

Research and Assessment of Local Government Programs and Initiatives for Opioid Harm Reduction



Methodology

1. Stakeholder Conversations

- Meetings were conducted with and/or input on draft findings was received from Dane county Supervisors, Dane County Human Services Staff, and Public health Madison and Dane county (PHMDC) staff.
- These conversations were used to identify gaps that have been reported on the ground and gaps in internal service coordination.
- 2. Review of Public Heath and Academic Literature
- National Data from CDC, SAMHSA (Substance Abuse and Mental Health Services Administration, Johns Hopkins, the National Alliance to End Homelessness, and peerreviewed studies on substance use disorders, homelessness, and linkage-to-care models were analyzed.



Methodology

3. Case Study Analysis

 Programs from Los Angeles County (CA), Travis County (TX), Franklin County (OH), and West Virginia were evaluated for effectiveness and relevance to Dane County issues.

4. System Mapping

• Separation points between Dane County's existing prevention, EMS, shelter, and treatment systems were identified to ensure recommendations targeted structural gaps, instead of program-specific ones.

Synthesis:

• Findings were compiled and organized into a framework reflecting effective practices nationwide and how those align with the needs of Dane County





- 1. Syringe Services Program (SSP):
- Public Health Madison & Dane County operates a program offering free safer use supplies, including sterile injection equipment, fentanyl and xylazine strips, and naloxone, in a non-judgmental environment.
- 2. Overdose Fatality Review (OFR):
- The OFR is a versatile team of over 50 community partners from more than 30 organizations, working together to reduce overdose deaths in Dane County. Meeting bi-monthly, the team identifies common themes among overdose cases and develops recommendations to reduce risk and improve access to critical services.
- Neither are currently funded by the Opioid Settlement Fund.





- 3. Harm Reduction and Prevention Drop-In Center:
- The Dane County Board endorsed creating a centralized drop-in center (harm-reduction hub with drug checking, wound-care supplies, naloxone, safer-use education, linkage to care).
- 4. Harm Reduction Vending Machines:
- Two free-supplies vending machines have been installed outdoors at strategic hospital sites: outside SSM Health St. Mary's Hospital, and outside UW Health University Hospital. The machines dispense supplies such as naloxone (nasal & injectable), fentanyl-test strips, xylazine-test strips, menstrual products, safer-use kits, and other harm-reduction materials.





Opioid Prevention Services Currently in Place

- 5. Opioid Settlement Subcommittee:
- The county established an Opioid Settlement Subcommittee within the county board, including input from people with lived experience, to determine how the settlement funds are allocated efficiently and effectively to address the local epidemic
- 6. Madison Area Recovery Initiative (MARI) Deflection Program
- MARI is a police-led deflection program that connects individuals experiencing substance use issues to treatment without entering the criminal-legal system. A Madison police officer and a Certified Peer Support Specialist conduct follow-ups after overdoses, distribute naloxone and harm-reduction supplies, and provide referrals to treatment and recovery services.





Gap 1: Lack of Navigation Between Programs and Weak Linkage to Care

- This gap was identified in my meeting with Supervisor Rick Rose (District 16).
- Programs that focus on opioid use as well as homelessness and behavioral health issues operate separately rather than holistically. There is no unified system that connects all these services in one place
- The implementation of a comprehensive navigation system for those experiencing addiction and in need of treatment is slower than the current rate of overdoses, which is still the leading cause of death for people ages 18-54 in Dane County, according to PHMDC.





Case Study 1: Rapid Response Emergency Addiction Crisis Teams (RREACT) — Franklin County, Ohio

- Provides outreach within 72 hours of a nonfatal overdose.
- Led by the Columbus Fire Department along with clinicians, EMS, and local law enforcement.
- Uses overdose mapping to pinpoint households and get in contact with families.

Case Study 2:) Straight...to Treatment Program —Burlington County, New Jersey

- Created a single-entry treatment access model housed inside police stations, allowing individuals to walk in any time for same day MAT (Medical-Assisted Treatment) navigation
- Eliminates confusion caused by multiple providers, waitlists and referrals.
- Program centralizes navigation for the entire county, reducing missed appointments and treatment delays



-More Information on Case Studies, Gap 1, and Appendices are available in the report.



