround times, employee retention gains, accreditation stability, and enhanced overdose surveillance capacity achieved. To address this risk, the Office continues to evaluate structural budget strategies, explore intergovernmental partnerships, and demonstrate measurable performance outcomes to support ongoing investment in these critical positions.

PUBLIC AND COMMUNITY ENGAGEMENT

Increased staffing has strengthened collaboration with public health, public safety, and regional partners by providing more timely and accurate death investigation data related to opioid-involved fatalities. Through participation in multidisciplinary initiatives such as OD-PHAST and the Overdose Dashboard rollout, the Medical Examiner's Office contributes actionable mortality data that supports prevention strategies, community awareness, and policy decision-making. Improved turnaround

times ensure that families, public health officials, and partner agencies receive timely information, reinforcing transparency, accountability, and trust within the community. Toxicology turnaround peaked in 2024 at 14 days; however, the loss of one Forensic Chemist negatively affected the 2025 turnaround time.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ $881,852.82 **Partners** ▪ City-County-Heroin, Opioid, Cocaine Task Force ▪ Medical College of WI Comprehensive Injury Center (CIC) ▪ Milwaukee Health Dept ▪ Overdose Public Health Safety Team (OD-PHAST) ▪ Violence Response Health Safety Team (VR-PHAST) ▪ Office of Emergency Management	▪ Employed: 1.0 FTE Forensic Pathologist 1.0 FTE Medicolegal Death Investigator 1.0 FTE Forensic Chemist 1.0 FTE Contracted Forensic Pathologist 1.0 Contracted Medicolegal Death Investigator ▪ $100,000 in Student Loan Forgiveness	▪ Turn-around time to complete death investigations has been reduced from 51 days in 2024 to 49 days in 2025. This is down from 124 days in 2023. ▪ Toxicology turnaround time has been reduced from 25 days in 2023 to 20 days in 2025. ▪ Toxicology turnaround was 14 days in 2024; however, the loss of one Forensic Chemist negatively affected times in 2025. ▪ Performed 2,205 toxicology screenings in 2025. ▪ Opioid staff performed 318 autopsies in 2025. ▪ Opioid staff performed 584 death investigations in 2025. ▪ Opioid Contracted staff performed 1,535 body viewings in 2025.	▪ Increased staffing. ▪ Improved employee retention ▪ Retain accreditation by the National Association of Medical Examiners (NAME). ▪ Improved turnaround time for the final cause of death. ▪ Faster response for monitoring morbidity and mortality through the newly launched Overdose Dashboard.

Medication Assisted Treatment (MAT) Behind the Walls

PROJECT OVERVIEW

The Medication-Assisted Treatment (MAT) Behind the Walls project is an evidence-based program for individuals who are incarcerated in a Milwaukee County correctional facility and living with an opioid use disorder (OUD). The program consists of treatment and facilitates connection to outpatient services that will continue post-release, commencing well before release, so the individual is well-established on their path of recovery.

The MAT Behind the Walls project evolved as a successful partnership between the Milwaukee County correctional facilities, the healthcare provider Wellpath, and the community-based opioid treatment provider Community Medical Services.

PROJECT INFORMATION

Lead Department:
Health & Human Services

Project Manager:
Amy Glisper

Remediation Category:
Treatment

Cohort One:
1/1/23-12/31/25

Allocation:
$2,514,909

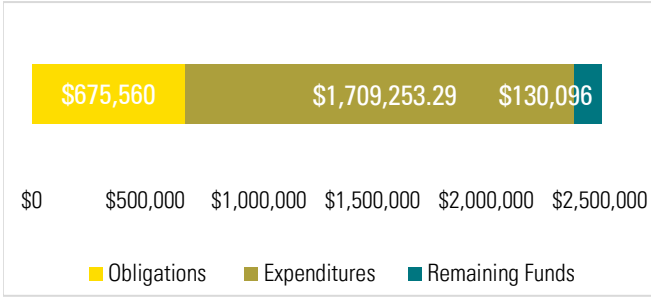
PROJECT POPULATION

The MAT Behind the Walls project meets the needs of a very vulnerable and often marginalized population. The prevalence of individuals living with an OUD in the criminal justice system is high. Individuals who are incarcerated are a vital population to provide MAT services to, as they are often motivated for recovery after a period of forced remission, and they are also up to 40 times more likely to die of an overdose after release from a correctional facility. Upwards of 75% of individuals will relapse within three months of release from a correctional facility. This project has served individuals living with OUD at the Milwaukee County Community Reintegration Center (CRC) or the Criminal Justice Facility (CJF).

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The MAT Behind the Walls Project was allocated $2,514,909 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



In 2025, there was a marked increase in the number of individuals served and connected to community services. Adding a discharge planner to the team at Wellpath resulted in very positive outcomes for participants. Of the 43% of program participants discharged to the community, 97% were connected to outpatient services, Recovery Support Coordination (RSC) services, or residential treatment. Only two individuals declined services altogether. One of the reasons the program exists is to help individuals who struggle with opioid addiction while incarcerated, so that they do not go back to using post-release and risk death by overdose. According to the ME's death report, there were no deaths by overdose post-release in 2025 amongst the individuals who received treatment while incarcerated in the CRC and MCJ, as well as outpatient services in the community.

PUBLIC AND COMMUNITY ENGAGEMENT

For the MAT Behind the Walls Project in 2025, our team has been meeting weekly with the relevant stakeholders. Information from those meetings is shared with RSCs, Wellpath social workers, the CMS therapist, and peer support. This fosters collaboration and improves communication, supporting participant success. Some individuals who are a part of the MAT Behind the Walls program also attend the OD-PHAST meeting monthly and are involved in a community approach to support individuals struggling with addiction in addition to their work on the project.

CHALLENGES AND SOLUTIONS

A challenge the project faced in 2025 was gathering and compiling data from Wellpath and CMS to better monitor and track project performance and service gaps. Through increased communication and collaboration with the Wellpath social worker and discharge planner, the CMS team supervisor, and the BHS Quality and Research team, the project now has a solid data tracking system that will enhance not only data collection but also the program's overall success.

LOGIC MODEL

Primary Delivery Mechanisms

Inputs

- Opioid Settlement Funding of $2,514,909
- In-kind staff time; Project Director, Community Program Liaison, Program Evaluator

Partners

- Wellpath
- Community Medical Services
- CRC
- CJF
- COSSUP Grant

Activities

- Provided all three forms of FDA-approved MAT (Vivitrol, Suboxone, and Methadone)
- No new nursing positions were added in 2025.
- More staff time was dedicated to serving participants at the Milwaukee County Jail, which directly affected the increase in services provided.
- Staff receive formal ongoing training about harm reduction, and participants receive information and strategies from their therapist, social worker, and peer supports.
- Harm reduction supplies and instructions are given to each participant at the time of their release from incarceration.

Performance Measures

Outputs

- 197 individuals participated in the MAT Behind the Walls program at CRC and CJF in 2025.
- In 2025, 70% of individuals with an identified Opioid Use Disorder at CRC and CJF participate in the MAT Behind the Walls program. The remaining individuals (82) are on a waiting list.
- Suboxone, Methadone, and Vivitrol were provided to the program participants.
- In 2025, 172 males, 25 females 41 Caucasian, 142 Black, 14 Hispanic
- In 2025, 59 individuals transitioned to community-based provider(s) post-release. Others are still in the program or transferred to DOC.
- In 2025, 117% increase in participation at CJF.
- In 2025, 43% increase in participation at CRC.
- No formal participant feedback was gathered in 2025.

