



Opioid Settlement Funds **A YEAR IN REVIEW**

2024 ANNUAL REPORT



**MILWAUKEE
COUNTY**

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EXECUTIVE SUMMARY

Milwaukee County will receive over \$111 million over 18 years, which is the largest national opioid settlement provided to a local government recovery in Wisconsin's history. The Opioid Settlement Funds a Year in Review: 2024 Annual Report highlights how Milwaukee County is investing Opioid Settlement Funds (OSF) through a strategic, community-driven approach grounded in equity, accountability, and measurable outcomes.

Key Highlights:

- **\$25M in OSF was authorized for 22 projects** led by six Milwaukee County departments, addressing the four national remediation categories: treatment, prevention, harm reduction, and other strategies.
- **Project Focus Areas:** Expanding access to Medication-Assisted Treatment, increasing harm reduction outreach, piloting data tools like overdose prediction models, and improving community paramedic coverage.
- **Funding Strategy:** Prioritizes saving lives now by focusing early funds on treatment and harm reduction, with a planned shift toward upstream prevention and system change in future years.
- **Community Engagement:** 75% of proposal reviewers were community members or external experts, ensuring lived experience and local insight helped shape funding decisions.
- **Transparency:** All funded projects developed logic models, and an evaluation framework is under development to measure real-time and long-term impact.

Overall, Milwaukee County outreach and engagement included:

- | | |
|---|---|
| ▪ 7,900+ residents reached through Opioid funded projects | ▪ 200+ EMS providers and first responders trained on MAT and overdose intervention |
| ▪ 550+ older adults engaged through Aging & Disabilities Services programs | ▪ 20+ community events hosted or attended by County-funded prevention teams |

The annual report serves as a status update and accountability tool, providing a clear picture of how resources are being used to reduce overdose deaths, improve systems, and restore hope to affected individuals and communities. The report outlines the scope of the crisis, how settlement funds are being allocated, the strategy guiding investments, and the early impacts of projects.

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 is rooted in the late 1990s, when the U.S. Food and Drug Administration approved Purdue Pharma's OxyContin, which led the U.S. healthcare system to increase opioid painkiller prescriptions significantly.¹ In 2011, the Centers for Disease Control and Prevention (CDC) declared deaths from prescription painkillers an "epidemic." The crisis has surged for over a decade and continues today.

Nationally, death rates from all opioids rose over the past 10 years. Beginning in 2011, the overdose death rate for opioids was 7.3 per 100,000 people. By 2021, that figure climbed to 24.7 per 100,000 people.² Wisconsin is following national trends in opioid-related deaths. According to the Wisconsin Department of Health Services, the statewide rate per 100,000 of all opioid-related deaths was 10.2 in 2014, compared to 24.8 per 100,000 opioid-related deaths in 2022.³

The statistics have been considerably grimmer for Milwaukee County. In 2014, the rate of opioid deaths was 22.1 per 100,000, rising to 59.7 per 100,000 in 2022 – the overdose rate nearly tripled over eight years. There is hope, however, as fatal overdose rates drop in Milwaukee County. According to Milwaukee County's newly launched Overdose dashboard, there were 674 fatal overdoses in 2021, 652 in 2023, and 450 in 2024 (some deaths in 2024 are still being investigated).

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.

¹ Planalp, C., Hest, R., & Lahr, M. (June 2019). The Opioid Epidemic: National Trends in Opioid-Related Overdose Deaths from 2000 to 2017. State Health Access Data Assistance Center (SHADAC). <https://www.shadac.org/sites/default/files/publications/2019%20NATIONAL%20opioid%20brief%20FINAL%20VERSION.pdf>

² The opioid epidemic in the United States (2024) SHADAC. Available at: <https://www.shadac.org/opioid-epidemic-united-states#:~:text=Overall%2C%20death%20rates%20from%20all,to%2024.7%20per%20100%2C000%20people> (Accessed: 27 March 2024).

³ <https://www.dhs.wisconsin.gov/opioids/dashboards.htm>

Opioid Settlements

In response to the opioid epidemic, state and local governments filed lawsuits against distributors, manufacturers, pharmacies, and those similarly engaged in promoting opioids, claiming a violation of the federal Controlled Substances Act. In 2021, nationwide settlements were reached against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen ("Distributors"), and manufacturer Janssen Pharmaceuticals, Inc., and its parent company, Johnson & Johnson (collectively, "J&J"). In late 2022, agreements were announced with three pharmacy chains, CVS, Walgreens, and Walmart. There were two additional manufacturers, Allergan and

"My administration is deploying opioid settlement dollars across Milwaukee County. These upstream investments are proving to be effective, as we are witnessing encouraging progress with a decline in opioid-related overdoses throughout our community. We know there's more work to do in expanding substance use prevention, harm reduction, treatment, and recovery efforts. Together, we will continue working to change the lives of individuals affected by substance use disorder and reduce the likelihood of overdose-related fatalities in our community." **Milwaukee County Executive David Crowley**

Teva. The third suit is with Kroger, which will result in an additional \$3 million for Milwaukee County in OSF.

Additional lawsuits, such as Sackler, are being litigated in the courts. The Milwaukee County Board has taken action to authorize the Milwaukee County Office of Corporation Counsel (OCC) to enter into Settlement Agreements to receive funds from the lawsuits. The settlements resulted in more than \$111 million to be paid to Milwaukee County over 18 years, after attorney's fees. This is the largest amount recovered by any local government in the history of Wisconsin and represents the largest recovery of any Wisconsin local government in active opioid legislation (Table A).

Table A: Summary of Opioid Settlement Awards as of December 31, 2024

| 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 |
| Total | | | \$111.5 million |

For the last two decades, Milwaukee County has focused its services and local resources on addressing the opioid crisis. Specifically, the Department of Health and Human Services (DHHS) Behavioral Health Services maintains the Community Access to Recovery Services (CARS) service area. These services include prevention, detox, assessments, connections to other services, care coordination, bed-based services (e.g., transitional residential, bridge housing), treatment, and recovery departments. but it will provide funds to fill in resource gaps to aid those most vulnerable to this epidemic. In 2024, the budget for alcohol or drug addiction services in the CARS service area was \$15.4 million.

REMEDICATION 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.

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.

Strategic Planning

The Milwaukee County Office of Strategy, Budget, and Performance (SBP) convened internal department experts and public health partners, along with the Medical College of Wisconsin, to develop a five-year strategy for OSF. During annual allocation periods, Milwaukee County department service areas develop proposals and collaborations that align with and advance the strategic plan.

Alignment with Milwaukee County Strategic Objectives

The opioid settlements provide resources to advance Milwaukee County's strategic objectives, specifically those focused on Bridging the Gap and Investing in Equity (Diagram A).

Diagram A: Milwaukee County Strategic Objectives



Guiding Principles

Milwaukee County funds proposals from departments for services and projects that exemplify the following guiding principles. The review criteria and proposal format promote the integration of these principles into project design.

- **Supplement Existing and Evidence-based Programs.** Dedicate funds to enhance programs that have a proven record of success in the region or are promising practices nationally.
- **Fill Service Gaps.** Invest in the continuum of services for opioid use, and when related to other substance use, where Milwaukee County's existing programming did not meet the community's needs, nor did it collect related data.
- **Align with County Strategy.** Ensure program goals advance efforts to "Bridge the Gap," "Invest in Equity" through upstream (population health) and downstream ("No Wrong Door") investments.
- **Address Racial Inequities.** Leverage settlement funds to address racial, ethnic, and other inequities that the opioid epidemic has exacerbated.
- **Prioritize Data and Program Evaluation.** Track and analyze program data to better understand the impact of services in the community, allowing for feedback loops and improvements.
- **Build Capacity.** Dedicate resources within program budgets to ensure the County has the internal capacity to implement and evaluate programs successfully. Funds will build the capacity of community-based organizations that are often closest to residents.
- **Support Limited- and Long-Term Interventions.** Allocate funds to remediation categories (treatment, harm reductions, prevention, other strategies) at a rate that considers urgent, ongoing community needs with an intention to divert resources upstream over time.
- **Promote Partnerships.** Collaborate with public and private organizations on programs that have opportunities for collective impact through effective partnership and avoid duplication of efforts.
- **Engage Community.** Prioritize strategies informed by those who have lived and those living with opioid use.
- **Consider the Ecosystem.** Support and improve the quality of life for children, families, and communities impacted by substance use.

Settlement Fund Five-Year Goal

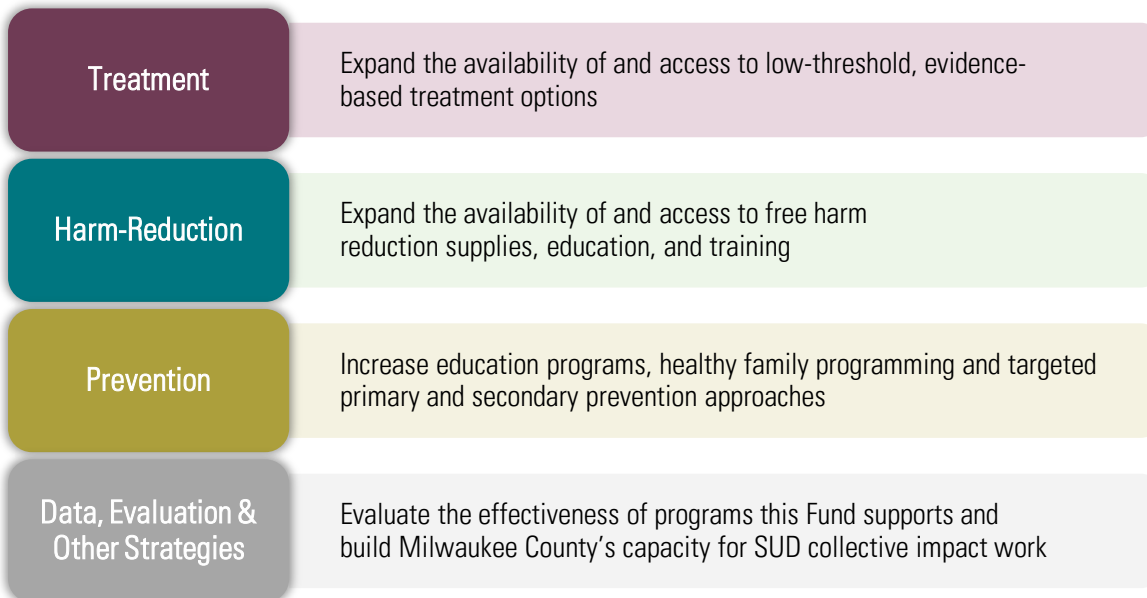


Through the Opioid Settlement Fund, over the next five years, Milwaukee County will reduce fatal and non-fatal drug incidents in Milwaukee County, with no disparities across race/ethnicity.

Remediation Category Objectives

To achieve this five-year goal, Milwaukee County will invest within the four remediation categories to achieve the following outcomes, focusing 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



Strategies funded in each category will demonstrate measurable outputs and/or outcomes that contribute to achieving the remediation category outcomes in annual reporting cycles through use of a Logic Model. Summative accomplishments will be shared to illustrate the collective impact of programs within categories.

Fund Allocation Process

The annual process launched in 2022 when Milwaukee County's Office of Strategy, Budget & Performance (SBP) convened Milwaukee County stakeholders to develop an allocation system that addresses the opioid crisis holistically. The effort began with a review of recommendations from a 2018 report by the City-County Heroin, Opioid, and Cocaine Task Force on how to address the growing opioid crisis in Milwaukee County and data from a statewide listening session held by the Wisconsin Department of Human Services.