Gap 2: Lack of Treatment Access and Resources for Residents Experiencing Homelessness

- This gap was identified in a meeting with Supervisor Heidi Wegleitner (District 2).
- Individuals experiencing homelessness are denied shelter or disconnected from services due to current substance-use or behavioralhealth symptoms that don't meet required conditions for shelter.
- Because shelters are often the primary pathway to the treatment they need, this creates a cycle where the people most in need of care are unable to reach it.
- This exclusion increases the risk of increased overdoses





Case Study 1: Harm-Reduction Housing and Outreach—Travis County, Texas

- Opioid settlement funding supports street-based harm-reduction teams.
- Strategically placed naloxone kiosks and sharps-disposal units serve people living in encampments.
- Youth-focused rapid-rehousing programs bridge treatment with stable housing for young people experiencing homelessness.

Case Study 2: Whatcom County, Washington—Grace & Lead Housing Stabilization Models

- Implemented the GRACE (Ground-Level Response and Coordinated Engagement) program to provide coordinated case management for high utilizers of ER, jail, and crisis services.
- Expanded LEAD (Law Enforcement Assisted Diversion) to divert individuals into housing and treatment instead of arrest or jail
- Developed low-barrier housing directly connected to outpatient substance use disorder care, mental-health services, and case management.



-More Information on Case Studies, Gap 2, and Appendices are available in the report.



Recommendations

1. Establish a Dane County Linkage-to-Care Navigation Hub

Centralize referrals, outreach, and follow-up to build a seamless continuation from crisis into recovery treatment.

2. Create MAT-Linked Interim Housing

• Use a model such as LA County's Recovery Bridge Housing to support unsheltered residents engaged in treatment.

3. Expand Harm-Reduction and Encampment Outreach

Fund mobile units, kiosks, and peer outreach targeting residents who are not connected to in-person services.

4. Implement Low-Barrier Shelter Policies

• Support shelters in adopting policies that do not exclude individuals actively using substances and increase staffing trained in harm reduction.

5. Strengthen Reentry Pathways

• Ensure individuals released from jail leave with naloxone, are aware of the MAT linkages in place, and have directly scheduled appointments.

6. Utilize Opioid Settlement Funds Strategically

Prioritize investments in navigation systems, housing-linked treatment, and outreach models that prove a positive impact.





Bibliography

- "Dose of Reality: Opioid Settlement Funds." Wisconsin Department of Health Services, 3 Jan. 2022, www.dhs.wisconsin.gov/opioids/settlement-funds.htm.
- Fisher, Lina. "Travis County Increases Investment in Harm Reduction." *Austin Monitor*, 14 Sept. 2025, austinmonitor.com/stories/2025/09/travis-county-increases-investment-in-harm-reduction/?utm_source=chatgpt.com. Accessed 26 Nov. 2025.
- Mosel, Stacy. "Substance Abuse and Homelessness: Statistics and Rehab Treatment." *American Addiction Centers*, 1 Apr. 2025, americanaddictioncenters.org/rehab-guide/addiction-statistics-demographics/homeless.
- "Opioid Abuse and Homelessness." National Alliance to End Homelessness, 11 Oct. 2024, endhomelessness.org/resources/policy-information/opioid-abuse-and-homelessness/.
- "Prevention & Harm Reduction." Public Health Madison & Dane County, 10 Mar. 2021, publichealthmdc.com/community-initiatives/prevention-harm-reduction.
- "Rapid Response Emergency and Addiction Crisis Team (RREACT)." *Columbus.gov*, 2025, <u>www.columbus.gov/Services/Public-Safety/Alternative-Crisis-Response/Rapid-Response-Emergency-Addiction-Crisis-Team</u>.
- Sahvanah Prescott. "How Stable Housing Supports Recovery from Substance Use Disorders." Opioid Principles, 5 June 2024, opioidprinciples.jhsph.edu/how-stable-housing-supports-recovery-from-substance-use-disorders/.
- Tennessee State Unintentional Drug Overdose Reporting System (SUDORS) Report 2025 Contents. 2025.
- "Tucson Pima Collaboration to End Homelessness | Ending Homelessness." Tucson Pima Collaboration to End Homelessness, tpch.net/.
- Use, Substance. "Vinton County Health Department." Vinton County Health Department, 2019, vintonohhealth.org/substance-use.
- User, Super. "Divisions." Evesham PD, eveshampd.org/index.php/en/?option=com content&view=article&layout=edit&id=70.
- Lacounty.gov, 2025, file.lacounty.gov/SDSInter/bos/supdocs/183022.pdf?utm_source=chatgpt.com. Accessed 26 Nov. 2025.

