

**2016 Annual Report to the Governor  
on Activities Relating to Substance Abuse  
Prevention and Treatment**



**WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES**

**Division of Care and Treatment Services**

P-01023-2016 (02/2018)



State of Wisconsin  
**Department of Health Services**

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Scott Walker, Governor  
Linda Seemeyer, Secretary

January 30, 2018

The Honorable Scott Walker  
Governor  
115 East State Capitol  
Madison, WI 53702

Dear Governor Walker:

I am pleased to submit the 2016 Annual Report on Activities Relating to Substance Abuse Prevention and Treatments in Wisconsin. This report was prepared in accordance with Wis. Stat. § 51.45(4)(p), which requires the Department of Health Services to submit an annual report on the treatment of substance abuse. This report (P-01023-2016) highlights substance abuse prevention, treatment, and recovery programs administered by the Division of Care and Treatment Services.

Substance use disorders are a significant challenge for individuals, families, and communities across Wisconsin. Successful implementation of evidence-based programs and new initiatives as described in this report support our goal of Wisconsin becoming the nation's healthiest state and a place where our young people can grow up safe, healthy and ready to lead successful lives.

Sincerely,

Linda Seemeyer  
Secretary

Enclosure

# TABLE OF CONTENTS

BACKGROUND .....	3
Need for Activities Relating to Substance Misuse and Addiction .....	3
PREVENTION-RELATED ACTIVITIES .....	5
Substance Abuse Prevention and Treatment Block Grant .....	5
Alliance for Wisconsin Youth.....	6
Department of Justice Gang Prevention Project .....	7
Community Improvement and Job Training Program .....	7
Wisconsin Wins.....	8
Problem Gambling Awareness.....	8
Tribal Initiatives .....	8
Federal Discretionary Grants for Prevention .....	9
Strategic Prevention Framework Partnerships for Success (PFS) .....	9
State Epidemiological Outcomes Workgroup.....	10
TREATMENT AND RECOVERY-RELATED ACTIVITIES.....	11
Substance Abuse Prevention and Treatment Block Grant .....	11
Intoxicated Driver Program (IDP).....	11
Other Criminal and Juvenile Justice Alternatives .....	12
Opioid Outreach and Treatment Program .....	12
Gender-Specific Outreach and Treatment.....	13
Underserved Populations.....	14
Addressing Methamphetamine Addiction.....	14
Comprehensive Community Services .....	15
Consumer-Directed Activities.....	15
Federal Discretionary Grants for Opioid Treatment and Recovery .....	15
State Council on Alcohol and Other Drug Abuse .....	17
Quality Improvement Activities.....	17

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## **BACKGROUND**

In 2016, the Department of Health Services (DHS) administered \$27.2 million in federal Substance Abuse Prevention and Treatment Block Grant funds and more than \$4 million in substance use funds from other federal and state sources. The Division of Care and Treatment Services (DCTS)—known as the Division of Mental Health and Substance Abuse Services until August 2016—oversees most DHS substance use programs in partnership with county and community agencies. DCTS also provides staff services to the State Council on Alcohol and Other Drug Abuse, a governor-appointed body responsible for promoting effective alcohol and drug use prevention and treatment policies. Unless otherwise noted, this report highlights the activities related to substance use prevention and treatment efforts DCTS administered during calendar year 2016. DHS submits this report as required by Wis. Stat. § 51.45(4)(p).

### **Need for Activities Relating to Substance Misuse and Addiction**

**National.** In the U.S., there are estimated to be 20.2 million adults with substance use disorder (Substance Abuse and Mental Health Services Administration [SAMSHA], 2017). The costs related to the loss of productivity, health care, and crime total up to more than \$740 billion annually (National Institute on Drug Abuse, 2017). It is estimated that about 8.1 percent of people in the U.S. are in need of substance use treatment. Of those needing substance use treatment, only about 10.8 percent actually received treatment in the past year (Lipari et al., 2016).

**Wisconsin.** Alcohol and other drug misuse and addiction pose significant health, social, public safety, and economic problems in Wisconsin (National Institute on Drug Abuse, 2017; DHS, 2016). Data produced in the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use (2016) estimate that alcohol was a factor in at least 2,008 deaths and 2,907 motor vehicle crash injuries in Wisconsin in 2015. The age-adjusted rate for mortality related to drugs increased from 9.3 deaths per 100,000 population in 2006 to 15.3 deaths per 100,000 population in 2015. Heroin-related deaths, opioid-related deaths, and deaths with a mention of benzodiazepines have increased over the past 10 years, while cocaine-related deaths have decreased since 2006 (DHS, 2016).

While overall drug-related hospitalizations decreased from 2013 to 2014, the rate of opioid-related hospitalizations has increased steadily since 2005. Although Wisconsin's rate of property crime offenses fell lower than the U.S. average, there were 25,229 arrests for drug law violations in Wisconsin in 2016 (DHS, 2016). Specifically, methamphetamine-related court charges have increased steadily over the past four years (Wisconsin Statewide Intelligence Center, 2016).