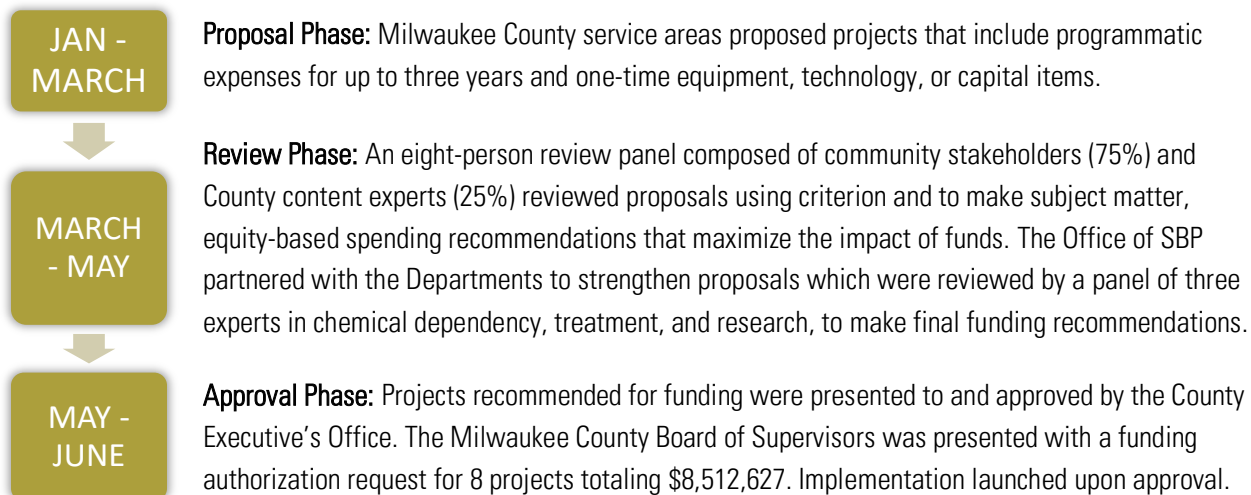
The County prioritized immediate funding for treatment and harm reduction in the early years, with plans to allocate more resources to prevention and long-term systems change as the crisis stabilizes. The process requested proposals from internal department service areas, which were informed by department-led community engagement and supported in achieving the funding objectives listed above.

Proposals include a summary of the project design, population to be served, goals, supporting evidence, and plans for evaluation and sustainability. An expert review panel scored these using a rubric and weighted scale for quality and feasibility. The eight-person panel included representation from: **Community members with lived experience, Milwaukee Health Care Partnership, City of Milwaukee Health Department, Medical College of Wisconsin, Oak Creek Fire Department, and the County's DHHS and Office of SBP.**

Fifteen projects were funded in Cohort One, totaling \$16,548,068 of Opioid Settlement Funds. These projects were led by four 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.

2024 Allocation Timeline (Cohort Two)

The following timeline was used for Cohort Two funding for fiscal years (FY) 2024, 2025, and 2026.

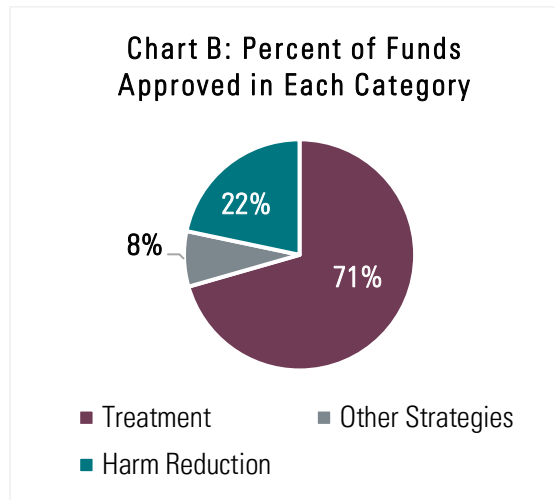
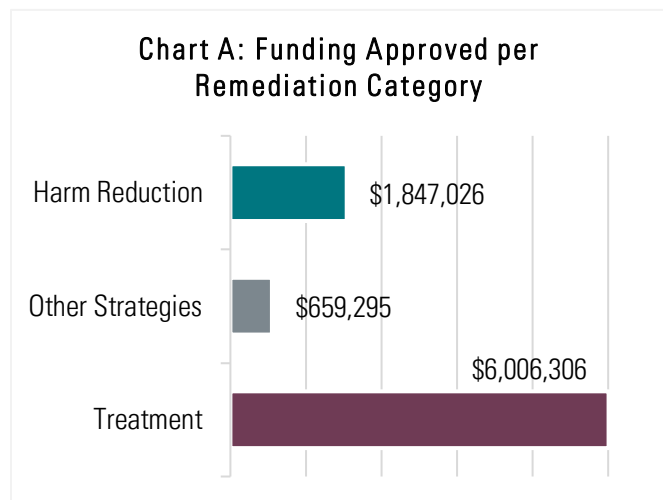


Approved Allocations for Cohort Two

In total, \$8,512,627 was authorized for spending across seven projects, led by three departments, for fiscal years 2024-2026. As demonstrated in Charts A, B, and C, projects spanned the remediation categories.

As shown in the charts below, the goal was to address the opioid crisis holistically and to equitably fund both upstream (prevention, other strategies) and downstream efforts (treatment and harm reduction).

Chart A shows that treatment and harm reduction efforts received the most funding, reflecting the County's commitment to immediate, life-saving interventions. Chart B reflects that over 70% of funds were directed to treatment and harm reduction, aligning with the strategic decision to stabilize the crisis before expanding upstream prevention efforts. While no proposal solely focused on prevention, other projects do include prevention activities, and \$2.2M was allocated to prevention projects in the first cohort funded in 2023. Other strategies were also funded to support long-term system change.



DHHS received nearly 60% of the FY 2024-2026 funds due to its frontline work addressing the opioid crisis. The department maximized other funding sources and was well-positioned to identify and propose equitable approaches for expanding treatment access for individuals with opioid-related substance use disorder, specifically targeting service gaps. Tables B and C below summarize projects by departments and their funding allocations, illustrating how the County strategically targeted funding to address service gaps and equity goals.

Table B: Cohort Two Projects Receiving Opioid Funds by Department

| Lead Department | Total Approved Projects | Total Approved Funds |
|---|-------------------------|----------------------|
| Department of Health and Human Services | 4 | \$5,042,673 |
| Office of Emergency Management | 2 | \$3,440,954 |
| Department of Administrative Services | 1 | \$29,000 |
| Total: | 7 | \$8,512,627 |

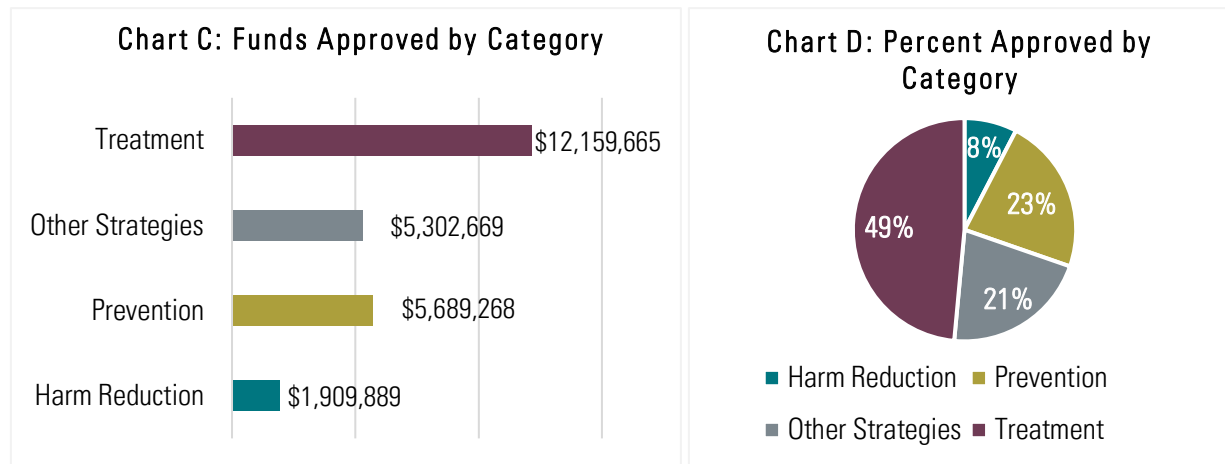
Table C: Cohort Two Projects Receiving Opioid Funds

| Project Title | Remediation Category | Lead Department | Total Project Amount |
|---|----------------------|---------------------------|----------------------|
| Substance Use Disorder System Enhancement | Treatment | Health and Human Services | \$2,565,352 |
| Filling In Gaps in Community Paramedic Coverage | Treatment | Emergency Management | \$2,373,988 |
| Prevalence of Adulterants and Opioid Overdoses in Black and Brown Communities | Harm Reduction | Health and Human Services | \$1,421,026 |
| PATH: Pre/Post Incarceration Access to Treatment and Healing | Treatment | Emergency Management | \$1,066,966 |
| Grief Outreach and Grief-Informed Care | Other Strategies | Health and Human Services | \$630,295 |
| Respite Build-Out – Dedicated Harm Reduction Beds | Harm Reduction | Health and Human Services | \$426,000 |
| Overdose Prediction Model | Other Strategies | Administration | \$29,000 |
| Total Allocation for FY24- 26 | | | \$8,512,627 |

Summary of Approved Allocations for Cohorts One (FY23-25) and Two (FY24-26)

Milwaukee County has now allocated funds for two cohorts of OSF projects. In total, \$25,060,695 was authorized for spending across 22 projects, led by six departments. Projects spanned the remediation categories as demonstrated in Charts C, D, and E.

Together, the two funding cohorts represent a holistic investment strategy that balances urgent service expansion with longer-term systems strengthening. Building on the foundation laid by the first cohort, the second cohort expands treatment investments and introduces innovative harm reduction approaches.



Treatment and harm reduction projects comprised the largest share of approved initiatives, reflecting the County's prioritization of urgent, life-saving interventions. Prevention and strategic investments, although fewer in number, are expected to increase in future funding cycles as system capacity expands.

DHHS received the most funding, followed by the Office of Emergency Management, reflecting the alignment of proposals with departmental expertise and capacity to launch evidence-informed interventions.

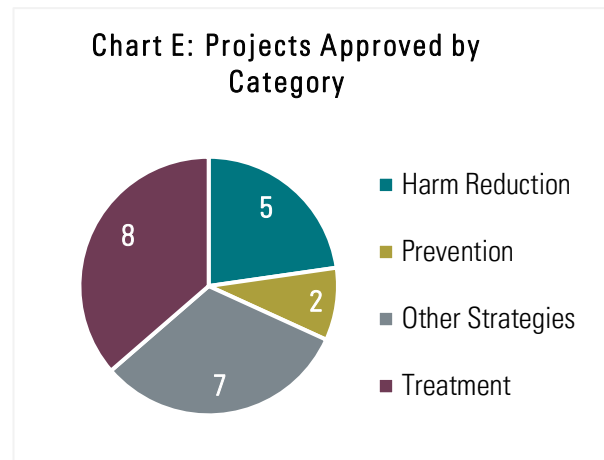


Table B: Summary of Approved Proposals by Department

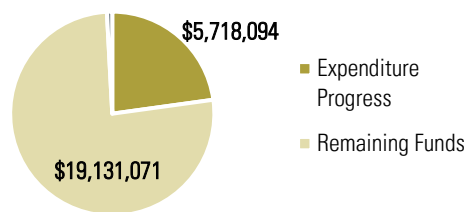
| Lead Department | Number of Proposals | Total Approved Funds |
|--------------------------------|---------------------|----------------------|
| Health and Human Services | 11 | \$17,259,639 |
| Office of Emergency Management | 6 | \$5,203,117 |
| Medical Examiner | 3 | \$2,116,840 |
| Sheriff's Office | 1 | \$66,500 |
| Department of Admin. Services | 1 | \$29,000 |
| Total: | 22 | \$25,060,695 |

Expenditure Progress for Cohorts One and Two

The initial 15 projects (Cohort One) received funding authorization in January 2023, and the seven projects in Cohort Two received funding authorization in July 2024. Three projects from Cohort One are complete.

Current spending levels reflect typical project launch phases, particularly those involving new staff hires or complex contracting requirements. As projects mature, spending will increase in 2025. Chart D summarizes expenditures for the two cohorts through December 31, 2024. Project-specific spending rates are illustrated in the Impact & Outcomes section.

Chart D: Expenditure Progress Through 2024



Programmatic Impact and Overview

Milwaukee County's initial investment of opioid settlement funds is delivering tangible results across multiple service areas. From expanded treatment access and harm reduction outreach to prevention programming and innovative data tools, these projects actively engage residents and build the infrastructure needed for long-term impact.

Milwaukee County's first two cohorts of opioid settlement-funded projects show early progress across treatment access, harm reduction, prevention, and data innovation. The snapshot below highlights key accomplishments per remediation category.

