



Tony Evers

Office of the Governor | State of Wisconsin

October 16, 2019

The Honorable Frank Pallone, Jr.
Chairman
Committee on Energy and Commerce

The Honorable Greg Walden
Ranking Member
Committee on Energy and Commerce

The Honorable Anna G. Eshoo
Chairwoman
Subcommittee on Health

The Honorable Michael C. Burgess, M.D.
Ranking Member
Subcommittee on Health

The Honorable Diana DeGette
Chair
Subcommittee on Oversight and Investigations

The Honorable Brett Guthrie
Ranking Member
Subcommittee on Oversight and Investigations

Dear Honorable Members of the House Energy and Commerce Committee:

Thank you for your work helping states like Wisconsin combat the opioid crisis. Partnership with the federal government is critical to our efforts to decrease substance abuse, lower preventable deaths, and work to end the epidemic. As you look forward to future appropriation bills and legislation, I urge you to prioritize opioid-related funds and programs so that we can continue to expand our work helping Wisconsinites.

Below, please find responses to your questions. If you require any further information, please reach out to Kate Bukowski, State Federal Director, at 202-624-5997 or kate.bukowski@wisconsin.gov.

Sincerely,

A handwritten signature in cursive script that reads 'Tony Evers'.

Tony Evers
Governor, State of Wisconsin

1. **Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has Wisconsin received?**

From 2016 to present, the Wisconsin Department of Health Services (DHS) has been awarded and administered ten federal discretionary grants for opioid use disorder prevention, treatment, and recovery to address the opioid crisis in Wisconsin. Three of these grants began in 2015. As of October 1, 2019, DHS has been awarded \$90,817,655 in federal funding from these ten grants. Please see table one of the appendix for grant details, including the amount awarded by each grant.

a. **What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?**

Given the large amount of funding received, DHS has been very successful in spending down and deploying funds to partners and stakeholders in communities statewide. However, there are challenges in doing so. The primary challenges center around the short time periods and large funding amounts of some awards (specifically the State Targeted Response grant (STR) and State Opioid Response grant (SOR)) and the state procurement process for awarding funding. In most cases, DHS encounters the biggest hurdles during the first year of a grant. Examples of the primary challenges include receiving all necessary approvals from the federal agencies (e.g. workplan, budget, etc.); in some cases, hiring staff; writing and receiving internal approval on grant funding opportunities/request for proposals; and processing contracts with grant awardees. By the time all requirements are met and the necessary processes take place, six to eight months of the first grant year has passed. Recipients, then, face implementation-related challenges wherein they are required to wait until they have funding in-hand to hire staff, purchase any necessary equipment, etc., to get up and running. This process has led to underspending by many recipients, which has been difficult, or impossible if the life of the grant is one year, to catch up on in the following years of the grant. Specifically, with the STR and SOR awards from SAMHSA, short time frames, large funding amounts, and being setup as year-to-year funding is a challenge. Congress also allocated SOR funds prior to STR ending, as there was a seven month overlap from the time SOR was awarded, until STR ended. In order to not supplant funding, DHS could not obligate SOR funds to recipients until STR had ended, leaving only five months for recipients to spend the funds. States also did not know that an SOR supplement would be awarded. In Wisconsin, this added more than six million in additional funding to be moved. The Opioid Crisis Cooperative Agreement through the CDC is another example of this. This one-year grant left recipients with six to seven months to spend the funds by the time it was received.

Wisconsin is grateful for the plethora of federal support to address the opioid crisis in our state. It has led to many positive outcomes throughout the continuum of care. It is possible more could have been accomplished with more fluidity and flexibility of funds had it been allocated differently from Congress.

b. **To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them.**

Please see tables 2-11 in the appendix for detailed information of each grant. Each grant is represented by a table and lists each funding recipient; the amount of funding allocated to them; and categorizes the grant activity as a prevention, intervention, treatment, recovery, or evaluation effort.

c. If your state has not used the entirety of federally allocated funding, please explain why.

