

# **2015 Annual Report to the Governor of Activities Relating to Substance Abuse**



Wisconsin  
Department of Health Services

**Division of Care and Treatment Services**

## TABLE OF CONTENTS

BACKGROUND.....	3
Need for State Activities Relating to Substance Misuse and Addiction.....	3
Positive Trends Emerging.....	4
Challenges Remain.....	4
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
Compulsive Gambling Awareness.....	8
Tribal Initiatives.....	8
Federal Discretionary Grants for Prevention .....	9
Strategic Prevention Framework Partnership For Success .....	9
State Epidemiological Outcomes Workgroup.....	10
TREATMENT AND RECOVERY-RELATED ACTIVITIES .....	11
Substance Abuse Prevention and Treatment Block Grant.....	11
Intoxicated Driver Program.....	11
Other Criminal and Juvenile Justice Alternatives.....	12
Treatment Alternatives and Diversion (TAD).....	12
Wisconsin Treatment Court Training .....	12
Opioid Outreach and Treatment Program.....	12
Gender-Specific Outreach and Treatment.....	13
Fetal Alcohol Spectrum Training for Professionals .....	13
Cultural Populations.....	14
Cultural Leadership Institute.....	14
Project to Address Diversity in Women’s Treatment .....	14
Addressing Methamphetamine Addiction.....	14
Comprehensive Community Services .....	15
Consumer-Directed Activities .....	15
Federal Discretionary Grant for Treatment and Recovery .....	15
State Council on Alcohol and Other Drug Abuse .....	16
Quality Improvement Activities .....	16
Strengthening Treatment Access and Retention-Quality Improvement Program .....	16
Motivational Interviewing Training.....	17
Screening Brief Intervention Referral Treatment Professional Training .....	17
Webinars for Professionals on Substance Use Topics .....	17
Contract Administration and Performance Management .....	17

*This report was prepared by the Division of Care and Treatment Services. For more information, contact Joyce Allen, director of the Bureau of Prevention Treatment and Recovery, at 608-266-2717 or [joyce.allen@wisconsin.gov](mailto:joyce.allen@wisconsin.gov).*

## BACKGROUND

The Department of Health Services (DHS) administers the \$27 million federal Substance Abuse Prevention and Treatment Block Grant and over \$9 million of substance use funds from state and other federal sources. The Division of Care and Treatment Services (DCTS), known as the Division of Mental Health and Substance Abuse Services in 2015, oversees most of the 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 committee responsible for promoting effective alcohol and drug use policies. This report highlights the activities relating to substance use prevention and treatment efforts DCTS administered during calendar year 2015. DHS submits this report as required by Wis. Stat. § 51.45(4)(p).

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

Alcohol and other drug misuse and addiction are significant health, social, public safety, and economic problems in Wisconsin. Each year in Wisconsin, there are 2,170 deaths, 5,000 traffic crashes, 2,900 traffic injuries, 1,500 cases of child abuse, 93,000 arrests, and annual economic costs totaling \$6.8 billion all attributed to substance misuse and addiction. Thirty percent (30%) of offenders booked into Wisconsin jails and 60 percent of the prison population have substance use problems. Alcohol and other drug addiction are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and substance misuse is the fourth leading cause for hospitalization (hypertension, liver disease, bronchitis, cancer, neonatal abstinence syndrome, incapacitation, toxic overdose, and accidents due to substance use) behind mental illness, heart disease, and cancer. There are an estimated 448,000 persons in need of treatment for addiction and just 23 percent of those in need of addiction treatment receive it.

The table below presents the prevalence of Wisconsin youth and adults who use various mood-altering, habit-forming substances:

Wisconsin Substance Use Prevalence, Age 12 and over, 2013-2014

Substance Use Measure	Percent Using	Persons Using
Past Month Binge Alcohol Use (5 or more drinks per occasion)	29.8%	1,430,485
Past Year Non-medical Prescription or Illegal Opioid Use	4.6%	220,810
Past Year Cocaine Use	1.8%	86,400
Past Month Marijuana Use	6.5%	312,020

Source: National Survey on Drug Use and Health, Wisconsin Estimates, 2013-2014, Substance Abuse and Mental Health Services Administration.

All across Wisconsin, individuals, families, communities, and health and social care systems are struggling to cope with substance misuse and addiction. Substance misuse and addiction have devastating effects, disrupt the future plans of too many young people, and all too often end lives tragically and prematurely. Substance misuse and addiction is a major public health challenge and a public health priority for DHS.