Key Performance Indicators

Outcomes & Impact

- Total participants in 2024: 103. Total participants in 2025:197 for a 91% increase.
- In 2025, 59 individuals continued treatment after release, which is 43% of the total number of participants discharged. It should be noted that 53% were transferred to the DOC for additional time in custody. 3% declined.
- Neither CRC nor CJF tracks recidivism. This is something the CRC and CJF would have to track in their own systems, which they do not.
- 0% of participants have reported an overdose post-release, and there have been no deaths due to overdose within one year of participants' release, according to the ME death report in 2025.

Opioid Educator – Emergency Medical Services

PROJECT OVERVIEW

This project added a Harm Reduction Educator position to the Office of Emergency Management (OEM) education team. The project's goal is to collaborate with various entities within the county to provide knowledge and training to Emergency Medical Services (EMS), Law Enforcement, and other first responders to better understand and help those suffering from Opioid Use Disorder and overdoses. By providing training on CPR, naloxone use, and other life-saving interventions, the intent is to create better outcomes for those directly impacted by opioids.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Shane Hughes

Remediation Category:
Harm Reduction

Cohort One:
1/1/23-12/31/25

Allocation:
$407,799

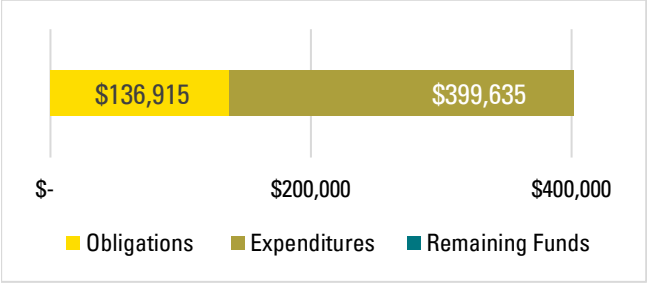
PROJECT POPULATION

To date, this project has primarily focused on building relationships with other Milwaukee County organizations, such as the Department of Health and Human Services, Milwaukee County Transit Services, and Milwaukee County Parks. As the project progresses, OEM expects to expand and provide training and education on life-saving interventions for the public.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Opioid/Harm Reduction Educator Project was allocated $407,799 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



Naloxone Distribution

A total of 2,922 naloxone units were distributed to organizations across Milwaukee County[1], including public safety agencies, health departments, harm reduction groups, educational institutions, and community-based organizations. Priority was given to high-impact programs, including emergency services, transit staff, law enforcement, and outreach to vulnerable populations. These efforts reflect a coordinated, community-wide strategy to equip frontline responders and public-facing partners with life-saving overdose reversal tools.

CHALLENGES AND SOLUTIONS

This project faces several key challenges. First, geographic and transportation barriers limit access to core services in high-need areas, where few buprenorphine/MOUD providers are available, and residents cannot easily cross "invisible city lines." While MIH clinicians help bridge gaps through mobile outreach and referrals, clients often struggle to access follow-up care. To address this, we will expand Fire Department Mobile Integrated Health and Transport Paramedics in both HRE and pre-hospital treatment.

Second, Milwaukee is one of the most segregated cities in the U.S., with Black residents experiencing disproportionately high overdose rates due to longstanding structural inequities. We will address these disparities through culturally tailored harm reduction education delivered by trusted community partners, including faith leaders and organizations such as the Northside Harm Reduction Coalition and Office of African American Affairs. This will be paired with MIH paramedic outreach, buprenorphine initiation, harm reduction supplies, and targeted strategies such as overdose data dashboards, vending machines, and cross-sector coalitions.

[1] Milwaukee Fire Department - MIH (600 units). Milwaukee County (general/outreach): 500 units, StreetLife Communities (homeless outreach): 500 units, UWM Police Department: 480 units (campus safety and education), Milwaukee County Sheriff's Office: 200 units, Wauwatosa Health Department: 150 units (liquor store/vape shop outreach program), MKE Harm Reduction Collective: 200 units, Milwaukee County Transit System: 55 units, Milwaukee County OEM: 218 units, Smaller allocations (10–100 units) supported additional entities such as Gesu Parish, the Office of the County Clerk, FISERV Forum, Greendale Fire Department, and others focused on staff training, event-based distribution, and localized education efforts

Third, the rapidly evolving and contaminated drug supply—particularly fentanyl in non-opioids and the increasing presence of xylazine—requires continuous adaptation. We will update training to include CPR and rescue breathing alongside naloxone use, expand education on stimulant-related risks, and leverage community paramedics, real-time alerts, and outreach strategies to ensure timely, equitable responses.

PUBLIC AND COMMUNITY ENGAGEMENT

Milwaukee County's opioid crisis demands collaborative, equitable action. We call on community members/leaders, faith leaders, first responders, and residents to support expanded Mobile Integrated Health paramedic services that deliver culturally tailored harm reduction education, on-scene buprenorphine initiation, naloxone distribution, and post-overdose outreach, especially in northside neighborhoods facing transportation barriers, racial disparities, and a rapidly changing drug supply. Milwaukee County OEM, Municipal Fire Departments, the Medical College of WI, Hospital strategic partners, and other public safety stakeholders will continue working with national leaders to learn from and adopt new concepts in response to evolving issues. By partnering with stakeholders, leveraging vending machines, and overdose dashboard data, we can continue to save lives, build trust, and address root inequities together.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Funding for harm reduction-focused projects. ▪ Supplies for leave-behind kits.	▪ Train first responders and community members on Harm Reduction education with an opioid focus. ▪ Trauma-informed care (TIC) education. ▪ Mental health/ substance use training for the Milwaukee County Transit System (MCTS). ▪ Community engagement events promoting harm reduction. ▪ Leave behind kits.	▪ 8 monthly trainings with MCTS. ▪ Hands-only CPR and Naloxone administration training for civilians. ▪ 2 Naloxone administration training for County park employees. ▪ 100 leave-behind kits are given out at community events. 20 bystander CPR trainings, including Milwaukee County employees. ▪ 10 bystander Naloxone training locations, including Fiserv Forum, Milwaukee County Zoo, and Milwaukee County Transit System. ▪ 70 MCTS staff equipped with tools to safely engage with patrons who are experiencing mental health or substance use issues. ▪ Milwaukee County Medical Examiner training on opioid exposure. ▪ 2,922 Naloxone kits were distributed to various stakeholders for public dissemination.	▪ County park employees can recognize overdose signs and safely administer Naloxone if needed. ▪ Civilians are now prepared to administer Naloxone. ▪ Improved patient care, community relationships, and health outcomes by implementing TIC practices. ▪ MCTS staff can recognize patrons in mental health crisis and/or dealing with substance-related issues. ▪ First responders can recognize opportunities to implement trauma-informed practices during community engagement.
Partners			
▪ DHHS- community outreach coordination			

Opioid Treatment in the Prehospital Environment

PROJECT OVERVIEW

The Office of Emergency Management (OEM) is collaborating with local fire departments to establish a pre-hospital Buprenorphine administration program, monitor its outcomes, direct patients to medical and substance abuse treatment, and gather needed data to eventually expand the use of buprenorphine to larger groups of field providers. Emergency Medical Services (EMS) providers have a unique opportunity to positively influence near-overdose victims in the moments immediately after revival from a near-fatal event.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

Remediation Category:
Treatment

Cohort One: 1/1/23-12/31/25

Allocation: $536,550

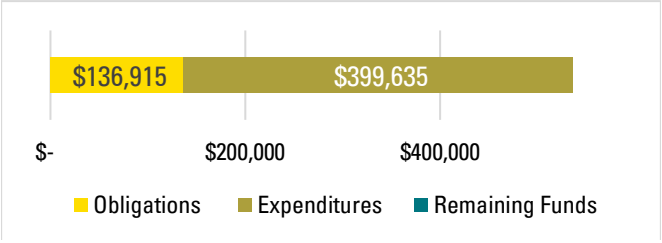
PROJECT POPULATION

Opioid Use Disorder (OUD) affects many members of the population from diverse backgrounds today. In addition to those whom the EMS system encounters with a known history of opioid use, the Office of Emergency Management, EMS Division has a peer-reviewed and published model to not only identify areas of need, but also to prioritize areas that are more vulnerable with resources, education, and outreach. This model is the Evaluating Vulnerability and Equity (EVE) Model[1].