Table 1 depicts the prevalence of Wisconsin youth and adults who used various mood-altering, habit-forming substances from 2014-2016:

**Table 1. Wisconsin Substance Use Percentage Estimates Age 12 and over**

Substance Use Measure	2014-2015 Survey		2015-2016 Survey	
	Wisconsin	U.S.	Wisconsin	U.S.
Past month alcohol use	60.4%	52.2%	60.9%	51.2%
Past year marijuana use	12.1%	13.4%	12.2%	13.7%
Past year cocaine use	1.6%	1.8%	1.4%	1.8%
Past year heroin use	0.3%	0.3%	0.3%	0.3%
Past year pain reliever misuse*	-	-	4.0%	4.5%

\*This question was added for the 2015-2016 NSDUH, therefore no data exists for the 2014-2015 survey  
Source: SAMSHA (2017) National Survey on Drug Use and Health

During a five-year period, state and county programs achieved over \$2 billion in benefits for the \$320 million public investment in substance use prevention and treatment funds. The following sections summarize the principal prevention and treatment initiatives that DHS implemented in 2016 in its ongoing efforts to address substance misuse and addiction in Wisconsin.

# PREVENTION-RELATED ACTIVITIES

## Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment Block Grant is a federal program that provides funds to all 50 states to help plan, implement, and evaluate activities to prevent and treat substance misuse and addiction and promote public health. Based on a formula approved by the state legislature, DHS annually distributes \$9.7 million in community aids from this block grant directly to Wisconsin’s 72 counties. At least 20 percent of these funds must be spent on prevention activities. The remaining funds are expended for treatment and recovery support services, including a minimum of 10 percent allocated for women’s treatment services. Prevention services funded under the block grant must be evidence-based to ensure the highest quality and impact. In 2016, the following priority areas were targeted by prevention service providers:

- Underage drinking (ages 12-20).
- Adult binge drinking (ages 18-34).
- Drinking among pregnant women.
- Drinking and driving (especially among people ages 16-34).
- Opioid use for nonmedical purposes (especially among people ages 20-54).

Table 2 shows alcohol and drug use data among Wisconsin youth ages 12-17.

**Table 2. Wisconsin Substance Use Percentage Estimates Ages 12-17**

Substance Use Measure	2014-2015		2015-2016	
	Wisconsin	U.S.	Wisconsin	U.S.
Any alcohol use in the past month	11.3%	10.6%	10.9%	9.4%
Past year marijuana use	14.0%	12.9%	13.9%	12.3%
Past year cocaine use	0.7%	0.6%	0.7%	0.6%
Past year heroin use	0.1%	0.1%	0.1%	0.1%
Past year pain reliever misuse*	-	-	3.4%	3.7%

\*This question was added for the 2015-2016 NSDUH, therefore no data exists for the 2014-2015 survey  
Source: SAMSHA (2017) National Survey on Drug Use and Health

DHS collects information from counties and other local prevention providers funded under the block grant through the Substance Abuse Prevention-Services Information System (SAP-SIS). The table below shows the number of persons reached with prevention program services in 2016 compared to their distribution in the general population. The data show that prevention programs are achieving parity with respect to reaching cultural groups.

**Table 3. Race/Ethnicity Distribution: General Population vs. Persons Reached**

Race/Ethnicity	Percent of General Population	Percent of Persons Reached Thru Prevention Programs
Native American	1.0%	2.1%
Asian	2.3%	2.6%
African American	6.3%	6.1%
Hispanic/Latino	5.9%	6.0%
Caucasian	84.5%	89.2%

Source: SAP-SIS, DHS

Table 4 provides a snapshot of the types of county and other local prevention services provided across the state in 2016.

**Table 4. Types of Prevention Programs, 2016**

<b>Prevention Program Type</b>	<b>Percent of Prevention Programs (n=211)</b>
<b>Population Risk Level Classification</b>	---
Universal Indirect (coalitions; policies)	35%
Universal Direct (general population; unknown risk)	35%
Selective (at-risk populations)	14%
Indicated (substance users; high-risk populations)	15%
<b>Most Common Kinds of Activities</b>	---
Multiagency coordination and collaboration; coalitions	33%
Ongoing classroom and/or small group sessions	17%
Education programs for youth groups	10%
Parenting and family management	7%
Speaking engagements	6%

Source: SAP-SIS, DHS

## **Alliance for Wisconsin Youth**

Wisconsin Stat. §§ 51.45(7)(b)7 and 250.04(4)(a) require DHS to establish a program of prevention and intervention services. One of these programs is delivered through the Alliance for Wisconsin Youth (AWY), which brings together community coalitions, individuals, and resources to positively impact youth by preventing substance misuse and addiction and other behavioral health concerns. AWY supported 97 community prevention coalitions across the state in 2016.