Substance misuse prevention and treatment are effective and a good investment of public funds. Studies have shown that addiction treatment is as effective as treatment for hypertension, diabetes, and asthma. Despite the magnitude of substance use problems, studies conclude that each public dollar invested in substance use treatment and prevention yields a return of \$6.35 and \$7.65 respectively. For treatment, the benefits are increased employment income, reduced health care costs, and reduced crime costs. For prevention, the benefits are reduced health care and social services, reduced public assistance, reduced crime, and increased potential earnings. During a five-year period, the state of Wisconsin and counties achieved over \$2 billion in benefits for the \$320 million public investment in substance use prevention and treatment. Set forth in the following

sections are the principal prevention and treatment initiatives DHS has implemented in 2015 in its ongoing efforts to address substance misuse and addiction in Wisconsin.

### **Positive Trends Emerging**

In large numbers, consumers of substance use services are completing treatment, abstaining from alcohol and drugs, becoming employed, and not re-offending. Access to tobacco products among adolescents remains low. Alcohol/drug use screening is occurring at more and more health care providers. Prevention initiatives are reaching more areas of the state and improved service quality spreads.

### **Challenges Remain**

Wisconsin continues to have the highest rate of adult binge drinking among states at 32.2 percent. Excessive drinking exacts a great toll across the state on the individual's health and relationships, health care costs, lowered productivity and unemployment, crime, injury, and early death. Wisconsin women of child-bearing age are more likely to drink—and binge drink—than their counterparts in other states. Wisconsin's rate of drug-related deaths has doubled since 2002, with opioid-related overdoses as the most frequent cause. The drug-related death rate has surpassed mortality from alcohol-related motor vehicle crashes. Methamphetamine use is rising. Only 23 percent of persons in need of substance use treatment receive it. Substance use-related activities must continue to reach more people and demonstrate positive outcomes.

Looking to the future, DHS will continue to strive to assure that substance misuse and addiction are recognized as important health issues. DHS will support the principles of investing in outcomes, changing unhealthy attitudes, building partnerships, implementing evidence-based practices, consumer participation, committing to quality, and working on a common goal that emphasizes prevention and assures access to individualized treatment and recovery services across the state.

## 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 of this block grant directly to Wisconsin's 72 counties—at least 20 percent of which must be spent on prevention activities. The remainder (<80%) of the funds are typically expended for treatment and recovery support services. Prevention services funded under the block grant must be evidence-based to ensure the highest quality and impact. In 2015, the following priority areas also were conveyed to prevention service providers to guide their prevention program efforts:

- 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 non-medical purposes (especially among people ages 20-54)

The table below shows trends in alcohol and drug use among Wisconsin youth ages 12-17. While these declines cannot necessarily be attributed to the prevention efforts of DHS, these are encouraging signs.

**Wisconsin Substance Use, Ages 12 - 17**

Substance Use Measure	2010	2011	2012	2013	2014
Any alcohol use in the past month	17%	14%	15%	15%	14%
Any illegal drug use in the past month	10%	9.3%	9.7%	9.4%	9.3%

Source: National Survey on Drug Use and Health, Wisconsin Estimates, Substance Abuse and Mental Health Services Administration.

DHS collects information from county 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 2015 compared to their distribution in the general population. The data show that prevention programs are achieving good parity with respect to reaching cultural groups.

**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%	1.2%
Asian	2.3%	2.6%
African American	6.3%	8.8%
Hispanic/Latino	5.9%	6.4%
Caucasian	84.5%	81.0%

Source: SAP-SIS, DHS

This next table provides a snapshot of the types of county and other local prevention services provided across the state in 2015.

**Types of Prevention Programs, 2015**

Prevention Program Type	Percent of Prevention Programs (n=210)
<b>Population Risk Level Classification</b>	
Universal Indirect (coalitions, policies)	42%
Universal Direct (general population, unknown risk)	36%
Selective (at-risk populations)	11%
Indicated (substance users, high-risk populations)	11%
<b>Most Common Kinds of Activities</b>	
Multi-agency coordination and collaboration; coalitions	26%
Ongoing classroom and/or small group sessions	18%
Education programs for youth groups	9%
Presentations to community groups	7%
Drug-free dances, parties, and social events	5%

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 the principal programs of DHS is delivered through the Alliance for Wisconsin Youth (AWY), which brings together coalitions, individuals, and resources to positively impact youth by preventing substance misuse and addiction and addressing behavioral health concerns. AWY supports 95 community prevention coalitions across the state.