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Emergency Medical Services Medication Assisted Treatment Project was allocated $536,550 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



In 2024, three fire departments informed OEM that they were interested in establishing an MIH program and adding buprenorphine to their operations to address the opioid epidemic within each of their communities. Throughout 2025, all three fire departments, in addition to the three existing programs within Milwaukee County, established their processes and personnel and began operations to provide MIH services, including buprenorphine to patients. In 2025, South Milwaukee and Oak Creek each saw around 300 patients attempt contact within their communities alone. This demonstrates a significant service request that is likely similar across the rest of the County. For comparison, West Allis has an established program with nearly 1,000 requests and contacts annually.

CHALLENGES AND SOLUTIONS

The process to create new positions to fulfill this work and provide this new line of service to the communities is extremely time-consuming. While the funds were approved by Milwaukee County in 2024, they were not actually spent until 2025.

PUBLIC AND COMMUNITY ENGAGEMENT

The expansion of these programs and services is designed to engage the community for higher-risk patients who may be suffering from substance abuse or in need of additional harm reduction or better connections to address deficits in social determinants of health. Many of these residents are unnecessarily using the 911 system for common, basic needs that do not require an emergency response. These MIH teams typically have paramedic-level training, as well as additional education to address additional needs, and can help facilitate connections to care or activities of daily living. The vast majority of these residents do not require transport to a hospital but rather engagement to better resources in an upstream attempt to prevent an emergency situation.

Opioid Treatment in the Prehospital Environment

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Subsidy Funding ▪ Medical Direction ▪ Patient Population Assessment ▪ Training for EMS Clinicians	▪ Educate Milwaukee County EMS providers on induction workflow and reporting requirements. ▪ Provide Harm reduction kits to all participating EMS agencies. ▪ Distribute induction medication to participating EMS agencies. ▪ Identify healthcare facilities capable of receiving induced patients (receiving centers). ▪ Provide education to the healthcare facility employees expected to receive induction patients from EMS and continue their care. ▪ Provide education to the receiving centers on how to work with the Health Navigator/Peer Counselor to connect patients to long-term MAT treatment within their system or community. ▪ Survey 100% of induced patients to evaluate the short- and medium-term wellness and life outcomes related to engagement with MAT. ▪ Monitor EMS utilization, Hospital ED utilization, and ME Data to identify the impact of induction on the opioid epidemic within Milwaukee County.	▪ 1,505 of MKE County EMS providers are trained. ▪ 7,149, 2-packs or Hope Kits distributed. ▪ 148 doses of induction medication distributed. ▪ 5 EMS agencies (MFD, WAFD, GFFD, OCFD, and SMFD) that received induction medication. ▪ 16 healthcare facilities and 18 hospitals were identified as able to receive induced patients. ▪ Quality Assurance Program is established. ▪ 9 MIH standards of care guidelines were created in 2025; 9 additional guidelines were created in 2026. ▪ Rate of administration of buprenorphine doubled from 4 incidents in 2024 to 8 incidents in 2025. ▪ 215 patients assisted to SUD treatment programs with two agencies still pending. ▪ Consolidated all patient data collection into one single reporting system. ▪ Organized data elements for data analytics. ▪ Social determinants of health screening added to data collection ▪ Funded MIH initial education for 12 fire department clinicians. ▪ Planning and funding for the expansion of Buprenorphine to all MED units within the Milwaukee County EMS System.	▪ EMS agencies will offer induction to 95% of eligible patients within Milwaukee County. ▪ Social Worker/Case Manager will attempt to contact 100% of induced patients transported to a receiving center to connect them with wrap-around services. ▪ Expand Buprenorphine to 3 ALS units in Milwaukee County as a pilot with the intent to allow for any ALS unit to carry the medication. ▪ Increase the rate of Buprenorphine administration by 15%, given targeted continuing education to current MIH providers. ▪ Compliance with Clinical Opiate Withdrawal Scale score assessment and screening. ▪ Monitoring safety events involving Buprenorphine. ▪ Percent of patients continuing to receive care after EMS/MIH encounter. ▪ 2025- zero adverse events related to Buprenorphine
Partners			
▪ Fire Departments, Medical Examiner, OD-PHAST, Public Health, Law Enforcement, Health Systems			

Overdose Risk Prediction Model

MELPROJECT OVERVIEW

This project seeks to identify individuals at risk for future overdose when they present at specific Milwaukee County service lines via a predictive model pilot project that would be expanded in the future. This effort offers the opportunity to serve as a proof of concept demonstrating the value of data sharing and integration while addressing an urgent public health issue that touches every area of Milwaukee County.

This pilot focuses on a literature review of previous research on overdose prediction, obtaining pre-cleaned county data for Emergency Medical Services (EMS) and Medical Examiner (ME) via a Data Share agreement with the Medical College of Wisconsin (MCW), which will provide access to key Behavioral Health Services (BHS) data, building the model, and presenting results.

PROJECT INFORMATION

Lead Department:
Department of Health and Human Services

Project Manager:
Matt Drymalski

Remediation Category:
Other Strategies

Cohort One: 7/1/24-12/31/26

Allocation: $29,000

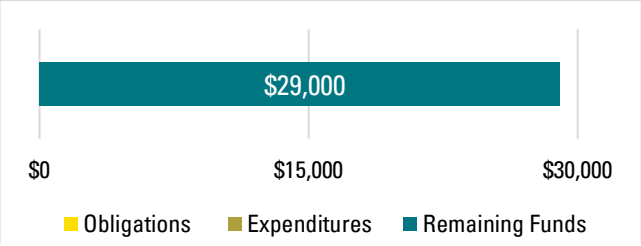
PROJECT POPULATION

Milwaukee County residents contacting BHS and Office of Emergency Management (OEM) EMS service lines, presenting with risk factors for a future overdose, is the population of focus. The model will be expanded in future phases of the project.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Overdose Predication Model Project was allocated $29,000 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



The following milestones were achieved in 2025:

- Several data sets were acquired from MCW.
- Data coding issues and codebooks were discussed with MCW partners
- These data sets were scrubbed and linked in Python
- Preliminary analyses were completed:
  - Descriptive statistics were developed and shared with the team
  - Additional analytic models and strategies were discussed, developed, and revised during several meetings in which data were reviewed

No Opioid Settlement Funds were spent in this project.

