



## Substance Abuse Services in Wisconsin: 2014 Annual Report to the Governor

### INTRODUCTION

The Department of Health Services (DHS) is the state authority designated by the Governor to administer the \$27 million federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG), and \$9 million in state funds related to substance abuse prevention and treatment. The DHS Division of Mental Health and Substance Abuse Services (DMHSAS) is responsible for managing the majority of substance abuse prevention and treatment services in Wisconsin. This report highlights activities in 2014. This report is required by Wis. Stat. § 51.45(4)(p).

#### *Need for Services is Significant*

In 2014, DMHSAS published an assessment of the need for mental health and substance use disorder services in Wisconsin. This effort involved surveys of public and system stakeholders and the examination of data regarding substance use and mental health concerns. The substance use disorder priorities that emerged from this assessment were:

- Reduce substance use disorders for pregnant women and mothers with infants and young children.
- Increase the number of youth who receive effective treatment and wraparound services for mental health or substance use disorders.
- Increase the number persons in the criminal justice system who receive effective services for mental health or substance use disorders.
- Reduce alcohol and other substance-impaired motor vehicle crashes, injuries, and fatalities among persons age 16-34.

DMHSAS used these findings to guide programming and funding decisions in 2014.

#### *Thousands Served with Positive Outcomes*

A total of 37,386 individuals were served statewide in substance use disorder service programs administered by DMHSAS in 2014. During this time, expenditures from all sources (including state aids, SAPTBG, county match, and private sources) reported by county agencies totaled \$68,185,300.

The 2014 data shows that:

- Fifty-nine percent of service recipients successfully completed treatment.
- Sixty-three percent were abstinent from alcohol and drugs at the time of discharge.
- Forty-five percent were employed at the time of discharge.
- Ninety-four percent had not been arrested in the 30 days prior to discharge.

### 2014 Statistics

#### Publicly Supported Clients Served

37,386 in CY 2014

#### Primary Substance

Alcohol	67.3%
Opiates	13.2%
Marijuana	12.1%
Cocaine	3.7%
Stimulants	2.1%
Other	1.6%

#### Gender

Male	70.3%
Female	29.7%

#### Age

Under 18	2.0%
18 – 29	36.5%
30 – 39	23.1%
40 – 49	21.9%
50 – 59	12.5%
Over 59	4.0%

#### Race/Ethnicity

White	77.5%
Black	12.8%
Hispanic	5.8%
Amer. Indian	3.1%
Asian	0.8%

#### Treatment Modality

(N=20,561 records)	
Outpatient	67.1%
Detox	19.0%
Residential-long	6.2%
Day Treatment	3.0%
Residential-short	4.2%
Inpatient	0.5%

## SYSTEM DEVELOPMENT

### **Quality Improvement: STAR-SI**



The Strengthening Treatment Access and Retention-State Implementation (STAR-SI) program promotes improved access and retention in outpatient treatment centers. In 2014, DMHSAS and program partner UW-Madison Department of Family Medicine and Community Health worked with 45 providers to increase admissions, reduce appointment no-shows, reduce waiting times, and increase successful treatment completion. Since the program's inception in 2006, waiting times among participating agencies have been reduced from an average of 25 days to 14 days. The average treatment completion rate is 58 percent, 6 percentage points above the state average and 23 percentage points above the national average.

### **Promotion of Evidence-Based Practices**

The most effective substance abuse prevention and treatment efforts combine the science on what is effective and a strong workforce that brings clinical expertise grounded in an awareness of the culture, values, and preferences of the individuals being served.

To encourage the use of evidence-based practices, in 2014, DMHSAS provided training throughout the state to prevention specialists and regional prevention coalitions on the following:

- Primary prevention best practices
- Cognitive behavioral therapy
- Dialectical behavioral therapy
- Implementation of environmental-based prevention practices

### **Motivational Interviewing**

Motivational interviewing promotes positive behavior change across a range of clinical problems in a variety of settings.

In 2014, DMHSAS delivered:

- Thirteen trainings on the basics of motivational interviewing theory
- Two teleconferences on the basics of motivational interviewing theory
- Four trainings for service providers seeking to adopt motivational interviewing

To bridge the gap between training and actual service delivery, DMHSAS offered the *Motivational Interviewing-Training and Implementation Project*. This project drew upon best practices and implementation science to include these components:

- Assessment of organizational and staff readiness to adopt motivational interviewing into practice.
- Pre-training readings and written assignments.
- Initial two- to three-day skills-focused workshop.
- Participation in a monthly motivational interviewing peer learning group created within the agency so that staff can continue building skills.
- Follow-up one- to two-day workshop.
- Technical assistance from the DMHSAS, as needed.

In 2014, the *Motivational Interviewing-Training and Implementation Project* included staff from the DMHSAS Conditional Release Program, a county treatment court, and several county human services departments.