In partnership with DHS, AWY created regional prevention centers. Through these regional prevention centers, which have contracts with DHS, AWY provides a statewide infrastructure for prevention activities by assisting community coalitions to accomplish DHS and AWY priorities and projects. In 2016, these regional centers:

- Awarded minigrants to local prevention coalitions.
- Prepared substance use epidemiological data profiles for each county in the region’s area to be used for planning and evaluation purposes.
- Provided prevention training, technical assistance, and support on:
  - How to become culturally competent in programming.
  - How to identify substance-impaired individuals and types of substances through the use of Drug Impairment Training for Educational Professionals, teachers, health care providers, law enforcement, youth serving agencies, and interested parents.
  - How to establish secure medication takeback and drop-off sites.
  - How to implement community alcohol policy changes.
  - How to influence counties’ use of the 20 percent block grant prevention set-aside.
  - Advanced Roadside Impaired Driving Enforcement training for law enforcement officers to gain skills to address the gap between standardized field sobriety testing and drug recognition experts.
  - The Strategic Prevention Framework through four-day Substance Abuse Prevention Skills Training.
  - Ethics in prevention for prevention professionals.

In 2016, AWY also coordinated Wisconsin’s “Parents Who Host, Lose the Most” public awareness campaign; 61 community coalitions participated. The campaign encourages parents and law enforcement to partner to prevent teen drinking.

Program Name	Counties Participating	Annual Funding Amount	Organizations Served in 2016
<b>Alliance for Wisconsin Youth</b>	Regional prevention centers covering the state	\$329,580	90 (approx.)

This program primarily provides training and support to member organizations of community prevention coalitions.

## Department of Justice Gang Prevention Project

DHS, in partnership with the Department of Justice and the Social Development Commission (SDC), Milwaukee, engages at-risk and high-risk Milwaukee youth and parents in activities and interventions to prevent gang involvement and address substance misuse and addiction under Wis. Stat. § 165.987.

In 2016, prevention and education activities included:

- Building awareness among parents/guardians and youth in the SDC Family Strengthening Youth Program regarding risks related to emotional, behavioral, social, and alcohol, tobacco, and other drug abuse (ATODA).
- Mentoring and support services in life management skills, conflict resolution, gang prevention, pregnancy prevention, bullying prevention, parenting wisely, alcohol and other drug abuse (AODA) prevention, truancy prevention, and communications.
- Giving presentations at Milwaukee public schools, alternative schools, youth centers, youth-serving organizations, and community resource fairs.

In 2016, intervention and treatment activities and best practices included:

- Screening for substance misuse and addiction that is culturally relevant in client-centered interviews.
- Counseling in an outpatient setting or referral to other treatment services.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
<b>DOJ Gang Prevention</b>	Milwaukee (inner city)	\$281,600	1,112

## Community Improvement and Job Training Program

Wisconsin Community Services, Milwaukee, through a contract with DHS under Wis. Stat. § 46.48(26), works with at-risk minority youth and young adults in Milwaukee to address job readiness, employability, gang affiliation, and substance use. In 2016, the Community Improvement and Job Training Program provided mentoring, job readiness workshops, career fairs, drivers’ education support, job skill education, and internship placements.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
<b>Community Improvement Job Training</b>	Milwaukee	\$250,000	95

## Wisconsin Wins

Federal law imposes a penalty if a state fails to meet an approved threshold (10% or less) on underage tobacco sales to minors. The measure is the percentage of minors who are able to purchase tobacco during merchant compliance checks.

Federal law requires states to conduct an annual survey to determine retailer violation rates for underage tobacco sales. Implemented in 2001, *Wisconsin Wins* is an evidence-based, statewide initiative designed to decrease youth access to tobacco products through retail compliance checks and retailer education. The program provides free, online training to retailers at [www.WITobaccoCheck.org](http://www.WITobaccoCheck.org). Because of the activities of Wisconsin Wins, the state has stayed well below the national average of 10 percent noncompliance. In 2016, Wisconsin's noncompliance rate was 7.2 percent.

Retail Cigarette Sales to Minors: Noncompliance Rates	
Year	Rate
2009	5.7%
2010	4.7%
2011	5.0%
2012	5.4%
2013	7.3%
2014	6.4%
2015	6.8%
2016	7.2%

## Problem Gambling Awareness

From published national studies, there are an estimated 232,525 problem gamblers in Wisconsin whose average debt is \$38,090. The societal costs of problem gambling to Wisconsin are estimated at \$10,000 per gambler in lowered productivity, crime, and health care costs. Problem gamblers are at increased risk of depression, anti-social personality disorder, phobias, and substance addiction. They are also at increased risk for cardiac arrest, hypertension, and other stress-related health problems. Problem gamblers have a suicide rate 20 times higher than the general population; 50 percent of problem gamblers also have drug or alcohol problems. DHS contracts with the Wisconsin Council on Problem Gambling to carry out a statewide problem gambling awareness campaign and to staff a 24-hour toll-free helpline (1-800-GAMBLE-5). The helpline received 13,081 calls during 2016, including calls from individuals contemplating suicide, in extreme debt, and without homes due to gambling. Callers are referred to appropriate counseling services in their communities. The Wisconsin Council on Problem Gambling also hosts an annual professional counselor training event.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
<b>Problem/Compulsive Gambling Awareness, Wis. Stat. § 46.03(43)</b>	Statewide	\$396,000	13,081 helpline calls