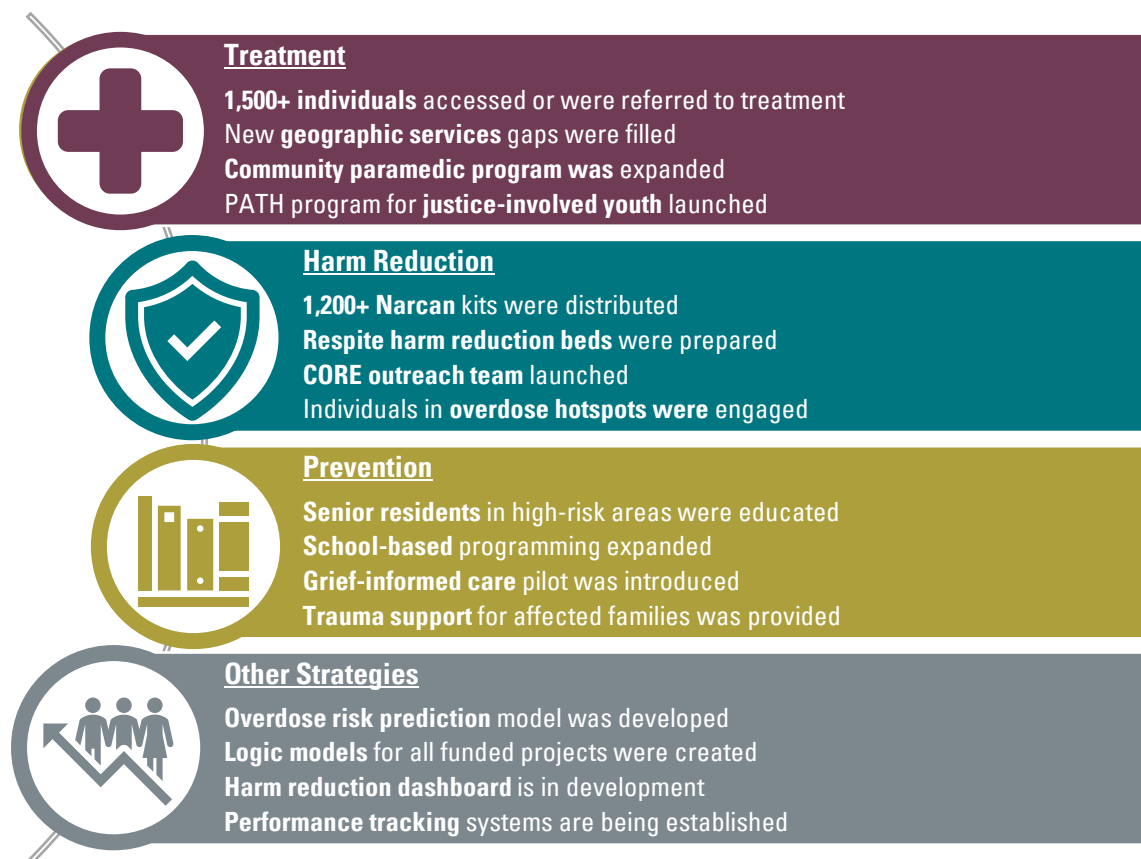


Table B: Projects Receiving Opioid Funds in Cohort One and Cohort Two

| Project Title | Remediation Category | Lead Department | Cohort | Total Project Amount |
|---|----------------------|---------------------------|---------------|----------------------|
| Aging and Disabilities Services Opioid Prevention | Prevention | Health and Human Services | One (FY23-25) | \$843,661 |
| Autopsy Carts | Other Strategies | Medical Examiner | One (FY23-25) | \$19,450 |
| Coordination of Prevention Services | Prevention | Health and Human Services | One (FY23-25) | \$4,845,607 |
| Filling In Gaps in Community Paramedic Coverage | Treatment | Emergency Management | Two (FY24-26) | \$2,373,988 |
| Grief Outreach and Grief-Informed Care | Other Strategies | Health and Human Services | Two (FY24-26) | \$630,295 |
| Harm Reduction Data Analytics | Other Strategies | Emergency Management | One (FY23-25) | \$719,909 |
| Harm Reduction Outreach CORE Team | Harm Reduction | Emergency Management | One (FY23-25) | \$97,906 |
| Harm Reduction Supplies | Harm Reduction | Health and Human Services | One (FY23-25) | \$910,889 |
| Homeless Outreach Project | Treatment | Health and Human Services | One (FY23-25) | \$481,570 |
| ME Staffing Needs | Other Strategies | Medical Examiner | One (FY23-25) | \$2,290,541 |
| Medication Assisted Treatment – Behind the Walls | Treatment | Health and Human Services | One (FY23-25) | \$2,514,909 |
| Narcan Deployment and Education | Harm Reduction | Sheriff's Office | One (FY23-25) | \$66,500 |
| Opioid Educator – EMS | Harm Reduction | Emergency Management | One (FY23-25) | \$407,798 |
| Opioid Treatment in the Prehospital Environment (Buprenorphine) | Treatment | Emergency Management | One (FY23-25) | \$536,550 |
| Overdose Prediction Model | Other Strategies | Administration | Two (FY24-26) | \$29,000 |
| PATH: Pre/Post Incarceration Access to Treatment and Healing | Treatment | Emergency Management | Two (FY24-26) | \$1,066,966 |
| Portable Body Cooler | Other Strategies | Medical Examiner | One (FY23-25) | \$192,448 |
| Prevalence of Adulterants and Opioid Overdoses in Black and Brown Communities in Milwaukee County | Harm Reduction | Health and Human Services | Two (FY24-26) | \$1,421,026 |
| Residential Substance Abuse Treatment Capacity | Treatment | Health and Human Services | One (FY23-25) | \$1,821,140 |
| Respite Build-Out – Dedicated Harm Reduction Beds | Harm Reduction | Health and Human Services | Two (FY24-26) | \$426,000 |
| Strengthening Opioid and Substance Use Education and Treatment for Justice-Involved Youth | Treatment | Health and Human Services | One (FY23-25) | \$799,191 |
| Substance Use Disorder System Enhancement | Treatment | Health and Human Services | Two (FY24-26) | \$2,565,352 |
| Total: | | | | \$25,060,696 |

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 determine high-need areas for door-to-door canvassing, distribution of harm reduction supplies, engagement with senior living facilities, a public awareness campaign, and events seeking to reduce social isolation among older adults while providing opioid prevention resources.

PROJECT INFORMATION

Lead Department:
Health & Human Services

Project Manager:
Ricky Person

Remediation Category:
Prevention, Harm Reduction

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

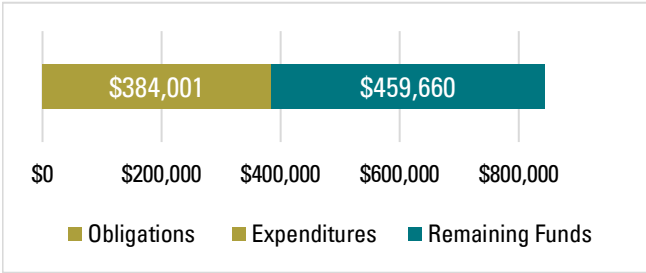
PROJECT POPULATION

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 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 12/31/2024.



Outreach workers have made 2,815 resident contacts (via door-to-door canvassing, event booths, neighborhoods, senior living apartments, and community events). They have distributed 719 doses of Narcan and 1,906 test strips.

A highlight in 2024 was the first community event in one of the highest-impact areas. More than 300 residents participated in activities such as receiving Narcan training, gaining awareness of available resources from area providers, and taking home test strips and Narcan. Overall, 579 residents participated in project events.

In 2024, the project team deepened partnerships in high-overdose areas and built relationships with the landlords of senior living apartment complexes to gain access to these

facilities and provide harm reduction services to a very vulnerable segment of our population.

CHALLENGES AND SOLUTIONS

The challenge of substance users’ vulnerability to adulterants is overcome by the culturally competent and stigma-free way the outreach workers distribute harm reduction supplies, including test strips and naloxone. The challenge of low awareness of opioid prevention among older adults has been addressed through the harm reduction public awareness campaign, events, door-to-door outreach, and training.

PUBLIC AND COMMUNITY ENGAGEMENT

The project has presented several community events, which have engaged more than 550 county residents around opioid prevention and harm reduction. Using GIS mapping of overdoses among those aged 50 and above in the county enables the project to identify the centers of need for this target population and respond with action -- deploying outreach workers to build connections and distribute life-saving harm reduction supplies in key areas.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|--|--|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ \$843,661 in OSF funding ▪ ADS Opioid Prevention Coordinator staff time ▪ Outreach Worker time ▪ Collaborators/partners ▪ Harm reduction supplies, including Narcan ▪ Brochures | <ul style="list-style-type: none"> ▪ 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. ▪ Coordinate with a communications firm to design and implement a targeted Harm Reduction Public Awareness Campaign. ▪ Attend Community Awareness Event in the highest age 50+ overdose area and kicked off the Harm Reduction Public Awareness Campaign. ▪ Host/convene Social Isolation & Addiction Summits at two senior centers. ▪ Provide emergency housing for a small number of Adult Protective Services substance abuse cases. | <ul style="list-style-type: none"> ▪ 2,815 resident contacts with outreach workers (door to door, event booths, in neighborhoods, senior living apartments, community events). ▪ Supplies distributed: 719 Narcan; 1,906 test strips. ▪ 579 residents participated in the Community Awareness Event and summits. ▪ 7 bus shelter posters and truck advertisements for the Harm Reduction Campaign. ▪ The Harm Reduction Campaign's digital ads received 793,000 impressions over 8 weeks, and social media garnered \$1.6 million impressions and 7,909 click-throughs. ▪ 3 summits/events hosted. ▪ 190 professionals/staff trained. ▪ 300 residents/older adults trained. ▪ 3 trainings occurred. ▪ 3 older adults with substance abuse were housed. ▪ Design and creation 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. ▪ OEM dashboard created for this project showing age 50+ overdoses by gender, race/ethnicity, vulnerability index, age, and zip code. | <ul style="list-style-type: none"> ▪ Increase in older adults receiving outreach tailored to their age group, with 2,815 served. ▪ 490 training participants ▪ Increase in awareness of harm reduction among older adults not measured in 2024. ▪ 20% decrease in overdose among Milwaukee County older adults aged 50+ between 2023 and 2024. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ BHS ▪ OEM ▪ Senior Centers ▪ Project Heat ▪ Near Westside Partners ▪ Repairers of the Breach ▪ Harambee Neighborhood Association ▪ Free at Last Ministries ▪ Gerald L Ignace Indian Health Center, Inc ▪ Marquette Univ. Police Department ▪ Parkhill Senior Apartments ▪ ERAS | | | |

Coordination of Prevention Services

PROJECT OVERVIEW

The Coordination of Prevention Services project is a two-component project that will regrant funds to community-based organizations while also implementing 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 the regranting while managing prevention projects that span DHHS service areas.

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 INFORMATION

Lead Department:
Health & Human Services,

Project Manager:
Jeremy Triblett

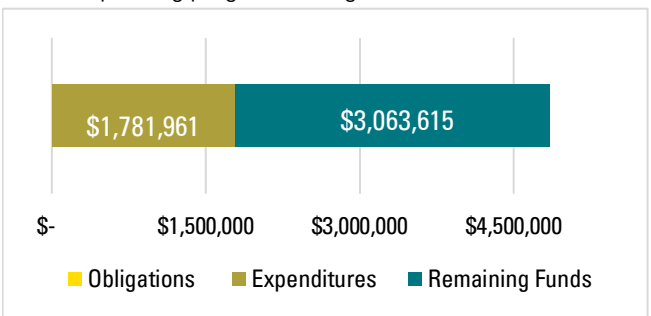
Remediation Category:
Prevention

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

PROJECT 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 12/31/2024.



This project granted dollars to 15 organizations that span multiple municipalities for the first time between 2023 and 2025.

[The Prevention Collective](#) is an interdisciplinary team that met and convened 89 county staff through nine virtual meetings, leading to the redesign of the Prevention Collective's monthly newsletter and Better Ways to Cope webpage. Additionally, the Prevention Collective developed two agency-wide recommendations, including adopting the strategic Prevention Framework across all service areas and identifying universal screening tools implemented by all service areas. The Prevention Collective also resulted in seven newsletters featuring regranting-related updates.

CHALLENGES AND SOLUTIONS

To communicate with diverse and multi-ethnic communities across Milwaukee County, we have attempted to provide print and digital communication in multiple languages via Translation Services. While this provided temporary solutions for printed communication, it does not suffice for digital communication that reaches a larger audience. We aim to design the Prevention website in multiple languages and quantify the number of hits on the site. We use the [HRVM Site Coverage and Population Demographics ArcGIS Online Webmap](#) to focus on the predominant languages spoken at home across the County.

