



STATE DOCUMENT

State of Wisconsin Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

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December 28, 2009

The Honorable Jim Doyle
Governor
115 East State Capitol
Madison, WI 53702

Dear Governor Doyle:

Enclosed is the Department of Health Services' (DHS) 2008 Annual Report on Substance Abuse Programs. This report was prepared in accordance with s. 51.45(4)(p), Wis. Stats., which requires the Department to submit to you an annual report on the treatment of substance abuse.

The report describes substance abuse prevention, intervention, and treatment programs administered by the Department's Division of Mental Health and Substance Abuse Services. Substance abuse is a significant challenge for individuals, families, and communities across Wisconsin and the Department is making great strides in addressing substance abuse problems. Following are a few highlights of the successes in 2008:

- Wisconsin Epidemiological Profile on Alcohol and Other Drug Use
- DHS Health Integration Initiative Joint Statement
- The Department's continued receipt of federal grants to enhance the state's service capacity and improved the quality of services.

We are proud of our achievements, but more work is needed. We will continue to explore ways to build partnerships and support effective substance abuse programs to reach our goal of Wisconsin becoming the nation's healthiest state, and a place where our citizens can grow up safe, healthy, and successful.

Sincerely,

Handwritten signature of Karen E. Timberlake in cursive.

Karen E. Timberlake
Secretary

Enclosure

Received

JAN - 7 2010

Legislative Reference Bureau



Wisconsin Department of Health Services
Division of Mental Health and Substance Abuse Services
December 2009

"Protecting and promoting the health and safety of the people of Wisconsin"

Substance Abuse Services in Wisconsin: 2008 Annual Report to the Governor

Introduction

During 2008, the former Department of Health and Family Services underwent a reorganization resulting in two separate Departments: the Department of Health Services (DHS) and the Department of Children and Families (DCF). The Division of Mental Health and Substance Abuse Services (DMHSAS) remained within the DHS. The name of the Bureau of Mental Health and Substance Abuse Services was officially changed to the Bureau of Prevention Treatment and Recovery (BPTR). Substance abuse services are for individuals, families and communities who are affected by the consequences of the use of alcohol and drugs. DMHSAS is the lead state agency in assessing the capability, needs and resources of the state's current drug and alcohol services system. DMHSAS oversees Wisconsin's Administrative Code DHS 75 (which contains the requirements and standards for treatment services), provides prevention and grant specific programming, and offers information, conference opportunities and teleconference training. Over the past few years, DMHSAS has focused on quality improvement of our treatment programs and has invited providers to participate in these initiatives. DMHSAS promotes access to services for high-risk and underserved populations.

DHS is designated by the Governor to administer and manage federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. DHS delegates DMHSAS the responsibility for program oversight and partnership with County departments of human or community services. DMHSAS provides staff services to the State Council on Alcohol and Other Drug Abuse, a Governor appointed Committee responsible for promoting effective alcohol and drug abuse policies.

This report describes the principal community substance abuse prevention and treatment programs administered by the DMHSAS and funded with State and federal funds. DHS prepares and submits this report under Section 51.45(4)(p), Wisconsin Statutes.

Departmental Priorities

Wisconsin Epidemiological Profile on Alcohol and Other Drug Use - 2008

This report was prepared in the Division of Public Health, Bureau of Health Information and Policy, under a Memorandum of Understanding with DMHSAS. Field experts and consulting epidemiologists from the University of Wisconsin - Population Health Institute, Wisconsin Office of Justice Assistance, and Wisconsin Department of Public Instruction assisted with the development of this Profile. The Profile presents statewide and county level data on alcohol and other illicit substances use, abuse and resulting consequences. Wisconsin data reflect a higher prevalence of alcohol use and binge drinking in adults, as well as arrest rates for liquor law violations and operating while intoxicated compared to the country as a whole. Underage drinking and underage binge drinking also occur at higher rates in Wisconsin, as does drinking among women of childbearing age. Rates of death and hospitalization from illicit drug use have been increasing. This assessment will be useful in guiding the state's funding decisions regarding which problems to address and which interventions to use.