## Tribal Initiatives

In 2016, DHS provided \$1.1 million to Wisconsin's 11 federally recognized Native American tribes to address substance use disorder prevention and treatment. These funds were used to support the Family Services Program under Wis. Stat. § 46.71(1) that provided alcohol and other drug use in-home services, prevention, education, and treatment. Also, \$100,000 was used for the Tribal State-Collaborative for Positive Change (TSCPC) Initiative for all 11 tribes. Tribes also received funding to provide culturally specific substance use disorder treatment, youth services, women's treatment, and Coordinated Services Teams (CST) Initiatives. DHS staff worked with the tribes to identify the extent of the tribal prescription drug use problem and determine appropriate interventions, including scheduling speakers and ongoing treatment discussions for TSCPC meetings. More than 1,100 tribal youth and adults received services through these tribal prevention initiatives.

# FEDERAL DISCRETIONARY GRANTS FOR PREVENTION

## Strategic Prevention Framework Partnerships for Success (PFS)

In 2015, SAMHSA awarded Wisconsin a grant for up to five years, primarily to address prescription drug misuse among persons ages 12- 25 and underage drinking among persons ages 12-20. This primary prevention program is designed to prevent the onset and reduce the progression of substance use and its related problems while strengthening prevention capacity and infrastructure at the state, tribal, and community levels. DHS subcontracted for evidence-based prevention efforts in the high-need counties/tribes listed in the table below. In 2016, oversight, training, technical assistance, and direct funding was provided by the AWY's Regional Prevention Centers to local prevention coalitions in each high-need community. Specific local activities included public awareness; targeted education about the misuse of habit-forming prescription medications; prescription drug monitoring program training; safe medication disposal; surveillance of community substance-related data; and collaborative activities with health care providers, schools, and law enforcement. The Great Lakes Inter-Tribal Council (GLITC) also received a PFS grant. While DHS has directly funded the Menominee Indian Tribe of Wisconsin, GLITC works with four additional tribes through their PFS grant. DHS staff collaborate with GLITC on shared grant priorities.

Community education efforts took place in all funded communities. Highlights of education efforts that took place during 2016 include:

- Six Dose of Reality billboards, multiple radio ads aired in five counties, eight TV appearances/interviews, 32,000 print materials, and social media/other websites reaching over 33,000 individuals.
- Public service announcements were run before movies in three counties and during Marquette University men's basketball games.
- Community meetings were held on 60 occasions with 2,661 attendees; promotional activities or special events were held on 80 occasions, reaching 17,406 individuals.
- Two counties implemented education campaigns on college campuses.
- One-hundred sixty individuals participated in LifeSkills training.
- Twenty-six individuals participated in the Strengthening Families Program.
- Twenty-one individuals participated in Substance Abuse Prevention Specialist Training.
- Thirty individuals attended Question, Persuade, Refer presentations and 42 individuals were trained as trainers.
- Sixty-six individuals participated in Drug Impairment Training for Educational Professionals.

Successes of note included: reaching Hispanic populations with translated materials and radio programs; incorporating Dose of Reality messaging into tribal-specific campaigns; and creatively using messaging on ATV trail maps, restaurant place mats, and in condolence cards for families who have lost a loved one.

Law enforcement efforts in the funded communities and at the regional level in 2016 included:

- Twelve officers were trained as drug recognition experts.
- Targeted interceptions of illegal drugs were conducted on four occasions, resulting in nine drug arrests and two misdemeanor drug charges.
- Fourteen officers participated in Advanced Roadside Impaired Driving Enforcement training.

Prescription drug security, collection, and disposal efforts in the funded communities in 2016 included:

- Lock boxes distributed: 203.
- Disposal items distributed: 1,123.
- Pounds of medication collected from drop boxes and through takeback events: 11,095.
- New drop boxes installed: 3.

Program Name	Counties/Tribes Participating	Annual Funding Amount	Persons Served in 2016
<b>Strategic Prevention Framework Partnership for Success</b>	Ashland, Columbia, Dane, Douglas, Eau Claire, Florence, Forest, Kenosha, Marinette, Menominee Tribe, Milwaukee, Oneida, Rock, and Vilas	\$1,648,188	220,000

### **State Epidemiological Outcomes Workgroup**

Surveillance of substance use issues and evaluation of prevention efforts are the tasks of the DHS State Epidemiological Outcomes Workgroup (SEOW). This workgroup includes staff from DHS, the Department of Public Instruction, the Department of Justice, the University of Wisconsin-Madison, and GLITC. The DHS SEOW receives funds from SAMHSA. In 2016, this group produced the [Wisconsin Epidemiological Profile on Alcohol and Other Drug Use](#). The report’s findings are used to identify statewide priority prevention issues and evaluate statewide prevention efforts.

# TREATMENT AND RECOVERY-RELATED ACTIVITIES

## Substance Abuse Prevention and Treatment Block Grant

Typically, approximately 80 percent of the Substance Abuse Prevention and Treatment Block Grant is expended for treatment and recovery support services. In 2016, more than \$60 million in block grant, county tax levy, county revenue, and other state and federal funds were expended by county agencies to provide substance use treatment and support services for 31,547 persons.

