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2009

State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

December 10, 2010

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

Dear Governor Doyle:

Enclosed is the Wisconsin Department of Health Services' 2009 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.

This 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 these successes from the eport:

- The Department successfully implemented three federal grants that enhanced the state's service capacity and improved the quality of services.
- The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program expanded the state's continuum of care to include screening and support services in general medicine and other community settings.
- The Strengthening Treatment Access and Retention – State Implementation (STAR-SI) program promoted continuous quality improvement methods to improve access and retention in outpatient substance abuse treatment programs.

We are pleased to send you this report of Wisconsin's alcohol and other drug abuse treatment and recovery activities for the year 2009. We are proud of these 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,

Karen E. Timberlake
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Enclosure

Wisconsin Department of Health Services

Division of Mental Health and Substance Abuse Services (DMHSAS)

December, 2010

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

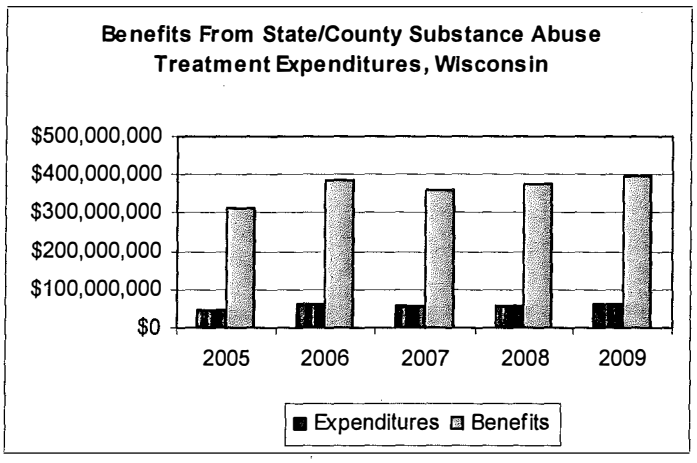
Substance Abuse Services in Wisconsin: 2009 Annual Report to the Governor

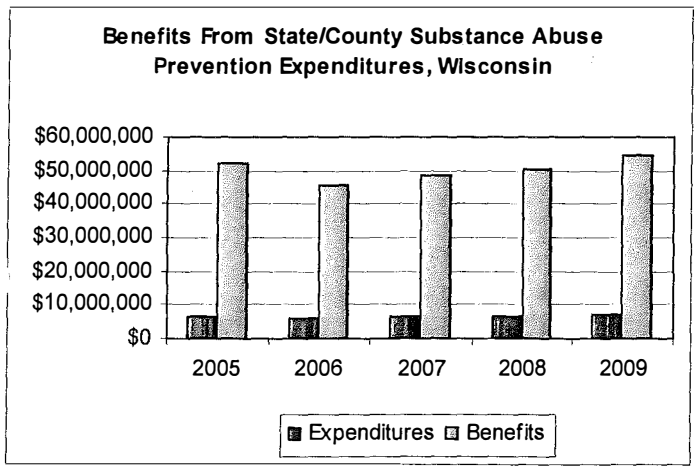
Introduction

During 2009, substance abuse services were provided to individuals, families and communities who were 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 and 62 (which contain the requirements and standards for treatment services and the intoxicated driver program respectively), provides prevention and grant specific programming, and offers information, conference opportunities and teleconference training

DHS is designated by the Governor to administer and manage the $27 million federal Substance Abuse Prevention and Treatment (SAPT) Block Grant. DHS delegates DMHSAS the responsibility for program oversight and partnership with County departments of human services or community programs. 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.

Substance Abuse Prevention and Treatment are a Good Investment of Public Funds





Twenty-one substance abuse treatment and fourteen substance abuse prevention cost-benefit studies were analyzed to arrive at average cost-benefit ratios (references available upon request). For each public dollar invested in substance abuse treatment, there is an average benefit of $6.35 realized from increased employment income, reduced health care costs and reduced crime costs. For each public dollar invested in substance abuse prevention, there is an average benefit of $7.65 realized in reduced health care and social services, reduced public assistance, reduced crime and increased potential earnings. As the graphs below depict, over the past five years, the State of Wisconsin and its Counties have achieved over $2 billion in benefits for its $320 million public investment in substance abuse prevention and treatment.

Departmental Priorities

Tribal State Collaborative for Positive Change (TSCPC)

The TSCPC is an active and consistent forum for Native American Indian tribal mental health and AODA directors, program mangers, and lead staff to learn of specific tribal initiatives in the mental health and AODA fields and to gain insights and access to local expertise in integrating mental health and AODA services. Each of the tribes conducted a COMPASS survey (focused needs assessment) with the goal of creating a strategic plan. Each of the eleven tribes established a strategic plan for

co-occurring mental health and AODA. Needs identified included re-writing behavioral health policies; developing procedures to be more inclusive of co-occurring disorders; developing a template for more integrated charting between mental health and AODA; educational/training sessions on trauma; utilizing a trauma informed care framework; and expanding the trauma information into a mini-Gathering of Native Americans (GONA) event to more specifically look at historical trauma issues and help define the strengths from within the tribe for solutions based programming. A subsequent discussion of the merits of telehealth resulted in one tribe submitting a successful grant for telehealth equipment and working on establishing telehealth sessions for mental health clients.