DHS Health Integration Initiative Joint Statement

Work began during 2008 to further integrate the Department's approach to improving people's health by recognizing that physical health, mental health, substance use and addiction are inter-related. The DHS Health Integration Initiative is department-wide and is an internal effort to improve overall health outcomes. Initiative efforts are also maintained collaboratively with external partners for prevention, early intervention, and health promotion.

Fact Sheet

Publicly-supported Clients Served:

- 56,110 in CY 2008
- **Primary substance:**
 - Alcohol 71%
 - Marijuana 13%
 - Cocaine 8%
 - Opiates 6%
 - Stimulants 1%
 - Other 1%
- **Gender:**
 - Male 73%
 - Female 27%
- **Age:**
 - Under 18 3%
 - 18 - 29 38%
 - 30 - 39 22%
 - 40 - 49 23%
 - 50 - 59 11%
 - Over 59 3%
- **Race/ethnicity:**
 - White 84%
 - Black 8%
 - Hispanic 4%
 - Amer. Indian 3%
 - Asian 1%
- **Treatment modality:**
(n=32,319)
 - Outpatient 58%
 - Detox 27%
 - Residential-long 7%
 - Day 4%
 - Residential-short 3%
 - Inpatient 1%

The Joint Statement: We aspire to become a society that optimizes the mental, physical, social, emotional, and spiritual health of all persons. Prevention, screening, intervention, and trauma-informed treatment will be **person and family-centered**, accessible, and appropriate to the gender, **culture**, and language of the individuals. These principles build **resiliency**, facilitate **recovery**, and eliminate **stigma**.

WiNTiP and Wisconsin-Wins

The **Wisconsin Nicotine Integration Project, or WiNTiP**, aims to save lives of people who have addiction or mental health disorders by promoting the integration of evidence-based nicotine treatment into existing addiction and mental health treatment services. Clients receiving mental health and/or addiction treatment become ill and die from tobacco-related diseases at significantly higher rates than the general population. WiNTiP is the first Wisconsin partnership of stake-holders from government, tobacco, mental health and substance abuse focused on reducing tobacco harm and death.

Wisconsin-Wins is a science-based, statewide initiative designed to decrease youth access to tobacco products through state-wide compliance checks and is part of a comprehensive approach to preventing youth retail access to tobacco. States must conduct an annual survey to gauge success in meeting target goals for a reduction in such sales. Failure to meet annual target retailer violation rates (RVR) or to enforce the statute restricting tobacco sales to minors could result in a significant penalty to the state by reduction of 40 percent of the annual Substance Abuse Prevention and Treatment Block Grant. In 2001, Wisconsin-Wins was implemented in response to a reported RVR of 33.7% which put Wisconsin out of compliance by 11.7%. At risk of losing \$10 million, the state implemented the Wisconsin Wins campaign. Since that time Wisconsin has seen a steadily declining RVR. In 2008, Wisconsin achieved a rate of 7.2%.

Retail Cigarette Sales to Minors: Non-Compliance 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%

State Council on Alcohol and Other Drug Abuse

The State Council on Alcohol and Other Drug Abuse (SCAODA) was created in the Office of the Governor and consists of the Governor, the Attorney General and the State Superintendent of Public Instruction. Nineteen additional statutory members, and eight ex-officio members comprise the Council. In addition, there are five standing committees (Planning and Funding, Interdepartmental Coordinating, Diversity, Intervention and Treatment, and Prevention). Its purpose is to develop a comprehensive state plan for alcohol and other drug abuse programs, formulating goals and objectives, analyzing existing alcohol and drug programs, making recommendations and issuing reports. During 2008, the Council supported legislation that 1) establishes “parity” for mental health and substance abuse services; 2) increases the beer tax; and 3) prohibits smoking in places of employment, restaurants, taverns, and other indoor areas and provided a penalty.