CHALLENGES AND SOLUTIONS

The primary challenge associated with this project was staff turnover. The staff member assigned to complete the initial analyses left Milwaukee County in August of 2025, and, due to budgetary constraints, her position was not filled. This, coupled with the departure of other team members, has left the team with a shortage of staff resources, particularly among those with the advanced data-analytic skills required to complete this project.

We recently hired a new staff member in January of 2026, who may be able to take on this work once they are fully onboarded and trained. We will discuss this possibility with her over the next several weeks, at which point we hope to resume work on this project.

PUBLIC AND COMMUNITY ENGAGEMENT

Due to the pilot nature of this project, the current audience is internal until the model is broadened in future phases of work and made applicable to specific Milwaukee County departments that deliver services to residents. Insights derived from this work will inform risk prediction and management efforts for community members seeking County services, and their engagement will be important for further developing and refining the prediction models.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcome & Impact**
▪ $29,000 ▪ DHHS Data Analytics/Statistics Professionals ▪ Information Management Services Division (IMSD) Data Analytics/Statistics Professionals ▪ Data Share/MCW data ▪ Statistics Consultant	▪ Literature review of previous research on overdose risk factors ▪ Obtain pre-cleaned OEM EMS and ME data from Data Share/MCW ▪ Build a pilot statistical model ▪ Present results	▪ Verified successful join of OEM EMS, ME, and BHS Data Sets through individual matching scores ▪ Descriptive analyses completed of individual and joined data sets ▪ Predictive analyses completed of individual and joined data sets ▪ Results developed via a report, visual abstract/infographic, and presentations, including an overview of the project, methods, and suggested next steps ▪ Presentations to key stakeholders of results ▪ Automated flags built into EHR and other platforms to flag individuals at risk for overdose	▪ Increased identification of individuals at risk for overdose ▪ Increased intensity of mitigation response to at-risk individuals. Increased ability to track the prevalence of overdose risk in the BHS population ▪ Investment in analytical tools and staff to support more effective and impactful data-driven decision-making Successful development of individual matching methods that can be scaled at the county level for use in other data set merges with individual-level data
Partners			
▪ DHHS ▪ IMSD ▪ MCW			

PATH: Pre/Post Incarceration Access to Treatment and Healing

PROJECT OVERVIEW

The PATH (Pre/Post Incarceration Access to Treatment and Healing) aims to target pre- and post-incarcerated individuals who are engaged in the criminal justice system. The project uses a Mobile-Integrated Health (MIH) model (a collaborative approach that leverages mobile resources, such as EMS personnel and community paramedics, to deliver healthcare services to patients in their homes or other non-hospital settings) to provide OUD resources to pre- and post-incarcerated populations. Individuals at high risk will be identified and referred by one of three key partners: the Milwaukee County District Attorney's Office, the Community Reintegration Center, and the Milwaukee County Sheriff's Office. The referrals will go through OEM, which will share them with MCW and track and distribute them to local fire departments. Fire Departments with MIH services will provide outreach via phone and in-person resources, including peer support, harm reduction supplies and training, medication-assisted treatment induction, outpatient treatment referrals, housing resources, mental health resources, and other county and local resources.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

Remediation Category:
Treatment

Cohort two:
7/1/24-12/31/26

Allocation:
1,066,966

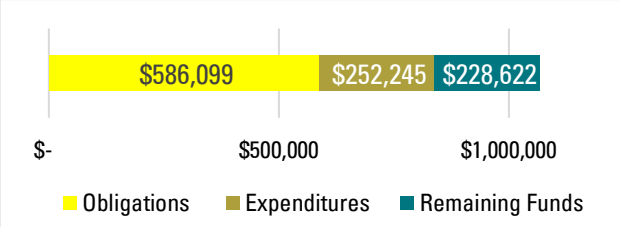
PROJECT POPULATION

Pre- and post-incarcerated individuals who are engaged in the criminal justice system.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The PATH Project was allocated $1,066,966 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



Our biggest success in 2025 was organizing our systems and processes and engaging key partners to share data and collaborate on the best way to deliver services. The Medical College of Wisconsin is picking up a large administrative role to coordinate services and patient flow. OEM garnered interest from six fire departments, in addition to the OEM internal team, to provide clinician services and arm reduction education and training. Starting at the end of 2025, 29 patients were engaged around the time of their release. There are now more than 100 patients enrolled in this program. OEM is positioning itself to take over referrals for air traffic control functions and guide those to the appropriate fire department or agency providing MIH services.

CHALLENGES AND SOLUTIONS

Data sharing with the community reintegration center and its contracted nursing staff was a major hurdle to overcome. Significant effort was invested in formulating a data use agreement that incorporated HIPAA protections for patient care data. That agreement is expected to be signed in early 2026.

PUBLIC AND COMMUNITY ENGAGEMENT

This program has been communicated through the legal system and the community reintegration center and its resources. Given the academic evidence of overdose within this extremely high-risk population, this project is focused on a very specific population of folks who are at risk of dying from a fatal overdose.

LOGIC MODEL

Primary Delivery Mechanisms

Inputs

- Funding (Opioid Settlement Funds)
- Data management and evaluation tools

Partners

- Funding (Opioid Settlement Funds)
- Milwaukee County Fire Departments
- District Attorney's Office
- Community Reintegration Center
- Milwaukee County Sheriff's Office
- Milwaukee County Office of Emergency Management
- Medical College of Wisconsin
- Harm reduction organizations
- Peer support organizations
- Housing and social service agencies
- Mental health service providers
- Primary care and outpatient treatment centers
- Milwaukee County Health and Human Services
- County funders and policymakers

Activities

- Conduct outreach via phone calls to explain the program
- Conduct in-person meetings with participants in low-barrier settings
- Provide harm reduction supplies and training
- Connect participants to peer support services
- Induce medication-assisted treatment (MAT) in the field
- Refer participants to outpatient treatment services
- Connect participants to housing, transportation, and mental health resources
- Provide information and referrals to domestic violence resources
- Schedule primary care appointments in real-time
- Monitor participant engagement and follow-up rates
- Collect and analyze program data to inform ongoing improvements
- Disseminate findings to support replication in other communities

Performance Measures

Outputs

- 29 participants were provided with critical opioid-related interventions.
- 3,024 of harm reduction supplies distributed.
- 16 partner meetings and strategic adjustments.
- Dissemination of findings to stakeholders, lectures, research manuscripts, policy statements, and working groups.
- 29 patients served in 2025
  - MFD – 16
  - GFFD – 7
  - WAFD - 6
- Data use agreement continues to be in progress with CRC and MCW.
- Intergovernmental agreements signed with 6 fire departments
- MCW agreement signed

Key Performance Indicators

2025 Outcomes & Impact

Short Term

- Increased access to harm reduction resources.
- Improved engagement with peer support and healthcare services.
- Enhanced connections to housing, transportation, and mental health resources.
- More participants receiving MAT in the field.

Intermediate Term

- Increased scheduling and attendance of primary care appointments.
- 50% of participants induced buprenorphine followed up with outpatient treatment.
- 50% of participants referred for primary care attend their appointments.
- 50% of engaged participants do not require opioid-related 911 calls within a year.
- 90% of engaged participants do not experience a fatal overdose within a year.

Long Term

- Reduced opioid-related emergency calls and overdoses in Milwaukee County.
- Improved overall health and stability for high-risk populations.
- Sustainable integration of MIH programs into Milwaukee County's public health and emergency response systems.