## **Screening, Brief Intervention, and Referral to Treatment**

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a public health approach for early intervention of those engaged in risky or problem substance use. Through the referral process, SBIRT provides a bridge to treatment for those in need.

In 2014, DMHSAS worked with UW-Milwaukee to design and deliver training and provide technical assistance to promote the implementation of SBIRT statewide among health care providers. Additionally, DMHSAS partnered with the DHS Division of Public Health to provide SBIRT training to HIV medical case managers and prenatal care coordinators.

Also in 2014, DMHSAS partnered with the Department of Public Instruction and the Wisconsin Safe and Healthy Schools Center to provide a 'training of trainers' to expand statewide capacity for training and technical assistance in school SBIRT.

## **Workshops**

In 2014, DMHSAS collaborated with the Great Lakes Addiction Technology Transfer Center to host workshops on the following:

- Medication-assisted treatment for substance use disorders.
- Clinical supervision training and treatment planning for Comprehensive Community Services supervisors.

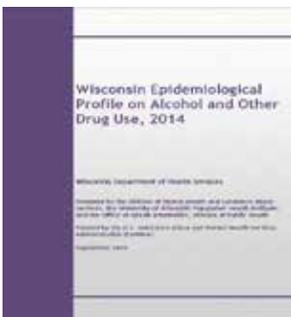
## **FEDERAL GRANTS AWARDED FOR SYSTEM DEVELOPMENT**

### ***Strategic Prevention Framework Partnership for Success II Grant***



In 2014, Wisconsin used its Strategic Prevention Framework Partnership for Success II (PFS II) Grant to focus on evidence-based efforts in eight counties and one tribe to reduce problems related to non-medical use of prescription drugs and on reducing youth/young adult access to and availability of prescription drugs in the community. Other activities included raising community and prescriber awareness, implementing prescribing practice policies, increasing surveillance system capacity to track trends, increasing availability of proper medication disposal options, and increasing law enforcement's capacity to identify prescription drug diversion and abuse. The Strategic Prevention Framework Partnership for Success II (PFS II) Grant was awarded in 2012.

### ***State Epidemiological Outcomes Workgroup Supplemental Grant***



In 2014, the State Epidemiological Outcomes Workgroup published the *Wisconsin Epidemiological Profile on Alcohol and Other Drug Abuse, 2014*. This report tracks trends in the risk factors, consumption, and consequences related to substance use. This effort was supported by a supplemental PFS II grant awarded to improve data collection and reporting through the State Epidemiological Outcomes Workgroup.

## **MAJOR INTIATIVES**

### ***Misuse and Abuse of Prescription Painkillers, Opioids***

In 2014, DMHSAS focused on the following projects to address the increase in prescription painkiller abuse and misuse and abuse of opioids in Wisconsin, including an increase in the number of drug overdose deaths involving prescription painkillers and other opioids.

- Participated in a National Governors Association Policy Academy on Reducing Prescription Drug Abuse, which, in partnership with other state and community partners, resulted in the development and implementation of a comprehensive, coordinated statewide strategy for reducing the abuse and diversion of prescription drugs.
- Collaborated with the State Council on Alcohol and Other Drug Abuse to publish *Wisconsin's Heroin Epidemic: Strategies and Solutions*, which provided opioid-specific policy guidance in the areas of prevention, harm reduction, treatment, and law enforcement.
- Provided technical assistance to 15 opioid treatment programs (OTPs) that provided medication-assisted treatment to 6,462 Wisconsin residents through the use of methadone, buprenorphine (Suboxone®), and naltrexone (Vivitrol®).
- Hired an adolescent substance abuse treatment coordinator in recognition that a quarter of the people who use heroin in Wisconsin are younger than 25 years old.
- Raised awareness of a state law enacted to allow first responders the ability to administer Naloxone (Narcan®), which counteracts the effects of an opioid overdose.

### ***Intoxicated Driver Program***

The Intoxicated Driver Program assesses drivers convicted of Operating While Intoxicated (OWI) to determine whether the driver needs education, treatment, or both. Since 1982, these assessments have been one of many factors contributing to overall safer roads in Wisconsin. In 2014, there were 4,932 alcohol-related crashes, down from 4,954 in 2013. There were 2,694 alcohol-related crash injuries in 2014, up from 2,660 in 2013. In 2014, there were 162 alcohol-related fatalities, down from 185 in 2013. The Intoxicated Driver Program involves DHS, the Department of Transportation, county agencies, law enforcement, technical colleges, and local treatment centers.

### ***Treatment Alternatives and Diversion***

The Treatment Alternatives and Diversion Program provides funding to counties and tribes to develop treatment and diversion alternatives to jail and prison sentences for non-violent offenders with drug and alcohol problems. In fiscal year 2014, 22 problem-solving courts were funded. These 22 sites were surveyed in 2014 to identify technical assistance needs. This program involves DHS, the Department of Corrections, and the Office of Director of State Courts.