In 2016, county agencies reported the following treatment service outcomes for persons having substance use diagnoses.

**Table 5. Wisconsin Addiction Treatment Outcomes**

Outcome Measure	2016 Outcome
Completed treatment	56%
At discharge, no drug use in the past 30 days*	78%
Employed at discharge*	67%
Not Rearrested at discharge*	92%

\*Includes data on persons completing treatment only.  
Source: DHS Program Participation System

## Intoxicated Driver Program (IDP)

DHS oversees county-designated screening, referral, treatment, and case management services for drivers convicted for operating under the influence per Wis. Stat. § 343.30(1q). The program’s purpose is to engage the intoxicated driver in assessment, education, and treatment services that address the person's inclination to drive under the influence and their substance use problems so that the person may regain safe driving capability. The assessment program is self-supporting through collection of IDP assessment fees. In addition, the county retains approximately half of the driver improvement surcharge paid by offenders to support the treatment of impaired drivers. Supplemental or emergency funds are available to counties that face excess treatment costs of impaired drivers.

### 2016 Fact Sheet

#### Publicly-supported Persons Served:

31,547 in CY 2016

#### Primary substance:

Alcohol	66.0%
Opiates	16.3%
Marijuana	10.8%
Cocaine	3.2%
Stimulants	4.0%
Other	1.8%

#### Gender:

Male	69%
Female	31%

#### Age:

Under 18	3.2%
18 – 29	34.0%
30 – 39	26.5%
40 – 49	17.3%
50 – 59	14.5%
Over 59	4.6%

#### Race/ethnicity:

White	80.2%
Black	9.7%
Hispanic	5.4%
Amer. Indian	3.4%
Asian	1.0%

#### Treatment modality:

(n=17,443)	
Outpatient	70.1%
Detox	24.1%
Day Treatment	1.3%
Residential-Short	4.2%
Inpatient	0.4%

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
Intoxicated Driver Program	All	\$274,567	26,136
Supplemental/Emergency Funds	18 counties	\$928,616	Not Available

## Other Criminal and Juvenile Justice Alternatives

A principal point of entry into treatment and recovery is the justice system. DHS administers or partners with six activities that address addiction treatment among justice system populations. Screening, assessment, treatment, and monitoring services are provided.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
<b>AODA Juvenile Justice</b> <b>Wis. Stat. §§ 48.547 and 938.547</b>	Dane, Kenosha, Milwaukee, Portage, Rock	\$1,338,000	1,996
<b>Treatment Alternative Program</b> <b>Wis. Stat. § 46.65</b>	Dane, Dodge, Eau Claire, Rock	\$900,962	496
<b>Department of Corrections Youth and Adult Institution, Halfway House, and Community Treatment</b>	Selected high need areas	\$1,347,417	436
<b>Prisoner Reintegration (housing, employment, education and treatment);</b> <b>Wis. Stat. §46.48(8)(b)</b>	Milwaukee, via Wisconsin Community Services	\$125,000	253

### Treatment Alternatives and Diversion (TAD)

TAD is a program administered through the Department of Justice in collaboration with DHS, the Department of Corrections, Office of Director of State Courts, and county agencies. Projects are to deliver treatment and diversion alternatives to jails and prisons for nonviolent adult offenders with assessed drug and alcohol problems. A 2014 evaluation of the program by the University of Wisconsin Population Health Institute showed that the program averted a total of 231,533 days of incarceration for the 2,895 participants discharged between 2007 and 2014. In 2016, 200 participants successfully graduated from grantee TAD treatment courts.

### Wisconsin Treatment Court Training

Treatment courts are an evidence-based practice for addressing offender recidivism and treatment needs. In 2016, DHS continued collaborating with the Department of Justice, Wisconsin Association of Treatment Court Professionals, and Office of Director of State Courts to develop and provide statewide and regional trainings based on the Wisconsin Treatment Court Standards.

### Opioid Outreach and Treatment Program

Several activities in 2016 targeted outreach to opioid users and provision of treatment. The AIDS Resource Center of Wisconsin engaged in a variety of injection drug use prevention and harm reduction activities in Milwaukee, Appleton, Beloit, Eau Claire, Green Bay, Kenosha, La Crosse, Madison, Superior, and Wausau. Outreach staff made contact and built rapport with injection drug users and significant others in an effort to provide HIV, Hepatitis C (HCV), and injection drug use information; HIV and HCV testing; and opioid overdose training. In 2016, approximately 1,145 potential fatal overdoses were averted due to these efforts. Furthermore, 3,234 persons attended trainings on how to recognize and respond to drug overdoses, including first responders, drug users and significant others/family members, and drug treatment professionals.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
<b>Injection Drug Use Street Outreach</b>	Dane, Kenosha, Milwaukee, Racine	\$1,231,800	713
<b>Injection Drug Use Treatment</b>	Several via the AIDS Resource Center of Wisconsin	\$191,680	84
<b>HOPE Programs Providing Medication-Assisted Treatment in Rural Underserved Areas (Wis. Stat. § 51.422)</b>	Florence, Marinette, Menominee, Oconto, Forest-Oneida-Vilas, Iron, Price, Ashland, Bayfield, Burnett, Douglas, Sawyer, Washburn, and several tribes near the counties	\$1,376,000	277

