

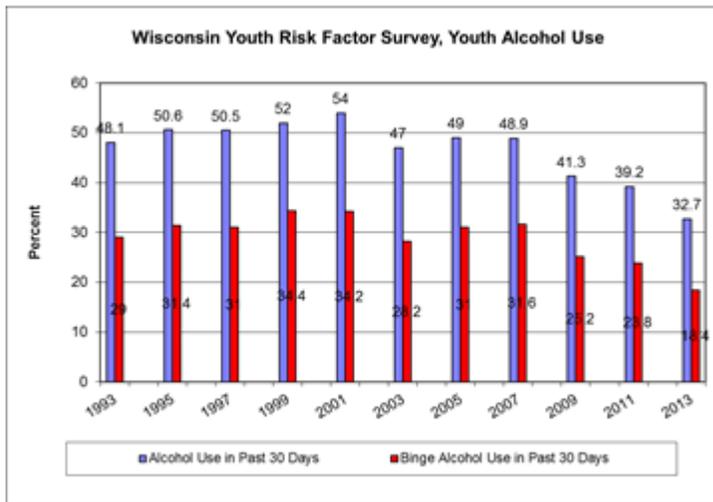


Substance Abuse Services in Wisconsin: 2013 Annual Report to the Governor

INTRODUCTION

The Governor has designated the Department of Health Services (DHS) to administer the \$27 million federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and over \$9 million of substance use disorder-related state funds. The Division of Mental Health and Substance Abuse Services (DMHSAS) oversees most of the DHS substance use disorder programs. This report highlights the substance use disorder prevention and treatment efforts DMHSAS administered during 2013. DHS submits this report annually as required by Wis. Stat. § 51.45(4)(p).

SUBSTANCE USE DISORDER PREVENTION AND TREATMENT REDUCES USE



Prevention Works

Counties must spend 20 percent of their SAPTBG funds on substance use disorder primary prevention services. Statewide, the amount equals about \$2.7 million per year. In addition to these county expenditures, DHS devotes another \$5 million in state and federal funds to primary prevention efforts.

Primary prevention is effective. From 2001 to 2013, Wisconsin's rate of drinking among high school students decreased, as did the rate of Wisconsin students who report first consuming alcohol before age 13. The percentage of high school students who report binge drinking also declined.

Treatment Works

In 2013, 47,280 persons received substance use disorder treatment services. During the same time period, expenditures from all sources (including state aids, federal SAPTBG, county match, and private sources) totaled \$70,946,165. The 2013 data show that treatment services were effective: 52 percent of service recipients successfully completed treatment, 56 percent were abstinent from alcohol and drugs at the time of discharge, 48 percent were employed at the time of discharge, and 93 percent had not been arrested in the 30 days prior to discharge.

Challenges Remain

Wisconsin continues to have the highest rate of adult binge drinking in the nation. In addition, Wisconsin's rate of drug-related deaths nearly doubled from 2002 to 2010, with opioid-related overdoses as the most frequent cause. The drug-related death rate surpassed mortality from alcohol-related motor vehicle crashes in 2004 and

Fact Sheet

Publicly Supported Clients Served:

- **47,280 in CY 2013**
- **Primary substance:**
 - Alcohol 69.9%
 - Opiates 12.3%
 - Marijuana 11.6%
 - Cocaine 3.9%
 - Stimulants 1.0%
 - Other 1.3%
- **Gender:**
 - Male 71.3%
 - Female 28.7%
- **Age:**
 - Under 18 2.5%
 - 18 – 29 36.0%
 - 30 – 39 23.2%
 - 40 – 49 22.0%
 - 50 – 59 12.6%
 - Over 59 3.7%
- **Race/ethnicity:**
 - White 79.1%
 - Black 11.3%
 - Hispanic 5.7%
 - Amer. Indian 3.0%
 - Asian 0.9%
- **Treatment modality:** (n=26,480)
 - Outpatient 75.5%
 - Detox 19.5%
 - Residential-long 4.5%
 - Day Treatment 2.0%
 - Residential-short 0.3%
 - Inpatient 0.2%

has been higher ever since. Wisconsin women of child-bearing age are more likely to drink—and binge drink—than their national counterparts.

This mixed picture of progress and continuing challenges suggests an ongoing need to address primary prevention and treatment. Set forth in the following sections are initiatives DHS has implemented in its ongoing effort to combat substance use disorders in Wisconsin.

PROGRAM AND SERVICE IMPROVEMENT

Quality Improvement

The STAR-SI program promotes the implementation of quality improvement projects to increase access to and retention in substance use disorder treatment. DHS worked with the University of Wisconsin and 45 Wisconsin treatment centers 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.

Needs Assessment Study

DHS assessed the need for mental health and substance use disorder services in Wisconsin using surveys and examining existing substance use disorder and mental health-related data. The substance use disorder priorities that emerged from the 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 systems 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.

