



Wisconsin Community Health Centers: Building Capacity to Combat Opiate Addiction

Issue Brief APRIL 2016

1. THE OPIOID EPIDEMIC IN WISCONSIN

Communities across the nation are grappling with the devastating effects of opioid addiction, both prescription opioids and heroin. According to the Centers for Disease Control and Prevention (CDC), in 2014 the death toll from overdoses involving prescription painkillers or heroin reached 28,647 (61% of all overdose deaths), a 14 percent increase from 2013.¹ National data from 2000 through 2013 shows an increase in drug-poisoning deaths involving heroin across the nation, with the greatest increase seen in the Midwest. This region saw an 11-fold increase in deaths related to heroin (0.4 to 4.3 per 100,000 people).²

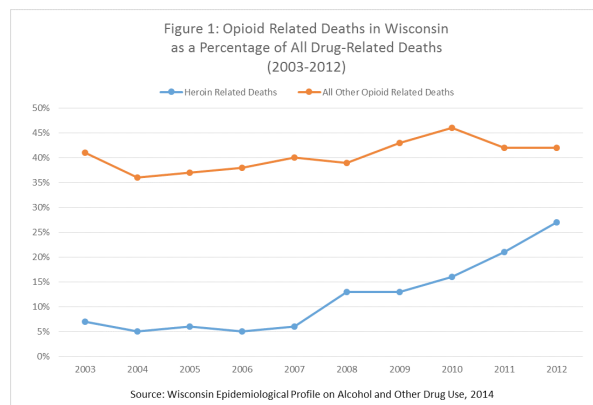
In Wisconsin, 853 people died from opioid related overdoses in 2014.³ The Wisconsin Department of Health Services' (DHS) most recent report on alcohol and other drug use found drug related deaths involving opioids increased from 57% of all drug related deaths in 2003 to 73% in 2012.⁴

Deaths attributed to heroin have seen an especially sharp increase, from 7% in 2003 to 27% in 2012 (Figure 1). According to the DHS report:

*"The upward trend in mentions of heroin in drug-related deaths may reflect increasing substitution of heroin for prescription drugs among opioid users due to heroin's lower cost and increasing availability. With no standards for consistency or dosing as with prescription drugs, heroin use carries significant risk of overdose"*⁵

According to the Federal government's analysis of existing evidence, individuals at greatest risk for prescription opioid overdose include:⁶

- White and American Indian/Alaska Native people
- Men (although overdose among women is on the rise)
- People living in rural areas
- Adults aged 45-54 years
- People who obtain multiple controlled substance prescriptions (especially the combination of opioid analgesics and benzodiazepines) from multiple providers
- People who take high daily dosages of opioid pain relievers



Wisconsin's Opioid Epidemic 1

A State and National Call to Action 2

H.O.P.E. Grantees 3

HRSA Substance Abuse Grantees 5

Map: WI CHCs Substance Abuse Treatment Grantees 7

ISSUE BRIEF

2. THE WISCONSIN HOPE AGENDA: A CALL TO ACTION

S spurred by both the growing trend in opioid abuse in Wisconsin and his daughter's struggle, Rep. John Nygren (R-Marinette) introduced a package of bills in 2013 called HOPE, or Heroin and Opiate Prevention and Education. The legislative package received overwhelming bipartisan support and was signed into law in 2014. The laws include provisions that:

- Expanded use of naloxone by requiring EMTs to carry the drug
- Provided grants to expand Medication Assisted Treatment (MAT)
- Increased funding for treatment and diversion programs

A new set of bills (HOPE 2.0) passed in the 2015-2016 legislative session, and included expanded reporting requirements for the Prescription Drug Monitoring Program, evaluation of the program, and additional funding for treatment and diversion programs. More information and updates on the HOPE agenda can be accessed at a new Assembly website: legis.wisconsin.gov/assembly/hope/legislation

3. THE NATIONAL CALL TO ACTION

P resident Obama recently released a [plan](#) to fight the heroin and prescription-drug abuse problem. The plan includes:

- Expanding access to treatment by:
 - Increasing the current patient limit for qualified physicians who provide medication assisted treatment (MAT)
 - Providing \$94 million in new funding to 271 Community Health Centers (5 in WI) to increase substance abuse disorder treatments specifically focusing on MAT
 - Providing \$11 million for up to 11 states to expand MAT services
- Establishing a mental health and substance use disorder parity task force
- Implementing mental health and substance use disorder parity in Medicaid
- Investing in community policing to address the spread of heroin
- Directing funding specifically to rural communities, which see higher rates of overdoses
- Implementing syringe services

The plan builds upon the President's 2016 budget proposal that includes \$1.1 billion in new federal funding to address the prescription drug and opioid abuse and heroin use epidemic through three major administration initiatives:⁷

- Expansion of Medication-assisted Treatment (MAT) and behavioral health supports to reduce opioid use disorders and overdose
- Opioid prescribing practices to reduce opioid use disorders and overdose ([new guidelines/standards](#)) were recently published by the Centers for Disease Control and Prevention
- Expanded use and distribution of naloxone

This epidemic has taken an enormous toll throughout the nation, reflected in the bipartisan nature of congressional bills that have been introduced and signed into law in the past twelve months. At the end of 2015, the "[Protecting our Infants Act of 2015](#)" was signed into law. The act requires HHS to develop a best-practices handbook for dealing with Neonatal Abstinence Syndrome (NAS) and designate an agency to begin collecting data on NAS that could be used to help further research into the treatment and prevention of the syndrome.