Residential Substance Abuse Treatment Capacity Building

PROJECT OVERVIEW

Milwaukee County Behavioral Health Services (BHS) has a long-standing history of contracting with substance use residential treatment programs as part of its comprehensive system of care. In February 2021, a Medicaid waiver was implemented, allowing the treatment portion of this level of care to be funded by Medicaid, with Milwaukee County funding only the room-and-board portion. While this has been an incredible opportunity for the community and has reduced reliance on tax levy and other grant funds, the demand for the service still exceeds supply. Because of the fragile nature of individuals living with Substance Use Disorder (SUD), waiting for services does not work well. Individuals may lose interest in seeking care while waiting, or even more tragically, may die from their addiction. Given this, increasing the capacity of local residential substance-use treatment programs is an important endeavor.

PROJECT INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Jennifer Wittwer

Remediation Category:
Treatment

Cohort One:	Allocation:
1/1/23-12/31/25	$1,821,140

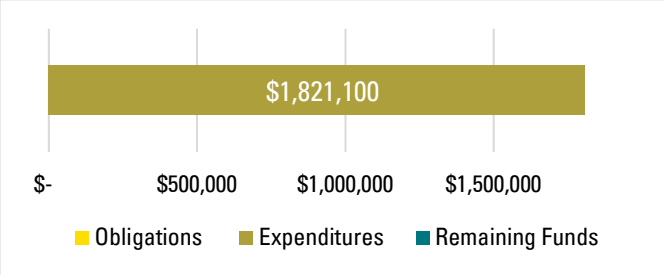
PROJECT POPULATION

This project is working to address a significant unmet need in the community, which includes targeting specific groups who are disproportionately affected by the opioid epidemic. Milwaukee County experienced a 60% increase in overdose deaths from 2016 to 2020. Opioid use and abuse impact all sectors of Milwaukee County in terms of gender, race, culture, and socioeconomic status.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Residential Substance Abuse Treatment Capacity Building Project was allocated $1,821,140 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



BHS released a competitive RFP in April 2024, soliciting applications from vendors who were interested in creating SUD Residential capacity expansion. Three awards were made to build capacity expansion: Serenity Inns for 14 SUD Residential beds for men (opened in October 2024); United Community Center for 8 SUD Residential beds for men (construction 75% complete and slated to open in May 2026); and Meta House for 65 SUD Residential beds for women (construction 80% completed and slated to open in August 2026).

With all awards secured to achieve the desired capacity expansion, budgetary approval was sought and granted to use the remaining project funds to cover the room-and-board costs associated with each residential stay for individuals in treatment.

CHALLENGES AND SOLUTIONS

There have been some construction delays at both United Community Center and Meta House; both projects are now nearing completion and have targeted opening dates for their new facilities later this year.

While SUD Residential capacity has been increasing locally and waitlists for treatment have subsided significantly, a financial challenge remains in covering the room-and-board portion of a residential stay. While Medicaid covers the treatment portion of a stay (and many of the individuals served in the system have Medicaid), room and board (bricks and mortar, food, utilities) is not covered by Medicaid or any other grant funds in the SUD system of care. Given this, being able to pivot and use the remaining funds from this project to cover room-and-board costs has been of great benefit to the system, providers, and

individuals seeking services. BHS was awarded a new opioid-settlement-funded project to cover room-and-board costs for SUD residential care, starting in January 2026.

PUBLIC AND COMMUNITY ENGAGEMENT

All three SUD residential providers who received awards for this project have deep ties to the Milwaukee County community, with significant marketing and community engagement to ensure the public at large is aware of their services and how to access them. Each provider manages their own referral process and waitlist.

In addition, all three providers have hosted and participated in a variety of public-facing events, including fundraising events, open houses, recovery events, and tabling at resource fairs.

LOGIC MODEL

Primary Delivery Mechanisms

Inputs

- Opioid Settlement Funds of $1,821,140
- In-kind staff, Project Director/CARS Director

Partners

- Meta House
- Serenity Inns
- United Community Center

Activities

- Publish a competitive RFP
- Target service providers servicing residents living in the following zip codes 53204, 53206, 53208, 53209, 53212, 53214, and 53215
- Administer the yearly consumer satisfaction surveys
- Evaluating pre- and post-treatment withdrawal management utilization rate

Performance Measures

Outputs

- 3 awards made for SUD Residential expansion.
- 1 facility (Serenity Inns) serving 14 men in SUD Residential opened as of October 2024, increasing capacity in the 53208 and surrounding 53204, 53206, and 53209 zip codes.
- 2 facilities to serve an additional 8 men (UCC) and 65 women (Meta House) have construction nearing completion, with plans to open doors by the end of 2026.
- Consumer satisfaction surveys have been collected from 71 individuals who have received services from Serenity Inns since October 2024.
- Room and board costs that are part of SUD Residential services, but not covered by Medicaid, were funded for individuals in need.

Key Performance Indicators

Outcomes & Impact

- SUD Residential capacity has been increased by 14 beds for men (Serenity Inns). 92 individuals accessed the services in this facility in 2025.
- Individuals receiving services from Serenity Inns report an average satisfaction score of 4.82 out of 5 points at the time of discharge from services.
- Clients served by Serenity Inns are denoted as "Improved" 69.9% of the time, as compared to a network average of 45.7% discharged as "Improved."
- Room and board costs that are part of SUD residential treatment were covered for 686 unique individuals.
- Fatal overdoses in Milwaukee County have decreased by 42% between 2023 (N=667) and 2025 (N=383).

Respite Build Out – Dedicated Harm Reduction Beds

PROJECT OVERVIEW

The project focuses on the build-out of the 3rd floor of the Hillview Building, which is owned by Milwaukee County Housing Services, and currently has a 27-bed safe haven on the 2nd floor that serves individuals experiencing unsheltered homelessness. The goal of the 3rd floor is to create dedicated harm reduction beds for individuals experiencing unsheltered homelessness and actively using opioids. The goal is for the newly created beds to provide a safe place for residents to work towards recovery and end their homelessness through connections to permanent supportive housing. Funding for the project will go towards construction materials and hiring vendors to complete the build-out.

PROJECT INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Eric Collins-Dyke

Remediation Category:
Harm Reduction

Cohort One: 7/1/24-12/31/26

Allocation: $426,000

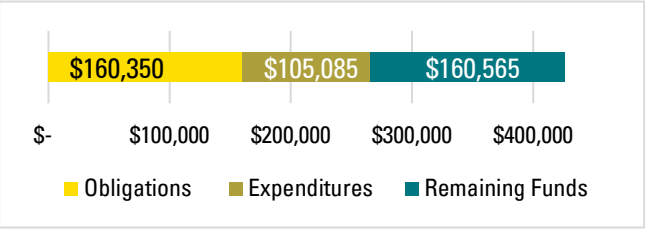
PROJECT POPULATION

The project will serve individuals experiencing unsheltered homelessness and actively using opioids. The goal is to ensure that at least 20% of the total beds on the 3rd floor are always dedicated to this population. We anticipate that the 3rd floor will have a total of 20 beds. Milwaukee County's homeless outreach team will identify consumers on the street, refer them to these beds, and oversee the transition process. The outreach team currently has two treatment and resource navigators who will take the lead on referrals and continuity of service plans.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Respite Build Out Project was allocated $426,000 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



Construction started in the summer of 2025 and is on track to be completed sometime before June 2026. OSF funding hasn't been drawn down for this project yet because a State NIF grant had to be spent down first for the building. We anticipate roughly $250,000 in OSF spending for this project by early May and a full spend-down of the funds by early fall 2026.