DHS used the assessment findings to guide funding and programming decisions.

Use of Evidence-Based Practices

DHS is committed to implementing and funding evidence-based practices. The most effective prevention and intervention efforts are those that combine the best research evidence available on what works to prevent and treat substance use disorders effectively with a strong workforce that brings clinical expertise with an awareness of the culture, values, and preferences of the individuals being served. To encourage the use of evidence-based practices, DMHSAS provided training throughout the state to prevention specialists and regional prevention coalitions on primary prevention best practices; motivational interviewing; Screening, Brief Intervention, Referral to Treatment (SBIRT); cognitive behavioral therapy; dialectical behavioral therapy; and implementation of environmental-based prevention practices. See below for more details on motivational interviewing and SBIRT.

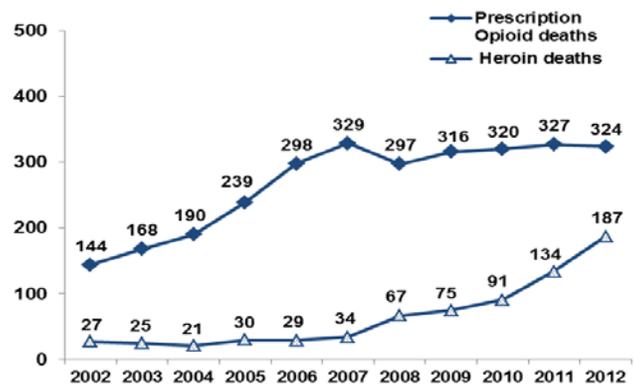
EFFECTIVE SUBSTANCE USE DISORDER INITIATIVES

Intoxicated Driver Program

Since its inception in 1982, the Intoxicated Driver Program has reduced alcohol-related traffic crashes, injuries, and deaths. The program is a partnership among DHS, the Department of Transportation, county agencies, law enforcement, technical colleges, and local treatment centers. County-designated agencies assess drivers convicted of operating while intoxicated to determine whether drivers need education, treatment, or both. Before the program, on average, there were 27,000 alcohol-related crashes every year. In 2013, there were 4,954 alcohol-related crashes. Before the program, on average, there were 17,500 alcohol-related crash injuries each year. In 2013, there were 2,660 alcohol-related crash injuries.

Opioid Abuse Prevention and Treatment

Due to the complexity of opioid addiction, a range of treatment and recovery support options are needed for all age groups struggling with this disease. Wisconsin supports the use of medication-assisted treatment (MAT) where pharmaceutical medications, in conjunction with individual or group counseling, are provided for those addicted to opioids, including heroin. In 2013, there were 15 opioid treatment programs (OTPs) that provided MAT and therapeutic counseling to approximately 5,500 Wisconsin residents. The OTPs primarily utilized methadone to treat consumers with opiate withdrawal and cravings. Buprenorphine (Suboxone) is another medication that was used in lesser amounts in the OTPs due to its cost. Naltrexone (Vivitrol) is approved for the treatment of opiate addiction but in 2013 no patients registered to the OTPs utilized this monthly injection. Reasons for this may include the relapse triggers that using a needle to inject medication can cause (mimics "shooting up" of heroin). Another possible reason is that a patient must be free of all opioids for 7-10 days prior to utilizing naltrexone and for most people addicted to opioids, it is nearly impossible to maintain sobriety for that amount of time without medical intervention. Like buprenorphine, this medication is also available for administration in outpatient treatment settings and physician offices. Due to the increase in prescription opioid drug abuse that led to an increase in heroin abuse, Wisconsin expanded the use of Suboxone and Vivitrol in outpatient treatment settings.



Motivational Interviewing

Motivational interviewing is an evidence-based counseling approach that uses intrinsic motivation within the client to change behavior. During 2013, DHS delivered 14 introductory trainings statewide involving 593 multidisciplinary staff to learn about the basics of motivational interviewing, and 5 teleconferences were provided to over 300 participants. More advanced training was provided 12 times during 2013 across the state involving 336 people. By the end of 2013, approximately 20 motivational interviewing peer learning groups were operating in the state.

Screening, Brief Intervention, Referral to Treatment (SBIRT)

SBIRT is an evidence-based approach for early intervention for those engaged in risky or problem substance use. Primary care settings, hospital emergency rooms, trauma centers, and other community settings provide opportunities for such intervention with at-risk substance users before more severe problems develop. During 2013, the DHS SBIRT coordinator worked with the Wisconsin Initiative to Promote Healthy Lifestyles to provide training, technical assistance, and policy work to promote SBIRT statewide among healthcare providers. Training was also provided to HIV medical case managers. SBIRT can be readily integrated into middle and high school settings to provide early detection and intervention of behavioral health concerns among adolescents. During 2013, DHS and the Department of Public Instruction delivered 5 *School SBIRT* trainings with 86 staff representing over 10 school districts. The evaluations showed that SBIRT was viewed favorably among staff, the training was feasible, and student outcomes were positive.

