EXECUTIVE SUMMARY

ROAD TO RECOVERY

Improving substance use disorder services in Milwaukee County

WISCONSIN POLICY FORUM

The challenges associated with alcohol and substance use disorders in Wisconsin and Milwaukee County are well-documented and severe. Milwaukee County's Behavioral Health Services (BHS) has led efforts to combat these challenges in the county for decades, both as a direct service provider and as a coordinator of services provided by dozens of community agencies.

But BHS is not alone. Several major health systems provide a range of substance use disorder (SUD) services in the county, and the opioid challenge also has emerged as a priority for several of the county's 11 municipal health departments, emergency medical service providers, and a range of health care-related entities and community organizations.

BHS now has an opportunity to fortify its programming and amplify its leading role in the overall county-wide effort to effectively address SUD prevention, treatment, and recovery. Wisconsin stands to receive more than $400 million as part of a national legal settlement related to opioid abuse with several major drug distribution and manufacturing companies, and Milwaukee County expects to receive more than $70 million from those payments. The county also may be able to access significant funding amounts to support its SUD programming from other new federal sources.

To ensure that these substantial infusions of resources are spent wisely and effectively, BHS leaders approached the Wisconsin Policy Forum in late 2021 for assistance in enhancing understanding of the SUD provider landscape in the county – both for itself and for other stakeholders and the general public. This report is the outcome of that effort.

Milwaukee County SUD Service Overview

BHS' community-based mental health and SUD services for adults are housed in the division's Community Access to Recovery Services (CARS) system. Through a network of providers, CARS specializes in helping connect individuals who are at or below 200% of the poverty level with resources needed to guide and support recovery. In some cases, such as detoxification services, CARS serves individuals regardless of income level, but nearly all of its focus is on low-income individuals and particularly those who do not have any form of private or public health insurance.

CARS' annual budget for SUD services is nearly $12 million and is supported by annual funding from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), block grants from the state of Wisconsin, locally generated or allocated revenue (primarily property tax levy and funds from the county's Community Aids allocation from the state), and several other smaller grant funding sources. The table on the following page shows the various funding sources that supported the CARS budget in 2021. Notably, about $11 million of the $11.9 million spent under CARS in 2021 was supported by federal and state grants or pass-through monies, as opposed to local dollars.

With the expansion of insurance coverage brought about by the federal Affordable Care Act, CARS now directly pays for fewer services and instead focuses more on the development of an appropriate network of providers to whom it can refer clients, as well as coordination and oversight of services. CARS funds coordination and oversight both for individuals who are seeking to access services for the first time and those who need help navigating treatment and recovery options after services commence.

CARS spending by funding source, 2021

Grant Name	Amount	Funding Source
Temporary Assistance for Needy Families (TANF)	$3,479,015	Federal/State Pass-Through
Substance Abuse Prevention and Treatment Block Grant (SABG)	$2,400,000	Federal/State Pass-Through
Substance Abuse Prevention and Treatment Block Grant Supplemental (SABG)	$1,047,994	Federal/State Pass-Through
Intravenous Drug Use	$532,221	Federal/State Pass-Through
Intoxicated Driver Program	$499,636	Federal/State Pass-Through
AODA Inner City Services	$24,016	Federal/State Pass-Through
Medication Assisted Treatment Expansion (MAT)*	$165,134	Federal/State Pass-Through
Unmet Needs SOR	$1,484,956	Federal/State Pass-Through
Division of Milwaukee Child Protective Services (DMCPS)	$591,395	State
Adult Drug Treatment Court (ADTC)	$365,781	Federal
Family Drug Treatment Court (FDTC)*	$370,920	Federal
Property Tax Levy	$939,446	Local
TOTAL	**$11,900,514**	

* Signifies a funding source that will sunset by the end of 2022.

The vast majority of SUD clients served by BHS receive their services via a CARS referral in the categories outlined in the table on the following page (4,253 such clients in 2021). A much smaller number (317 in 2021) are served under the Comprehensive Community Services (CCS) program, which provides a wider range of clinical and non-clinical services that address the holistic needs of clients and support them in improving their overall quality of life.

Finally, in addition to these direct services, CARS is involved with other initiatives such as prevention and harm reduction. CARS contracts with four different providers in Milwaukee County for prevention services and spent $1.3 million on those contracts in 2021. BHS also employs a prevention coordinator and added a second staff member to focus on prevention in the summer of 2022.