The TSCPC also serves as a support and exchange of information forum for this group and is proving most helpful in the exchange of specific tribal initiatives, conference and other training information. The TSCPC submitted anecdotal data/input to help the Oneida Tribal Behavioral Health representative determine the level of staffing for their respective behavioral health patients beyond a strictly medical model of care. The Red Cliff Band of Lake Superior Chippewa representative requested "wages" data from the TSCPC to better establish competitive rates and sustain the staff hired to fulfill substance abuse counselor positions in the agency. Tribes are informed about other state Medicaid programs like the Coordinated Services Team Model, discuss options in contracting with county agencies for crisis services to help decrease costs for emergency medical admissions, and learn of State Council on Alcohol and Other Drug Abuse (SCAODA) issues through one subcommittee representative. In 2009 the TSCPC successfully applied for an Americorp Planning Grant, and in 2010 submitted an Implementation Americorp Grant proposal. Eight Wisconsin tribes have signed resolutions to utilize 13 Americorp Volunteers, focusing on prevention efforts to help decrease the effects of substance abuse issues within tribal communities. This is the first Wisconsin Inter-Tribal Americorp Grant project.

Fact Sheet

Publicly-supported Clients Served:

- 57,663 in CY 2009
- **Primary substance:**

Alcohol	69%
Marijuana	14%
Opiates	9%
Cocaine	6%
Stimulants	1%
Other	<1%

- **Gender:**

Male	71%
Female	29%

- **Age:**

Under 18	3%
18 – 29	38%
30 – 39	23%
40 – 49	23%
50 – 59	11%
Over 59	2%

- **Race/ethnicity:**

White	82%
Black	11%
Hispanic	5%
Amer. Indian	2%
Asian	<1%

- **Treatment modality:** (n=34,485)

Outpatient	62%
Detox	24%
Residential-long	6%
Day Treatment	4%
Residential-short	3%
Inpatient	1%

Prevention -- Parents Who Host Lose the Most

The "Parents Who Host Lose the Most: Don't Be a Party to Teenage Drinking" campaign in Wisconsin is a unique collaboration of seven state agencies and state programs, working together with local coalitions, to increase parental awareness of the legal and health consequences of hosting underage drinking parties. The program was created by the Ohio Drug Free Action Alliance in 2001, granted "Promising Practice" status by the Federal Substance Abuse and Mental Health Services Administration in 2002, and has since been used in 49 states to reduce both commercial and noncommercial access to alcohol by teens.

The program aims to educate parents and other adults about the health, safety, and legal risks of serving alcohol at teen parties. The campaign in Wisconsin has increased awareness of compliance with Wisconsin underage drinking laws with the goal of reducing youth access to alcohol. The first statewide campaign efforts in 2009 aimed to involve a minimum of 15 communities, and that Spring more than 55 communities participated. The campaign continues to grow and attract attention throughout the state.

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

The STAR-SI program promotes implementation of Plan-Do-Study-Act quality improvement (QI) projects to improve access to and retention in substance abuse treatment. DHS is working with the University of Wisconsin and 40 Wisconsin treatment centers to increase admissions, reduce appointment no-shows, reduce waiting times, and increase successful treatment completion. Since the program's inception, waiting times have been reduced from an average of 25 days to 15 days and higher than average treatment completion rates have been achieved – 12 percentage points above the average. The following is a description of one of the 40 local QI projects. Genesis Behavioral Services, West Bend, provides a variety of outpatient substance abuse services for the residents of Washington County. After attending a STAR-SI-sponsored Motivational Interviewing (MI) training, they decided to implement MI for staff who make client appointments in an effort to reduce waiting times and increase intake appointment attendance. Part of the MI script used when speaking with clients was to offer clients the next available appointment slot instead of "whenever it's convenient." As a result,

wait times declined from 13 days to 5 days and intake appointment attendance increased from 81% to 94%! Clients too were happier because they were getting the services they needed in a more timely fashion.

Treatment -- Trauma Informed Care

The Trauma-Informed Care (TIC) initiative incorporates an understanding of trauma's impact, including the consequences and the conditions that enhance healing, in all aspects of service delivery; this includes administrative and service-level modifications in practices, activities, and settings. In December 2008, DMHSAS received a $221,000 Transformation Transfer Initiative grant issued by the National Association of State Mental Health Program Directors/SAMHSA. The grant supported the following activities:

- Creation of TIC marketing materials (posters, brochures and logo).
- Two statewide TIC conferences totaling over 700 people in attendance.
- The Trauma Services Coordinator traveled across the state presenting TIC material to over thirty audiences representing mental health / substance abuse providers, schools, corrections, domestic violence and sexual assault advocacy organizations, youth service providers, etc.
- The Trauma-Informed Care Advisory Board made up of over forty stakeholders met regularly.
- There were three special projects completed: Menominee Law Enforcement and Judicial TIC training; Lac Courte Orielles event to address historical trauma; and several trainings at Wisconsin Resource Center in preparation for the creation of a TIC women's facility.