Project leads noticed the grantees had challenges with monthly data reporting and impact measurement for their programs. A solution was implemented to mitigate these issues, including developing a more user-friendly online version of the original Excel template, designing and facilitating virtual training about data reporting, and distributing [virtual training modules](#) to all grantees. Meetings with each agency were used to ask about each project's timelines, programs, impact evaluation, and technical assistance requests.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|--|--|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Opioid Settlement Funding of \$4,845,576 ▪ StaffTime: Prevention Integration Manager (100%) ▪ In-kind Staff Time: Health Prevention Coordinator, Public Health Data Analyst | <ul style="list-style-type: none"> ▪ Regrant funds to community-based organizations. ▪ Hire Prevention Integration Manager ▪ Build media-based communication platforms ▪ Conduct community listening sessions preceding regranting | <p>Regranting:</p> <ul style="list-style-type: none"> ▪ 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. <p>Prevention Collective</p> <ul style="list-style-type: none"> ▪ Convened 89 county staff over the course of 9 Prevention Collective meetings to develop recommendations and implement DHHS-wide practice changes. <p>Newsletter</p> <ul style="list-style-type: none"> ▪ Sent seven redesigned prevention collective newsletters featuring regranting-related updates. <p>Website</p> <ul style="list-style-type: none"> ▪ Added the BWTC Toolkit to the website for national adoption of the BWTC campaign. <p>Community Conversations</p> <ul style="list-style-type: none"> ▪ Hosted two virtual Community Conversations. 127 community residents from 65 organizations registered to attend. | <p>Regranting:</p> <ul style="list-style-type: none"> ▪ 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. <p>Prevention Collective</p> <ul style="list-style-type: none"> ▪ Developed two agency-wide recommendations, one of which is the adoption of the Strategic Prevention Framework. DHHS partnered with Community Advocates Public Policy Institute to implement a change management process for adapting this framework across all service areas. <p>Newsletter/Website</p> <ul style="list-style-type: none"> ▪ 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. <p>Website</p> <ul style="list-style-type: none"> ▪ Received inquiries about BWTC from Baltimore, Maryland, hoping to adopt the funding model for their target communities. <p>Community Conversations</p> <ul style="list-style-type: none"> ▪ Their feedback was used to develop the regranting process. |
| <p>Partners</p> <ul style="list-style-type: none"> ▪ Hope House: Fiscal Agent ▪ Fundees: 15 community-based organizations | | | |

PUBLIC AND COMMUNITY ENGAGEMENT

To enhance our grantees' understanding of the impact of their initiatives within the community, the Prevention staff has developed survey templates. These templates are intended for organizations to solicit feedback from the community, thereby capturing their perspectives on the effects of the grantees' work. We remain committed to providing comprehensive support to grantees by participating in events, whether conducted virtually or in person. This engagement ensures that the grantees receive optimal assistance from staff.

Hope House provides comprehensive technical support to all grantees. Prevention staff collaborates closely with Hope House, convening monthly to review expense reporting and discuss updates to budgetary items.

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: | Allocation: |
| 7/1/24-12/31/26 | \$2,373,988 |

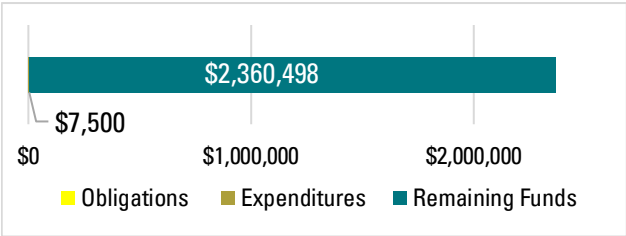
PROJECT POPULATION

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 12/31/2024.



OEM has been meeting with the various fire departments and has started significant progress on establishing three new Mobile Integrated Health (MIH) programs in the municipalities of Franklin, Oak Creek, and South Milwaukee. OEM has also taken the lead on strategy sessions for the existing programs in West Allis, Greenfield, and Milwaukee to expand the programs by offering more extended hours of availability or adding new staffing positions dedicated to MIH. Three paramedics completed initial training for MIH at UWM in 2024.

CHALLENGES AND SOLUTIONS

One anticipated delay was the creation of new staffing positions at the various fire departments, as each agency has its own process and timeline. Given approximately nine months of activity, the three additional fire departments (Franklin, Oak Creek, and South Milwaukee) are ready to have a trained paramedic available or nearly available. OEM internally is creating an incident command structure to allow for adequate oversight of an internal team that would fill in additional gaps in MIH/paramedic coverage identified within the County. The personnel creation process, by its nature, takes at least six to seven months, depending on the time of year. OEM has created the leadership positions necessary and will work diligently to fill the clinician positions by mid-2025.

PUBLIC AND COMMUNITY ENGAGEMENT

OEM knows there is a need for this program, given OEM's role in designing policies and guidelines and high-level access to patient care data for the entire EMS system. OEM continues to work with fire departments with existing MIH programs to refine and enhance these programs. The Medical College of Wisconsin is instrumental in its guidance and expertise relating to patient care. This project will engage with the community through referrals made to specific programs. As the program matures, additional lines of service referrals will be integrated into the program.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|--|--|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> Subsidy Funding Medical Direction Patient Population Assessment Training for EMS Clinicians | <ul style="list-style-type: none"> 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 Milwaukee County Create a data network that allows for record sharing between MIH programs to understand encounters in EMS or other MIH programs. | <ul style="list-style-type: none"> # of MKE County EMS providers trained and licensed to the Community Paramedic endorsement level. # of doses of induction medication distributed # of healthcare facilities identified as able to receive induced patients # of trainings for healthcare facility employees (and # of employees trained) on induced patient care # of trainings on how to work with Health Navigator/Peer Counselor # of times a social worker was engaged to assist with case management. Quality Assurance Program is established. Additional Guidelines created for patient care. # or % increase of pharmaceutical agents to EMS units. # of connections to enduring care options completed. # of hours created for continuing education. | <ul style="list-style-type: none"> 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.). |
| Partners | | | |
| <ul style="list-style-type: none"> Fire Departments, Public Health, Health Systems | | | |

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 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:
Kamrin Pegues

Remediation Category:
Other Strategies

Cohort Two: **Allocation:**
7/1/24-12/31/26 \$630,295

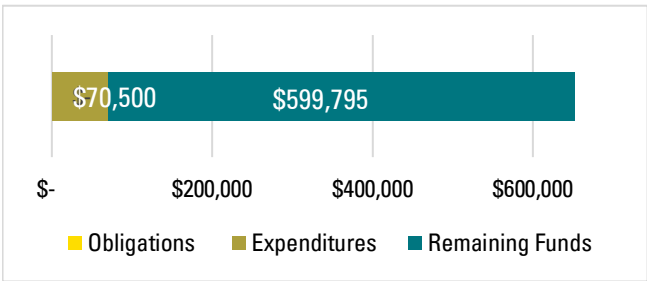
PROJECT POPULATION

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 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 white individuals in 2021. The fatal overdose rate rose 48% among Hispanic individuals in the same time 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 12/31/2024.



After conducting interviews, an Affinity Group Provider (support group) was identified that could help address the needs of substance use loss survivors. Collaboration with social workers from the Medical College of Wisconsin took place to better understand the emotional and social challenges these survivors face. Through this partnership, the project worked to identify the unmet needs within this group, including lived experience feedback that a group support resource would be helpful. This collaboration aimed to bridge the gap in services and provide more comprehensive care to those affected by substance use loss.

CHALLENGES AND SOLUTIONS

The contract was finalized in early 2025 after much negotiation with the selected provider. Then, locations for the groups were identified based on accessibility and proximity to participants, with one site on the near north side and another on the south side, both easily reached by public transit.

PUBLIC AND COMMUNITY ENGAGEMENT

This project has been linked with the Medical College of Wisconsin Social Workers, who complete outreach to next of kin, who have lost a loved one to overdose, to better learn expressed needs from those who have lost a loved one. Project leads have shared resources on social media with some crisis clinicians who support substance use loss survivors. The postvention response of affinity groups can play a critical role in prevention by addressing the emotional and psychological needs of survivors. By offering this support network, postvention helps individuals cope with their loss and reduces the risk of them engaging in harmful coping mechanisms, such as substance use. Post-affinity group surveys will help us continue to tailor engagement based on expressing unmet needs.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|---|--|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Opioid Settlement Funding (\$630,295) ▪ In-kind staff time; Project Director | <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Outreach to 100% of families ▪ Complete 20 next-of-kin interviews ▪ Track the number of referrals made. Send a follow-up survey to 90% of families. ▪ 20 family members referred. ▪ One affinity group held per month for six months. ▪ 7 staff trained | <ul style="list-style-type: none"> ▪ 80% of families will accept and be successfully referred to Grief and Substance use-related services. ▪ Inform the work of the OD-PHAST team. ▪ Determine satisfaction with the outreach services provided in connection with the services referred. ▪ Satisfaction with the experience. ▪ 90% of participants will demonstrate a readiness to provide grief support following the training. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ MCMEQ ▪ 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 a deeper level of detail and visibility to Emergency Medical Services (EMS) calls for suspected overdoses than what is currently available in public-facing data products. The data products would provide detailed reporting of non-fatal and fatal overdoses by census tract. Particular 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: | Allocation: |
| 1/1/23-12/31/25 | \$719,909 |

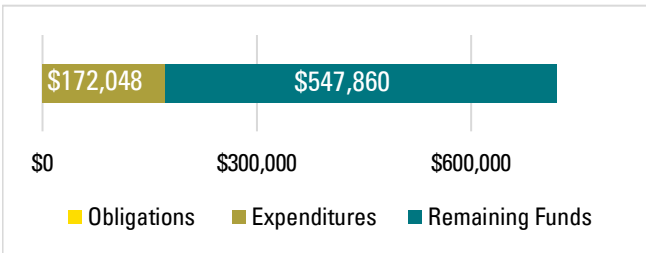
PROJECT POPULATION

The primary audience for this project is the citizens of Milwaukee County. Other stakeholders or groups of interest are elected officials and professionals in public health, Fire/EMS agencies, health systems, law enforcement, etc. 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.



The EMS Data Team released the overdose dashboard and several other data products to help inform strategy. These have been instrumental in advising leadership on how to respond to the epidemic in Milwaukee County. Not all of these products are publicly available for display, given the sensitivity of the information; however, what is available to be appropriately shared with the community has been done so already, and we are currently working to translate the existing Overdose Dashboard to Spanish.

CHALLENGES AND SOLUTIONS

This project has experienced turnover within our data team. Since then, project leads have successfully recruited a

replacement for that individual, and the work continues to progress.

PUBLIC AND COMMUNITY ENGAGEMENT

The tools developed by this team are designed to engage the public directly, whether to receive feedback or to better inform the public of community health risks and actions. This team has also been instrumental in the overdose public health and safety team, where a multidisciplinary group of individuals has come together to address the opioid crisis as a group.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|---|---|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> 2 Full-Time Positions – Harm Reduction Analyst & GIS Coordinator | <ul style="list-style-type: none"> PowerBI Online Training. Tableau Online Training. Information Interviews with multiple partners. Audit of EMS Interactions of likely overdose patients. Geospatial Analysis of Overdose Trends. | <ul style="list-style-type: none"> Public-facing overdose dashboard. Documentation of non-fatal overdose query logic. Standard query for overdose patient lookup. GIS overdose dashboard focusing on patients 50+ years. Map of substance abuse treatment facilities in Milwaukee County. DHHS canvas route for harm reduction vending machine canvassing. Harm reduction vending machine placement analysis. Harm reduction vending machine activity dashboard. Harm reduction vending machine story map. | <ul style="list-style-type: none"> Sharing knowledge with community partners on overdose analysis findings. Building plans to share the overdose dashboard with the public. Identifying which neighborhoods to target for harm reduction programs. 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. |
| Partners | | | |
| <ul style="list-style-type: none"> MCW OD-Phast DHHS BHS ME | | | |

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 to show a positive response to alternative access to treatment in a vulnerable situation. 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 current community engagement outlets of local Emergency Medical Services (EMS) agencies to fulfill the work of this project. OEM is providing harm reduction kits and community education and is partnering with the Wisconsin Department of Health Services and local municipal health departments to use existing distribution chains for naloxone and fentanyl test strips to minimize expenses.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

Remediation Category:
Harm Reduction

| | |
|--------------------|--------------------|
| Cohort One: | Allocation: |
| 1/1/23-12/31/25 | \$97,906 |

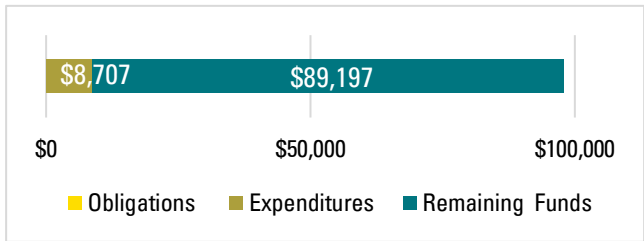
PROJECT POPULATION

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 training and resources for the community regarding harm reduction kits, their contents, and their specific utilization.