CHALLENGES AND SOLUTIONS

A lengthy roof renovation needed to be completed before construction on the third floor could begin.

PUBLIC AND COMMUNITY ENGAGEMENT

In 2025, there was increased discussion and collaboration on the respite model and how to expand it locally. The Milwaukee Healthcare Partnership worked with Milwaukee County Housing Services to support a respite pilot that will open in March and operate for 3-4 months until more permanent respite beds are available. This pilot will help inform the program structure of the planned respite program at Hillview.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
• $426,000 • Respite build out • Harm Reduction beds **Partners** • Milwaukee County Homeless Outreach • Milwaukee Coalition on Housing and Homelessness • Behavioral Health Services • Vivent Health • City of Milwaukee	• Cost of construction materials and hiring vendors to complete the build-out • Procure material, solidify vendor contracts, and complete construction Utilize beds dedicated to individuals actively using opioids, to end their cycle of homelessness and work towards recovery	• % of total respite beds dedicated to individuals actively using opioids and experiencing unsheltered homelessness upon entry. • # of individuals served. • # of individuals accessing permanent housing.	• Increase in community capacity to serve individuals experiencing unsheltered homelessness. • % increase in the number of individuals accessing permanent housing. • Expansion in harm reduction services to individuals experiencing homelessness. • Increase in partnerships among homeless service agencies and SUD serving agencies.

Strengthening Opioid and Substance Use Education and Treatment for Justice-Involved Youth

PROJECT OVERVIEW

Milwaukee County's Department of Health and Human Services (DHHS) Children, Youth, and Family Service Division (CYFS) is committed to improving education, treatment, and community-based linkages for youth in the detention center, with a specific focus on youth with a history of substance use. In this project, CYFS focuses on the early diagnosis of treatment needs, referrals to community-based support, and opportunities to limit justice system involvement. This project increases CYFS capacity by funding two positions to work with youth in the detention center and by initiating development of the clinical unit there. Individual therapeutic and group services are offered to youth in detention. This project also funds certification and access to substance use assessment.

PROJECT INFORMATION

Lead Department:
Health & Human Services

Project Manager:
Kelly Pethke & Ryan Ayala

Remediation Category:
Treatment & Other

Cohort One:	Allocation:
1/1/23-12/31/25	$799,190

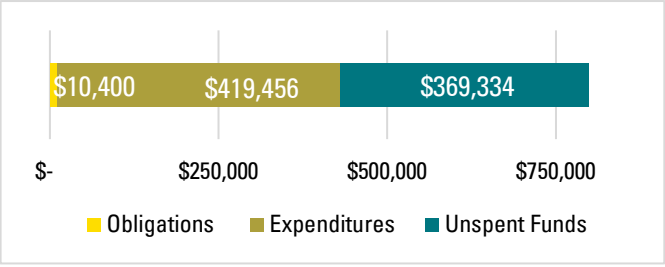
PROJECT POPULATION

This project serves individuals involved in the youth justice system, both those in the youth detention center and those who leave it for their homes and community-based placements. Over 90% of those served in the youth justice system in Milwaukee County are children of color and are between the ages of 14 and 17, although children as young as 10 are in the justice system. These are youth who are adversely affected and live in historically underserved communities.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Strengthening Opioid and Substance Use Education and Treatment for Justice-Involved Youth was allocated $799,190 over three years in Opioid Settlement Funds. The chart below reflects spending progress through 12/31/2025.



The Milwaukee County Accountability Program (MCAP) is a one-year diversion program supporting adjudicated youth through a 6-month detention phase followed by a 6-month community phase, addressing behavioral and emotional needs through treatment and community-based interventions.

In 2025, 100% of MCAP youth received evidence-based Dialectical Behavioral Therapy (DBT), and the number receiving individualized mental health services increased by 76% (from 38 to 67 youth).

Expanded staffing, including a clinician certified in GAIN assessments, strengthened the clinical team's capacity and structure. This allowed for more intensive and flexible support, with some youth receiving up to 4–5 therapy sessions per week to address trauma and family dynamics, significantly improving stabilization and outcomes for high-need participants.

CHALLENGES AND SOLUTIONS

It was a challenge for the staff on this project that turnover occurred in 2025, with hiring a time-consuming process. The project is now fully staffed once again. In addition, a significant focus for 2025 in the CYFS service area has been preparing for the new Milwaukee County Center for Youth (MCCY) to open in early 2026. MCCY is a Secure Residential Center Care Center for Children & Youth, serving those in juvenile detention for 6 months or longer. Preparing for this has been a service-area-wide project and a main focus of leadership capacity since August. It's wonderful that, because of this project, the MCCY will have access to a fully operational clinical

team, rather than having to build that from the ground up as the new facility opens. This will allow the new facility to offer the highest level of care from day one.

PUBLIC AND COMMUNITY ENGAGEMENT

The Milwaukee County Center for Youth (MCCY) will be more community-facing and community-integrated than the previous model, and this project has participated in its design, bringing focus on youth substance abuse and opioid misuse treatment and prevention.

The project also participates in DHHS' CCS & DBT Expansion Work Group, which is a cross-collaboration between two service areas of DHHS: Children, Youth & Family Services and Behavioral Health Services. Milwaukee County's Comprehensive Community Services (CCS) program serves youth and adults with mental health diagnoses who are engaged in their recovery with a variety of community-based rehabilitative services. Two key sub-projects of the work group directly relate to this project and community engagement: 1) We are building out processes in detention to help youth get as far along in CCS enrollment as possible prior to release, equipped with a warm handoff to participate in CCS mental health and substance abuse programming aftercare; and 2) Specific to DBT, we are building out a process by which our youth receiving DBT in detention are able to – as seamlessly as possible – continue receiving DBT at the Milwaukee County Mental Health Clinic or with another community provider. The increased access to ongoing community care should raise capacity for substance abuse prevention and recidivism prevention.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ $799,190 in OSF Funding ▪ Clinical Manager time ▪ Unit Therapist time ▪ Fee for service providers ▪ Training and Certification ▪ Assessment Software access	▪ Individual mental health and substance use services. ▪ Design and develop a clinical department to improve access to treatment for substance use disorder and the mental health needs of high-risk youth. ▪ Enrolled staff in online training. ▪ Ensured certification of all staff who enrolled in GAINS training. ▪ Providing access to a GAINS Certified Clinician in a secure setting. ▪ Culturally aware fee-for-service providers offering substance use and mental health treatment.	▪ 24 youth per week received weekly individual therapy services while in detention in the MCAP program. ▪ Of the 67 youth released, 61% were referred for post-release services to ensure continuing support. ▪ 2 continuing staff members with ongoing certifications in GAINS assessment administration. ▪ 2 full-time therapists. ▪ GAINS assessments completed to be reported in 2025. None to report. ▪ We adopted a shortened GAINS-Q4 assessment. ▪ Substance abuse educational modules will be reported in 2026.	▪ 76% increase in youth receiving individualized mental health services while in a secure setting in the MCAP program (67 youth seen overall). ▪ Increase in capacity of youth detention center to fully assess for and respond to youth substance abuse risks and needs ▪ Development and growth of a secure setting clinical mental health team ▪ The long-term aim is that by lowering substance-abuse-related risk factors, fewer youth will return to the justice system, and more youth will live healthy, thriving lives. This project will track and report on recidivism rates but proving causality is beyond the scope of this project.
Partners			
▪ Multicultural Trauma and Addiction Treatment Center Counseling. ▪ ABDH Counseling ▪ Voices for the Youth			

Substance Use Disorder System Enhancement Project

PROJECT OVERVIEW

This proposal seeks to add an additional $1,000,000 per year to the existing SUD care system. With these funds, BHS proposes to increase access to life-saving substance use disorder treatment and ancillary services addressing Social Determinants of Health to three distinct groups of individuals: 1) Individuals who are identified as opioid users; 2) Individuals who are not identified as opioid users, but who are in fact opioid users and at high risk of overdose because of the presence of fentanyl in their illicit drug supply (primarily stimulant/cocaine users); and 3) Individuals living with any other substance addiction that does not include opioid use, as their ability to access treatment has been displaced by the demands put on the treatment service delivery system because of the opioid epidemic.