The U.S. Senate recently passed a bipartisan bill, S.524, "[The Comprehensive Addiction and Recovery Act of 2016](#)" with a 94-1 vote. Rep. Jim Sensenbrenner (R-WI) introduced an identical bill in the House where it awaits further action. The bill authorizes more than \$300 million in grant funds for numerous initiatives to help address the opiate abuse/addiction epidemic. Some of the initiatives include:

- A pain management best practices inter-agency task force
- Prevention and education
- Treatment services for pregnant and postpartum women, families and veterans
- Law enforcement and treatment
- Treatment and recovery programs
- State demonstration grants for a comprehensive opioid abuse response

Earlier in 2015, the House passed H.R. 1725, the "[National All Schedules Prescription Electronic Reporting Reauthorization Act of 2015](#)," which would reauthorize federal funding to states for prescription drug monitoring programs. The Senate has introduced companion legislation which is waiting for committee action.

4. WISCONSIN HEALTH CENTERS: ANSWERING THE CALL TO ACTION

HOPE GRANTEES

The HOPE legislation made grant funding available through the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services to establish new comprehensive treatment programs for opioid addiction. Two of the three grants were awarded to Community Health Centers. NorthLakes Community Clinic and Family Health Center of Marshfield each received approximately \$688,000 each year for up to five years to offer treatment services.

Program Goals

1. Provide regional, approved and effective stabilization and residential detoxification services and treatment services for individuals addicted to opioids in rural, underserved and high need areas of Wisconsin.
2. Increase retention in services, improve quality of life and reduce relapse.
3. Reduce the number of deaths associated with opioid addiction in the service area of the program.
4. Reach out to untreated opioid addicted women, offer priority admission to pregnant women, and reduce the number of infants affected by the misuse of opioids.

NorthLakes Community Clinic HOPE Project

The NorthLakes treatment program will serve the counties of Douglas, Bayfield, Washburn, Burnett, Sawyer, and Ashland. NorthLakes currently provides services in behavioral health and AODA therapies in 5 local communities, and the treatment program will expand these services to include:

- Counseling services
- Medication-assisted treatment (Suboxone and Vivitrol)
- Short term residential treatment
- Community based after-care services

Initial staffing will consist of AODA and Behavioral Health therapists, a Psychiatric Nurse Practitioner, a part time Medication Assisted Treatment Provider (MD), a resource coordinator, and support staff; all of whom will be housed at the same site.

The program will contract with providers for short term (up to 14 days) residential detox and with medically managed care for intensive outpatient and day treatment programs.

Current Program Status

- Formation of the Chequamegon Bay Emerging Drugs Coalition, a community-based advisory committee

- Hiring of a Program Medical Director, an AODA supervisor and management staff
- Program implemented in the City of Ashland (serving Ashland and Bayfield county residents), where AODA services and the hospital detox unit are located
- Provider training in American Society of Addiction Medicine (ASAM) protocol
- The purchase of a new building/clinic space in Ashland where renovations have begun

Program Future

NorthLakes has implemented the treatment program in the City of Ashland and plans on expanding the program to reach the rest of the established service area (Douglas, Washburn, Burnett, and Sawyer counties) through other small facilities in these communities (either existing or new NLCC sites) that are specifically designed to meet the needs within these communities.

NorthLakes is considering a small (4 to 12 bed) residential stabilization/treatment program, depending on community need.

HOPE Consortium

“The HOPE Consortium operates under the premise that there is no wrong door to treatment and recovery.”

Family Health Center of Marshfield is part of the newly created HOPE Consortium. This consortium will serve Forest, Iron, Oneida, Price, and Vilas Counties as well as the Forest County Potawatomi, Lac du Flambeau Chippewa, and Sokaogon Chippewa tribal nations.