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 12/31/2024.



In 2024, OEM accomplished training events within Milwaukee County at community centers, schools, libraries, and public events. OEM worked closely with Fire Departments to provide this training, equipment, and resources.

CHALLENGES AND SOLUTIONS

The biggest challenge for the CORE team has been the need for additional leadership capacity. OEM’s solution to this challenge is to hire an operations manager who will start in 2025. The operations manager will help create connections in different communities and build relationships with other county departments and senior centers.

PUBLIC AND COMMUNITY ENGAGEMENT

OEM has leveraged additional funding sources to bring this program to fruition by securing Narcan from other sources. Additionally, OEM is working with DHHS, the Zoo, the Medical Examiner’s Office, and other county agencies to partner on identifying populations of need and locations for training efforts.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|---|---|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Funding for harm reduction-focused projects. ▪ Supplies for leave-behind kits. ▪ Staffing to provide training and education. | <ul style="list-style-type: none"> ▪ Train first responders and community members on Harm Reduction education with an opioid focus. ▪ Community engagement events promoting harm reduction. ▪ Leave behind kits. | <ul style="list-style-type: none"> ▪ 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. | <ul style="list-style-type: none"> ▪ County park employees can identify signs of an overdose and safely administer Naloxone if necessary. ▪ Over 200 leave-behind kits given out at community event, civilians now prepared to administer Naloxone. ▪ Improved patient care, community relationships, and health outcomes by implementing TIC practices. ▪ Educated opportunities for civilians to engage in bystander CPR and Naloxone administration. ▪ First responders can recognize opportunities to implement trauma-informed practices during community engagement. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ 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 dissemination of prevention and harm reduction supplies, making them readily accessible throughout Milwaukee County to all residents who may be in need. 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 POPULATION

The dissemination of HRVM throughout Milwaukee County is a public health approach and serves the entirety of Milwaukee 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 INFORMATION

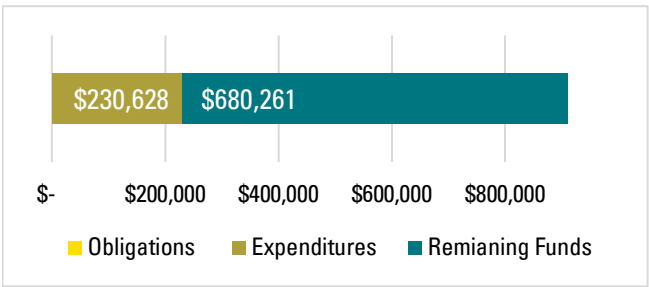
Lead Department:
Health & Human Services,
Project Manager:
Jennifer Wittwer
Remediation Category:
Harm Reduction

Cohort One: 1/1/23-12/31/25
Allocation: \$910,889

PROJECT 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 12/31/2024.



The Harm Reduction Supplies project has continued to have great success throughout 2024. Project highlights have included:

Placement of an additional 8 Harm Reduction Vending Machines in the community, bringing the total up to 19 machines. In 2024, there were 5,743 units of Narcan, 4,694 Drug Test Kits, 2,223 Medication Deactivation Pouches, and 4,660 Medication Lock Bags disseminated out of the DHHS-sponsored HVRM.

Strengthening data analysis to achieve an appropriate saturation rate of harm reduction supplies. With thoughtful analysis used to guide decision-making about HRVM placement, 90% of Milwaukee County residents now have an HRVM within a ten-minute drive.

Launching of the online depot. Stickers with a QR code have been added to each HRVM placed in the community, giving individuals information about how to order supplies online.

Community canvassing. It has been emphasized to the host agencies of the HRVM that engaging their surrounding community to provide education and resources is an integral part of their hosting duties.

CHALLENGES AND SOLUTIONS

Inventory tracking has posed challenges, with 19 HRVMs placed in the community, each containing five different harm reduction supplies that leave machines at varying rates. Solutions are underway to enhance the process, including installing Dexmeters, software that provides a real-time count of the supplies leaving each machine, on each HRVM.

A second challenge is the storage of harm reduction supplies, given that DHHS vacated the Marcia P. Coggs building on 12th and Vliet in the Spring of 2025. BHS has entered into a contractual relationship with Coakley for professional storage services, which has been a significant upgrade to the project overall.

PUBLIC AND COMMUNITY ENGAGEMENT

Community engagement has been essential to the Harm Reduction Supplies project. A key component of providing community engagement and awareness for the project has been the establishment and maintenance of the HarmReductionMKE.org website, where a map, educational videos, and other important information can be shared in an updated and transparent manner. The BHS Prevention Team has also held convenings of HRVM host agencies to learn about their experiences and challenges hosting an HRVM and provide opportunities for process improvement. This has also included engagement of HRVM host agencies in learning the skills and having tools provided to start community canvassing in their neighborhoods. Finally, BHS Prevention Team leadership has attended community organizing meetings in Milwaukee County communities that have had an interest in harm reduction supply dissemination and/or reluctance to accept harm reduction as a practice.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|--|--|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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. | <ul style="list-style-type: none"> ▪ Number of machines placed in the community, including outdoor. ▪ Number of supplies leaving the machines. ▪ Number of supplies mailed to community members. ▪ Number of trainings provided. ▪ Number of homes/individuals reached via canvassing members. ▪ Feedback from Host Agencies | <ul style="list-style-type: none"> ▪ 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 | | | |
| <ul style="list-style-type: none"> ▪ Vivent Health ▪ HRI Vending ▪ Host Agencies ▪ Office of Emergency Management (OEM) | | | |

Homeless Outreach Project

PROJECT OVERVIEW

This project intends to reach individuals who are using substances, where they are, both in physical location and stage of change. This project enables two full-time Treatment and Resource Navigators to serve alongside Milwaukee County’s homeless outreach team and provide additional services to those experiencing unsheltered homelessness and living with active opioid use issues.

Additionally, the treatment and resource navigators will work with the Department of Health & Human Services (DHHS) 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:
Treatment

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

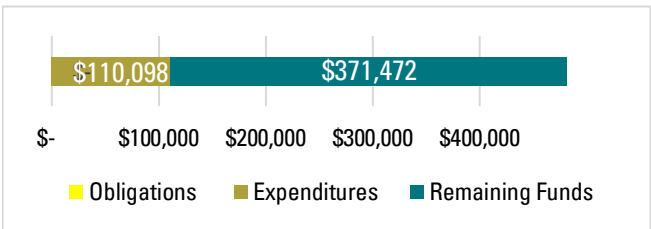
PROJECT POPULATION

The project supports underserved, marginalized, and adversely affected groups by providing support to those experiencing unsheltered homelessness throughout Milwaukee County. Historically, this population has been underserved with treatment options to address issues from the consistent use of opioids. In addition to being marginalized because of housing insecurity and historical trauma, the local homeless services system is seeing racial disparities, with African Americans comprising 70% of service recipients.

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.



Treatment and resource navigators attended a Narcan training in 2024 and can recognize an opiate overdose and deploy naloxone. To further their knowledge and impact in this area, a goal in 2025 is to attend a train-the-trainer training offered by Wisconsin DHS to enable them to provide training to individuals’ families and friends, DHHS colleagues, street outreach partners, and more.

CHALLENGES AND SOLUTIONS

Perhaps the greatest challenge is motivation for treatment among individuals on the street. There have been many incidents of individuals reporting that they are interested in treatment upon initial or dedicated follow-up visits; however,

very few, compared to the number engaged thus far, have resulted in connection to a treatment provider, as the individuals most often change their mind and decline or fail to maintain contact around accessing the resource.

In 2024, a key challenge emerged around the overlap between treatment and resource navigators and the homeless outreach team. While working as a flexible, collaborative unit, navigators often supported individuals without identified substance use issues. Many clients experiencing both homelessness and substance use prioritize housing before addressing treatment needs. Navigators have focused on housing support to build trust and reduce harm. This was addressed by clarifying team roles and aligning activities with client needs.

PUBLIC AND COMMUNITY ENGAGEMENT

The treatment and resource navigators have met with internal (BHS) and external providers to learn the system, funding, and provider network, and introduce themselves in case future questions or consultations arise. They aid individuals in accessing harm reduction and treatment resources.

The treatment and resource navigators collaborate with the DHHS homeless outreach team and other homeless outreach teams that serve Milwaukee County. During collaborative staffings of individuals found sleeping on the street, risk factors, including substance use, are discussed, and the treatment and resource navigators can perform dedicated follow-up with these individuals.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|---|---|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ \$481,570 ▪ Treatment/Resource Navigator time ▪ Homeless Outreach Supervisor time ▪ Collaborators/Partners ▪ Harm Reduction supplies, including Narcan ▪ Outreach vehicle and bus tickets ▪ Basic needs supplies, including food and water ▪ Navigation Center for additional meeting space and a private shower | <ul style="list-style-type: none"> ▪ 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 to engage individuals using substances. ▪ Inreach to First Step Sober Up room to engage individuals who are using and not yet seeking treatment. | <ul style="list-style-type: none"> ▪ # of unduplicated individuals contacted by Treatment/Resource Navigators for basic assessment of needs and eligibility. ▪ # of individuals with whom Treatment/Resource Navigators perform dedicated follow-up for engagement, harm reduction, and motivational interviewing. ▪ # of connections to treatment providers, mental health, and/or substance use, and inpatient or outpatient. ▪ # of shelter and housing referrals. | <ul style="list-style-type: none"> ▪ #/% increase in individuals experiencing homelessness or housing insecurity contacted by the Street Outreach team. ▪ #/% increase in individuals contacted by the Street Outreach team who are referred to the SU providers and programs. ▪ # of incidents connecting individuals who use or who know people who use Narcan. ▪ #/% of incidents of lost housing secondary to behaviors directly related to substance use. ▪ #/% decrease in overdose deaths. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ BHS CARS and Prevention ▪ Outreach Community Health Centers and Community Advocates Street Outreach teams ▪ Milwaukee Health Department ▪ The Gathering ▪ Open Door Café ▪ Milwaukee Police Department ▪ Street Angels and StreetLife ▪ Milwaukee Coalition on Housing and Homelessness and its partner agencies ▪ Capuchin Community Services at St. Ben's ▪ Repairers of the Breach ▪ Milwaukee Downtown BID #21 ▪ City of Milwaukee | | | |

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 had an impact on the workforce and thus has brought the Medical Examiner’s Office to a point where additional staffing is required to keep pace with the caseload.

PROJECT INFORMATION

Lead Department:
Medical Examiner’s Office

Project Manager:
Dr. Wieslawa Tlomak

Remediation Category:
Other Strategies

| | |
|--------------------|--------------------|
| Cohort One: | Allocation: |
| 1/1/23-12/31/25 | \$2,290,541 |

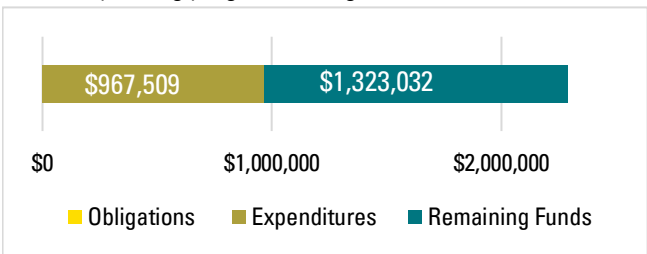
PROJECT POPULATION

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 12/31/2024.



Using opioid litigation settlements, the office was able to hire a medicolegal death investigator, a forensic chemist, and a forensic pathologist. These positions each have a unique purpose in the investigation of death.