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 AWY coalitions to accomplish mutual priorities and projects. These regional centers accomplished the following in 2015:

- Awarded mini-grants to local prevention coalitions
- Established formal infrastructure for the regional prevention centers
- 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 the following topics for local prevention coalitions:
  - Coalition sustainability in the absence of customary public funds
  - Cultural competence in prevention programming
  - Drug Impairment Training for Educational Professionals (DITEP)—teachers, health care providers, law enforcement, youth serving agencies, and interested parents—to identify substance-impaired individuals and types of substances for the purpose of ensuring a safe and healthy environment
  - Establish secure medication take-back and drop-off sites
  - Host a town hall meeting
  - Implement community alcohol policy changes
  - Influence county’s use of the 20 percent block grant prevention set-aside

In 2015, AWY also coordinated Wisconsin’s “Parents Who Host, Lose the Most” public awareness campaign, in which 51 community coalitions participated. The campaign encourages parents and law enforcement to partner to prevent teen drinking.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
Alliance for Wisconsin Youth	Regional prevention centers covering the state	\$340,980	1,022*

\*This program primarily provides training and support to members of community prevention coalitions.

**Department of Justice Gang Prevention Project**

In partnership with the Department of Justice and the Social Development Commission, Milwaukee, DHS 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 2015, education activities included:

- Alcohol and other drug use
- Anger management
- Art
- Community resource fairs, including alternative schools
- Family relationships
- Gang prevention
- Interpersonal communication
- Involvement in Comedy Sportz improv
- Presentations at Milwaukee public schools, alternative schools, youth centers, and youth-serving organizations

In 2015, intervention and treatment activities included:

- Ongoing care coordination
- Outpatient counseling or referral to other treatment services
- Screening for substance misuse and addiction

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
DOJ Gang Prevention	Milwaukee inner city	\$281,600	653

**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 the inner city to address job readiness, employability, gang affiliation, and substance use.

In 2015, 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 2015
Community Improvement Job Training	Milwaukee inner city	\$250,000	118

### Wisconsin Wins

Federal law imposes a Substance Abuse Prevention and Treatment Block Grant funds 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. Since that time Wisconsin has stayed well below the national average of 10 percent noncompliance. In 2015, Wisconsin's noncompliance rate was 6.8 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%

### Compulsive Gambling Awareness

From published national studies, there are an estimated 232,525 compulsive gamblers in Wisconsin whose average debt is \$38,700. The societal costs of compulsive gambling to Wisconsin are estimated at \$10,000 per gambler in lowered productivity, crime, and health care costs. Compulsive gamblers are at increased risk of depression, antisocial personality disorder, phobias, and substance addiction. They are also at increased risk for cardiac arrest, hypertension, and other stress-related health problems. Compulsive gamblers have a suicide rate 11 times higher than the general population and 50 percent of compulsive gamblers also have drug or alcohol problems.

DHS contracts with the Wisconsin Council on Problem Gambling to carry out a statewide compulsive gambling awareness campaign and to staff a 24-hour toll-free helpline (1-800-GAMBLE-5). The helpline received 14,690 calls during 2015, including calls from individuals contemplating suicide, individuals in extreme debt, and individuals 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 2015
Compulsive Gambling Awareness, § 46.03(43)	Statewide	\$396,000	14,690 helpline calls

### Tribal Initiatives

In 2015, DHS provided \$1.1 million to Wisconsin's 11 Native American tribes to address substance use disorder prevention and treatment. These funds were used to support the Family Services Program under § 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. DHS staff worked with the tribes to identify the extent of the tribal prescription drug use problem and determine appropriate interventions, including bringing speakers and ongoing treatment discussions at TSCPC meetings. Tribes continue to explore and participate in Comprehensive Community Services, coordinated services teams, Intoxicated Driver Program, and opiate treatment trainings. In all, 1,142 tribal youth and adults received services through these tribal prevention initiatives.

## **Federal Discretionary Grants for Prevention**

### **Strategic Prevention Framework Partnership For Success**

In 2015, the Substance Abuse and Mental Health Services Administration awarded Wisconsin a grant for up to five years primarily to address prescription drug misuse among persons aged 12 to 25 and underage drinking among persons aged 12 to 20. This grant program is primary prevention. It 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 2015, oversight, training, and technical assistance was provided by the AWY's Regional Prevention Centers.