State-County Partnerships to Ensure Substance Abuse Services at the Community Level

State Aids to Counties

The total number of persons served statewide under DHS' substance abuse treatment services program for the most recent three-year period available were 64,806, 60,935 and 56,110 for 2006, 2007 and 2008 respectively. In 2006, 2007 and 2008, expenditures from all sources (including state aids, federal Substance Abuse Prevention and Treatment Block Grant, county match, and private sources) reported by county agencies totaled \$82,813,415, \$74,419,803 and \$74,451,803 respectively. Human Services Reporting System (HSRS) data indicate that 48 percent of consumers successfully complete treatment, 73 percent are abstinent from alcohol and drugs at the time of discharge, 58 percent are employed at the time of discharge, and 96 percent had not been arrested in the 30 days prior to discharge.

Intoxicated Driver Program

Since its enactment by the Legislature in 1982, DHS, in partnership with the Department of Transportation (DOT), County agencies, law enforcement, Vocational-Technical schools, and local treatment centers, has reduced alcohol-related traffic crashes, injuries and deaths. Over 35,400 adjudicated intoxicated drivers received assessments of their alcohol and other drug use under this program. Of these, 17,450 received substance abuse treatment services from community programs. Data reported by the DOT show that 69 percent of convicted drivers complete their treatment-oriented driver safety plan and 86 percent do not re-offend during the five years following their arrest. The Intoxicated Driver Program is one of the Department's most successful programs of intervention and treatment for substance use disorders.

Federal Discretionary Grant Awards to Improve the Service System

Prevention - Strategic Prevention Framework Special Incentive Grant

In September 2006, Wisconsin was awarded a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) of \$2.1 million per year from the Substance Abuse and Mental Health Services Administration, (SAMHSA). Wisconsin's SPF SIG seeks to build state and local infrastructure to reduce underage drinking and related problems; and build prevention capacity at all levels. During 2008, \$1.8 million in funding was awarded to 20 community coalitions using a competitive request for proposals process. Successful applicants were required to use a data-driven, evidence-based, collaborative, and culturally competent approach to address one of Wisconsin's three priority areas: 1) Reduce underage drinking among individuals between the ages of 12 – 21; 2) Reduce young adult binge drinking among individuals between the ages of 18 – 25; and 3) Reduce alcohol related motor vehicle fatalities and injuries among individuals between the ages of 16-34.

Intervention - Screening, Brief Intervention, Referral and Treatment

In 2008, the State of Wisconsin entered into the 2nd year of a five-year grant from SAMHSA to durably enhance evidence-based, cost-saving alcohol and drug screening, brief intervention, referral, and treatment (SBIRT) services in general healthcare settings. The project is called the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL). In partnership with DHS and the UW School of Medicine and Public Health, the Department of Family Medicine is coordinating collaborations with 20 healthcare settings around the state for the delivery of SBIRT services. As of December 2008, WIPHL and its partners conducted 50,958 screens and 8,105 interventions or referrals. WIPHL strives to make SBIRT services and other behavioral screening and intervention services (e.g., for tobacco and depression) a routine part of medical care. Research suggests that long-term outcomes include improved public health, reduced healthcare expenditures, reduced criminal behavior, stronger families, safer communities, and a healthier workforce.

Access to Recovery, Milwaukee

Wisconsin received in 2004 the first round of federal grant awards for Access to Recovery (ATR) for the creation of a voucher-based system for substance abuse treatment. The program, Wiser Choice, offers every participant, after a full assessment, choices for providers and recovery support services. Wisconsin also competed successfully for ATR II and received a new grant for an additional three years. Federal ATR grants for round 2 will end September 30, 2010. Wisconsin and Milwaukee intend to apply for ATR III which may require expansion to additional counties and a focus on the National Guard personnel returning from overseas duty.

ATR II funding totals \$4,830,000 for each of three years. The program is located in Milwaukee County with a focus on treating individuals re-entering the community from the Correctional system. Milwaukee braids the funding for the program with other sources including federal block grant funds, TANF funds, community aids and tax levy. The program is a major success and model for other states. Over 4,000 individuals each year are assessed, enter into treatment and receive recovery support services such as transportation, child care, and temporary housing. The program involves over 100 providers in Milwaukee, including approximately 20 faith based organizations. The program has demonstrated that for those individuals completing treatment, compared to those who do not receive or complete treatment, there is a much lower probability of committing a new crime or being revoked while on parole. There is also a greater likelihood of finding employment and housing stability. Since the inception of ATR/Wiser Choice, Milwaukee has also seen an increase in the number and percentage of individuals successfully completing treatment which is often the necessary condition for achieving other positive outcomes.

