STATE OF WISCONSIN

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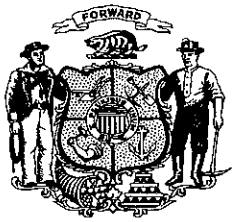

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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: April 12, 2016

Re: DHS Report to JFC

Attached is a report on the Opioid Treatment Program Progress Report from the Department of Health Services, pursuant to 2013 Wisconsin Act 195, s. 51.422(3).

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm

State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

April 11, 2016

RECEIVED
APR 12 2016
BY: Jt. Finance

The Honorable Alberta Darling
Joint Committee on Finance, Senate Co-Chair
317 East State Capitol
Madison, WI 53707

The Honorable John Nygren
Joint Committee on Finance, Assembly Co-Chair
309 East State Capitol
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

The Department of Health Services is pleased to submit the Opioid Treatment Programs Progress Report to the Legislature pursuant to 2013 Wisconsin Act 195, Wis. Stat. § 51.422 (3). This report highlights opioid programs administered by the Department's Division of Mental Health and Substance Abuse Services for calendar year 2015.

Sincerely,

K. Rhoades

Kitty Rhoades
Secretary

Enclosure

Opioid Treatment Programs

2016 Report to the Legislature

Wisconsin
Department of Health Services

P-01240 (04/2016)

Opioid Treatment Programs: 2016 Report to the Legislature

Background 3
2013 Wisconsin Act 195 3
Process to Identify Need Areas 3
Areas of Need 4
Request for Proposals 5
Funding 5
Status Report 6
Program Goals 6
Program Service Area Map 6
Northeast Wisconsin Opioid Treatment Services 7
HOPE Consortium 8
NorthLakes Community Clinic 10
Observations 11

This report is a publication of the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, Bureau of Prevention Treatment and Recovery. It is published annually in accordance with Wis. Stat. § 51.422 (3). For more information on opioid treatment services in Wisconsin, visit dhs.wisconsin.gov/opioids/treatment.htm.

Background

In 2014, the Wisconsin Legislature passed a series of bills aimed at addressing the escalating problem of opiate use and addiction in the state. These measures have been referred to by lead sponsor and drafter, Rep. John Nygren, and other supporters as the Heroin, Opiate Prevention and Education (HOPE) Agenda. The focus was on nonmedical use of narcotic painkillers, heroin use, overdose emergencies and deaths, and treatment failures with traditional drug counseling programs.

2013 Wisconsin Act 195

Enacted in 2014, 2013 Wisconsin Act 195 (Wis. Stat. § 51.422, Opioid Treatment Programs) called for the creation of two or three new regional comprehensive opioid treatment programs in rural and underserved, high-need areas of the state. It directed the Department of Health Services to request proposals for programs offering the following services:

- Assessment to determine what type of treatment is needed.
- Medication-assisted treatment (MAT), including medications that have been approved by the Food and Drug Administration.
  - Buprenorphine (Subutex®, Suboxone®) – Prevents opioid withdrawal symptoms
  - Naltrexone (Depade®, ReVia®, Vivitrol®) – Blocks opioids from acting on the brain
- Abstinence-based treatment.
- Licensed, 24-hour residential services.
- Outpatient counseling.
- Handoffs to county-authorized or private continuing care for individuals who have completed treatment under the program.

These programs may not offer methadone treatment.

Process to Identify Need Areas

To develop the request for proposals, the Department of Health Services utilized a three-step process to determine which areas of the state qualified as rural and underserved, high-need regions. All Wisconsin counties were included in this analysis.