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. Through the coordinating efforts of the Great Lakes Inter-Tribal Council (GLITC), tribes also participated.

These prevention efforts are working. Preliminary findings from 2015 data collected by the University of Wisconsin Population Health Institute show:

- Adherence to the Strategic Prevention Framework model was evident at the state and community levels. This model consists of five key activities including assessment, capacity, planning, implementation, and evaluation. Sustainability and cultural competence are guiding principles that were demonstrated through all steps.
- Prevention strategies were initially selected by state program staff and further developed by local workgroups comprised of the county/tribal staff who would be conducting the work. Strategies were focused in four core priority areas: education (including prescriber education), tracking and monitoring, enforcement, and medication collection and disposal.
- A community education campaign was implemented in all subcontract communities. Some highlights of the efforts made through community education campaigns included:
  - A total of 238 educators and education-related professionals from eight communities were trained in Drug Impairment Training for Educational Professionals (DITEP).
  - Radio and television public service announcements were aired reaching more than 220,000 households.
  - Community education materials and presentations reached an estimated 42,042 older adults; 266,121 parents; 7,464 students; 2,788 educators and education-related professionals; 226 pharmacies; and 332 pharmacists.
  - Prescriber education and practices were addressed by eight of the 11 communities, reaching 831 prescribers with materials or education and with two communities offering continuing education credits for the educational presentations that were developed.
- Successes in efforts to enforce applicable laws included:
  - A 47 percent increase in officers trained as Drug Recognition Experts (DRE) in these areas, with a total of 18 officers trained.

- Law enforcement officers trained in Advanced Roadside Impaired Driving Enforcement (ARIDE) more than doubled, increasing the total in subcontracted counties from 55 to 116.
- Collection and safe disposal of habit-forming medications occurred in all subcontract communities with the establishment of 37 permanent and secure medication drop-boxes and collection of 6.5 tons of medication.
- During the course of the grant’s activities, DHS produced nine fact sheets and worked with local groups to increase school district participation in the Youth Risk Behavior Survey.
- While none of the following outcome indicators across subcontracted communities collected between 2010 and 2014 can be directly attributed to this prevention program, they do show better outcomes than areas of the state that were not among the subcontracted communities:
  - A 30 percent decrease in the number of drug-related incidents resulting in suspensions and expulsions in school districts.
  - A 22 percent decrease in the rate of drug-related motor vehicle fatalities, bringing the rate from 2.7 (2010-2012) to 2.1 fatalities per 100,000 (2012-2014).
  - A 22 percent decrease in the rate of drug-related motor vehicle injuries, bringing the rate from 10.2 (2011) to 8 (2014) injuries per 100,000 population.
  - A 14 percent decrease in the rate of drug arrests.

Program Name	Counties/Tribes Participating	Annual Funding Amount	Persons Served in 2015
Strategic Prevention Framework Partnership For Success	Adams, Forest-Oneida-Vilas, Kenosha, Milwaukee, Langlade-Lincoln-Marathon, Racine, Menominee Tribe	\$2,721,712	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, and the Great Lakes Inter-Tribal Council. The DHS SEOW receives funds from the Substance Abuse and Mental Health Services Administration.

In 2015, this group worked on an epidemiological report that tracks data trends associated with substance use risk factors, consumption, and consequences such as prevalence, mortality, crime, traffic crashes, hospitalizations, and treatment. Statewide and county-level data are included where available. The report’s findings are used to identify statewide priority prevention issues and evaluate statewide prevention efforts. This report is published every other year. The work in 2015 provided for foundation for the report scheduled to be published in 2016.

# 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 2015, a total of \$66,765,059 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 32,768 persons.

In 2015, county agencies reported the following treatment service outcomes for persons having substance use diagnoses.

### Wisconsin Addiction Treatment Outcomes

Outcome Measure	2015 Outcome
Completed Treatment	52%
Drug-free at Discharge*	82%
Employed at Discharge*	67%
Not Rearrested at Discharge*	96%

\* Includes data on persons completing treatment only.