Recovery -- Alliance for Recovery Advocates (AFRA)

AFRA is a statewide, consumer-driven, grassroots advocacy and support organization. AFRA includes people in the recovery community and allies of people in long term recovery. It is expected that a broad range of services will be made available to build and mobilize strong grassroots recovery organizations across the state. Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA) was the successful vendor of the AFRA Grant and will ensure the following:

- Create a statewide advocacy and advisory board called the Alliance for Recovery Advocates that would bring together men and women group members of diverse backgrounds, family members, supporters, and allies. The AFRA Advisory Board should be broadly representative of the recovery communities across Wisconsin.
- Create a self-sustaining, statewide consumer driven organization.
- Establish and maintain a strong affiliation with the National Faces & Voices of Recovery organization.
- Carry a strong message of hope to all affected by addiction that recovery is real.
- Ensure that AFRA has a presence and coordinates recovery activities in both urban and rural areas of the state.
- Organize and coordinate support and resources for the September Recovery Month activities occurring throughout the state.

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 2009, Wisconsin achieved a rate of 5.7%.

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%
2009	5.7%

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 60,935, 56,110 and 57,663 for 2007, 2008 and 2009 respectively. In 2007, 2008, and 2009 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 $74,419,803, $74,451,803 and $81,449,664 respectively. In 2009, Human Services Reporting System (HSRS) data indicated that 49 percent of consumers

successfully completed treatment, 68 percent were abstinent from alcohol and drugs at the time of discharge, 49 percent were employed at the time of discharge, and 96% 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. In 2009, over 35,000 adjudicated intoxicated drivers received assessments of their alcohol and other drug use under this program. Of these, 17,200 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 1) underage drinking among individuals between the ages of 12 – 21; 2) young adult binge drinking among individuals between the ages of 18 – 25; 3) alcohol related motor vehicle fatalities and injuries among individuals between the ages of 16-34; and build prevention capacity at all levels. Annually, $1.8 million in funding was awarded to 20 community coalitions who were selected using a competitive request for proposals process. Successful applicants are required to use a data-driven, evidence-based, collaborative, and culturally competent approach to address one of Wisconsin's three priority areas. During 2009, the rate of youth heavy-episodic drinking in Wisconsin (24%) fell below the United States average (25%). Over half a million Wisconsin children and adults received some form of substance abuse prevention awareness, education or other activity and 93% of Wisconsin youth reported hearing, reading or watching an advertisement about the prevention of alcohol/drug use.

Intervention - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
SBIRT is an evidence-based and cost-saving approach to addressing Wisconsin residents' use of alcohol and drugs. Based on a 5 year SAMHSA grant, the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL; http://www.wiphl.com/) is implementing SBIRT services in selected health care clinics across Wisconsin. As of December 2009 (Year 3 of the grant), WIPHL and its clinic partners conducted 76,980 brief screens, 14,826 brief interventions, made 323 referrals to treatment, and saw 116 patients receive treatment. Preliminary outcome data reported by the UW Population Health Institute shows substantial reductions in alcohol use (20% for women, 15% for men) for those who received SBIRT services. Reductions in alcohol use are associated with improved public health and safety, worker productivity, and reduced healthcare costs.

Treatment and Recovery - 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, named 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 has now received notice that it has successfully competed for an ATR III grant beginning September 30, 2010. ATR III will expand Wiser Choice beyond Milwaukee to additional counties in the SE region and focus on the National Guard personnel returning from overseas duty.

ATR II funding totals $4,830,000 for each of three years. ATR III is for $3.3 million for each of four 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 3,000 individuals each year are assessed, enter into treatment and receive recovery support services such as transportation, child care, peer support, and temporary housing. The program involves 125 providers in Milwaukee including approximately 30 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.

Summary

During 2009, a reduction in State revenues presented a challenge for some treatment providers. County human services departments and service providers responded by planning and allocating resources to their public service priorities. While difficult to project, publicly supported substance abuse services may still experience an impact 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 2009 the Department examined numerous studies that analyzed the financial benefits achieved from substance abuse prevention and treatment. Over the past five years, Wisconsin has realized over $2 billion in benefits for its $320 million public investment in substance abuse prevention and treatment. DHS also documented the most pressing substance abuse issues for planning purposes by the completion of a comprehensive Epidemiological Study which will be updated every two years. 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, alcohol/drug abuse screening is occurring at more and more health care providers, 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 that emphasizes prevention and assures access to individualized treatment and recovery services across the state.

Wisconsin Department of Health Services
Karen Timberlake, Secretary
John Easterday, Ph.D., Administrator, Division of Mental Health and Substance Abuse Services
Joyce Allen, Director, Bureau of Prevention, Treatment and Recovery at (608) 266-1351 joyce.allen@wisconsin.gov
Lori Ludwig, State Substance Abuse Planner, at 267-3783 lori.ludwig@wisconsin.gov
Michael Quirke, Research Analyst, at (608) 266-7584 michael.quirke@wisconsin.gov