These staff not only allowed the office to stay within the National Association of Medical Examiners’ accreditation guidelines but also to provide timely information to other agencies so that data-driven decisions can be made. The Medical Examiner’s data can help identify trends in overdose deaths, including shifts in the drugs involved, demographics of those affected, and geographic locations with higher mortality rates. By monitoring trends in

overdose deaths, public health officials can respond more effectively to sudden increases in overdose fatalities potentially linked to batch and call a press briefing to inform the public. Also, working with HIDTA (High Intensity Drug Trafficking Area) program on immediate reporting of suspected fatal drug overdoses allows police to investigate cases and lead to arrest of drug dealers.

CHALLENGES AND SOLUTIONS

Hiring a forensic pathologist was a complex and challenging process. In many regions in the United States, including Midwest, there is a shortage of forensic pathologists due to the training requirements and the emotionally demanding nature of the job. Many medical students and pathology residents may not pursue this specialty because of the long hours, emotional toll, and relatively lower compensation compared to other medical specialties. Despite difficulties, the Medical Examiner’s Office (ME Office) was able to overcome these challenges and hire a forensic pathologist in July 2024.

PUBLIC AND COMMUNITY ENGAGEMENT

In summary, having these three additional positions is extremely important for the Medical Examiner's Office operations and collaboration with other agencies involved in response to the opioid crisis. The ME Office data is crucial for other agencies. Providing timely data on drug-related fatalities is used for epidemiological analysis, identifying risk factors, informing interventions, and guiding public health initiatives aimed at the prevention of drug abuse and reducing overdose deaths. Even more important, timely death investigation and determination of the cause of death help Milwaukee County families cope with grief and loss.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|--|---|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> \$1,024,832 | <ul style="list-style-type: none"> Hired: <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Turn-around time to complete death investigations has been reduced from 124 days in 2023 to 51 days in 2024. Toxicology turnaround time has been reduced from 25 days in 2023 to 14 days in 2024. Performed 2,165 toxicology screenings in 2024. Opioid staff performed 354 autopsies in 2024. Opioid staff performed 659 death investigations in 2024. | <ul style="list-style-type: none"> 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. |
| Partners | | | |
| <ul style="list-style-type: none"> 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 | | | |

Medication-Assisted Treatment 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 facilitated 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:
Kamrin Pegues

Remediation Category:
Treatment

| | |
|--------------------|--------------------|
| Cohort One: | Allocation: |
| 1/1/23-12/31/25 | \$2,514,909 |

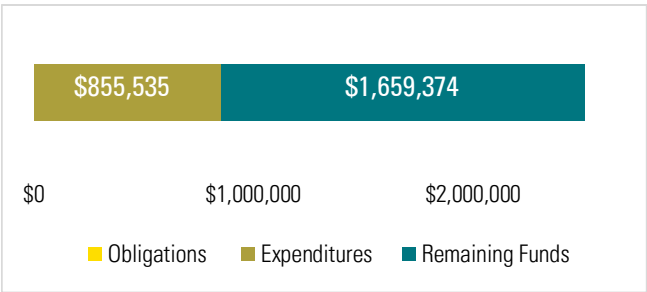
PROJECT POPULATION

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 an OUD in the Milwaukee County Community Reintegration Center (CRC) or 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 12/31/2024.



In addition to Suboxone and Vivitrol as MATs for clients to be inducted on while in custody and the Behind the Walls program, Methadone was finally able to be added to that list in early 2025. This was a significant work effort throughout 2024 and took ongoing collaboration with stakeholders, most notably Wellpath.

PUBLIC AND COMMUNITY ENGAGEMENT

Regarding community engagement for the MAT Behind the Walls Project in 2024, the team has been involved in weekly meetings with the relevant stakeholders. Information from those meetings is shared with coworkers, other teams who have clients that may benefit from it, and other agencies that

were not aware of it.

CHALLENGES AND SOLUTIONS

A challenge the project faced was making progress on having Methadone added to the list of MAT induction options available for participants in the Behind the Walls program. Another challenge has been turnover with Wisconsin Community Services (WCS) AccessPoints (AP) and high Recovery Support Coordination (RSC) caseloads. This turnover with the AP and the high RSC caseloads means not everyone can be seen as quickly and attentively as preferred. Additionally, RSCs not using the proper billing codes for contact with participants while they were still in custody was a big challenge during 2024.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|--|--|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Opioid Settlement Funding of \$2,514,909 ▪ In-kind staff time; Project Director, Community Program Liaison, Program Evaluator | <ul style="list-style-type: none"> ▪ Provide all three forms of FDA-approved MAT (Vivitrol, Suboxone, and Methadone) ▪ Implement one new nursing position ▪ Expand services to serve more individuals at the Milwaukee County Jail ▪ Educate staff and program participants about harm reduction techniques ▪ Provide harm reduction supplies to program participants | <ul style="list-style-type: none"> ▪ # of individuals participating in the MAT Behind the Walls program at CRC and CJF. ▪ % of individuals with an identified Opioid Use Disorder at CRC and CJF who participate in the MAT Behind the Walls program. ▪ Type of MAT prescribed to participants. ▪ Demographic data (as available). ▪ # of individuals transitioned to community-based provider(s) post-release. ▪ % increase in participation per site. ▪ Participant feedback. | <ul style="list-style-type: none"> ▪ % and # increase in program participants. ▪ % and # of individuals who continue treatment post-release. ▪ Decrease % of recidivism for participants within 1 year of program participation as compared to the general population. ▪ % decrease in overdose among program participants. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ Wellpath ▪ Community Medical Services ▪ CRC ▪ CJF | | | |

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 to show a positive response to alternative access to treatment in a vulnerable situation. 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 current community engagement outlets of local Emergency Medical Services (EMS) agencies to fulfill the work of this project. OEM is providing harm reduction kits and community education and is partnering with the Wisconsin Department of Health Services and local municipal health departments to use existing distribution chains for naloxone and fentanyl test strips to minimize expenses.

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 training and resources for the community regarding harm reduction kits, their contents, and their specific utilization.

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 12/31/2024.

| Category | Amount |
|-----------------|----------|
| Obligations | \$8,707 |
| Expenditures | \$89,197 |
| Remaining Funds | \$0 |

In 2024, OEM accomplished training events within Milwaukee County at community centers, schools, libraries, and public events. OEM worked closely with Fire Departments to provide this training, equipment, and resources.

CHALLENGES AND SOLUTIONS

The biggest challenge for the CORE team has been the need for additional leadership capacity. OEM’s solution to this challenge is to hire an operations manager who will start in 2025. The operations manager will help create connections in different communities and build relationships with other county departments and senior centers.

PUBLIC AND COMMUNITY ENGAGEMENT

OEM has leveraged additional funding sources to bring this program to fruition by securing Narcan from other sources. Additionally, OEM is working with DHHS, the Zoo, the Medical Examiner’s Office, and other county agencies to partner on identifying populations of need and locations for training efforts.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|---|---|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Funding for harm reduction-focused projects. ▪ Supplies for leave-behind kits. ▪ Staffing to provide training and education. | <ul style="list-style-type: none"> ▪ Train first responders and community members on Harm Reduction education with an opioid focus. ▪ Community engagement events promoting harm reduction. ▪ Leave behind kits. | <ul style="list-style-type: none"> ▪ 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. | <ul style="list-style-type: none"> ▪ County park employees can identify signs of an overdose and safely administer Naloxone if necessary. ▪ Over 200 leave-behind kits given out at community event, civilians now prepared to administer Naloxone. ▪ Improved patient care, community relationships, and health outcomes by implementing TIC practices. ▪ Educated opportunities for civilians to engage in bystander CPR and Naloxone administration. ▪ First responders can recognize opportunities to implement trauma-informed practices during community engagement. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ Libraries, Public Health, Fire Departments, County Departments | | | |

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 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) Model¹.

PROJECT INFORMATION

Lead Department:
Office of Emergency Management

Project Manager:
Dan Pojar

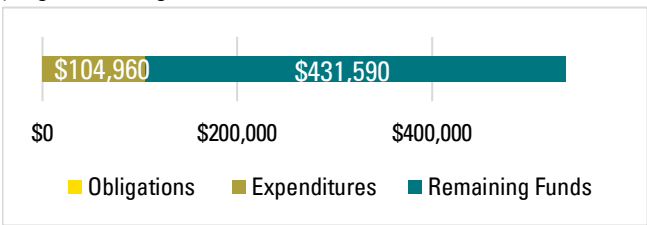
Remediation Category:
Treatment

Cohort One: 1/1/23-12/31/25
Allocation: \$536,550

PROJECT 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 12/31/2024.



Most of the time spent on this project in 2024 was spent on administrative functions to set up programs and contracts with the fire departments, while they were creating positions and investigating program feasibility and sustainability.

CHALLENGES AND SOLUTIONS

Each fire department and its musicality have vastly different processes for adding personnel or changing programs, as well as understanding secured and future funding to sustain efforts. Each fire department signing on to this program understands this is the case, and the OEM will continue to

support and seek funding to enhance these programs as much as possible.

PUBLIC AND COMMUNITY ENGAGEMENT

This project is focused on developing a fire department-based program designed to engage patients *before* they reach a crisis point. Unlike traditional models that respond to emergencies, this proactive approach aims to reduce 911 calls by maintaining regular contact with patients, building ongoing relationships, and providing preventive care and treatment as needed.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|---|--|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> Subsidy Funding Medical Direction Patient Population Assessment Training for EMS Clinicians | <ul style="list-style-type: none"> 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, 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 Milwaukee County. | <ul style="list-style-type: none"> # of MKE County EMS providers training. # of harm reduction kits provided. # of doses of induction medication distributed. # of EMS agencies that received induction medication. # of healthcare facilities identified as able to receive induced patients. # of trainings for healthcare facility employees (and # of employees trained) on induced patient care. # of trainings on how to work with Health Navigator/Peer Counselor. Quality Assurance Program is established. Additional Guidelines created for patient care. # or % increase of pharmaceutical agents to EMS units. # of connections to enduring care options completed. | <ul style="list-style-type: none"> 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. |
| Partners | | | |
| <ul style="list-style-type: none"> Fire Departments, Medical Examiner, OD-PHAST, Public Health, Law Enforcement, Health Systems | | | |

Overdose Risk Prediction Model (Pilot)

PROJECT 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 to demonstrate the value of data sharing and integration while simultaneously 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), that will provide access to key Behavioral Health Services (BHS) data, building the model, and presenting results.

PROJECT INFORMATION

Lead Department:
Department of Administrative Services

Project Manager:
Shannon Gramann

Remediation Category:
Other Strategies

Cohort One: 7/1/24-12/31/26
Allocation: \$29,000

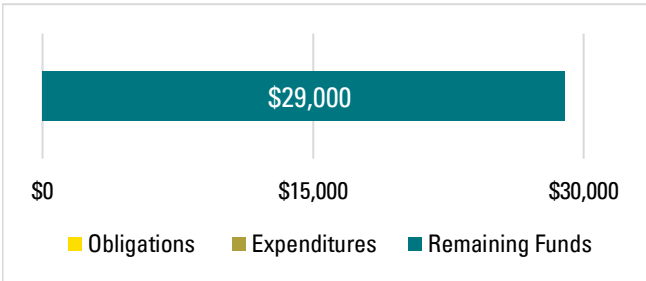
PROJECT POPULATION

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 that the pilot focuses on. 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 12/31/2024.



Leading up to data acquisition in 2025 for creation of the pilot Overdose Risk Prediction Model, the following milestones were achieved in 2024:

- Literature review completed
- Approval of the project by the Institutional Review Board (IRB)
- Scope of work approved by Contracts Management in the Department of Health and Human Services (DHHS)
- Business Associates Agreement (BAA) created and signed by Milwaukee County and MCW

No Opioid Settlement Funds were spent in 2024.

CHALLENGES AND SOLUTIONS

Challenges were encountered in data acquisition due to complicated internal processes. These processes will be clarified and standardized across the organization in the future through the Data Governance program.