Comprehensive Community Services (CCS)

CCS is a recovery-focused, integrated behavioral health program for adults and adolescents with substance use disorders and/or severe mental illness and children with severe emotional disturbance. The program uses client-directed service plans to provide individualized services that will help the client achieve the recovery goals. The majority of services are provided in the client's home and local community. Unique to substance use disorders, CCS provides a coordinated and comprehensive array of recovery services, treatment, and psychosocial rehabilitation services that utilize professional, community, and natural supports to address a client's needs. Services are provided by a team of professionals, peer specialists, and natural supports, all coordinated by a CCS service facilitator.

Tribal Initiatives

DHS provided \$1.1 million to Wisconsin's 11 Native American tribes to address substance use disorder prevention and treatment during 2013. Funds were used to support the Family Services Program that provided alcohol and other drug abuse in-home services, prevention, education, and treatment. Also, \$100,000 was used for the Tribal State Collaborative for Positive Change (TSCPC) Initiative for all tribes. Tribes also received funding to provide culturally specific substance use disorder treatment, to provide youth services, to provide women's treatment, and to fund Coordinated Services Team (CST) Initiatives. DHS staff worked with the tribes to identify the extent of the tribal prescription drug abuse problem and determine appropriate interventions. Tribes also participated in CCS, CST, peer specialist, Intoxicated Driver Program, and opiate treatment trainings.

Trauma-Informed Care (TIC)

There is a strong association between potential substance use disorder and adverse childhood experiences and greater depression and substance use disorder as adults. In 2013, the shift in perspective to a trauma-informed approach continued to grow across multiple service systems and Wisconsin communities. There is a renewed focus on TIC with respect to those who provide substance use disorder services.

Women's Services

In 2013, DHS awarded over \$4 million to 11 agencies for women's services. Those services included women-specific and family-centered treatment and prevention services, Fetal Alcohol Spectrum Disorder (FASD) prevention training, program resources and outreach services for pre-natal care coordination among various county public health clinics, and home visiting programs. These programs met the special needs of women with problems resulting from alcohol and other substance use-related conditions by emphasizing parenting education, vocational and housing assistance, and coordination with other community programs while providing intensive women-specific substance use disorder prevention and treatment services.

Wisconsin Wins

Wisconsin Wins is an evidence-based, statewide initiative designed to decrease youth access to tobacco products through retail compliance checks. Federal law requires states to conduct an annual survey to determine retailer violation rates for underage tobacco sales. Wisconsin implemented Wisconsin Wins in 2001 when the noncompliance rate was 33.7 percent. Since that time Wisconsin has stayed well below the national average of 10 percent noncompliance. In 2013, Wisconsin's noncompliance rate was 7.3 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%

Temporary Assistance to Needy Families (TANF)

The Milwaukee County Temporary Assistance to Needy Families, Alcohol and Other Drug Abuse Project and the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice) for Families received over \$4 million to provide substance use disorder treatment and recovery support services to TANF-eligible families. This project provided services to 1,498 people and their children.

Alliance for Wisconsin Youth (AWY)

The Alliance for Wisconsin Youth (AWY) enhances the capacity of member coalitions in their substance use disorder prevention and youth development efforts. Over 100 Wisconsin coalitions are members of the AWY. The AWY funds five regional prevention centers that provide training and technical assistance in substance use disorder prevention. In 2013 the AWY regional prevention centers focused on building and strengthening the prevention workforce by providing Substance Abuse Prevention Skills Training. This was an intensive, weeklong training that educated practitioners on reducing the likelihood of substance abuse. The AWY provided a train-the-trainer event for regional prevention center staff and two trainings for prevention professionals statewide.

Parents Who Host Lose the Most - Don't be a Party to Teenage Drinking

“Parents Who Host Lose the Most – Don't be a Party to Teenage Drinking” is a public awareness program educating communities and parents about the health and safety risks of serving alcohol at teen parties. The program takes place at local community levels, concentrating on celebratory times for youth, such as prom, graduation, and other times when underage drinking parties are prevalent. This program encourages parents and the entire community to send a unified message that teen alcohol consumption is unhealthy, unsafe, and unacceptable. The 2013 “Parents Who Host” Campaign included 53 county and community prevention coalitions from 39 counties and 5 tribes. The Wisconsin Clearinghouse on Prevention Resources, in collaboration with DHS, created a website where applicants received technical assistance and other resources to support their community's campaign. The Outdoor Advertising Association of Wisconsin donated billboard space for 5 “Parents Who Host” billboards in 18 locations, along with 36 poster-size billboards displayed throughout Wisconsin.