- **Rural:** Counties with 50 percent or more population living in rural areas were classified as rural. This analysis was based on data from a U.S. Census Bureau report, *Wisconsin 2010: Population and Housing Unit Count.*
- **Underserved:** Counties were identified as underserved if more than 75 percent of its territory fell outside the service area of one of the opioid treatment programs operating in 2014. This analysis did not include the opioid treatment program located in Eau Claire because this program does not accept Medicaid patients.
- **High-Need:** Counties were scored based on their ranking in each of these five opiate use-related indicators over three years.
  - Opiate/cocaine arrests per 10,000 population
  - Opiate deaths per 10,000 population
  - Opiate hospital admissions per 10,000 population
  - Opiate emergency room visits per 10,000 population
  - Narcotic prescriptions dispensed per 10,000 population

Areas of Need

Upon completion of the needs analysis in 2014, the Department of Health Services identified four regions that met the criteria listed in Wis. Stat. § 51.422 (1).

- **Central:** Adams, Juneau, Marquette, and Richland counties
- **North Central:** Forest, Iron, Oneida, Price, and Vilas counties
- **Northeastern:** Florence, Marinette, and Menominee counties
- **Northwestern:** Ashland, Bayfield, Burnett, Douglas, Sawyer, and Washburn counties

To determine the areas of greatest need, client volume in each county listed above was reviewed to determine if there would be a sufficient number of admissions to sustain an opioid treatment program. [1]

County	Medicaid-Funded Admissions				Wisconsin County Authorized Admissions				Number in Need of Treatment
	2010	2011	2012	3-Year Total	2010	2011	2012	3-Year Total	
Adams	32	25	36	93	<25	<25	<25	30	310
Ashland	<25	37	52	108	<25	<25	<25	<25	300
Bayfield	<25	<25	25	51	<25	<25	<25	<25	169
Burnett	<25	<25	<25	45	<25	<25	<25	<25	151
Douglas	48	48	48	144	43	32	31	106	631
Florence	<25	<25	<25	34	<25	<25	<25	<25	136
Forest/Oneida/Vilas	65	78	114	257	80	78	104	262	1309
Iron	<25	<25	<25	<25	<25	<25	<25	<25	96
Juneau	<25	37	<25	96	<25	<25	<25	41	346
Marinette	100	87	73	260	34	30	43	107	926
Marquette	<25	<25	<25	52	<25	<25	<25	37	225
Menominee	<25	<25	<25	36	<25	<25	0	<25	103
Price	<25	<25	<25	28	<25	<25	<25	<25	96
Richland	<25	<25	29	60	<25	<25	<25	<25	204
Sawyer	<25	<25	36	61	<25	<25	<25	<25	192
Washburn	<25	<25	<25	37	<25	<25	<25	<25	129

[1] There are several assumptions built into the table's calculation of the number in need of treatment. A report from The Management Group, Madison, showed that 6 percent of Human Services Reporting System (HSRS) and Medicaid admissions are duplicates. The Wisconsin Mental Health Substance Abuse Needs Assessment report showed that 46 percent of all Wisconsin persons receiving treatment do not appear in the Medicaid or HSRS databases, but rather are reported in commercial insurance databases. Furthermore, only 23 percent of those persons who need treatment actually obtain treatment.

County Clusters	Estimated Number of Clients in Need of Treatment	County Clusters	Estimated Number of Clients in Need of Treatment
Northwestern Wisconsin		**North Central Wisconsin**	
Douglas County	631	Forest/Vilas/Oneida	1309
Bayfield	169	Iron	96
Washburn	129	Price	96
Burnett	151		
Ashland	300		
Total	**1,380**	**Total**	**1,501**
Northeastern Wisconsin		**Central Wisconsin**	
Marinette	926	Juneau	346
Florence	136	Adams	310
Menominee	103	Marquette	225
		Richland	204
Total	**1,165**	**Total**	**1,085**

The legislation authorizing the establishment of this grant program called for up to three opioid treatment programs. Due to the availability of funds and the mandate to focus on the areas of greatest need, the Central Region (Juneau, Adams, Marquette, and Richland counties) was excluded from the request for proposals.

Request for Proposals

A request for proposals for the Northeastern, North Central, and Northwestern regions was issued in January 2015 to solicit applications from any nonprofit agency, county agency, or tribal agency. Four applications were received by the deadline in March 2015. The three with the highest scores were chosen to proceed with contracting.