PUBLIC AND COMMUNITY ENGAGEMENT

Due to the nature of this project being a pilot model, the current audience is internal until the model is broadened in future phases of work and applicable to specific Milwaukee County departments that deliver services to residents.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|---|--|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ \$29,000 ▪ DHHS Data Analytics/Statistics Professionals ▪ Information Management Services Division (IMSD) Data Analytics/Statistics Professionals ▪ Data Share/MCW data ▪ Statistics Consultant | <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ Initial Model (Pilot) - Statistical model with identified risk factors for overdose. ▪ Results shared with multiple stakeholder groups via a report, visual abstract/infographic, and presentations, including an overview of the project, methods, and suggested next steps. | <ul style="list-style-type: none"> ▪ County leadership-driven buy-in in analytical uses of departmental data, including predictive and prescriptive analysis. ▪ Streamlined and compliant data-sharing practices both internal and external to Milwaukee County, to address future community/business needs. ▪ Investment in analytical tools and staff to support more effective and impactful data-driven decision-making. ▪ Identify more people at risk for overdose and mitigate that risk. ▪ Additional opioid funds secured to expand the model and implement it within key county service lines. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ 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 uses mobile resources, like 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 the referred individuals to local fire departments. Fire Departments with MIH services will provide outreach via phone and in-person resources to include 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: | Allocation: |
| 7/1/24-12/31/26 | \$1,066,966 |

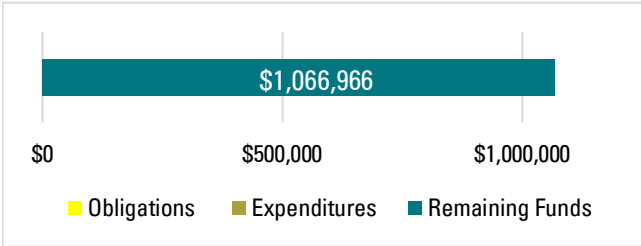
PROJECT POPULATION

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 12/31/2024.



There has been little activity other than some planning and process mapping for this current project.

CHALLENGES AND SOLUTIONS

A significant early challenge involved securing the contract, which required extended coordination and discussions across departments and with the provider. While the process took longer than anticipated, it was resolved in early 2025, allowing the project to move forward.

PUBLIC AND COMMUNITY ENGAGEMENT

The PATH (Pre/Post Incarceration Access to Treatment and Healing) project is rooted in meaningful community engagement through collaboration and communication. At its core, PATH is built on a network of trusted partners, including, Milwaukee County’s Office of the County Executive, OEM, DHHS, the District Attorney’s Office, the Community Reintegration Center, and the Sheriff’s Office, working together with the Medical College of Wisconsin and local fire departments providing Mobile Integrated Health (MIH) services. Each partner brings unique expertise to identify and support individuals at high risk for opioid use disorder before and after incarceration. The project’s communication strategy centers on transparency, trust, and responsiveness. Through regular data tracking and evaluation led by the Medical College of Wisconsin, PATH gathers insight on what’s working and where adjustments are needed. This real-time learning is shared across partners and will inform broader community conversations about effective strategies for reducing overdose deaths and supporting individuals reentering society. By ensuring that community voices are heard and incorporated throughout implementation, PATH aims to build a sustainable, responsive model that drives meaningful change in how Milwaukee County addresses opioid use disorder.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|---|---|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none">▪ Funding (Opioid Settlement Funds)▪ Data management and evaluation tools | <ul style="list-style-type: none">▪ 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 | <ul style="list-style-type: none">• 1,500 high-risk participants engaged over 2.5 years.• 1,500 participants provided with critical opioid-related interventions.• # of f harm reduction supplies distributed.• # of harm reduction trainings held.• # of successful referrals to peer support, MAT, outpatient treatment, housing, and primary care.• # of biannual program evaluations and data reviews• # of partner meetings and strategic adjustments.• Dissemination of findings to stakeholders, lectures, research manuscripts, policy statements, and working groups. | <p>Short Term</p> <ul style="list-style-type: none">• 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. <p>Intermediate Term</p> <ul style="list-style-type: none">• Increased scheduling and attendance of primary care appointments.• 50% of participants induced on 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. <p>Long Term</p> <ul style="list-style-type: none">• 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. |
| Partners | | | |
| <ul style="list-style-type: none">▪ 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 | | | |

Prevalence of Adulterants and Opioid Overdoses in Black and Brown Communities in Milwaukee County

PROJECT OVERVIEW

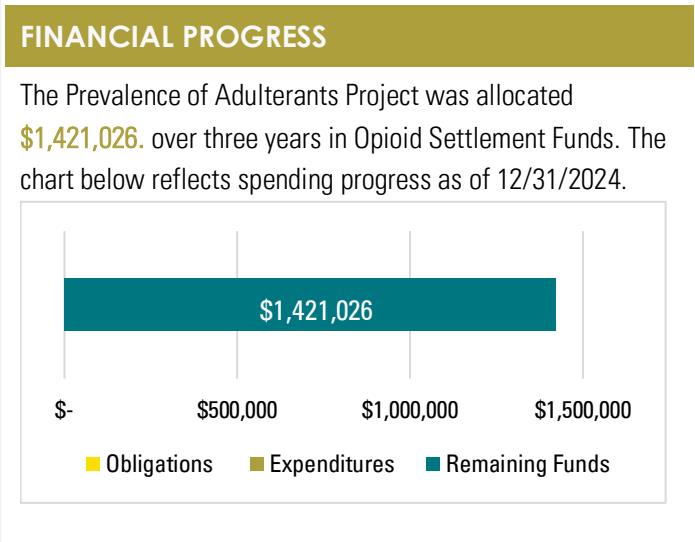
The project will aid Milwaukee County Behavioral Health Services in equitably engaging individuals with living/lived experience by building capacity on both sides to improve messaging and access to resources. BHS also seeks to support opioid abatement research in data collection by empowering individuals with lived and living experience and their families to share information on drug use trends and more effective prevention and harm reduction strategies that would meet their actual conditions of use. Partnering with individuals as experts and sources of truth on drug use trends is essential to enhancing community-informed organizational decision-making and improving harm reduction services.

| PROJECT INFORMATION | |
|--|----------------------------|
| Lead Department: Health & Human Services, | |
| Project Manager: Africa Luca | |
| Remediation Category: Harm Reduction | |
| Cohort Two 7/1/24-12/31/25 | Allocation: \$1,421,026 |

PROJECT POPULATION

The project population consists of historically underserved, marginalized, and adversely affected groups of individuals with lived and living experience and their families. The Black and Brown communities are also majority populations within geographic areas of Milwaukee County that are historically underserved, with high poverty rates, high prevalence of fatal and non-fatal opioid overdoses, and limited access to resources.

PROJECT HIGHLIGHTS & PROGRESS TOWARDS OUTCOMES



The project has hired a Project Director/ Project Manager who is be responsible for the implementation, management, and evaluation of opioid remediation strategies focusing on the prevalence of adulterants in drug use.

The project is in the process of hiring a Qualitative Researcher who will utilize state-approved opioid remediation strategies of prevention, education, and research to coordinate focus groups and interviews with individuals who have and are living with substance use experience at community-based locations.

CHALLENGES AND SOLUTIONS

The project's challenges include identifying place-based locations for focus groups and interviews. Project leads needed to establish a robust group of community locations and individuals with living and lived experience as participants in the evaluation process.

PUBLIC AND COMMUNITY ENGAGEMENT

The Project Director will build collaborative partnerships by visiting place-based locations in the geographic area with the target populations served. The Project Director will educate community leaders, members, and agencies on the opioid abatement research approach using the Community-Based Participatory Approach (CBPA) and Community-Based Participatory Evaluation Research (CBPE).

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|--|---|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Opioid Settlement Funding of \$1,421,026 ▪ Opioid Prevention Coordinator | <ul style="list-style-type: none"> ▪ Hire Opioid Prevention Coordinator ▪ Qualitative Research, including Focus Groups ▪ Media Campaign based on data gathered during Qualitative Research. ▪ Project Evaluation ▪ Dissemination of Harm Reduction Supplies | <ul style="list-style-type: none"> ▪ Conduct culturally competent focus groups and interviews. The resulting targets of 40 focus groups and 20 interviews. Biennial data collection in Years 1 and 3, with information sessions in Year 2. ▪ Qualitative research to include # and type of focus groups & interviews. ▪ 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, and it will 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). ▪ Number and location of community information sessions, and the number and type of adjustments made to marketing collateral and strategic communication strategy. | <ul style="list-style-type: none"> ▪ Consumer engagement in health communication media campaigns. ▪ Reduction of fatal and non-fatal drug incidents in Milwaukee County, with no disparities across race and ethnicity. ▪ Monitor specific target populations and geographic areas for reduction in fatal and non-fatal overdoses and increase access to resources on prevention and harm reduction strategies. ▪ Increase of healthy coping choices in historically underserved communities with high poverty rates, high prevalence of fatal and non-fatal opioid overdoses, and limited access to resources. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ Individuals with lived/living experience and their families; Black and Brown communities ▪ Qualitative Researcher ▪ Communications Agency ▪ Project Evaluator ▪ Community Artists and Influencers | | | |

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 put in place that allowed for 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 far exceeds supply, with more than 200 individuals waiting for substance use residential treatment at any given time. 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 programming is an important endeavor.

| PROJECT INFORMATION | |
|--|----------------------------|
| Lead Department: Health & Human Services, | |
| Project Manager: Kamrin Pegues | |
| Remediation Category: Treatment | |
| Cohort One: 1/1/23-12/31/25 | Allocation: \$1,821,140 |

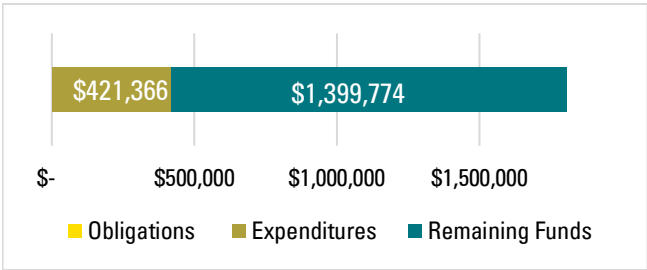
PROJECT POPULATION

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 12/31/2024.



BHS released a competitive RFP in April 2024, soliciting applications from vendors interested in creating SUD Residential capacity expansion.

After the RFP process, 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 (slated to open in August 2025); and Meta House for 65 SUD Residential beds for women (slated to open in December 2025).

CHALLENGES AND SOLUTIONS

There have been no unexpected challenges with this project. Building capacity takes time as there are construction considerations, but this is to be expected, and capacity expansion projects with awarded agencies are on track.

PUBLIC AND COMMUNITY ENGAGEMENT

After releasing the competitive RFP, two community listening sessions were held to answer specific questions and offer insights about the goals for the projects for prospective agencies. The community had recognized that there were long waitlists for service, which is understandably of great concern. Since the awards have been made, DHHS leadership has attended events for the awarded organizations and shared news of planned expansion with the SUD provider network.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|--|--|---|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ Opioid Settlement Funds of \$1,821,140 ▪ In-kind staff, Project Director and CARS Director | <ol style="list-style-type: none"> 1. Publish a competitive RFP. 2. Target Service Providers servicing residences living in the following zip codes 53204, 53206, 53208, 53209, 53212, 53214 and 53215 3. Administer the quality of life report 4. Administer the yearly consumer satisfaction surveys 5. Evaluating pre- and post-treatment withdrawal management utilization rate | <ol style="list-style-type: none"> 1. 3 awards made. 2. Increased capacity of Residential Substance Use Treatment providers in 53204, 53206, 53208, 53209, 53212, 53214, and 53215 zip codes. 3. 100% of residences receiving services will complete a quality of life report. Individuals receiving services report a quality of life score of 80% or higher within 6 months post-treatment care and services. 4. Develop an aftercare plan for individuals in residential treatment services. 5. Develop an aftercare plan for individuals in residential treatment services. | <ol style="list-style-type: none"> 1. Increase of Residential Services for 100% of awarded agencies. 2. Decrease the total number of fatal overdoses in those identified zip codes. 3. Individuals receiving services report a quality of life score of 80% or higher within 6 months post-treatment care and services. 4. Increase the number of residents who use the aftercare plan. 5. Decrease the number of people who use substances after being discharged from the program. |
| Partners | | | |
| <ul style="list-style-type: none"> ▪ META House ▪ United Community Center ▪ Serenity Inns | | | |

Respite Build Out – Dedicated Harm Reduction Beds

PROJECT OVERVIEW

The project focuses on a 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 who are 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

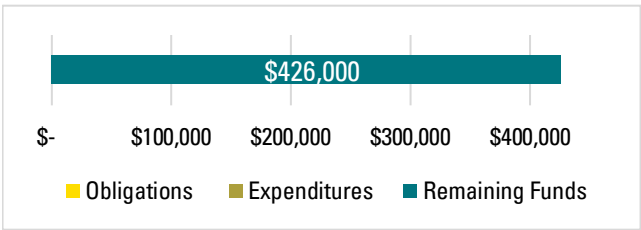
PROJECT POPULATION

The project will serve individuals experiencing unsheltered homelessness and actively using opioids. The goal is for at least 20% of the total beds on the 3rd floor to always remain dedicated to this population. We anticipate the 3rd floor will have 20 total beds. Milwaukee County’s homeless outreach team will identify consumers on the street to refer to these beds and will oversee the transition process from the street. The outreach team currently has two treatment and resource navigators, and they 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 12/31/2024.