As is mentioned in the previous response, there are challenges in deploying funds. The majority of the underspending Wisconsin has experienced is due to grant awardees not spending the entirety of the funding. Overall, Wisconsin has been able to spend the vast majority of the funding received and DHS expects that to continue among the agency's ongoing grant awards. Please see table one in the appendix, which details the amount of underspending for each grant.

2. Please describe how your state determines which local government entities (i.e. counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.

Data driven decision-making is a focus of DHS. With each grant application for federal funding, DHS conducts an updated needs assessment to identify high need areas of the state; high need areas are prioritized for funding opportunities. The DHS needs assessment looks at many indicators including opioid related death data; opioid related overdoses; PDMP prescribing data; hospital admissions; emergency room visits; MAT prescribers; Medicaid data related to OUD diagnosis and MAT claims data; naloxone Emergency Medical Services runs; as well as protective factors such as an active substance use prevention coalition; an engaged local public health department; and drug courts. The needs assessment generates a list of priority counties. This list provides guidance in awarding funds. In addition, all funding deployed goes through the state procurement process, which requires local government entities to respond to a grant funding opportunity/request for proposal. Applications received are a critical part in determining how funds are awarded. The applicant provides a local scope of the problem, how they plan to address the issue, and a budget.

Please see tables 2-11 in the appendix for detailed information of each grant, which provides the total amount awarded to each local government entity.

3. Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.

As mentioned in the response above, DHS conducts an updated assessment to identify high need areas of the state, which are prioritized for funding. Just as with local government entities, DHS uses this needs assessment to help determine which non-governmental organizations are awarded funding. Although an assessment assists the department in prioritizing needs, the state procurement process requires all organizations, including non-governmental organizations, to respond to funding opportunities via a grant funding opportunity/request for proposal. Applications received are a critical part in determining how funds are awarded. The applicant's description of the local scope of the problem, their project plan, and budget also help to guide the selection.

Please see tables 2-11 in the appendix for detailed information of each grant which provides the total amount awarded to each local government entity.

4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Wisconsin in using funds to target vulnerable populations or at-risk areas. If no, please explain what additional flexibility should be considered in helping your state address the hardest hit regions or localities.

The federally appropriated funds to address the opioid crisis have provided Wisconsin with the flexibility to focus on the hardest hit regions or localities. As previously stated, DHS prioritizes its funding based on a statewide needs assessment. Such assessment analyzes the needs of vulnerable populations, including IV drug users, pregnant women, and individuals in the criminal justice system. Since DHS has been very successful in writing for, receiving, and appropriately allocating multiple federal grants, the department has been able to expand the programming focus from the most impacted communities and, in fact, award funding statewide. While there are areas of high need, DHS knows that the opioid crisis is pervasive; it breaches all geographic, population, race, socio-economic divides. As such, in addition to focusing on high need areas, DHS provides as much funding as possible to increase statewide efforts in prevention, treatment, and recovery.

5. In what ways, specifically, have federal funds extended to Wisconsin helped change your state's treatment system and/or led to a reduction in opioid overdoses?

DHS has used funds from several different grants to improve Wisconsin's treatment system and reduce opioid overdoses. Funding from MAT-PDOA, STR, SOR and the Opioid Crisis Cooperative Agreement grants have all contributed to increasing access to treatment statewide. Funding has supported the opening of new opioid treatment centers in high need areas of the state; grants to organizations and agencies statewide targeting MAT expansion; and assisted counties in developing and building an increase in MAT services locally. In Wisconsin, counties are the first line of defense when it comes to treatment for substance use disorder. In accordance, DHS has prioritized substantial funding to counties whom address waitlists for opioid use disorder treatment and necessary recovery support services. DHS has also supported efforts to build workforce capacity by increasing the number of MAT providers, which improves access to care. Along with statewide partners, x-waiver trainings have been provided statewide to build the workforce. Moreover, DHS supports innovative projects such as the ED2 Recovery program; a partnership between DHS, community recovery organizations and hospitals wherein trained recovery coaches and peer support specialists are stationed in emergency departments and meet with individuals following a suspected opioid overdose to provide peer support, treatment referrals, and other recovery support services.