Milwaukee County SUD Observations

In the full report, we provide a detailed overview of BHS' 2021 service population, which provides some important insights into BHS' SUD services and provider network that have bearing on potential investment opportunities. We also held several discussions with BHS officials and staff regarding these data findings and what they tell us. Important takeaways include the following:

1) There is concern that individuals who gain entry into the BHS service network via a detoxification service are not necessarily receiving or benefiting from other follow-up services, but BHS is not able to track those individuals to confirm whether that is the case.

2) BHS has largely lost its ability to track the imbalance between demand and supply of residential treatment – including for special populations like women with children – because providers now bill Medicaid directly and maintain their own waiting lists.

3) It would be beneficial to expand the roster of individuals receiving SUD services under CCS, but providers have been unable to expand as quickly as BHS would like.

4) BHS is challenged by the restrictions attached to its various funding sources, which often prevent it from allocating resources to populations and services that are most in need.

Summary of CARS services

Service	Description	Providers
Access Point	Determines eligibility, administers a comprehensive screen, establishes a clinical level of care, makes a referral to treatment providers	IMPACT, Sirona Recovery, WestCare Wisconsin, United Community Center (UCC), Wisconsin Community Services (WCS)
Care Management	• Recovery Support Coordination (RSC): helps client form a Recovery Support Team (RST) consisting of both formal and informal/natural supports • AODA Targeted Case Management: assists recipients to gain access to and coordinate a full array of services including assessment, case plan development, and ongoing monitoring and service coordination	RSC: La Causa, Sirona Recovery, St. Charles, UCC, WCS AODA TCM: Alternatives in Psychological Consultation (APC), La Causa
Clinical	• Day Treatment: medically monitored, non−residential treatment service consisting of regularly scheduled sessions of various modalities (i.e., individual and group counseling and case management); provided under the supervision of a physician • Medication Assisted Treatment (MAT): management and rehabilitation of narcotic addicts using methadone or other FDA-approved narcotics • Outpatient non-residential services totaling less than 12 hours of counseling per patient per week, providing a variety of evaluation, diagnostic, crisis and treatment services	Day Treatment: Meta House, Services to Maintain Independence & Life Efficacy (S.M.I.L.E.), UCC MAT: Community Medical Services (CMS), Outreach Community Health Center Outpatient: AMRI Counseling Services, APC, AIDS Resource Center of WI, Access Recovery Mental Health Services (ARMHS), Effective Counseling, Guest House, Lutheran Counseling-Family Services, Lockett, Meta House, Outreach Community Health Centers, S.M.I.L.E., Sebastian Family Psychology, UCC, WCS, Word of Hope
Clinical Short-Term Residential	• Medically Monitored Residential (MMR) • Outpatient Plus	MMR: Genesis Behavioral Services, Matt Talbot Recovery Services, Meta House, UCC Outpatient Plus: WCS
Detoxification	• Medically Monitored Residential Detoxification: 24-hour service for individuals in an acute and potentially dangerous state of withdrawal • Residential Intoxication Monitoring: 24-hour residential observation for patients who are not in need of emergency medical or psychological care	Matt Talbot
Employment	Rehabilitation Support Services - Employment	Goodwill, Standard of Excellence
Peer Support	Rehabilitation Support Services - Psych Self-Management	Effective Counseling, Great Lakes Dryhootch, Our Space, Sirona Recovery
Short-Term Residential (Bridge Housing)	Rehabilitation Support Services - Housing	4th Dimension, Meta House, Our Safe Place (and Project Heat), Samad's House

BHS-Affiliated Provider insights

To gain additional perspective on BHS-administered SUD services, we conducted interviews with representatives from six prominent and longstanding participants in BHS' SUD provider network: Guest House, IMPACT, Matt Talbot, Meta House, Sirona Recovery Services, and Wisconsin Community Services (WCS). Important insights on service gaps voiced by our interviewees are summarized below.

- **Increased residential treatment capacity and coordination**. Many of the interviewees pointed both to the need for more residential treatment beds in the community and for a better way to coordinate the use of those beds.

- **More and varied forms of bridge and sober housing**. Virtually all interviewees also expressed the need for additional "bridge" housing to serve those who had been discharged from residential treatment and were in the early stages of recovery but needed stable, temporary housing in a sober environment to achieve success.

- **Greater focus on alcohol**. Several interviewees emphasized the need for greater focus on alcohol use disorders. One expressed a need for a greater array of services for those in the early stages of such disorders and noted that those whose only disorder is associated with alcohol are deemed a low priority and often must wait for services.

- **"Bridge" to CCS**. Interviewees mostly expressed enthusiasm for the CCS program and said it would be beneficial to enroll more individuals with SUD into the program. However, a few noted that the several days or weeks typically required to enroll clients in the full array of CCS services creates both service-level and financial challenges.