## Women-Specific Outreach and Treatment

There are differences in the development and pattern of addiction, treatment needs, and treatment approaches for men and women. In 2016, DHS continued overseeing five projects that addressed women-specific outreach, treatment, and support needs by providing parenting education, vocational and housing assistance, care coordination, and intensive, women-specific, substance use treatment services. (**Note:** Federal documentation refers to this as gender-specific.)

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
<b>Women’s Outreach and Treatment for low income and multisystem involved persons, Wis. Stat. § 46.86(6), and Urban/Rural Women’s Treatment, Wis. Stat. § 46.55</b>	Brown, Dane, Eau Claire, Forest-Oneida-Vilas, Ho-Chunk Nation, Walworth	\$6,793,768	659
<b>Cocaine-affected Families, Wis. Stat. §§ 46.86(1), (2m), and (3m)</b>	Milwaukee via Community Advocates and Meta House	\$1,105,000	360
<b>Healthy Beginnings, § 46.48(29)</b>	Dane via ARC Community Services	\$175,000	50
<b>Bureau of Milwaukee Child Welfare (parents and children), Wis. Stat. § 48.561(3)(a)(2)</b>	Milwaukee	\$1,583,000	710
<b>Women and Dependent Children Services, Wis. Stat. § 46.86(5)</b>	Dane via ARC Community Services	\$235,000	63

## Fetal Alcohol Spectrum Training for Professionals

Fetal alcohol spectrum disorders (FASDs) are a group of behavioral, intellectual, and physical conditions that can occur in a person whose mother drank alcohol during pregnancy. FASD increasingly is recognized as a significant public health problem with high potential for the prevention of future cases and the prevention of excess disability and premature mortality in persons who are affected. There are at least 90 such births in Wisconsin each year. In 2016, the University of Wisconsin-Madison received \$75,000 in the Substance Abuse Prevention and Treatment Block Grant funds to provide technical assistance and training on FASD to professionals working in agencies providing services to women. This included trainings, resources, outreach, and individual consultations. Eleven training sessions were provided; 445 professionals attended the sessions.

## Underserved Populations

Wisconsin is home to many diverse racial and ethnic groups. These underserved populations make up nearly 16 percent of Wisconsin's population. In general, substance use service providers across the state are reaching significant portions of underserved populations. In 2016, 24 percent of persons served through the public substance use service provider system were members of an underserved group. In 2016, DHS managed four initiatives addressing addiction treatment and support among underserved populations.

Program Name	Counties/Tribes Participating	Annual Funding Amount	Persons Served in 2016
Urban Black and Hispanic Program, Wis. Stat. § 46.975(2)(a)	Milwaukee, Waukesha	\$200,000	100
Substance Use Services for Hispanic Persons, Wis. Stat. §46.48(5)	Milwaukee via the United Community Center	\$220,842	143
Inner City Prevention and Intervention Services	Dane, Kenosha, Racine, Rock	\$200,000	380
Tribal Partnerships	Forest County Potawatomi Community, Lac du Flambeau Band of Lake Superior Chippewa, Sokaogon Chippewa Community	\$21,800	Not Available

### Hmong Community Dialogue on Mental Health and Alcohol and Other Drug Abuse

In 2016, DHS supported Wisconsin United Coalition of Mutual Assistance Associations, Inc., with \$49,714 in Substance Abuse Prevention and Treatment Block Grant funds to organize a community dialogue for Hmong clan and community leaders. The objective was to provide mental health and substance use disorder education and conduct focus groups to discuss and identify service gaps. More than 100 people participated in the two-day dialogue. A final report was submitted to DHS with major findings and recommendations on how to improve mental health and substance use disorder services for the Hmong in Wisconsin.

### Addressing Methamphetamine Addiction

While methamphetamine addiction was abated somewhat in 2005 when the chemicals ephedrine and pseudoephedrine became controlled in Wisconsin, use of this methamphetamine has recently resurged. In 2016, DHS offered two evidence-based treatment training sessions on the MATRIX model. One two-day session for clinicians and a one-day session for clinical supervisors were offered to support fidelity implementation of this evidence-based practice for intensive outpatient services. Providers who participated in the training also received no-cost electronic access to the evidence-based treatment manuals for one year through Hazelden. DHS continued issuing federal Substance Abuse Prevention and Treatment Block Grant funds to counties in northwestern Wisconsin to help supplement methamphetamine treatment.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
Methamphetamine Treatment	Barron, Burnett, Polk, St. Croix	\$199,835	371

## Comprehensive Community Services

Comprehensive Community Services is a program for individuals of all ages who need ongoing services for mental health and substance use concerns beyond occasional outpatient care, but less than the intensive care provided in an inpatient setting. It is administered by DHS and operated by county and tribal agencies. In 2016, 34 county agencies reported serving 193 persons with severe substance use disorders in comprehensive community services programs, an increase from the 20 counties that served 76 persons the previous year.