- **Northeastern Region:** Northeast Wisconsin Opioid Treatment Services
- **North Central Region:** HOPE Consortium
- **Northwestern Region:** NorthLakes Community Clinic

Contracts were executed with these organizations with a start date of June 1, 2015.

Funding

In 2015, total grant funding in the amount of $2,064,000 was available from the time of the grant award, June 1, through the end of the year, December 31. Each program received $688,000.

As of January 1, 2016, the annual amount granted to each program is $672,000.

Four annual calendar year renewals are available upon satisfactory performance and contract compliance.

Status Report

The development and implementation of a wide-ranging opioid treatment program takes time. In the last year, the grantees have been engaged in organizing their collaborations with community partners; securing space to provide services; developing administrative and clinical policies and procedures; recruiting staff; identifying service providers; contracting for services; training; obtaining federal and state approvals, licenses, and certifications for newly established services; and building community awareness of their services.

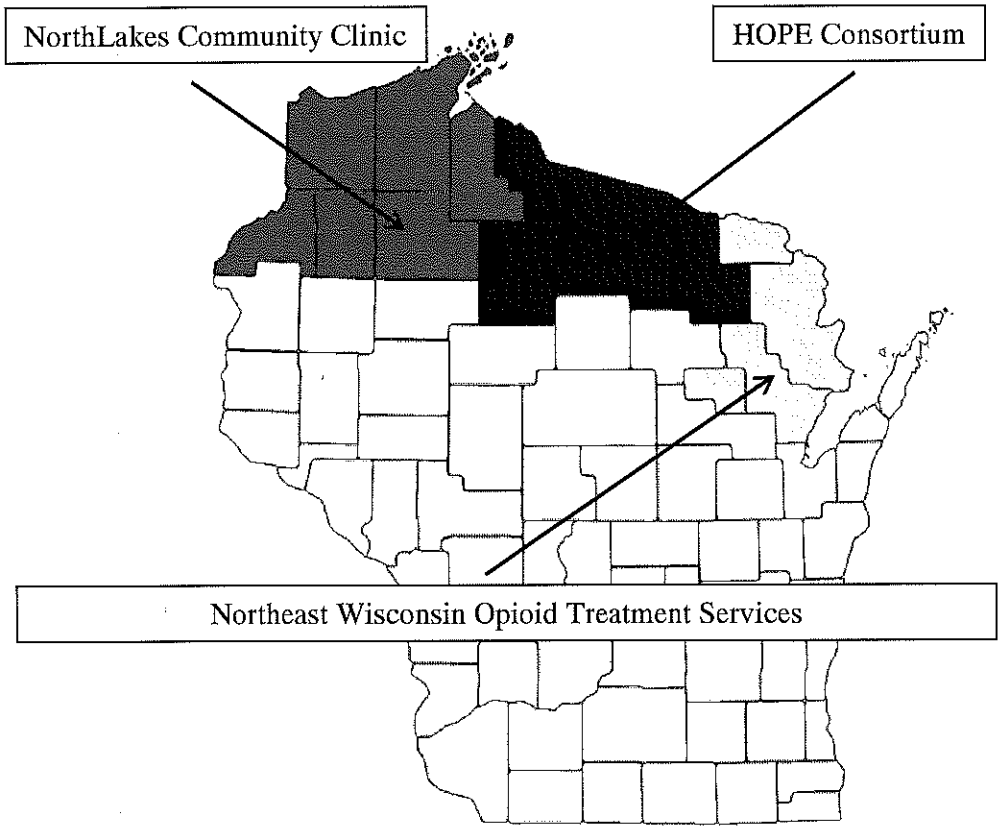
Program Goals

The opioid treatment programs funded under Wis. Stat. § 51.422 have four goals.