- **Peer support is effective but peer specialists need to be supported**. Each of the organizations cited the value of certified peer specialists, but many cited a shortage of such specialists. One argued that an even bigger issue is low pay (typically $16-$17 per hour), which means specialists often must work multiple jobs and are not as readily available to serve clients.

- **Need for more staff and greater recognition by BHS of workforce challenges**. Almost all interviewees cited workforce challenges either within their own agencies or at other key players in the provider network as major obstacles to ensuring appropriate capacity within the "system."

- **Need for greater service coordination in general.** A primary point of consensus was that there is little coordination between service providers in the BHS network and between them and private hospitals and health systems.

Hospital-based SUD Services

The list of SUD service providers in Milwaukee County extends to many providers – large and small – outside of the network that is linked in some fashion to BHS. The most prominent of those are local hospitals and health systems, which must maintain capacity to serve individuals who seek or are in need of immediate SUD treatment at their emergency departments. In addition, two of the three major health systems in the county provide an array of SUD treatment and recovery services, as does

Rogers Behavioral Health, a major national provider of mental health and SUD services that has a robust presence in southeast Wisconsin.

We interviewed leaders and SUD specialists from Advocate Aurora, Ascension, and Rogers Behavioral Health; each cited very little to no direct interaction with BHS and each opined that a change to that paradigm would be beneficial. One cited the lack of care coordination that occurs after patients are discharged and said it would be beneficial to work with BHS to ensure that such individuals are not simply given a phone number or two for outpatient or other service providers and instead ensure that real follow-up occurs.

Other specific service gaps identified by the hospital-based providers include the following:

- **Detox** – one provider said its detoxification beds were "jammed," while two cited a specific need for more capacity for those who do not reach the threshold for medically managed detox (typically for alcohol-related abuse) but still need some level of detoxification services.

- **Centralized database of community-based providers** – multiple interviewees expressed frustration with their inability to keep track of the various community-based providers of different SUD services and which ones may have capacity to serve their patients upon discharge. The notion of a county-developed and county-maintained centralized database to provide such information was conceptually supported by all interviewees.

- **Sober housing/bridge programs** – multiple interviewees cited the challenges involved with finding housing for patients upon discharge and a specific need for forms of housing that would be available for those who still require medication (some sober housing facilities exclude such clients). Others cited a need for more "bridge" housing and services for those who have been discharged from inpatient/residential care but have not yet been able to access their next level of care.

- **Workforce** – our interviewees were unanimous in expressing concern about workforce challenges, which were having a real impact on their capacity to treat SUD clients. However, most were skeptical about the role BHS could play in addressing such challenges.

- **Transportation** – one hospital-based provider cited substantial challenges faced by clients in securing reliable transportation to outpatient treatment providers. While DHS maintains a transportation program for Medicaid enrollees, this provider said the state system was unreliable and this could be an area where BHS and the county might contribute.

Prevention and Education Services

Prevention efforts involve both education and harm reduction. Education efforts typically consist of curricula and programming to raise public awareness and educate citizens about the dangers of substance use, while harm reduction efforts seek to reduce negative consequences associated with such use and often are viewed as a bridge between prevention and treatment services.

The importance of prevention efforts was emphasized by each of the SUD providers we interviewed (both those supported by BHS and private health systems), and Milwaukee County CARS has made efforts in this direction. CARS currently has a full-time prevention manager and also allocates grant

money to community organizations to conduct prevention activities. BHS also recently added a second employee to its prevention staff.

Community Advocates, a Milwaukee-based nonprofit, is the largest recipient of CARS prevention dollars, receiving $760,000 in 2021. The table below summarizes the agency's primary prevention activities and outcomes per information we received directly from Community Advocates.

Community Advocates prevention activities and outcomes

ACTIVITIES	OUTCOME MEASURE
CA administers the Milwaukee County Substance Abuse Coalition (MCSAP) and work groups which meet bi-monthly as the forum for prevention and activity implementation in the following areas: • Executive • Multi-Drug Prevention • Prescription Drug/Opioid Prevention • Data and Evaluation • Mental Health Wellness	33,960 individuals online and in person reached by prevention activities. In addition, 29 million impressions were generated thanks to prevention-focused mass media 15,425 copies of prevention materials were distributed
MCSAP Wellness Work group designed a work plan for mental health wellness activities to be implemented utilizing the Strategic Prevention Framework	
CA staff and MCSAP partners implement planned block grant primary prevention activities per work plan	26 prevention activities were conducted by CA PPI staff and MCSAP partners 2,569 residents attended outreach events and community presentations
MCSAP Data & Evaluation Committee Tracks materials distributed and activities implemented to support increased exposure to prevention activities in the county	
MCSAP Executive Committee releases mini grants for administration of selected evidence–based curricula (Botvin LifeSkills Training Middle and High School Programs) Selected partner grantees confirm sites for LifeSkills implementation Selected partner grantees facilitate curriculum	Botvin LifeSkills reached 1395 students 599 youth enrolled in LifeSkills completed the programming 90% of youth who completed survey (441) said they increased their knowledge, attitudes, and skills needed to make good choices or prevent harmful behavior
CA staff implements 5 training courses annually at PPI Training Center or community locations	83 prevention professionals are reached with evidence-based training 68 (90%) of prevention professionals who complete each training indicate positive outcomes achieved