Source: DHS Program Participation System

## Intoxicated Driver Program

DHS oversees county-operated screening, referral, treatment, and case management for drivers booked or convicted for operating under the influence under 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. Funds for this program come from an intoxicated driver improvement surcharge penalty, most of which remains with the county. Enhanced programs offer such things as naltrexone medication (an alcohol buzz blocker), alcohol biomarker testing and monitoring, recovery coaches, transdermal alcohol testing and monitoring, portable breathalyzer monitoring, motivational interviewing assessments, and mental health screening.

In 2015, DHS oversaw the following four activities associated with intoxicated driving:

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
Intoxicated Driver Program	All	Not Available	26,796
Intoxicated Driver Program Enhancement Grants	Ashland, Dane, Forest-Oneida-Vilas, Kenosha, Racine, Richland, Rock, Walworth, Wood	\$360,790	482
OWI Court Program	Dane, Forest-Oneida-Vilas	\$119,058	114
Supplemental/Emergency Funds	Dane, Forest-Oneida-Vilas	\$193,634	Not Available

## 2015 Fact Sheet

### Publicly supported persons served:

32,768 in CY 2015

### Primary substance:

Alcohol	66.0%
Opiates	14.6%
Marijuana	11.4%
Cocaine	3.6%
Stimulants	2.8%
Other	1.6%

### Gender:

Male	69%
Female	31%

### Age:

Under 18	2.4%
18 – 29	36.1%
30 – 39	22.9%
40 – 49	21.7%
50 – 59	12.3%
Over 59	4.6%

### Race/ethnicity:

White	78.1%
Black	11.7%
Hispanic	5.8%
Amer. Indian	3.3%
Asian	1.1%

### Treatment modality:

(n=16,393)	
Outpatient	64.3%
Detox	23.0%
Day Treatment	1.8%
Residential-Short	6.7%
Inpatient	4.2%

## 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 2015
AODA Juvenile Justice, § 48.547 and § 938.547	Dane, Kenosha, Milwaukee, Portage, Rock	\$1,338,000	1,046
Treatment Alternative Program, § 46.65	Dane, Dodge, Rock, Eau Claire	\$915,962	392
Department of Corrections Youth and Adult Institution, Halfway House, and Community Treatment	Selected high-need areas	\$1,347,417	377
Prisoner Reintegration—housing, employment, education and treatment; § 46.48(8)(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 the Director of State Courts, and county agencies. Projects are to deliver treatment and diversion alternatives to jail and prison 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. Every \$1.00 invested in TAD yields benefits of \$1.96 to the criminal justice system through averted incarceration and reduced crime. Sixty-six percent of TAD participants successfully complete the program. TAD funded 34 community projects totaling \$4 million in 2015. Funded local projects include evidence-based pre-trial diversion, drug courts and alternatives to revocation based on local needs and project design factors.

## Wisconsin Treatment Court Training

Treatment courts are an evidence-based practice for addressing offender recidivism and treatment needs.

In 2015, DHS collaborated with the Department of Justice to develop and provide multiple statewide and regional trainings based on the Wisconsin Treatment Court Standards. The Department of Justice, the Wisconsin Association of Treatment Court Professionals, the Director of State Courts Office, and DHS were partners in this training effort. In 2015, representatives from 71 out of the 74 fully operational treatment courts attended the training.

## Opioid Outreach and Treatment Program

Addressing rising prescription painkiller and heroin addiction is a DHS priority. Opioid-related overdoses are rising across Wisconsin. In the past five years, opioid overdose rates have increased an average of 27 percent.

Three activities in 2015 reached out to opioid users and provided 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 2015, at least 1,135 potential fatal overdoses were averted due to these efforts.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
Injection Drug Use Street Outreach	Dane, Kenosha, Milwaukee, Racine	\$1,231,800	940
Injection Drug Use Treatment	Several via the AIDS Resource Center of Wisconsin	\$191,680	56
HOPE Program Providing Medication-Assisted Treatment in Rural Underserved Areas, § 51.422	Florence, Marinette, Menominee, Oconto, Forest-Oneida-Vilas, Iron, Price, Ashland, Bayfield, Burnett, Douglas, Sawyer, Washburn, and several tribes near the counties	\$1,376,000	74*

\*In 2015, HOPE agencies were primarily involved in start-up, staffing, site, and program development activities.

### Gender-Specific Outreach and Treatment

There are gender differences in the development and pattern of addiction, treatment needs, and treatment approaches.

