

# Dose of Reality Roundtables Summary

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## Introduction

In December 2023 and February 2024, the Wisconsin Department of Health Services (DHS) and Department of Justice (DOJ) held a [series of Dose of Reality roundtables](#) throughout the state to talk about how we're distributing opioid settlement funds and hear how those dollars are impacting communities. This included discussions with grantees from a variety of opioid settlement funded initiatives, including county and city administrators, Tribal nations, public health departments, law enforcement, local human services, school-based prevention programs, recovery organizations, treatment providers, community organizations, and peer specialists. They shared what the funds mean to their work and people in their communities and what more can be done to combat the opioid epidemic in Wisconsin.

DHS will use this information to help guide future state opioid settlement funds planning.

## Opioid Settlement Funds

Currently, Wisconsin is due to receive more than \$740 million in total opioid settlement funding through 2038. 2021 Wisconsin Act 57 requires the 87 local governments that participated in this litigation receive 70% of the funds, with the state receiving the remaining 30%.

[DHS manages the distribution of the state funds](#) and is required to submit a plan to the Wisconsin Legislature's Joint Committee on Finance (JFC) every year with details on the projects we intend to support with the payments we expect to receive for the funding year. In 2022, DHS received approximately \$31 million and in 2023, approximately \$8 million. Both plans were eventually approved with changes made by JFC.

DHS continues to work with partners to get feedback from those on the ground who see first-hand the impact opioid misuse is having on families and communities and what is needed to address this epidemic. This is vital to developing strategies to support Wisconsin's response as the epidemic evolves.

The next sections provide an overview of the feedback we received from grantees about what is working, what still needs funding, and where there are gaps we still need to address.

## What is working

Many grantees told us they are using money from the state to have lifesaving supplies like naloxone in a variety of locations, whether that's naloxoboxes, door-to-door outreach, or availability of these tools in trusted businesses, like restaurants. They say the following strategies save lives:

- Narcan<sup>®</sup> Direct Program – provides free Narcan<sup>®</sup> for community distribution
- Fentanyl Test Strip Direct Program – provides free test strips for community distribution

- Public health vending machines – stocked with supplies like Narcan® and fentanyl test strips and placed in high need public access points
- Syringe service programs – reduce the risks associated with drug use
- Emergency medical services (EMS) Leave Behind Program – allows EMS professionals to distribute overdose prevention tools and resources to the patient, their family, and friends

Grantees expressed appreciation for the Wisconsin’s [Recovery Voucher Program](#). One shared how it’s helped them provide sober, stable housing to 42 men who had nowhere to go once they were released from jail or a correctional facility. Sober, stable housing helps assure a strong start to their recovery.

DHS suspected opioid overdose alerts were identified by grantees and partners as helpful to understand where additional outreach efforts are needed. These emails to local public health officers notify them of potential opioid overdose activity in their area. DHS uses data from the [National Syndromic Surveillance Program](#), which tracks suspected opioid overdoses in emergency departments, to trigger an alert for a county. The alert includes data showing the number of higher-than-expected overdoses for the previous week. It also provides suggested actions steps and resources.

Grantees also shared these successes in addressing opioid use in their communities:

- Mobile opioid treatment programs that bring services to underserved areas
- Community organizations serve as trusted messengers and are the boots on the ground that meet with people face-to-face and listen to their needs
- Medication assisted treatment in jails provides evidence-based care for people who are incarcerated
- Certified peer specialist training for those with lived experience provides support to others struggling with substance use

## What are the needs

Grantees tell us there are still many areas that need funding. The main themes are detailed in the following sections.

### Support prevention efforts

Prevention addresses the root cause of behavior before substance use begins. Addressing the underlying, and often interconnected, causes of trauma and its related harms, brings us closer to preventing challenges before they can take root. Strategies like outreach and education, school-based programming, and counseling can help build resilience in communities. Expanding prevention efforts also helps reduce the burden on other parts of the continuum of care for substance use now and in the years to come.

Grantees tell us additional work is needed to ensure decision-makers have a clear understanding of what prevention means, including who does this work, what their job titles are, what services they provide, and what groups they work with. They also expressed the need to support efforts of peer specialists who are in recovery, as learning from those with firsthand experience of the challenges they have overcome helps others relate to and better understand their own resiliency.

One of the challenges in allocating funds for prevention work can be the length of time to evaluate efforts and the impacts.

Substance misuse is a disease, and prevention methods for any disease must reduce risk and promote positive health outcomes by influencing how people think, feel, and act. We need to do more work to reinforce strategies to reduce stigma and change how people and communities view and support those struggling with substance misuse.

## Rebuild lives with wraparound services

Healthy recovery begins with safe, stable housing and grow from there. Unfortunately, grantees repeatedly reported the challenges they face with funding wraparound services for people in treatment and recovery in their communities. These include transitional housing and transportation for people who are at high risk of substance use and who have high care needs. Grantees stressed this is intensive work as each person's plan of care is unique, but it's necessary to keep them on the path to recovery.

They suggest the state increase support for:

- Sober and transitional housing so people don't return to unhealthy environments
- Expanding room and board to include children so families can stay together
- Help paying for rent and service fees
- Increased access to and promotion of the Recovery Voucher Program
- Gas expenses
  - Gift cards for those who need help getting to work
  - Reimburse mobile opioid treatment providers for travel

## Increase community collaboration

It was clear in each roundtable that community organizations and local government agencies are working together to support people in their communities. Our partners take great pride in reuniting families, providing effective services, and restoring meaning and purpose in the lives of those impacted by substance misuse. Overall, there was a combination of human services, public health, and law enforcement coordination on many levels. Each one relies on the other for different supports to ensure people are getting the right type of care, in the right place, at the right time.