6. What performance measures is Wisconsin using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?

DHS is using many measures to determine the impact of federal funds. Every strategy, initiative or program has an evaluation component built into it. DHS reviews each one independently to determine its impact and value. On the statewide level, the department monitors many different measures to help determine if the collective efforts are leading to positive outcomes as a state. As of August 2019, the department has collected data, which indicates positive change. Wisconsin is hopeful for the following reasons:

- Opioid-related deaths declined 10% in 2018 from an all-time high in 2017 - the first significant decrease since 1999.
- Inpatient hospitalizations for opioids have decreased in two consecutive years.
- Emergency room hospitalizations for opioids decreased for the first time in 2018 since 2013 (20% decrease from 2017 to 2018).
- More Medicaid members with an OUD diagnosis are receiving MAT medication. In 2017 46% of Medicaid members with an OUD were receiving MAT.
- Individuals receiving services from OTPs have increased every year since 2013, with over 10,500 individuals served in 2017.

- Counties and Tribes have increased treatment capacity and decreased waiting lists for individuals needing OUD services, with over 2,000 individuals receiving services the last two years.
- There has been a 30% decrease in opioid prescriptions from 2014 to 2018.
- There has been a 16% decrease in babies born with neonatal abstinence syndrome (NAS) from 2017 to 2018.

7. According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment- particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.

a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.

Data driven decision-making is a focus of DHS. As discussed above, DHS has conducted and regularly updates a statewide needs assessment on the opioid issue. The DHS needs assessment looks at many indicators including opioid related death data; opioid related overdoses; PDMP prescribing data; hospital admissions; emergency room visits; MAT prescribers; Medicaid data related to OUD diagnosis and MAT claims data; naloxone Emergency Medical Services runs; as well as protective factors such as an active substance use prevention coalition, an engaged local public health department, and drug courts.

In addition, DHS has developed a strategic plan with the overall goal of reducing the number of opioid-related deaths in Wisconsin. DHS is working to achieve this goal by fulfilling the following objectives:

- Advance prevention strategies;
- Increase access and availability of naloxone;
- Expand access to treatment and recovery support services; and
- Increase retention in treatment services.

Internally, DHS has six teams that work collaboratively to coordinate all efforts related to these objectives. The teams are Prevention, Medication-Assisted Treatment, Workforce Development, Data, Emergency Response, and Communications.

b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.

Specifically related to treatment, DHS has identified gaps in services, as well as resources to expand. Every state confronts a treatment services gap. Wisconsin conducts a statewide needs assessment, which assists the department in identifying geographic locations lacking treatment facilities, in addition to providers. DHS used GIS mapping to plot treatment providers around the state and then calculate and illustrate a 30-minute drive time radius from all providers. A 30-minute drive time was selected as a reasonable amount of time to travel for care. This map clearly identified the many different areas of the state lacking access to treatment. In an attempt to remedy these gaps, the department, for example, partnered with Federally Qualified Health Centers to provide MAT for opioid use disorder. This partnership has been particularly beneficial in rural areas where there is less access to treatment in Wisconsin.

Regarding prevention, the primary tool to remedy gaps was capitalizing on and enhancing strengths that already existed. Wisconsin has a robust infrastructure of substance use prevention coalitions supported by regional prevention centers funded by DHS. With over 100 coalitions statewide, DHS made the strategic decision to filter funding for prevention efforts down to coalitions at the local level to generate the greatest impact. Coalitions typically function on limited resources; any additional funding allows them to expand the reach of their efforts locally.