Conclusion

In our data gathering, interviews, and analysis of the SUD landscape in Milwaukee County, we uncovered several important specific programming and funding needs. Yet, in addition, we heard from almost all of our key informants that there are larger, structural problems that must be addressed, Indeed, a common sentiment is that current SUD services are delivered not as part of a coordinated system of care, but as a fragmented and incomplete array of services by dozens of providers who operate largely in their own respective service lanes.

BHS' current opportunity to invest opioid settlement dollars could allow it to play the lead role in building a coordinated and comprehensive treatment and recovery system. In the short term, this new funding also may find its greatest use as start-up funding for new or enhanced services or for one-time uses like program development; enhanced information technology to promote a more systemic approach to treatment and follow-up; or brick-and-mortar investments in new housing or treatment facilities.

BHS and its stakeholders might frame their deliberations by considering the following categories for investment of settlement monies and other resources freed up by those monies, as well as dollars that may now be available because of recent changes in Medicaid reimbursement:

1. *Invest in Residential Treatment and Housing*

    - Use settlement monies for bricks and mortar investments in residential, bridge housing, "damp" housing (i.e. housing where some limits on substance use are imposed), and other housing needs.
    - Employ underspent Temporary Assistance for Need Family (TANF) funds – which only can be used to support women and men with children – to help reimburse for family-centered treatment services (like parenting skills) in residential settings.
    - Enhance the number of residential treatment slots and increase room and board reimbursement rates.

2. *Address Funding Flaws*

    - Use settlement or freed up resources to address the lack of available reimbursement for services for individuals not eligible for TANF or those whose primary substance of use is alcohol, cocaine, or other non-opioid substances.
    - Use these monies to extend residential treatment reimbursement beyond 90 days when needed.
    - Use these monies to allow or expand reimbursement for CCS providers to serve clients before they are fully enrolled.

3. *Invest in BHS' Role as Coordinator and Gatekeeper*

    - Invest in staff and technology to allow BHS to serve as the gatekeeper for those seeking or needing residential treatment services; in this role, BHS would seek to ensure equal access to all and prioritization of those most in need of residential services.
    - Invest in staff and technology to allow BHS to serve as data collector from all major service providers and disseminator of information on where there is available capacity and which services are producing desirable outcomes; as part of this role, BHS also could serve as the overall "system" coordinator or perhaps invest more to allow for the expansion of WCS' Hub and Spoke program to play that role.
    - Coordinate communications, policies, and procedures between county-funded Access Points and local hospitals to ensure proper care coordination and follow-up after hospital discharge.
    - Provide necessary resources to allow BHS access clinics at federally-qualified health centers to become true Access Points for SUD services.

4. *Address Other Pressing Service Gaps*

- Increase various fee-for-service rates to help community-based providers recruit and retain needed staff.
- Create stipends for interns working at nonprofit providers.
- Steer settlement and other freed up resources toward social determinants like transportation, employment, and social and peer support.
- Recognizing that alcohol use is a potential gateway to opioid usage and continues to be a major public health concern in Milwaukee County in its own right, expand available services for those whose primary substance of use is alcohol, including a possible expansion of the AODA TCM program.
- Invest more in peer specialist pay and training.
- Urge and perhaps incentivize health systems to increase their hospital-based detox capacity (perhaps in return for having the county fund more residential treatment services).

5. *Bolster Prevention and Harm Reduction*

- Step up public education about the dangers of marijuana and cocaine laced with fentanyl.
- Do more prevention and harm reduction work with suburban communities.
- If politically feasible, consider investing in safe injection sites.

Overall, we hope our analysis will provide BHS, the Milwaukee County Mental Health Board, county policymakers, and other SUD providers and stakeholders with useful information that will assist them in making the most of their unique opportunity to address a critical public health need. While this report provides only a high-level starting point in that discussion, we are hopeful that it will steer the conversation in a thoughtful and informed direction.