Grantees reported the connections they have made are critical to supporting their communities and welcome any opportunities, like the roundtables, to grow their networks.

Some of the grantee's recommendations to increase collaboration include:

- Identify other communities or practices to use as a regional model for others to follow
- Help build capacity for communities to become resource-rich
- Coordinate more with schools
  - Offer school-based programming to build resiliency
  - Expand school-county relationships
  - Offer the Centers for Disease Control and Prevention's evidence-based curriculum [Too Good for Drugs](#) in all elementary schools
  - Provide mentors to students at alternative schools
  - Explore technology advances, including apps, that can provide support and access to resources outside of traditional business hours
- Adapt law enforcement's approach to shift from arrest and detain to help and recovery

- Allow for diversion to redirect a person to community-based services instead of jail
  - Add mental health workers to jails
- Provide access to Narcotics Anonymous and Alcoholics Anonymous in jails and prisons
- Connect people to transition support services so they can access these after their release, such as:
  - Housing
  - Transportation
  - Driver's license reinstatement
  - School participation (transfer, enrollment)
- Provide people with naloxone
- Work with the tavern league to get naloxone into bars
- Connect people to their community through their families, neighbors, and local government to help with healing
  - Access to Narcotics Anonymous and Alcoholics Anonymous meetings
  - Promote peer support
  - Teach parents how to talk with their kids about substance use
  - Support for people of color who are at a greater risk for substance use
    - Connect with the African American Opioid Coalition
    - Work with non-traditional partners to expand the distribution of naloxone by placing public health vending machines, naloxboxes, etc. at trusted businesses in the community
    - Understand this population relies heavily on their community for information and help
  - Build stronger relationships between counties and Tribal nations

## Strengthen the workforce

Grantees provided several suggestions for strengthening the prevention, harm reduction, treatment, and recovery services workforce. Overall, the health care industry is facing a critical need to fill open positions. Some of the recommendations made to address worker shortages include:

- Funding an apprenticeship program to support people entering the field
  - Address the financial gap between when a person is hired and when they can begin billing for their services
  - Guide people who want to work in the field but need additional education and training
    - Such as the substance use disorder certificate program for a person with bachelor's degree in a related field
- Forgive student loans or pay for schooling to incentivize people to work in critical positions
- Recognize and accept licenses from other states
- Increase support for rural [health professional shortage area](#) designated counties

## Opportunities

As Wisconsin's response to the opioid epidemic evolves, so will our focus on resources and services to build out a comprehensive approach. While there are many needs for funding, grantees identified opportunities for DHS to consider:

- Focus on getting people stabilized, preventing them from cycling through the system of care multiple times which strains hospitals and first responders
- Expand Medicaid to increase health care access to substance use treatment

- Reduce harmful stigma in our health care system as it contributes to people cycling through the system multiple times
  - Meet with providers and educate them about how to reduce stigma
  - Encourage and motivate providers to offer care to those with substance use disorder
- Recognize people with lived experience as a profession, like Peer Recovery Coaches or Certified Peer Specialists
  - Offer credentialing
  - Pay them a living wage for their services
  - Increase access to peer support training
  - Work with insurance companies to cover peer support services as a substance use treatment service
- Centralize data and data sharing technology
  - Understand how federal rules prevent local governments from sharing data (CFR 42 – Confidentiality of Substance Use Disorder Patient Records)
  - Provide real-time data to include bed tracking for residential and in-patient treatment
  - Use wastewater monitoring for real-time drug detection
  - Build state technology infrastructure
    - Increase efficiency for finding treatment availability (open beds, capacity) for specific populations
- Update Wisconsin Statute chapter 51-State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act to include Tribal nations
- Expedite facility inspections
- Stay ahead of the changing drug supply to ensure lifesaving resources are not promoting a false sense of security
  - Increase knowledge to better understand the long-term health impacts of drugs in our environment, like water, soil, and air.
  - Create a protocol for how to clean homes where substances were present to prevent unintentional exposure
- Develop a way to ensure mobile clinics are sustainable
- Understand people need residential treatment for other substances besides opioids, as alcohol is still the number one substance impacting Wisconsin
  - Suggest using language in grants to allow for 'high risk for an opioid overdose' in addition to 'current or history of an opioid use disorder' to broaden reach of funded services
- Provide more notice for grant applications
- Use navigators to coordinate care, including transition planning, scheduling appointments in the community, securing medications upon discharge, and arranging transportation
- Address the generational impact and prevent the cycle of parents who use substances and children being removed from the home
  - Address historical trauma and adverse childhood experiences
- Support services for nurses, EMS, law enforcement, and counselors to prevent burnout
- Provide medical examiners and coroners with personal protective equipment to handle drugs
- Revise Wisconsin's Good Samaritan Law (2021 WI Act 33) to provide protections to both the aider and the overdose victim
- Add emergency stations to more public facilities and places of employment to include an automated external defibrillator (AED) machine, CPR mask, epinephrine, naloxone, and test strips

Some of the less common areas reported by grantees but still important to take into consideration for future funding initiatives include things like family-based treatment, capital projects, and funding to support those

who don't qualify for low-income programs or whose insurance doesn't cover evidence-based services like peer support.

## Next Steps

DHS will use this information to help guide future opioid settlement funding planning. DHS will continue to seek feedback from community partners and use this to develop strategies moving forward. Direct feedback helps Wisconsin stay relevant to the evolving ways to approach the opioid epidemic with lifesaving strategies.

DHS encourages everyone to get involved in their communities and support local services, resources, and organizations to reduce opioid misuse. Reach out to your local health and/or human services department for more information.

## Learn More

To learn more about Wisconsin's efforts against opioid misuse, visit the [Dose of Reality campaign](#). Here you can find current data and information to use in your communities to help those who need access to resources.