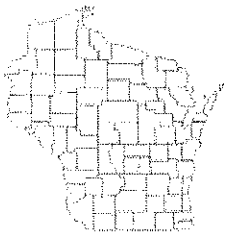
- **Goal 1**: To provide regional approved and effective stabilization and residential detoxification services and treatment and support services for individuals addicted to opioids (heroin or other opioid substances) in rural, underserved, and high-need areas of Wisconsin.
- **Goal 2:** To increase retention in opioid treatment services, improve quality of life, and reduce relapse or return to using illicit opioids.
- **Goal 3**: To reduce the number of deaths associated with opioid use in the areas served by the program.
- **Goal 4**: To reach out to untreated opioid-addicted women of childbearing age, offer priority admission to services for pregnant women, and reduce the number of infants who are affected by opioids.

Program outcome measures and procedures for collecting the data have been established. Outcome data will be included in future editions of this report.

Program Service Area Map



Northeast Wisconsin Opioid Treatment Services



Region: Northeastern
Counties: Florence, Marinette, Menominee, Oconto
Tribes: Menominee

Libertas of Marinette
1409 Cleveland Avenue
Marinette, WI 54143
715-735-0095

This collaboration grew out of a discussion between Marinette County Drug Court Judge James Morrison, Libertas, and Prevea Health. Judge Morrison observed that some of the grant program's elements were already in place and that the grant funds could be used to incorporate important missing elements, serve more people, and improve the continuity and quality of services so that patients would have a seamless experience that would make successful treatment and recovery more attainable.

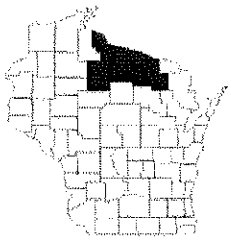
Services are provided at locations managed by Libertas, Prevea Health, and/or Hospital Sisters Health System. This project has served 25 individuals since the start of services in October 2015.

Prior to the start of services, the collaborative established policies and procedures to thwart diversion of medications to illicit street use, an important strategy to prevent opioid deaths. Additionally, program leaders informed primary care and obstetrics and gynecology providers of the services offered by the collaborative as part of their outreach efforts to untreated opioid-addicted women of childbearing age.

Goals for 2016 include:

- Build relationships with county and tribal agencies in the region.
- Recruit a case manager to obtain baseline data on opioid deaths in the region.
- Obtain access across the collaborative to an electronic health record and practice management system to enable filing claims to Medicaid and other third-party payers.

HOPE Consortium



Region: North Central
Counties: Forest, Iron, Oneida, Price, Vilas
Tribes: Forest County Potawatomi, Lac du Flambeau Chippewa, Sokaogon Chippewa

Forest County Potawatomi AODA Services
5519 Wej Mo Gek Court
Crandon, WI 54520
715-478-4370

Iron County Human Services
300 Taconite Street
Hurley, WI 54534
715-561-3636

Lac du Flambeau Chippewa Family Resource Center
533 Peace Pipe Road
Lac du Flambeau, WI 54538
715-588-1511

Marshfield Clinic
9601 Townline Road
Minocqua, WI 54548
715-358-1814

Ministry Behavioral Health
1020 Kabel Avenue
Rhinelander, WI 54501
715-361-4700

Options Treatment Programs/Koinonia
1991 East Winnebago Street
Rhinelander, WI 54501
715-362-5745

Price County Health and Human Services
104 South Eyder Avenue
Phillips, WI 54555
715-339-2158

Sokaogon Chippewa Community Health Clinic
3144 VanZile Road
Crandon, WI 54520
715-478-5180

The Human Service Center
705 East Timber Drive
Rhinelander, WI 54501
715-369-2215

This collaboration grew out of discussions between Marshfield Clinic and other health care leaders in the North Central Region. It is a public-private partnership among the region's county agencies, tribes, addiction service providers, and medical providers. County sheriffs also support the program.

The sites listed above provide medication-assisted treatment. This project has served 20 individuals since the start of services in October 2015.

The consortium is establishing policies and procedures for services for women of childbearing age. Currently, all women are asked about their pregnancy status during the initial appointment. Pregnant women are given priority admission.