Treatment Alternatives and Diversion (TAD)

DHS continued its partnership with TAD, a program administered through the Department of Justice in collaboration with the Departments of Health Services, Corrections, and the Office of the Director of State Courts. TAD 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. TAD was established in 2006 and funded 7 projects for approximately \$1 million annually. In 2011, TAD was expanded to two additional counties. During 2013, plans were made to further expand TAD to more counties and provide more funding.

STATE COUNCIL ON ALCOHOL AND OTHER DRUG ABUSE (SCAODA)

DMHSAS provides staff support to SCAODA, a statutory council that coordinates substance abuse 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 citizen members.

In 2013, SCAODA published its recommendations on how to implement and finance SBIRT. It recommended implementation of SBIRT in the healthcare system, including creating incentives for providers to use SBIRT and deliver services and encouraging insurers to cover SBIRT services.

SCAODA also published the *911 Good Samaritan Recommendations: Analysis and Recommendations for Reducing Drug-Related Overdoses in Wisconsin* report. The recommendations included: 1) enacting 911 Good Samaritan legislation providing limited immunity from prosecution for those who ask for medical assistance in an overdose situation; 2) how to use and administer naloxone; 3) data collection and reporting; and 4) ways to reduce opioid-related overdose deaths.

In late 2013, SCAODA convened a committee to research the incidence of heroin overdoses in Wisconsin and develop recommendations that could be implemented to prevent and reduce the harm associated with heroin use.

FEDERAL GRANT AWARDS FOR SYSTEM IMPROVEMENT

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

DHS is the state agency that administers Wisconsin's share of the federal SAPTBG. For FFY 2013, Wisconsin received \$26.4 million to address substance use disorders.

Almost \$10 million was awarded to counties as part of the community aids allocation to address substance use disorder prevention and treatment, including services for pregnant women and women with dependent children. Other block grant funds were awarded to counties, tribes, and treatment providers to address urban and minority youth substance use disorders, IV drug abuse prevention and treatment, HIV prevention, adolescent treatment,

and tribal substance abuse; implement OWI courts; provide statewide education on substance use disorder issues; support the Brighter Futures county and tribal initiatives; and provide program evaluation.

Strategic Prevention Framework Partnership for Success II Grant

In September 2012, Wisconsin was awarded a \$3.6 million, three-year Strategic Prevention Framework Partnership for Success II (PFS II) Grant. Funds are used for evidence-based efforts in eight counties and one tribe to reduce problems related to non-medical use of prescription drugs and focus 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.

State Epidemiological Outcomes Workgroup (SEOW) Supplemental Grant

In September 2013, Wisconsin was awarded a two-year, \$348,000 supplement to the PFS II grant to improve data collection and reporting through the SEOW.

Access to Recovery/Wisconsin Supports Everyone's Recovery Choice (ATR3/Wiser Choice), Milwaukee

ATR 3/Wiser Choice was a grant administered by the Milwaukee County Behavioral Health Division to provide vouchers to clients to purchase substance use disorder clinical treatment, care coordination, recovery checkup, and recovery support services. As a result of ongoing efforts to provide help and support to the military community, Wiser Choice, the Wisconsin National Guard, and Dryhooch hosted Wisconsin Operation Immersion (WOI) at Fort McCoy. The goal of WOI was to immerse community-based behavioral health providers in the environment of National Guard members and network with available resources to maximize service effectiveness. The Recovery Check-Up (RCU) service provided a 30- and 90-day care coordination call to all clients enrolled in Wiser Choice. For those for whom both intake and six-month follow-up data have been collected, the proportion abstinent from alcohol increased by 87.8 percent between intake and follow-up; abstinence from drug use increased by 114.7 percent; homelessness decreased 74.6 percent; employment increased 51 percent; the proportion with one or more arrests in the past 30 days decreased by 81 percent; and those having no supportive family, friend, or support group decreased by 32 percent.

SUMMARY

DHS continues to maintain a continuum of effective prevention and treatment services. The emphasis on evidence-based practices continues to improve the quality and cost-effectiveness of health promotion, prevention, and treatment interventions. Quality improvement ensures that organizations have the capability to consistently meet the needs of their customers and stakeholders. Underage binge drinking has dropped below the national average for the first time in a decade. Wisconsin continues to have the highest rate of adult binge drinking in the nation. As with many states, Wisconsin is also experiencing higher rates of opioid-related deaths as a result of illicit use of prescription and non-prescription opioids. Efforts are underway to provide appropriate training to treatment providers to assist those seeking help and strengthening our prevention efforts. Looking to the future, DHS will support the principles of investing in outcomes, changing attitudes, building partnerships, committing to quality, and working on a common goal that emphasizes prevention and assures access to individualized treatment and recovery services across the state.

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