



Overdose Fatality Review

WAUKESHA COUNTY



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2026 Priority Recommendations

"Together, we can prevent substance related deaths"

Released March 2026

Activities Summary



On January 15, 2026, Waukesha County Public Health convened the second Overdose Fatality Review (OFR) "Recommendations Workshop" with the Core team.

The objective of the workshop was to distill down from 58 proposed recommendations to the top five recommendations most likely to realistically and effectively reduce substance related deaths in the Waukesha County community.

Of the 58 proposed recommendations, 27 originated from meetings between May and November of 2025, 20 proposed recommendations were carried over from March 2024 through January of 2025 meetings, 7 were suggested revisions and 4 were combined recommendations proposed in the "Ranking the OFR Recommendations" survey.

This report serves to inform our stakeholders of the workshop activities and methods, priorities and suggested actions to reach these priorities.





2026 Priorities



1

Implement a shared care-coordinated system (e.g. Unite Us) to connect individuals across healthcare, justice, and community settings with housing, healthcare and other social determinant supports.

2

Evaluate availability and efficacy of treatment available in jails and prisons and expand access to co-occurring mental health and substance use treatment for individuals within jail and DOC systems. More providers in the jail, including behavioral health and treatment providers, with intensive substance use treatment options available across all Wisconsin prisons.

3

Increase recovery coach or peer support specialist outreach to individuals with substance use disorder in emergency departments and inpatient hospital settings.

4

Place QR codes in restaurant and hospitality bathrooms and common areas to connect patrons and staff to local overdose prevention and treatment resources.

5

In an emergency department, hospital etc. have an intervention to use Medications for Opioid Use Disorder following an overdose and access to more treatment, connection to services upon release and expand the criteria for follow up after hospital discharge for patients with substance use disorder.

Suggested Actions

- Advocate for policy support and resource allocation to implement the priorities.
- Lead, invest in and promote cross-collaborative initiatives that align with these priorities.
- Engage leaders, community members, people with lived and living experience, and private sectors to expand resources and drive innovation.
- Foster partnerships and strengthen coalitions within the community to broaden the impact of these priorities.
- Secure and leverage technology to enhance project management, data driven decision making and communication.
- Utilize available toolkits and evidence-based practices to guide implementation based on proven methodologies within local contexts.
- Explore inter-institutional agreements between organizations to improve gaps in care.
- Develop a framework for monitoring the implementation and effectiveness of the priority recommendations, providing regular reports to stakeholders.
- Create a feedback mechanism for continual opportunity to refine and optimize implementation and strategic methods.

Conclusion

By combining action and investments around these top 5 priorities, local leaders, coalition partners and steering committee members can contribute to a planful and purposeful implementation of the top priorities with the goal of effectively reducing and preventing substance related deaths in Waukesha County.



Participants

Multidisciplinary representatives included City of Delafield Police Department, City of Waukesha Police Department, NAMI Southeast Wisconsin, Optum Insight, ProHealth Care, School District of Waukesha, Village of Hartland Police Department, Wisconsin Community Services, Wisconsin Department of Corrections, Wisconsin State Lab of Hygiene, Waukesha County District Attorney's Office, Waukesha County Medical Examiner's Office, Waukesha County Sheriff's Department, Waukesha County Department of Health and Human Services, and Waukesha County Public Health.

Methods

The workshop utilized facilitation methods designed to pool ideas, elicit collective wisdom and experience, value input, manage complex information and sustain community development.

Process

The workshop was facilitated using a 4 step funneling process. The team was asked to apply the adjectives "realistic," "effective," and "clear" to filter recommendations.

Activities included individual reflections, small group discussion and large group deliberations to reach a joint consensus.

Gratitude

Special thanks to our Core OFR team who made our recommendations workshop a success.

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Questions or Comments?
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APPENDIX

OFR Core Proposed Recommendations

May 2025 - November 2025

Recommendations listed below with this format: (*2024) and (*2025) indicate the recommendation is carried forward from a previous Recommendations Workshop.

90. Mental health professionals or contracted mental health professionals are required to be embedded in all school districts at all levels (i.e. satellite services).
91. Enhance access to trauma focused substance abuse treatment for males.
92. Better discharge planning for carceral and healthcare settings including finding best fit and confirmed appointment date upon discharge for follow up care.
93. Allow methadone clinics ability to add manual notes alerting to methadone use. Enable and encourage methadone clinics to document treatment in the PDMP.
94. General awareness campaign for 988 coupled with added education about 988 to discharge plans.
95. Implement a system like Unite Us, that would be a shared database that professionals can use when working with individuals leaving the carceral setting to connect them with social determinants of health services (i.e. housing, access to care, etc.).
 - a. #95 Suggested Revision
 - i. Implement a shared care-coordinated system (e.g. Unite Us) to connect individuals across healthcare, justice, and community settings with housing, healthcare, and other social determinant supports. Suggested by Frances Thomas.
96. Having bereavement outreach to an expanded group of people outside of next of kin that was close to the decedent (i.e. partner) to offer connection to support and services.
97. Increase availability and frequency of grief support groups in multiple settings including but not limited to schools.
98. Provide more education of day report center eligibility to judges, probation and district attorneys.
99. Increase recovery coaches or peer support specialists outreach to substance use disorder including alcohol to patients in the Emergency Department and/or inpatient hospitalizations including detox.
 - a. #99 Suggested Revision
 - i. Increase recovery coach or peer support specialist outreach to individuals with substance use disorder in emergency departments and inpatient hospital settings. Suggested by Frances Thomas.
100. Establish partnerships between jails and homeless service providers to discharge to local emergency shelters with a guaranteed percentage of reserved beds following the Milwaukee County DOC model.
101. Engage the Waukesha County Sheriffs Jail Division at the Waukesha County OFR.
102. Establish a protocol for education to family members of loved ones when someone is detoxing (including signs and symptoms) and the importance of treatment.
103. When a student's grades decline and they lose sports eligibility, it should trigger a school-based alert that connects them with academic and support resources to help them stay engaged.
104. Handle with Care Program
105. Breaking down the geographical barriers to participating in treatment court and other programmatic opportunities when found to be appropriate.