Treatment – Strengthening Treatment Access and Retention – State Implementation (STAR-SI)

The STAR-SI program promotes State-level implementation of Plan-Do-Study-Act quality improvement methods to improve access to and retention in outpatient substance abuse treatment. DHS is working with the University of Wisconsin and Wisconsin treatment centers to introduce methods that will increase admissions, reduce appointment no-shows, reduce waiting times, and increase successful treatment completion. Through 2008, thirty agencies participated and have demonstrated a reduction in waiting time to treatment from an average of 25 days to 15 days and have maintained high rates of successful treatment completion (59 percent), 12 percentage points above the state average.

Focus on Services to Children and Their Families

Adolescent Treatment Infrastructure Development -- Project Fresh Light

The \$1,200,000 Adolescent Substance Abuse Treatment Infrastructure Grant, Project Fresh Light (PFL), was awarded by the Center for Substance Abuse Treatment (CSAT) to the BPTR in 2006 to develop and improve state and local treatment delivery systems for adolescents. During 2008, PFL provided evidence-based screening and assessment tools and treatment approaches to providers, County systems, Tribal agencies, state agencies and school districts. A *Family Guide to Adolescent Substance Abuse Information and Services in Wisconsin* was published and distributed. PFL is being evaluated by the Center for Democracy in Action. The Center will document the changes that occurred among providers and systems as a result of PFL activities. There are 25 participating PFL counties.

Brighter Futures Initiative

The Brighter Futures Initiative (BFI), in nine counties and one Tribe employs evidence-based prevention strategies that support positive youth development focused on preventing and reducing the incidence of youth violence, alcohol and other drug use, delinquency, child abuse and neglect, teen pregnancy and increasing high school graduation rates. Below are a few examples of BFI successes.

- In Kenosha County, 90 percent of 60 elementary school participants improved school attendance and reduced juvenile crime.
- The Menominee Tribe improved alcohol and drug disapproval rates from 76 percent to 91 percent among 228 participants in grades 1-8.
- The Douglas County BFI achieved 100 percent for no reports of child abuse or neglect among participants.
- Two-thirds of Racine County BFI youth participants achieved improved school attendance and no contact with the juvenile justice system.
- In Milwaukee, 600 teen girls avoided teen pregnancy and graduated from high school.
- In Walworth County, 95 percent of BFI participants had no additional adjudication after three months in the program.

Summary

During 2008, Wisconsin saw a reduction in tax revenue triggered by a national economic downturn. County human service departments and service providers responded by planning for reductions in public services as they expected state aids and local tax revenues to decline. While difficult to project, publicly-supported substance abuse services may see minimum declines of 1 percent to 5 percent due to the economy. DHS recognizes the importance of its partnership with County Departments of Human Services and Community Programs and their providers and will continue to support them with resources available. In 2008, the DHS underwent a major reorganization to ensure that the coordination of critical programs and services for children and their families occurred and created the Department of Children and Families. DHS documented the most pressing substance abuse issues for planning purposes by the completion of a comprehensive Epidemiological Study and also issued a joint public health statement recognizing the importance of substance abuse and mental health in the state's overall health which will guide our many partners. In large numbers, consumers of substance abuse services are completing treatment, abstaining from alcohol and drugs, becoming employed and not reoffending. Access to tobacco products among adolescents remains low, the methamphetamine problem in western Wisconsin is abating, alcohol/drug abuse screening is occurring in more and more health care settings, prevention initiatives are reaching more areas of the state, improved service quality spreads and several legislative initiatives are slated to do even more. Looking to the future, DHS will continue to strive to assure that mental illness and addiction are recognized as important health issues. DHS will support the principles of investing in outcomes, changing attitudes, building partnerships, committing to quality, and working on a common goal to ensure access to individualized treatment and recovery services across the state.

Wisconsin Department of Health and Family Services

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