- c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment-particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.**

Expanding access to treatment, specifically MAT, and recovery support services are a priority for DHS. As is mentioned in previous responses, funding from multiple grants have all contributed to increasing access to treatment statewide. Examples include the opening of new opioid treatment centers in high need areas of the state; grants to organizations and agencies statewide targeting MAT expansion; assisting counties in developing and building increase MAT services locally; providing substantial funding to counties addressing waitlists for opioid use disorder treatment and recovery support services; distributing grants to organizations to train recovery coaches and peer support specialist in an effort to build workforce capacity; and providing trainings for practitioners to increase the number of MAT providers statewide building the workforce and increasing access to care.

- d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.**

A coordinated response to the opioid crisis in all areas is what DHS strives for. In the area of prevention, DHS works to align all efforts supported by SAMHSA and CDC funding, leveraging these funds to make the greatest impact. DHS has been able to use prevention efforts supported by STR and SOR to enhance the existing infrastructure in Wisconsin to address substance use prevention. One successful strategy continues to be coordinating with other federal prevention grants administered by DHS. For example, prevention funding from STR and SOR was awarded to coalitions at the local level to generate the greatest impact. This funding allowed to DHS to expand the reach of prevention efforts being supported by other federal grants; the PFS 15 grant and SPF Rx grant. Due to limited funds, only coalitions in high need areas were part of PFS 15 and SPF Rx. STR and SOR allowed DHS to support coalitions in implementing prevention strategies targeting opioids statewide.

- 8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?**

Given the role that DHS plays, longer grant periods and increased flexibility would be most helpful. Previous responses have outlined the challenges the department and State currently encounter. Setting up the large grants awards like STR and SOR, similar to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), could improve efficiency. SAPTBG funding is awarded to states yearly, but states have two years to spend the funding. This provides states with more time to spend the funds; added flexibility; removes the need for no cost extensions; and an ongoing yearly allocation allows for better planning and the opportunity to be more strategic. It would also be helpful if at least a portion of the funding were broader than opioids and addressed substance use disorders as a whole. The reasons for this are varied. First, history tells us that this will not be the last drug epidemic we face nationally. There are already signs of increased use and deaths related to stimulants (methamphetamine, cocaine, etc.) across the country. Being as proactive as possible will be best in addressing the next epidemic. Second,

many individuals are poly drug users, meaning they use more than one type of drug either at the same time or at different times. Prevention and treatment efforts need to be broader than just opioids. We must treat the whole patient in order to improve success rates for long-term recovery. Lastly, the current wave of the opioid crisis is illicit fentanyl. The only way we can address this issue is to begin addressing all illicit drugs. Fentanyl is found in not just heroin and illicitly manufactured prescription drugs, but other drugs including methamphetamine, cocaine, and marijuana. We need to tackle the issue as a whole by addressing all substances and treating all substance use disorders.

Appendix

Table 1: Wisconsin Opioid Grant Overview

GRANT	FUNDER	TIME PERIOD	AWARD AMOUNT	AMOUNT EXPENDED	AMOUNT UNDERSPENT
Medication-Assisted Treatment - Prescription Drug and Opioid Addiction (MAT - PDOA)	SAMHSA	August 2015 – July 2018	\$2,793,097	\$2,610,536	\$182,561
Strategic Prevention Framework Partnerships for Success - 2015 (SPF PFS 2015)	SAMHSA	September 2015 - August 2020	\$8,240,940	Ongoing	N/A
Prescription Drug Overdose: Prevention for States (PDO:PfS)	CDC	September 2015 - August 2019	\$7,891,264	\$7,809,264	\$82,000
Prescription Drug /Opioid Overdose-Related Deaths Prevention Project (PDO)	SAMHSA	September 2016 - August 2021	\$5,000,000	Ongoing	N/A
Strategic Prevention Framework for Prescription Drugs (SPF Rx)	SAMHSA	September 2016 - August 2021	\$1,858,080	Ongoing	N/A
Enhanced State Opioid Overdose Surveillance (ESOOs)	CDC	September 2016 - August 2019	\$1,247,551	\$1,244,563	\$2,988
State Targeted Response to the Opioid Crisis (STR)	SAMHSA	May 2017 – April 2019	\$15,273,876	\$13,323,432	\$1,950,444
Opioid Crisis Cooperative Agreement 2018 (CoAg)	CDC	September 2018 - November 2019	\$2,715,063	Ongoing	N/A
State Opioid Response (SOR)	SAMHSA	October 2018 - September 2020	\$30,211,878	Ongoing	N/A
Overdose Data to Action (OD2A)	CDC	October 2019 - September 2022	\$15,585,906	Ongoing	N/A
		TOTAL AMOUNT OF FUNDING AWARDED:	\$90,817,655		