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106. Expand leave behind programs to include the ME's office and other offices who want to participate in the county leave behind program.
107. Add death notification or mandated report to PDMP from ME's office.
108. Identify and partner alongside a local law enforcement agency to explore and consider a PAARI model and Waukesha County (Police Assisted Addiction & Recovery Initiative).
 - a. #108 Suggested Revision
 - i. Partner with a local law enforcement agency to explore a Police Assisted Addiction & Recovery Initiative (PAARI) model in Waukesha County. Suggested by Frances Thomas.
109. Place QR codes in restaurant and hospitality bathrooms and common areas to connect patrons and staff to local overdose prevention and treatment resources.
110. Increase grief support and treatment within Waukesha County.
111. Expand wraparound support such as peer specialists, sober living placements, and access to support groups.
112. Investigate the "We Heart You" app and program in Winnebago County to implement a similar solution in Waukesha County.
113. Evaluate and expand access to co-occurring mental health and substance use treatment for individuals within jail and DOC systems.
114. Same day low cost no barrier treatment.
115. Intensive substance use treatment options available across all Wisconsin prisons.
116. Repeat recommendation #90 – Mental health professionals or contracted mental health professionals are required to be embedded in all school districts at all levels (i.e. satellite services).
 - a. #116 Suggested Revision
 - i. Repeat rec #90. Mental Health professionals or contracted mental health professionals are recommended and eventually required to be embedded in all school districts at all levels (i.e. satellite services). Suggested by Felicia Behnke Shaw.
117. Establish a health alert network in collaboration with community partners. (*2024)
118. Advocate for automatic enrollment in benefits upon discharge from an institution. (*2024)
119. Emergently prioritize buprenorphine in carceral settings and continue treatment after release. Explore opportunities with long-acting buprenorphine as a strategy to make that easier. (*2024)
120. Better discharge planning for carceral and healthcare settings including finding best fit and confirmed appointment date upon discharge for follow up care. (*2024)
121. Discharge from carceral settings with Narcan. (*2024)
122. In an emergency department, hospital, etc. have an intervention to use Medications for Opioid Use Disorder following an overdose and access to more treatment, connections of services upon release. (*2024)
 - a. #122 Suggested Revision
 - i. In an emergency department, hospital, etc. have an intervention to use Medications for Opioid Use Disorder following an overdose and access to more treatment, connection to services and follow-up upon release. Suggested by Rebecca Luczaj.
123. Expand the criteria for follow up after hospital discharge for patients with substance use disorders. (*2025)
124. A place for sober living around here connected to or not connected to treatment. (*2025)
125. Probation and parole – offer family education to the home person is being released to. (*2024)
126. Implement free Naloxone distribution in hospitals. (*2024)

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127. Treating alcohol use disorder as an overdose prevention strategy. (*2025)
 - a. #127 Suggested Revision
 - i. Address alcohol use disorder as a key driver of polysubstance overdose by expanding screening and referral to treatment across clinical, emergency, and justice settings. Suggested by Frances Thomas.
128. More providers in the jail behavioral health and treatment providers. (*2025)
129. Evaluate availability and efficacy of treatment available in jails and prisons. (*2024)
130. Education and connection to peer support – stigma around treatment. (*2024)
131. Increase access to diversion programs. (*2024)
132. Expand mental health services in the jail. (*2025)
133. Stigma reduction training for ED doctors and healthcare workers. (*2024)
134. Peer support for people on probation. (*2024)
135. Policy change – Chapter 51.15 (forced hospitalization with medication to overdose victims). Helping low motivation individuals. System not currently set up for that. (*2024)
136. Public Health needs access to PDMP – Policy. (*2024)
 - a. #136 Suggested Revision
 - i. Advocate for policy change to allow Public Health access to the Prescription Drug Monitoring Program (PDMP) to support overdose surveillance, prevention, and response. Suggested by Frances Thomas.

Suggested Combined Recommendations

- #92 and #120 are essentially the same and could be combined. (Jody Ebbinger Bentley, Frances Thomas & Colleen Allen)
- #97 and #110 – Increase grief support and treatment within Waukesha County and increase availability and frequency of support groups in multiple settings including but not limited to schools. (Felicia Behnke Shaw)
- #122 and #123 – In an emergency department, hospital, etc. have an intervention to use Medications for Opioid Use Disorder following an overdose and access to more treatment, connections of services upon release and expand the criteria for follow up after hospital discharge for patients with substance use disorders. (Rebecca Luczaj)
- #113 with 128, 115, 129, and 132 – Evaluate availability and efficacy of treatment available in jails and prisons and expand access to co-occurring mental health and substance use treatment for individuals within jail and DOC systems. More providers in the jail, including behavioral health and treatment providers, with intensive substance use treatment options available across all Wisconsin prisons. (Colleen Allen)