The project hasn’t started yet because the project needs to spend State grant funds on the building first and ensure the roof renovation is complete before construction on the third floor. Project Leads anticipate starting construction in May or June 2025.

CHALLENGES AND SOLUTIONS

A lengthy roof renovation needed to be completed before construction on the third floor could begin. The real estate and fiscal team has been able to start the planning and anticipates beginning construction in the next few months.

PUBLIC AND COMMUNITY ENGAGEMENT

Project Leads have been communicating with current program participants on the 2nd floor of the building to ensure they are aware of plans and have received feedback on design ideas, amenities, and other ideas related to the build-out of the 3rd floor. Project Leads have also been communicating with the alderwoman in the area and plan to keep engaging our participants as the project moves forward.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|---|--|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> \$426,000 Respite build out Harm Reduction beds | <ul style="list-style-type: none"> Cost of construction materials and hiring vendors to complete the build-out Procure material, solidify vendor contracts, and complete construction | <ul style="list-style-type: none"> % of total respite beds dedicated to individuals actively using opioids and experiencing unsheltered homelessness upon entry. # of individuals served. # of individuals accessing permanent housing. | <ul style="list-style-type: none"> 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. |
| Partners | <ul style="list-style-type: none"> Utilize beds dedicated to individuals actively using opioids, to end their cycle of homelessness and work towards recovery | | |
| <ul style="list-style-type: none"> Milwaukee County Homeless Outreach Milwaukee Coalition on Housing and Homelessness Behavioral Health Services Vivent Health City of Milwaukee | | | |

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, specifically targeting youth with a history of substance use. In this project, CYFS focuses on the early diagnosis of treatment needs, referrals to community-based supports, and opportunities to limit justice system involvement. This project increases the capacity within CYFS as it funds two positions to work with youth in the detention center and initiates the development of the clinical unit within the detention center. 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:
1/1/23-12/31/25

Allocation:
\$799,190

PROJECT POPULATION

This project serves individuals who are involved in the youth justice system, both those who are in the youth detention center and those who leave the detention center 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 12/31/2024.

| Category | Amount |
|---------------|-----------|
| Obligations | \$121,910 |
| Expenditures | \$677,280 |
| Unspent Funds | \$799,190 |

In 2024, this project resulted in a 200% increase in youth receiving individualized mental health services in a secure setting (38 youth seen overall). The project has also hired two staff members, one of whom is certified to administer GAIN (substance abuse) assessments and one of whom is in the process of seeking certification.

CHALLENGES AND SOLUTIONS

In 2024, project leads overcame some implementation challenges common to hiring and onboarding new staff. In addition, achieving certification to administer GAIN assessments takes three to six months, so some staff are still working through that process. Last, because youth

individualized mental health care was not offered prior to this opportunity, the project needed to focus on that initially. There has been a lot of progress in that area, and the project will be able to add group sessions, including substance abuse prevention programming, in 2025.

PUBLIC AND COMMUNITY ENGAGEMENT

While the work of this project takes place in detention, DHHS-CYFS furthers and supports this work through commitments to be ongoing, engaged partners of groups including the Community Justice Council’s Executive Committee, the Wisconsin Juvenile Justice Network, and the Medical College of Wisconsin’s Violence Response – Public Health & Safety Team (VR-PHAST).

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|--|---|---|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ \$799,190 in OSF Funding ▪ Clinical Manager time ▪ UnitTherapist time ▪ Fee for service providers ▪ Training and Certification ▪ Assessment Software access | <ul style="list-style-type: none"> ▪ Individual mental health and substance use services. ▪ Design and develop a clinical department to improve access to treatment for substance use disorder and 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. ▪ Developing substance abuse educational modules for youth in detention | <ul style="list-style-type: none"> ▪ 15 youth receive weekly individual therapy services while in detention in the MCAP program. ▪ 4 referrals accepted by community providers to offer ongoing services. ▪ 1 staff member certified in GAINS assessment administration. ▪ 1 full-time therapist hired and began working toward GAIN certification. ▪ GAINS assessments completed to be reported in 2025. ▪ Substance abuse educational modules will be reported in 2025. | <ul style="list-style-type: none"> ▪ 200% increase in youth receiving individualized mental health services while in a secure setting in the MCAP program (38 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 | | | |
| <ul style="list-style-type: none"> ▪ Multicultural Trauma and Addiction Treatment Center Counseling. ▪ ABDH Counseling ▪ Voices for the Youth | | | |

Substance Use Disorder System Enhancement Project

PROJECT OVERVIEW

Based on fiscal trends experienced by BHS in the last several years, 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

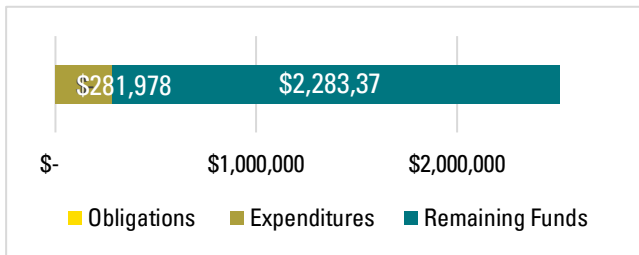
PROJECT POPULATION

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 12/31/2024.



This additional funding was successfully implemented in the BHS electronic health record, incorporating itself into the existing braided funding system and successfully funding treatment. As expected, the extra funding has begun to reduce the burden on the County Tax Levy, as critical health-related social needs and other treatment can be provided to those in need. It is too early in the project to assess outcome measures for change over time in the number of Social Determinants of Health needs, self-rated quality of life, etc. Future iterations of this report will include more output data.

CHALLENGES AND SOLUTIONS

The initial implementation of this project, from a technology standpoint, has been the only minor challenge. To integrate this funding into the BHS electronic health record, a number of steps

needed to be taken. Reports needed to be developed to identify eligible clients, and a process needed to be established to monitor this on an ongoing basis. Each client's financial eligibility must be updated in the health record upon identification. The mechanism for assigning this funding to eligible services also needed to be established, which took longer than expected. In late Q3 and throughout Q4 of 2024, we began to see the payments process and the cumulative amount continue to grow, as we expected. These ongoing expenses will be monitored monthly to ensure the project stays within its established budget.

PUBLIC AND COMMUNITY ENGAGEMENT

Since this project expanded funding in an established system of care in BHS, there has not been any new public/community engagement specific to this project. There are ongoing mechanisms for engaging the provider network, including routine operations meetings and all provider meetings. There are various ways individuals can access services in the community, such as through in-person access points, both over the phone, and by mobile staff in the community.

LOGIC MODEL

| Primary Delivery Mechanisms | | Performance Measures | Key Performance Indicators |
|---|---|---|--|
| Inputs | Activities | Outputs | Outcomes & Impact |
| <ul style="list-style-type: none"> ▪ 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 | <p>A. Create a public-facing BHS Substance Use Dashboard.</p> <p>B. Conduct an assessment to determine if there is both cost and access to service equity by race and presenting issue.</p> <p>C. Enhance the SUD system of care to meet the growing demand and changing needs as a result of the opioid epidemic.</p> <p>D. Engage in meaningful outcome measurement to assess the effectiveness of the goal and objectives set forth.</p> | <p>A1. A public-facing dashboard that demonstrates number of individuals enrolled, their presenting issues, their race, and their length of stay/engagement in services.</p> <p>A2. The dashboard will be publicly shared on the BHS webpage and the Mental Health Board Quality Committee reports.</p> <p>B. A formal report of the assessment that includes findings will be presented to the Mental Health Board Quality Committee.</p> <p>C1. Qualitative feedback about SUD services will be gathered via focus groups.</p> <p>C2. Release an Expression of Interest or a competitive request for proposal with intent to expand the SUD network of providers.</p> <p>C3. Execute contracts based on the EO/RFP.</p> <p>D. 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.</p> | <p>A. Increased understanding of the data. Improved awareness among stakeholders of the real correlation between race, presenting issues, and length of services.</p> <p>B. Decisions based on data for addressing opioid epidemic-related system of care needs.</p> <p>C1. A summary report of the qualitative findings will be delivered to the BHS Executive Team and SUD Program leadership.</p> <p>C2. Additions to the service array will reflect the summary report of the qualitative feedback.</p> <p>C3. An additional 300 individuals will be served by the SUD system of care.</p> <p>D1. Demonstrate a rate of improvement of at least 20% above and beyond the current rates of improvement.</p> <p>D2. Outcome measurements will be formally reported to the Mental Health Board Quality Committee.</p> |
| Partners | | | |
| <p>A. Existing network of 43+ community agencies</p> <p>B. New Vendors</p> | | | |

Challenges and Solutions

Launching and managing a multi-year, cross-departmental initiative of this scale has not been without challenges. Departments faced typical startup delays related to staff hiring, procurement, and internal approvals, particularly in Cohort Two, where the application and launch process was compressed.

In response, the Office of Strategy, Budget, and Performance worked with County leaders to adjust the Cohort Three timeline, ensuring that departments have sufficient lead time to recruit, plan, and implement effectively. These timeline adjustments reflect the County's commitment to continuous improvement and ensuring every funded initiative has the best chance for success and sustainability.

Public Engagement

Community engagement has been a cornerstone of Milwaukee County's opioid settlement strategy. In 2024, more than 75% of the proposal review panel comprised people with lived experience, frontline providers, and community-based partners. Their insights helped ensure funding decisions were grounded in equity, real-world needs, and community voice.

Departments also conducted direct engagement, through EMS councils, neighborhood meetings, and senior centers, to inform project design and reach underserved populations. For example, the Aging and Disabilities Services Opioid Prevention Project directly engaged more than 550 residents and was later recognized as a model for community-centered prevention.

These efforts reflect Milwaukee County's belief that lasting solutions to the opioid crisis must be designed with, and not just for, the community.

Transparency and Accountability

The Opioid Fund Administration Workgroup was established to provide guidance and oversight to the Opioid Settlement Funds and associated processes. The workgroup includes leadership from several Milwaukee County departments that focus on addressing the opioid crisis alongside the Medical College of Wisconsin. The workgroup informed the structure, application materials, and timeline of the allocation process, and was instrumental in identifying and recruiting members for the Proposal Review Panel in 2023.

In 2025, the Fund Administration Workgroup began development of a framework for project- and remediation category-level evaluation. As shared in this report, each project has completed a logic model, which outlines the

MEDIA MENTIONS

Unprecedented Opioid Settlement Funds allowed Milwaukee County to fund innovative, life-saving strategies and expand impactful existing programs.

- Urban Milwaukee: [Crowley Signs Opioid Program Funding](#)
- Urban Milwaukee: [Opioid Settlement will Fund 7 New, Expanded Abatement Efforts](#)
- Urban Milwaukee: [Milwaukee County Outreach Team Going Door-to-Door Handling Out Narcan in High Overdose Areas](#)
- CBS 58: [‘The road to recovery’: Milwaukee County allocates \\$8.5 M in opioid settlement funds to treatment, prevention projects](#)
- TMJ 4: [A Milwaukee recovery center is happy as Milwaukee County approves over \\$8 million to fight the opioid epidemic](#)
- Governing: [Plagued by Drug Overdoses, Milwaukee county Tries a new Approach](#)

inputs, activities, outputs, and outcomes. Progress towards meeting performance measures, short-term, and long-term goals will be documented in 2025 and beyond to determine if reallocation or expansion of funds is needed.

Conclusion

Through careful planning, strategic investment, and deep community partnership, Milwaukee County is using its historic settlement funds to deliver measurable, community-centered outcomes, now and in the future. The County remains committed to transparency, continuous improvement, and ensuring that every dollar invested supports a healthier, more equitable future for residents.