For Tables 2-10, please refer to the following labels for the “Allocation Purposes” column:

- Prevention (P)
- Treatment (T)
- Recovery (R)
- Intervention (I)
- Evaluation (E)

Table 2: MAT – PDOA

FUNDING RECIPIENT	FUNDING AMOUNT	ALLOCATION PURPOSE
Columbia County	\$584,375	T
Sauk County	\$1,372,381	T
University of Wisconsin Board of Regents - Population Health Institute	\$467,744	E

Table 3: SFP PFS 2015

FUNDING RECIPIENT	FUNDING AMOUNT (Award to date; grant is ongoing)	ALLOCATION PURPOSE
Community Advocates, Inc.	\$1,846,590	P
Marshfield Clinic Research Institute (division of Marshfield Clinic, Inc.)	\$2,404,775	P
Northeastern Wisconsin Area Education Center, Inc. (NEWAHEC)	\$2,194,041	P
University of Wisconsin Board of Regents - Population Health Institute	\$900,000	E

Table 4: PDO Pfs

FUNDING RECIPIENT	FUNDING AMOUNT	ALLOCATION PURPOSE
About Health	\$154,567	P
AIDS Resource Center of Wisconsin	\$30,000	P
Blacktooth Inc.	\$32,119	P
Bowman Performance Consulting	\$66,509	P
City of Wauwatosa	\$31,350	P
Columbia County	\$5,500	P
Evergreen Evaluation	\$7,500	P
Greenfield County	\$30,500	P
Iron County	\$31,172	P
Kenosha County	\$122,800	P
LaCrosse County	\$18,103	P
Marquette University	\$12,443	P
Medical College of Wisconsin	\$574,848	P
Patricia Frazak - consultant	\$51,502	P
Pharmacy Society of Wisconsin	\$93,561	P
Public Health Madison/Dane County	\$474,614	P
Sustaining Natural Circles	\$143,674	P
Tanya Hiser - consultant	\$47,197	P
The Brigham and Womens Hospital	\$29,163	P
Washburn County	\$26,498	P
Washington/Ozaukee County	\$45,500	P
Waukesha County	\$8,250	P
Waupaca County	\$33,263	P
Winnebago County	\$36,005	P
Wisconsin Association for Perinatal Care	\$461,553	P
Wisconsin State Lab of Hygiene	\$309,592	P

Table 5: PDO

FUNDING RECIPIENT	FUNDING AMOUNT (Award to date; grant is ongoing)	ALLOCATION PURPOSE
Kenosha County	\$902,208	I
Sauk County	\$902,208	I
University of Wisconsin Board of Regents - Population Health Institute	\$400,000	E
Waukesha County	\$902,208	I

Table 6: SPF Rx

FUNDING RECIPIENT	FUNDING AMOUNT (Award to date; grant is ongoing)	ALLOCATION PURPOSE
Northeastern Wisconsin Area Education Center, Inc. (NEWAHEC)	\$862,088	P
University of Wisconsin Board of Regents - Population Health Institute	\$297,292	E