PROJECT INFORMATION

Lead Department:
Health & Human Services

Project Manager:
Justin Heller

Remediation Category:
Treatment

Cohort Two:
7/1/24-12/31/25

Allocation:
$2,565,352

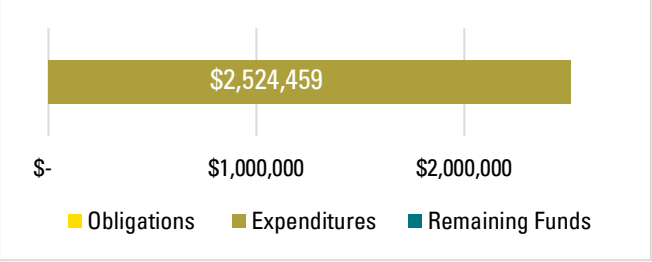
PROJECT POPULATION

The population to be served with this project is any Milwaukee County resident living with an addiction who meets diagnostic and financial eligibility for Milwaukee County BHS SUD treatment services. That said, while BHS is dedicated to serving all individuals in need, given the racial demographics of the target population described in this proposal, this project will likely serve a disproportionate number of historically marginalized, underserved people.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES

FINANCIAL PROGRESS

The Substance Use Disorder System Enhancement Project was allocated $2,565,352 over three years in Opioid Settlement Funds. The chart below reflects spending progress as of 12/31/2025.



In 2025, funds for this project were used successfully to continue to fund fee-for-service treatment for 1,114 Milwaukee County residents in need of SUD treatment services, including 846 served by case management (recovery support coordination), 732 served in Medically Monitored residential treatment, 281 served in bridge housing, and 58 served in other clinical treatment, such as outpatient/day treatment and medication-assisted treatment. 1,917 total services were utilized, and this count is by client served (one client can get more than one service). This exceeds the project's goal of providing care to an additional 300 people, since many of the 1,114 funded through this project may not have had other financial eligibility to pay for the service(s) they received.

CHALLENGES AND SOLUTIONS

While this project provided critical support to many individuals in need, the funds were spent sooner than anticipated. Overall, Milwaukee County's SUD treatment budget has been reduced in 2026, yet community demand for these services persists. To prevent future service reductions and/or disruptions, additional opioid funding will be needed.

PUBLIC AND COMMUNITY ENGAGEMENT

In 2025, this project demonstrated strong public and community engagement by funding fee-for-service treatment for 1,114 Milwaukee County residents in need of SUD services. This ensured access to care for many residents who otherwise lacked financial eligibility for services. The high utilization of funds reflects the continued demand for SUD treatment in the community and underscores the need for additional opioid funding to prevent future service disruptions.

LOGIC MODEL

Primary Delivery Mechanisms		Performance Measures	Key Performance Indicators
Inputs	**Activities**	**Outputs**	**Outcomes & Impact**
▪ Opioid Settlement Funding of $2,565,352 ▪ Staff funded by the project, Project Director ▪ In-Kind staff, BHS CARS SUD team, Quality and Research Team ▪ Leveraged funding. Multiple grants and county tax levy contribute to treatment services	▪ Create a public-facing BHS Substance Use Dashboard. ▪ Conduct an assessment to determine if there is both cost and access to service equity by race and presenting issue. ▪ Enhance the SUD system of care to meet the growing demand and changing needs as a result of the opioid epidemic. ▪ Engage in meaningful outcome measurement to assess the effectiveness of the goal and objectives set forth. ▪ A public-facing dashboard that demonstrates the number of individuals enrolled, their presenting issues, their race, and their length of stay/engagement in services.The dashboard is complete ▪ A formal report of the assessment that includes findings will be presented to the Mental Health Board Quality Committee. ▪ Release an Expression of Interest or a competitive request for proposal with the intent to expand the SUD network of providers ▪ Execute contracts based on the EOI/RFP. The fee	▪ Four of focus groups were conducted to identify any "unmet service needs" so that the appropriate resources can be directed to those areas. ▪ 1,114 individuals were served by the SUD system of care, funded with this project. ▪ 846 individuals rcieved case management (recovery support coordination) ▪ 732 individuals recived Medically Monitored residential treatment ▪ 281 individuals received bridge housing ▪ 58 individuals received "other" clinical treatment such as outpatient/day treatment or medication-assisted treatment	▪ The outcomes of the focus groups included four recommendations: 1. Predictable Housing and Explicit Transition Plans. 2. Employment Support Services. 3. Adequate Care Coordination Support. 4. Consistent and High QualityTreatment Homes that support recovery. ▪ Increased understanding of the data. Improved awareness among stakeholders of the real correlation between race, presenting issues, and length of services. ▪ Decisions based on data for addressing opioid epidemic-related system of care needs. ▪ Demonstrate a rate of improvement of at least 20% above and beyond the current rates of improvement. ▪ The CARS Dashboard includes data regarding each client's self-report of quality of life. For the 1114 clients served by the SUD Enhancement project, the percentage of clients that reported their quality of life to be good or very good remained above 84.26% for each of the four quarters of 2025.
Partners A. Existing network of 43+ community agencies B. New Vendors			

	for the service network remains the same. ▪ Conduct an assessment of outcome measures for change over time in the number of Social Determinants of Health needs; self-rated quality of life; detoxification episodes from start to end of enrollment. ▪ A summary report of the qualitative findings will be delivered to the BHS ExecutiveTeam and SUD Program leadership. This occurred.		

Challenges and Solutions

Across projects, implementation in 2025 reflected both the complexity of addressing the opioid crisis and the County's ability to adapt in real time. Common challenges included staffing capacity, data sharing and integration, procurement and contracting timelines, and sustaining services in the face of high and growing demand.

Several projects experienced staffing-related challenges, including turnover in highly specialized roles and the time required to recruit and onboard qualified staff. This was particularly evident in homeless outreach, data analytics, and clinical roles, where specialized expertise is essential to the success of projects. In response, departments prioritized strategic hiring, role clarification, and cross-team collaboration to stabilize operations and maintain progress.

Data sharing and integration also emerged as a consistent challenge, particularly for projects that rely on coordination across systems such as corrections, healthcare providers, and community partners. For example, the PATH project required developing a comprehensive data use agreement to ensure appropriate data sharing while maintaining HIPAA compliance. Similarly, efforts to improve data tracking and performance monitoring across treatment programs required new systems and stronger coordination between partners. These efforts have resulted in a more robust data infrastructure that will strengthen long-term evaluation and decision-making.