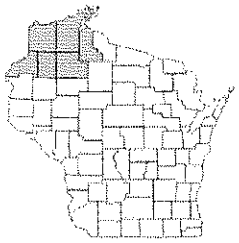
Consortium leaders serve as advocates for medication-assisted treatment across the region. For example, the Lac du Flambeau Tribe was poised to ban buprenorphine for any of its members. Through the consortium's efforts to provide education and discussions with tribal leadership, the ban on buprenorphine was averted.

All consortium partners have the capacity to bill patient insurance and Medicaid for services provided. The Minocqua service location allows clients with insurance issues or no insurance to access treatment the same day they inquire about services. This approach will be expanded to other locations.

Goals for 2016 include:

- Execute formal agreements with all treatment providers in the consortium.
- Establish a 24-hour phone line for clients seeking treatment.
- Inform hospitals and providers of obstetrics and gynecology services of the consortium's services.
- Establish anti-diversion programming, including drug testing.
- Develop an approach to accurately count opioid-related deaths.
- Deploy a database system across the consortium to track clients receiving services.
- Address the issue of billing Medicaid for services provided by care coordinators attached to a non-county entity.

NorthLakes Community Clinic



Region: Northeastern
Counties: Ashland, Bayfield, Burnett, Douglas, Sawyer, Washburn
Tribes: Bad River, Lac Courte Oreilles, Red Cliff

Ashland Vaughn Clinic
502 Main Street West, Suite 305
Ashland, WI 54806
715-682-5207

NorthLakes Community Clinic has a long history of providing medical care to this region. Agency leaders became interested in this program following discussions with other medical organizations and consultants and its acquisition of the Ashland Area Council on Alcoholism and Other Drug Abuse.

To date, services are being provided in Ashland and Bayfield counties at NorthLakes Community Clinic locations in Ashland and Iron River. This project has served 29 individuals since the start of services in October 2015.

Anti-diversion policies and procedures have been implemented. This effort involves drug testing, client treatment contracts, verifying prescriptions with the Wisconsin Prescription Drug Monitoring Program, and pill/strip counts.

Pregnant women are given priority admission. At this time, the clinic provides care coordination with obstetrics providers in Ashland and Bayfield counties.

The clinics have a sliding scale fee policy so that no client in need of services is refused based upon their ability to pay for services. All clinics have the capacity to bill Medicaid and private insurance.

Goals for 2016 include:

- Complete an assessment of service needs in the region.
- Begin services in Sawyer County.
- Convene a stakeholders group to establish a clear definition of an opioid-related death and collect baseline data.
- Explore and develop policies and practices on the provision of services for pregnant and parent women.
- Establish relationships with Bad River, Lac Courte Oreilles, and Red Cliff tribal communities.

Observations

It is clear that undertaking the provision of opioid treatment services in these regions would not have been possible without the support provided under Wis. Stat. § 51.422. This support makes it possible for individuals to receive treatment close to home while retaining jobs, having a stable living environment, and maintaining important relationships that are essential for effective treatment and long-term recovery.

The Division of Mental Health and Substance Abuse Services, Bureau of Prevention Treatment and Recovery oversees this program for the Department of Health Services. During site visits and program meetings with the grantees in the last year, staff have observed a similar set of challenges facing each project.

Perception of opioid treatment with medications. Abstinence-based treatment approaches are long-standing traditions in many of the areas served by these programs. Awareness, establishing effective anti-drug diversion policies and procedures, and putting drug testing protocols in place for patients have increased the acceptability of medication-assisted treatment in these regions, but more work needs to be done to shift perspectives on medication-assisted treatment.

Significant shortages of clinical staff in rural areas. All grantees have faced challenges recruiting staff.

Federal requirement regarding buprenorphine. Under federal law, if the number of active patients for a prescriber exceeds 30 in the first year or 100 in the second year and subsequent year of practice, either additional prescribers will need to be recruited, or the service provider must seek special certification for narcotic treatment. Grantees are aware of this law and will address this issue if their caseload projections and availability of prescribers warrant it.

Large service territories. It is important that clients have the opportunity to meet their entire treatment team at one location because of the distances some clients must travel to receive services.