## Consumer-Directed Activities

DHS supports activities that encourage persons in recovery with lived addiction experience to participate openly in Wisconsin's recovery efforts. Wisconsin Voices for Recovery brings together people who are in recovery or seeking recovery, along with their family members and allies. In 2016, Wisconsin Voices for Recovery partnered with more than 40 community recovery organizations to host Rally for Recovery at the state Capitol, community trainings, and other public awareness and capacity building activities that highlight and celebrate recovery. DHS allocated \$109,000 for this effort.

## Federal Discretionary Grants for Opioid Treatment and Recovery

### Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) Grant

In 2015, Wisconsin received a three-year federal discretionary grant of \$3 million to develop medication assisted treatment services and addiction treatment in partnership with two high-need communities: Sauk and Columbia counties. The grant period runs from August 2015 through July 2018. Year one consisted of project startup activities primarily in Sauk County, including assertive outreach to people with opioid use disorder through the use of community recovery specialists, who act as care coordinators, connecting individuals to medication assisted treatment prescribers. Most startup activities for Columbia County occurred during year two. Other community resources are provided with the goal of stabilizing the individual while providing a full array of wraparound support. Both communities started collaborating and integrating with crisis intervention/stabilization services for upfront stabilization of consumers, and with Comprehensive Community Services as part of the ongoing longer term treatment and sustainability following the grant period. One of the primary features of this grant project is development of a system of care with rapid access to medication assisted treatment services. This has been accomplished for naltrexone with the increase in number of area prescribers and increased collaboration from the large managed care organizations in the area. Grant advocacy efforts have been effective in lifting insurance barriers, such as "failure first" on oral naltrexone, in order to provide greater access to naltrexone without using grant funds.

In 2016, the MAT-PDOA project continued implementing various components, and met or exceeded its project goals, objectives, and targets. The yearly enrollment target was 90 enrolled consumers; the number of consumers actually enrolled was 96. Moreover, the program's retention rate was 75 percent, while the discharge rate was 28 percent. Most clients have remained in the program up to this point compared to completing services or being referred to the next level of care; however, consumers began to reach that point in year two of the program.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2016
MAT-PDOA Program for Opioid Addiction	Sauk, Columbia	\$1,000,000	96

### Wisconsin Strategic Prevention Framework for Prescription Drugs (SPF Rx)

In 2016, DHS received a \$1,858,080 five-year grant (\$371,616 per year) to implement the Wisconsin Strategic Prevention Framework for Prescription Drugs (SPF Rx) project, beginning September 2016. SPF Rx aims to

forge partnerships to raise awareness about the dangers of sharing medications; educate prescribers on best practice prescribing standards; prevent the onset and reduce the progression of prescription drug misuse and abuse; reduce prescription drug misuse and abuse-related problems; strengthen prevention capacity and infrastructure at the state and community levels; and leverage, redirect, and align statewide funding streams and resources for prevention. DHS completed a needs assessment, which identified Sauk and Dodge counties as target communities for this project.

### **Grant to Prevent Prescription Drug/Opioid Overdose Related Deaths (WI-PDO)**

In 2016, DHS received a federal grant of \$5 million over five years to address prescription drug/opioid overdose-related deaths, beginning in September 2016. This grant project offered Wisconsin the resources and know-how to:

- Increase Wisconsin's capacity to provide evidence-based prevention services that can educate the public about the dangers of sharing medications.
- Raise awareness among pharmaceutical and medical communities on the risks of over prescribing.
- Implement a naloxone distribution system for first responders in communities of high need that will serve as a model for other high need areas of the state.

The overall purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by: (1) training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths; and (2) implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders. Other partners in this comprehensive effort include the AIDS Resource Center of Wisconsin, Department of Justice, Department of Corrections, Wisconsin Hospital Association, Wisconsin Medical Society, Wisconsin Pharmacy Examining Board, the State Council on Alcohol and Other Drug Abuse, various community-based treatment providers, and many county and tribal public health officials.

Three high-need Wisconsin counties—Sauk, Kenosha, and Waukesha—were selected to participate in the prescription drug/opioid overdose-related deaths project, and began developing multi-faceted naloxone distribution plans tailored to meet their unique needs. Common features of the local distribution plans include: (1) training of EMTs, first responders, mobile crisis staff, family, and persons with a substance use disorder on the use of naloxone in the event of an overdose, consistent with the SAMHSA Opioid Overdose Toolkit and Wisconsin laws associated with naloxone administration; and (2) collecting data on numbers of participants attending training, number of naloxone kits distributed, and other information for reporting and evaluation purposes.