In 2015, DHS oversaw five projects to address gender-specific outreach, treatment, and support by providing parenting education, vocational and housing assistance, care coordination, and intensive women-specific substance use treatment services.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
Women's Outreach and Treatment [for low income and multi-system involved persons; §§ 46.86(6) and 46.86(1)]	Brown, Dane, Eau Claire, Forest-Oneida-Vilas, Ho-Chunk Nation, Milwaukee, Walworth	\$6,793,768	1,675
Cocaine-affected Families, § 46.86(3m)	Milwaukee via Community Advocates and Meta House	\$1,105,000	248
Healthy Beginnings, § 46.48(29)	Dane via ARC Community Services	\$175,000	36
Bureau of Milwaukee Child Welfare—parents and children; § 48.561(3)(a)2	Milwaukee	\$1,583,000	705

### Fetal Alcohol Spectrum Training for Professionals

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. FASDs are completely preventable if a woman does not drink alcohol during pregnancy. Alcohol in the mother's blood passes to the baby through the umbilical cord. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities. Estimates of the lifetime cost for an individual born with FASD are at least \$1.4 million. FASD is increasingly being 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 2015, the University of Wisconsin-Madison provided technical assistance and training on FASD to professionals working in agencies providing services to women. This included trainings, resources, outreach, and individual consultations. The funding amount was \$154,994. Assistance was provided to 205 professionals.

## Cultural Populations

Wisconsin is home to many diverse race and ethnic groups. These cultural populations make up nearly 16 percent of Wisconsin's population. In general, substance use service providers across the state are reaching cultural populations with 24 percent of the population served by the public substance use service provider system being from a cultural group.

In 2015, DHS managed six initiatives addressing addiction treatment and support among cultural populations.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
Urban Black and Hispanic Program, § 46.975(2)(a)	Milwaukee, Waukesha	\$200,000	156
Substance Use Services for Hispanic Persons, § 46.48(5)	Milwaukee via the United Community Center	\$220,842	132
Inner City Prevention and Intervention Services	Dane, Kenosha, Racine, Rock	\$200,000	951
Tribal Partnerships	Forest County Potawatomi, Lac du Flambeau, Sokaogon	\$21,800	Not Available

## Cultural Leadership Institute

In 2015, DHS and the Great Lakes Addiction Technology Transfer Center partnered to develop and implement a career development opportunity for African American, Hispanic/Latino, Hmong, and Native American behavioral health professionals. The purpose of this leadership institute was to build diversity in the behavioral health workforce, which will help ensure a capacity for behavioral health services in all diverse communities. The 16 participants were recommended and selected by their community leadership. Mentors were recruited from the various communities represented. The four-month program offered training seminars focused on cultural and professional development. A mentor was assigned to each participant. Fourteen participants developed and completed a project to present to their colleagues and mentors at a seminar and graduation ceremony held at the Lake of the Torches Resort in Lac Du Flambeau.

## Project to Address Diversity in Women's Treatment

In 2015, a DHS-commissioned study and report examined attitudes and actions of staff from DHS-funded women's treatment centers and reported tools utilized by them to improve cultural competence. Tools included building relationships in diverse communities, diverse staff recruitment, diversity training, convening in-depth discussions and conversations about diversity issues and topics, decorating the facility with diversity, and having audio/visual and written materials that are diverse and linguistically appropriate. Twenty agencies completed a diversity assessment questionnaire, attended a webinar and two-day diversity planning meeting, and developed agency-specific diversity plans as part of the project.

## Addressing Methamphetamine Addiction

Methamphetamine is an extremely addicting stimulant produced in hidden home laboratories. Its individual effects and community impact are similar to cocaine. Methamphetamine addiction has been prevalent in northwestern Wisconsin and other areas of the state such as Appleton, Green Bay, and Wausau. While its use was abated somewhat back in 2005 when the chemicals ephedrine and pseudoephedrine became controlled in Wisconsin, methamphetamine use has made a resurgence recently.

Treatment admissions for methamphetamine addiction in 2015 have exceeded levels that occurred prior to 2005 by 60 percent. DHS established a grant program in northwestern Wisconsin to help supplement methamphetamine treatment.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
Methamphetamine Treatment	Barron, Burnett, Polk, St. Croix	\$199,835	371

**Comprehensive Community Services**

Comprehensive Community Services is a recovery-focused, integrated behavioral health Medicaid benefit for children, youth, and adults with severe mental health or substance use disorders. Administered by DHS and operated by county agencies, the program uses person-directed service plans to provide individualized care in the home and community that will help the person achieve their recovery goals. 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 person’s needs. Services are provided by a team of professionals, peer specialists and natural supports, all coordinated by a CCS service facilitator.