Operational and administrative processes, including contracting, intergovernmental agreements, and facility development timelines, also impacted implementation. Projects involving construction or system expansion experienced delays due to necessary pre-construction work or inter-agency coordination. Other initiatives, such as Mobile Integrated Health expansion, required significant upfront administrative work before services could be fully operational. In each case, project teams adjusted timelines, sequenced implementation steps, and leveraged existing partnerships to maintain forward progress.

MEDIA MENTIONS

Unprecedented Funds allow Milwaukee County to fund innovative, life-saving strategies and expand impactful programs.

- Milwaukee County Press Release: Crowley and Nicholson Approve $9M for Efforts to Combat the Opioid Crisis
- Fox 6 Milwaukee: Opioid Abatement Investment Announcement
- WISN 12: Milwaukee County unveils digital opioid overdose tracking system
- WTMJ 620 AM: Milwaukee County to invest in opioid prevention, treatment, and recovery
- WTMJ-TV (TMJ4): Milwaukee Area Advocates Focus On New Approach To Opioid Crisis Recovery
- WNOV.860: FOCUS is where lived experience animates the faceless data
- Fox 6: Combating Opioid Crisis Roundtable
- Milwaukee Journal Sentinel: Milwaukee County got a wave of opioid settlement funds. How are they used?
- Wisconsin Policy Forum: Opioid deaths drop as initial settlement funds are distributed
- 620WTMJ Wisconsin's Radio Station: Milwaukee County to invest in opioid prevention, treatment, and recovery
- Aging and Disabilities Services: Better Ways to Cope Ad
- Neighborhood News Service: Drug overdose deaths are declining in the County. Will opioid settlement funds drive that number down further
- Wisconsin Public Radio: Milwaukee County launches overdose dashboard, aiming to decrease deaths
- Governing: Plagued by Drug Overdoses, Milwaukee County Tries a new Approach
- Milwaukee Journal Sentinel: Milwaukee County unveils new overdose dashboard, ushering in new hope of driving down deaths
- Urban Milwaukee: County Creates Easy Public Access to Overdose Data.

At the same time, demand for services continues to exceed available resources across multiple areas of the system. Treatment-focused projects reported high utilization and rapid expenditure of available funds, underscoring the ongoing need for sustained investment in substance use disorder services. In response, the County adapted by reallocating resources where possible, leveraging additional funding streams, and identifying opportunities to expand capacity.

Collectively, these challenges have informed a more coordinated, data-driven, and adaptive approach to implementation. Solutions developed in 2025 have strengthened partnerships, improved operational efficiency, and positioned projects for greater impact in the years ahead. These implementation lessons are actively informing future planning, strengthening the County's ability to deploy resources effectively and respond to evolving community needs.

Public Engagement

Public and community engagement remained central to the implementation of Opioid Settlement Fund projects in 2025. Across initiatives, engagement strategies were intentionally designed to meet residents where they are, build trust, and ensure that services are responsive to community needs.

Several projects prioritized direct, community-based outreach, including door-to-door engagement, public events, and education campaigns. The Aging and Disabilities Services project alone reached more than 10,000 individuals through targeted outreach and community events, including innovative approaches such as "Bingo and Learn" sessions that combined education with relationship-building in senior communities. Similarly, harm reduction outreach efforts provided training and resources in high-visibility public settings, equipping residents with the skills to respond to overdoses and prevent fatalities.

Engagement also extended to individuals at highest risk of overdose through targeted interventions. Programs such as PATH and Mobile Integrated Health focused on proactive outreach to individuals involved in the criminal justice system or those frequently interacting with emergency services, offering connections to treatment, peer support, and social services. These approaches emphasize relationship-building and repeated engagement, recognizing that trust and connection are critical to successful outcomes.

Community voice and lived experience were also elevated through structured engagement efforts. The FOCUS Initiative conducted listening sessions, interviews, and community convenings to gather insights from individuals with lived experience and community stakeholders, ensuring that prevention messaging and strategies are culturally responsive and grounded in real-world experience. Feedback from these engagements is actively used to shape programming, communications, and policy recommendations.

At the systems level, engagement included collaboration with community-based organizations, service providers, and cross-sector partners. Through regranting initiatives and community conversations, Milwaukee County supported local organizations in delivering prevention, treatment, and recovery services, while also incorporating their expertise into broader strategy development.

These efforts reflect a shift from program delivery alone to relationship-based engagement, recognizing that trust, cultural relevance, and accessibility are critical to long-term impact. Together, these strategies strengthen community connections, improve access to services, and ensure that opioid response efforts remain responsive to the needs of Milwaukee County residents.

Transparency and Accountability

Milwaukee County remains committed to transparency and accountability in the use of Opioid Settlement Funds, ensuring that investments are data-informed, outcomes-driven, and aligned with community needs.

A key component of this commitment is the development and use of data systems that support real-time monitoring, evaluation, and decision-making. In 2025, the County expanded its data infrastructure through tools such as the Overdose Dashboard and other analytics platforms, providing detailed insights into overdose trends, service utilization, and community impact. These tools are used not only internally to guide strategy but are also shared publicly to promote transparency and inform community partners.

Projects also incorporated structured performance measurement through logic models, key performance indicators, and ongoing evaluation activities. Data collected across programs is used to assess progress, identify gaps, and make adjustments in real time. For example, improvements in data tracking systems within treatment programs have enhanced the ability to monitor participant outcomes and service connections.

Cross-sector collaboration further strengthens accountability by ensuring that data and insights are shared across systems. Initiatives such as the Milwaukee County Overdose Public Health and Safety Team (OD-PHAST) bring together public health, public safety, and community partners to review data, identify trends, and develop coordinated responses. Projects such as the Grief Outreach initiative contribute to this process by providing qualitative insights that deepen understanding of overdose risk factors and inform prevention strategies.

In addition, community-facing dashboards, public reporting, and media engagement efforts provide residents and stakeholders with accessible information, reinforcing public trust and enabling informed participation in opioid response efforts. Milwaukee County's approach reflects a commitment not only to reporting outcomes but to making data accessible, actionable, and responsive to community and partner needs.

Through these combined efforts, Milwaukee County continues to build a transparent and accountable framework that supports continuous improvement, informed decision-making, and responsible stewardship of Opioid Settlement Funds.

Conclusion

In 2025, Milwaukee County continued to advance a comprehensive, data-informed response to the opioid crisis through strategic investments in prevention, harm reduction, treatment, and recovery supports. Across projects, the County strengthened system capacity, expanded access to services, and deepened engagement with communities most impacted by overdose.

The work completed this year reflects meaningful progress across multiple areas of the system, including expanded access to treatment, increased availability of harm reduction resources, and stronger coordination across County departments and community partners. These efforts have contributed to improved outcomes and a stronger foundation for long-term impact.

At the same time, the ongoing complexity of the opioid epidemic remains evident. Continued demand for services, evolving drug trends, and structural challenges underscore the need for sustained investment and coordinated action.

A defining feature of this work is the emphasis on collaboration across departments, community partners, and individuals with lived experience. These partnerships have strengthened program design, improved service delivery, and ensured that strategies remain responsive to the needs of Milwaukee County residents.

Looking ahead, Milwaukee County is well-positioned to build on the progress achieved in 2025. Continued focus on data-driven decision-making, community engagement, and system coordination will be critical to sustaining momentum and further reducing the impact of opioid use disorder in the community.

Through ongoing commitment, innovation, and collaboration, Milwaukee County will continue working to save lives, support recovery, and promote health and stability for all residents.