# ADMINISTRATION

## State Council on Alcohol and Other Drug Abuse

DHS provides staff services to the State Council on Alcohol and Other Drug Abuse (SCAODA), a council established under Wis. Stat. §§ 13.098 and 14.24 that coordinates substance use planning and funding efforts in Wisconsin and advises the governor, legislature, and state agencies on prevention, treatment, and recovery matters. Its members represent most cabinet level agencies, two constitutional offices, the legislature, treatment providers, and citizens.

In 2016, SCAODA continued providing statewide leadership on current substance use issues. SCAODA's Marijuana Ad Hoc Committee completed its work researching and developing recommendations regarding marijuana use that best serve the public health and safety of all Wisconsin residents. This effort culminated in the June 2016 publication of the report entitled *Marijuana in Wisconsin*. SCAODA's other active ad hoc committee continued efforts researching and developing recommendations to address the state's substance use disorder workforce issues, including the shortage of treatment providers and the lack of treatment options in some parts of the state.

In 2016, SCAODA:

- Supported expanding Medicaid reimbursement to cover the treatment portion of residential substance use disorder treatment.
- Supported increasing Medicaid reimbursement rates for substance abuse disorder treatment to a level at or exceeding the rates of other Midwest states.
- Requested DHS provide information on the most significant substance use disorder trends, needs, and best practice programming to the Governor's Task Force on Opioid Abuse, which was initiated and began holding meetings during 2016.
- Accepted the Planning and Funding Committee's Funding Ad Hoc Committee Report of 2016, which reviewed funding for prevention treatment and recovery in Wisconsin and listed five recommendations for increasing the effectiveness of substance use recovery systems statewide.

## Quality Improvement Activities

### Strengthening Treatment Access and Retention - Quality Improvement Program

The Strengthening Treatment Access and Retention - Quality Improvement (STAR-QI) program promotes implementation of "Plan-Do-Study-Act" quality improvement (QI) projects to improve access to and retention in substance use treatment. In 2016, DHS partnered with the University of Wisconsin-Madison and 36 Wisconsin treatment centers to increase admissions, reduce appointment no-shows, reduce waiting times, and increase successful treatment completion. In 2016, among participating agencies, wait times decreased to eight days; treatment completion rose to 62 percent, exceeding the state and national average. The program also began projects to implement outcomes-informed care and address customer satisfaction. The program received \$134,000 from the Substance Abuse Prevention and Treatment Block Grant.

### Motivational Interviewing Training

Motivational interviewing (MI) is a counseling framework for addressing a range of behavioral health concerns. It has been found to be more cost-effective compared to other evidence-based practices. For these reasons, demand for MI training was on the rise during 2016. During the year, DHS delivered nine introductory workshops attended by 252 practitioners and six advanced workshops attended by 184 practitioners. Additionally, more than 50 technical assistance activities were provided to strengthen initial efforts by providers to implement MI in routine practice.

### **Screening Brief Intervention Referral Treatment Professional Training**

Screening Brief Intervention Referral Treatment (SBIRT) is an evidence-based service for early intervention of those engaged in risky substance use who present in primary care, hospital emergency rooms, trauma centers, and other community health care settings. In 2016, DHS provided two workshops to 35 case managers to support SBIRT implementation in HIV services. As of December 2016, hundreds of licensed providers have completed a DHS-approved four-hour training program in order to become eligible for Medicaid reimbursement when delivering SBIRT in health care settings.

### **Webinars for Professionals on Substance Use Topics**

DHS collaborated with the Great Lakes Addiction Technology Transfer Center at the University of Illinois-Chicago to offer free monthly webinars featuring evidence-based information from experts in the behavioral health field. In 2016, more than 800 people participated in these webinars. The topics ranged from recovery-oriented systems of care, working with African Americans, cultural and linguistic appropriate standards for service delivery, juvenile justice diversion, marijuana, mindfulness/impulsive behavior, dealing with barriers to engagement in services, recovery contingency management, SBIRT, and opioids.

### **Trauma-Informed Care Training and Presentations**

Trauma-informed care (TIC) is a strengths-based service delivery approach that is grounded in the understanding of and responsiveness to the impact of trauma that emphasizes safety, choice, trustworthiness, collaboration, and empowerment. It also involves vigilance in anticipating and avoiding any process or practice that may result in re-traumatization of individuals who may have a history of trauma. In 2016, DHS conducted 39 TIC training events throughout Wisconsin, attended by 3,232 persons. Of those events:

- Three of the sessions, attended by 123 people, were “train-the-trainer” events that increased the capacity of TIC trainers in Wisconsin.
- One training event, attended by 30 people, involved TIC adoption training with Dane County Head Start Program.
- One was a keynote address at the 2016 NAMI State Conference, which was attended by 450 people.

### **Contract Administration and Performance Management**

DHS conducts many of its activities related to substance use disorders through the administration of contracts with county agencies and community nonprofit agencies. The electronic forms and databases that were initially implemented in 2015 to track contract deliverables and objectives continued to be updated and revised in 2016 to provide more immediate and accurate information for DHS staff. Contract administrators are now better positioned to routinely rate the level of contract performance and obtain dashboard reports on the number of persons served and percent of contract deliverables and objectives met.

## Citations

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