In 2015, 20 county agencies reported serving 76 severe substance users in CCS programs.

**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 is a project of the University of Wisconsin-Madison Division of Continuing Studies that brings together people who are in recovery or seeking recovery, along with their family members and allies.

In 2015, the Wisconsin Voices for Recovery partnered with other community recovery organizations to host a Rally for Recovery at the state Capitol, community forums, and other public awareness activities to bring recovery out of the shadows. DHS allocated \$63,240 for this effort.

**Federal Discretionary Grant for Treatment and Recovery**

In 2015, DHS was successful in applying for a medication-assisted treatment discretionary grant from the Substance Abuse and Mental Health Services Administration. Titled Targeted Capacity Expansion: Medication Assisted Treatment—Prescription Drug and Opioid Addiction, the purpose of the project is to reach out and provide medication-assisted treatment for persons addicted to prescription and street opioids and reduce diversion of opioid medications. In 2015, these funds went to the Sauk County Human Services’ Community Activated Recovery Enhancement (CARE) program, with Columbia and Richland counties to be added later. Sauk County has an estimated 2,140 non-medical users of opioid substances and at least 420 in need of treatment. The program was engaged in project start-up activities during 2015 and was on schedule to begin serving people in 2016.

Program Name	Counties Participating	Annual Funding Amount	Persons Served in 2015
CARE Program for Opioid Addiction	Sauk	\$728,405	2*

\*The CARE program was primarily involved in start-up, staffing, and site and program development activities in 2015.

## ADMINISTRATION

### State Council on Alcohol and Other Drug Abuse

DHS provides staff support 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 2015, SCAODA provided statewide leadership on current substance use issues. Recognizing the changing attitudes around marijuana use, SCAODA formed a committee to research, evaluate, and develop recommendations regarding marijuana use that best serve the public health and safety of all Wisconsin residents. The report on marijuana was drafted and presented to the council. SCAODA also formed a committee to develop 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. The workforce report was drafted in 2015.

SCAODA deliberated on and made the following recommendations during 2015:

- Supported expanding Medicaid reimbursement to cover the treatment portion of residential substance use disorder treatment.
- Requested that screening and drug testing for applicants for the public benefit programs listed in Governor Walker’s proposed budget should be implemented as a pilot program in a limited number of counties and in such a way that evaluates quality of life outcomes for participants, such as employability and control of the use of substances for individuals in various programs. Individuals who test positive must be further evaluated and have ready access to services to improve employability and address the misuse of substances.
- Requested DHS add a clause in all future substance use service contracts with counties, tribes, and agencies that requires them to begin active implementation of the national Culturally and Linguistically Appropriate Services standards.
- Proposed, in accordance with Section 2.4 of Article II of the council's bylaws, soliciting from the Wisconsin Chapter of the American Society for Addiction Medicine an addictionologist to serve on the council as an ex-officio member after being appointed by a majority vote of the council.

## 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 2015, DHS worked with the University of Wisconsin-Madison and 38 Wisconsin treatment centers to increase admissions, reduce appointment no-shows, reduce waiting times, and increase

successful treatment completion. In 2015, among participating agencies, wait times decreased to 11 days; treatment completion rose to 58%, exceeding the state and national average; and the program 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 is a well-researched, highly effective, person-centered assessment and counseling framework. In 2015, DHS delivered introductory and fidelity-based trainings to multidisciplinary professionals across the state to advance this approach.

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

Screening Brief Intervention Referral Treatment (SBIRT) Professional Training is an evidence-based service for early intervention of those engaged in risky substance use. In 2015, health care providers, county social services, and schools were targeted for DHS-sponsored SBIRT training.

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

DHS collaborated with the Great Lake Addiction Technology Transfer Center at the University of Illinois-Chicago to offer free monthly webinars featuring evidence-based information from experts in the field.

In 2015, over 800 people participated in these webinars. The topics ranged from recovery-oriented systems of care, trauma-informed care, peer specialists, ethics, cultural competence, group therapy, criminal thinking, medication-assisted treatment, and adolescent treatment approaches.

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

DHS conducts much of its activities related to substance use through the administration of contracts with county agencies and community nonprofit agencies.

In 2015, an electronic form and database were implemented, which track contract deliverables and objectives. Contract administrators can now 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.