Table 7: ESOOS

FUNDING RECIPIENT	FUNDING AMOUNT	ALLOCATION PURPOSE
AE Business Solutions	\$8,242	P
Image Trend	\$60,000	P
Wisconsin State Lab of Hygiene	\$129,480	P

Table 8: STR

FUNDING RECIPIENT	FUNDING AMOUNT	ALLOCATION PURPOSE
211 Wisconsin, Inc.	\$400,000	T/R
AIDS Resource Center of Wisconsin	\$499,774	R
Bad River Tribe	\$152,505	T/R
Brown County	\$113,253	T/R
Community Advocates, Inc.	\$251,307	P
Dane County	\$726,819	T/R
Dodge County	\$637,297	T/R
Douglas County	\$164,818	T/R
Forest County Potawatomi Tribe	\$250,000	T/R
Green County	\$356,442	T/R
Ho-Chunk Tribe	\$157,904	T/R
Jefferson County	\$279,468	T/R
Kenosha County	\$318,770	T/R
La Clinica Family Health	\$726,222	T/R
La Crosse County	\$363,364	T/R
Lac Du Flambeau Tribe	\$126,113	T/R
Manitowoc County	\$127,695	T/R
Marquette County	\$165,417	T/R
Marshfield Clinic -Recovery Corps	\$120,000	R
Marshfield Clinic Research Institute, a division of Marshfield Clinic, Inc.	\$661,846	P
Milwaukee County	\$2,978,176	T/R

Monroe County	\$75,000	T/R
Northeastern Wisconsin Area Education Center, Inc. (NEWAHEC)	\$571,947	P
Portage County	\$154,941	T/R
Racine County	\$253,272	T/R
Rock County	\$276,141	T/R
Sharps Compliance, Inc.	\$49,500	P
Sheboygan County	\$179,455	T/R
Southwestern CAP, Inc.	\$250,000	T/R
St. Croix Tribe	\$75,000	T/R
Stockbridge Munsee Tribe	\$235,046	T/R
Tellurain, Inc.	\$250,000	T/R
University of Wisconsin - Stevens Point	\$278,488	T/R/P
University of Wisconsin Board of Regents - School of Medicine and Public Health ED 2 Recovery	\$2,297,610	R
University of Wisconsin-Madison Offices of Research and Sponsored Programs -Project ECHO	\$151,520	T
University of Wisconsin Board of Regents - School of Medicine and Public Health ER Toolkit	\$41,411	T
Waukesha County	\$350,084	T/R
Winnebago County	\$357,947	T/R

Table 9: CoAg

FUNDING RECIPIENT	FUNDING AMOUNT (Award to date; grant is ongoing)	ALLOCATION PURPOSE
Adams County	\$17,000	P
Barron County	\$4,800	P
Bayfield County	\$1,625	P
Buffalo County	\$17,216	P
Burnett County	\$4,800	P
Central Racine County Health Department	\$28,775	P
Chippewa County	\$4,800	P
City of Cudahy Health Department	\$78,000	P
City of Greendale Health Department	\$33,500	P
City of Greenfield Health Department	\$18,000	P
City of Menasha Health Department	\$30,000	P
City of Milwaukee Health Department	\$56,000	P
City of Racine Health Department	\$18,000	P
City of West Allis Health Department	\$18,500	p
Columbia County	\$33,000	P
Crawford County	\$23,060	P
Douglas County	\$4,800	P
Dunn County	\$1,625	P
Eau Claire City-County Health Department	\$18,000	p
Florence County	\$14,637	P
Green County	\$17,139	P
Helping Hands Foundation	\$137,249	P