### ***Alliance for Wisconsin Youth***

The Alliance for Wisconsin Youth (AWY) is a DMHSAS program that supports member coalitions in their substance abuse prevention and youth development efforts. In 2014, the AWY's five regional prevention centers focused on building and strengthening the workforce by providing an intensive, weeklong training on how to reduce the likelihood of substance abuse. The AWY regional prevention centers also hosted 20 trainings throughout the state and two regional conferences.

## ***Parents Who Host, Lose the Most: Don't be a Party to Teenage Drinking***



During the prom and high school graduation seasons of 2014, 62 county and community prevention coalitions and four tribes participated in the 'Parents Who Host, Lose the Most: Don't be a party to teenage drinking' public awareness campaign designed to educate parents and the greater community about the health and safety risks of serving alcohol at teen parties. DMHSAS created a website where the local groups received technical assistance and other resources to support their campaign. The Outdoor Advertising Association of Wisconsin donated billboard space to promote this campaign throughout Wisconsin.

## ***Wisconsin Wins***



Wisconsin Wins is a statewide initiative designed to decrease youth access to tobacco products through retail compliance checks. DHS contracts with local partners to conduct investigations and

establish retailer compliance with the law. Local initiatives also include retailer education and training, media outreach, and community education. Federal law requires states to conduct an annual survey to determine retailer violation rates (RVR) for underage tobacco sales. DHS implemented Wisconsin Wins in 2002. In 2014, Wisconsin's RVR was 6.4 percent, below the national average of 10 percent.

**Retail Cigarette Sales to Minors:  
Noncompliance Rates**

Year	RVR
2001	33.7%
2002	20.7%
2003	18.5%
2004	8.3%
2005	7.8%
2006	5.5%
2007	4.5%
2008	7.2%
2009	5.7%
2010	4.7%
2011	5.0%
2012	5.4%
2013	7.3%
2014	6.4%

## ***Services for Women***

In 2014, DMHSAS awarded over \$4 million to 11 agencies for women-specific substance use disorder prevention and treatment services, including home visits, pre-natal care coordination, and education on Fetal Alcohol Spectrum Disorder (FASD).

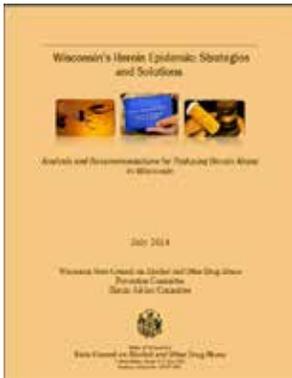
## ***Temporary Assistance to Needy Families***

In 2014, DMHSAS provided \$4 million to the Milwaukee County Temporary Assistance to Needy Families, Alcohol and Other Drug Abuse Project, and Wisconsin Supports Everyone's Recovery Choice for substance use disorder treatment and recovery services to Temporary Assistance to Needy Families program participants. This project provided services to 1,056 parents and their children.

## ***Tribal Partnerships***

In 2014, DMHSAS helped Wisconsin's 11 Native American tribes address substance use disorder prevention and treatment. Funds totaling \$1 million were used for the Family Services Program. The Tribal State-Collaborative for Positive Change Initiative received \$100,000 to help these tribes identify the extent of each tribe's prescription drug abuse problem and appropriate interventions. These funds also supported meetings for trainings and further discussion on these issues. Additionally, DMHSAS awarded funds to the tribes to provide culturally specific treatment, youth services, and women's treatment. All tribes received funds to support their Coordinated Services Teams Initiatives for children with behavioral health needs.

# STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE



DMHSAS provides staff services to the State Council on Alcohol and Other Drug Abuse (SCAODA), a statutory council of elected officials, state agency representatives, treatment providers and citizens that coordinates substance abuse planning and funding efforts in Wisconsin. SCAODA advises the Governor, legislature, and state agencies on prevention, treatment, and recovery matters.

In 2014, SCAODA published *Wisconsin's Heroin Epidemic: Strategies and Solutions*, which focused on strategies to prevent and reduce the harm associated with heroin use. Members also voted to form a committee to research, evaluate, and develop recommendations regarding marijuana use that best serve the public health and safety of all Wisconsin residents, with the goal to publish a report in 2015.

## **Wisconsin Department Health Services**

- Kitty Rhoades, Secretary
- Tom Engels, Deputy Secretary

### **Division of Mental Health and Substance Abuse Services**

- Patrick Cork, Administrator
- Rose Kleman, Deputy Administrator
- Joyce Allen, Director, Bureau of Prevention Treatment and Recovery
- AJ Ernst, Substance Abuse Services Section Chief, Bureau of Prevention Treatment and Recovery
- Michael Quirke, Research Analyst, Bureau of Prevention Treatment and Recovery