Iowa County	\$25,000	P
Iowa County	\$87,300	P
Jefferson County	\$25,206	P
Juneau County	\$7,650	P
KW2 - consultant	\$200,000	P
La Crosse County	\$29,000	P
La Crosse County	\$65,273	P
Lac Courte Oreilles Tribe	\$1,625	P
Lafayette County	\$6,998	P
Lincoln County	\$19,900	P
Milwaukee County	\$16,561	P
North Shore Health Department	\$17,839	P
Northeast Wisconsin Technical College	\$26,115	P
Pepin County	\$4,800	P
Pierce County	\$4,800	P
Polk County	\$134,154	P
Public Health Madison & Dane County	\$30,000	P
Richland County	\$45,000	P
Rock County	\$10,619	P
Rusk County	\$4,800	P
Sawyer County	\$1,625	P
St. Croix County	\$1,625	P
St. Croix Tribe	\$4,800	P
TAPFIN Funding Solutions	\$99,298	P
Taylor County	\$14,000	P
Trempealeau County	\$45,554	P
University of Wisconsin System	\$133,796	P
Walworth County	\$17,695	P
Washburn County	\$18,000	P
Waukesha County	\$20,000	P
Western Technical College	\$14,983	P
Wisconsin EMS Association	\$140,000	P
Winnebago County	\$136,938	P
Wisconsin Society of Addiction Medicine	\$80,000	P
Wisconsin State Lab of Hygiene	\$127,409	P

Table 10: SOR

FUNDING RECIPIENT	FUNDING AMOUNT (Award to date; grant is ongoing)	ALLOCATION PURPOSE
211 Wisconsin, INC	\$166,666	T/R
Adapt Pharma-NARCAN DIRECT	\$102,750	I
ARC Community Services, INC.	\$249,896	T/R
Bad River Tribe	\$31,250	T/R
Brown County	\$47,188	T/R
Columbia County	\$58,333	T/R
Community Advocates, Inc.	\$131,400	P
Dane County	\$151,420	T/R

Dodge County	\$277,500	T/R
Douglas County	\$31,440	T/R
Dunn County	\$53,800	T/R
Forest County Potawatomi Tribe	\$104,167	T/R
Green County	\$93,940	T/R
Ho-Chunk Tribe	\$31,250	T/R
Jefferson County	\$73,250	T/R
Kenosha County	\$86,490	T/R
La Clinica Family Health	\$277,778	T/R
La Crosse County	\$103,612	T/R
Lac Courte Oreilliles Tribe	\$87,000	T/R
Lac Du Flambeau Tribe	\$31,250	T/R
Manitowoc County	\$145,138	T/R
Marshfield Clinic Research Institute, a division of Marshfield Clinic, Inc.	\$303,950	P
Menominee Tribe	\$47,515	T/R
Menominee County	\$87,436	T/R
Milwaukee County	\$838,612	T/R
Monroe County	\$31,440	T/R
North Central Healthcare	\$44,630	T/R
Northeastern Wisconsin Area Education Center, Inc. (NEWAHEC)	\$294,650	P
Portage County	\$31,250	T/R
Racine County	\$72,315	T/R
Rock County	\$63,000	T/R
Sauk County	\$52,614	T/R
Sheboygan County	\$41,876	T/R
Sokoagon Chippewa Tribe	\$80,135	T/R
Stockbridge Munsee Tribe	\$31,250	T/R
Tellurian, INC.	\$104,167	T/R
Unified Grant/Iowa County	\$235,500	T/R
United Community Center	\$250,000	T/R
University of Wisconsin - Stevens Point	\$246,525	P/T/R
University of Wisconsin Board of Regents - Population Health Institute	\$293,187	E
University of Wisconsin Board of Regents - School of Medicine and Public Health ED 2 Recovery	\$583,314	R
University of Wisconsin Board of Regents - School of Pharmacy	\$39,831	T
Washington County	\$235,500	T/R
Waukesha County	\$63,000	T/R
Winnebago County	\$102,675	T/R

Table 11: OD2A

FUNDING RECIPIENT
This grant was just awarded, and funding has yet to be deployed to any partners and stakeholders.