The Consortium is a formal partnership with 12 entities, including area medical providers, county departments of health and human services, tribal health services, and other community partners, intended to link every regional agency that treats substance abuse in the region. The primary goals of the HOPE Consortium are to:

- Expand capacity and coordinate services across the region
- Provide treatment (including MAT) and detoxification services to all in need
- Focus on services for women of child-bearing age and
- Reduce the number of deaths associated with opioid addiction

Current Program Status

- Provision of medication-assisted treatment to uninsured and underinsured patients at the Marshfield Clinic Minocqua Center through pilot programming
- Establishment of bimonthly HOPE Consortium meetings
- Currently drafting the HOPE Consortium Treatment Path Guidelines
- A pilot of the initial intake process for opioid treatment patients at the Marshfield Clinic Minocqua Center

- The Marshfield Clinic 24-hour nurseline has agreed to serve as a 24/7 phone contact for the HOPE Consortium. Nurseline operators were trained in intake processes specific to opioid addiction and the toll-free line went live April 1, 2016
- Development of a web-based data entry tool for all consortium partners to track clients receiving treatment for opioid addiction within the consortium
- Working toward access to the American Society of Addiction Medicine (ASAM) Continuum Software assessment program, for all consortium partners
- Four care coordinators hired to provide wraparound services

Program Future

- Plans to open additional entry points into the HOPE Consortium in the very near future; Consortium partners operate under a “no wrong door to treatment” policy
- Implement a process allowing patients with insurance issues to access medication assisted treatment via grant funding through Ministry Behavioral Health to further increase access to medication-assisted treatment in the region
- Fill four more care coordinator positions
- Further build upon relationships among Consortium members and community partners to develop a seamless recovery oriented system of care for those we serve

Website: www.hopeconsortium.org

24/7 toll-free line: 1-844-305-4673 (HOPE)

HRSA SUBSTANCE ABUSE EXPANSION AWARDS (FY2016)

In March 2016, the Health Resources and Services Administration (HRSA) awarded \$94 million to 271 Community Health Centers across the country to improve and expand the delivery of substance use disorder services, with a focus on medication-assisted treatment (MAT) for opioid use disorders. Five Wisconsin health centers applied and were awarded a total of \$1.7 million to expand substance abuse services.

Sixteenth Street Community Health Centers (Milwaukee): \$352,083

Sixteenth Street Community Health Centers will use funding to improve and expand behavioral health services in order to meet the needs of the Hispanic population and help reduce racial disparities in health outcomes. This includes:

- Increasing staffing levels and adding an intensive outpatient program (IOP) to the current substance abuse program
- Providing Medication-assisted Treatment (MAT) which will combine medications with counseling and behavioral therapies
- Integrating Screening, Brief, Intervention and Referral to Treatment (SBIRT) screenings within medical visits to promote primary care and behavioral health integration

Access Community Health Centers (Madison): \$325,000

At Access, funding will be used to enhance services provided to current patients with an emphasis on integrated behavioral health and primary care, and will include:

- Providing Medication Assisted Treatment (MAT) at all three medical clinics
- Expanding the behavioral health team and implementing a screening tool used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs
- Expanding UW Health pharmacy capacity to assist in providing medication management for patients
- Developing a pilot to provide physical rehabilitation services as a treatment option for patients with chronic pain
- Implementing group visits for patients with chronic pain

Family Health Center of Marshfield (Marshfield): \$406,250

Family Health Center will partner with Marshfield Clinic to expand regional substance abuse services through the Minocqua and Park Falls centers. Their target population includes primary care patients as well as community members who self-refer or are referred by HOPE consortium partners. Grant funding will expand services, including:

- Hiring additional staff including a Director of Substance Abuse Services and additional nursing staff and AODA counselors
- Exploring the potential for telehealth services to facilitate development of group sessions throughout the region that meet requirements for intensive outpatient treatment
- Developing the infrastructure necessary to integrate SBIRT screening into the primary care setting, expand AODA treatment capacity, and educate providers about the referral services available for identified behavioral and/or substance abuse issues
- Hiring a health educator to develop the infrastructure necessary to establish peer recovery services to augment work with the HOPE Consortium to address regional transportation issues
- Increasing support for evidence-based Safe and Competent Opioid Prescribing Education (SCOPE) training and evaluation for health professionals

NorthLakes Community Clinic (Iron River): \$325,000

At NorthLakes, funding will be used to provide targeted interventions and supportive services for persons struggling with substance abuse as they re-enter the community from Ashland and Bayfield County jails. Early intervention for those most at risk of returning to their addictions and behaviors that led to incarceration will help support individuals to return to their homes and families and reduce recidivism. Services will include:

- Expanding access to mental health counseling and substance abuse services through two dual certified behavioral health/AODA counselors
- Implementing Recovery-Oriented Systems of Care (ROSC) managed by two resource coordinators

Outreach Community Health Centers, Inc. (Milwaukee): \$325,000

Outreach Community Health Centers' Behavioral Health Clinic delivers a broad range of mental health and substance abuse services to over 2,500 clients annually through a staff that includes Psychiatrists, Psychotherapists, Psychiatric Nurse Practitioners, and a Patient Navigator. Services include individual, group, couples and family therapy as well as providers capable of providing access to Medication-Assisted Treatment (MAT). Outreach's behavioral health clinic is co-located with the Primary Health Clinic and care for patients is coordinated through the assistance of a Patient Navigator. At Outreach, funding will include:

- Increasing capacity to deliver substance abuse outpatient treatment services by hiring three additional treatment providers
- Expanding access to Medication Assisted Treatment by certifying providers to practice opioid dependency treatment in the behavioral health and primary care setting

5. HEALTH CENTERS MOVING FORWARD

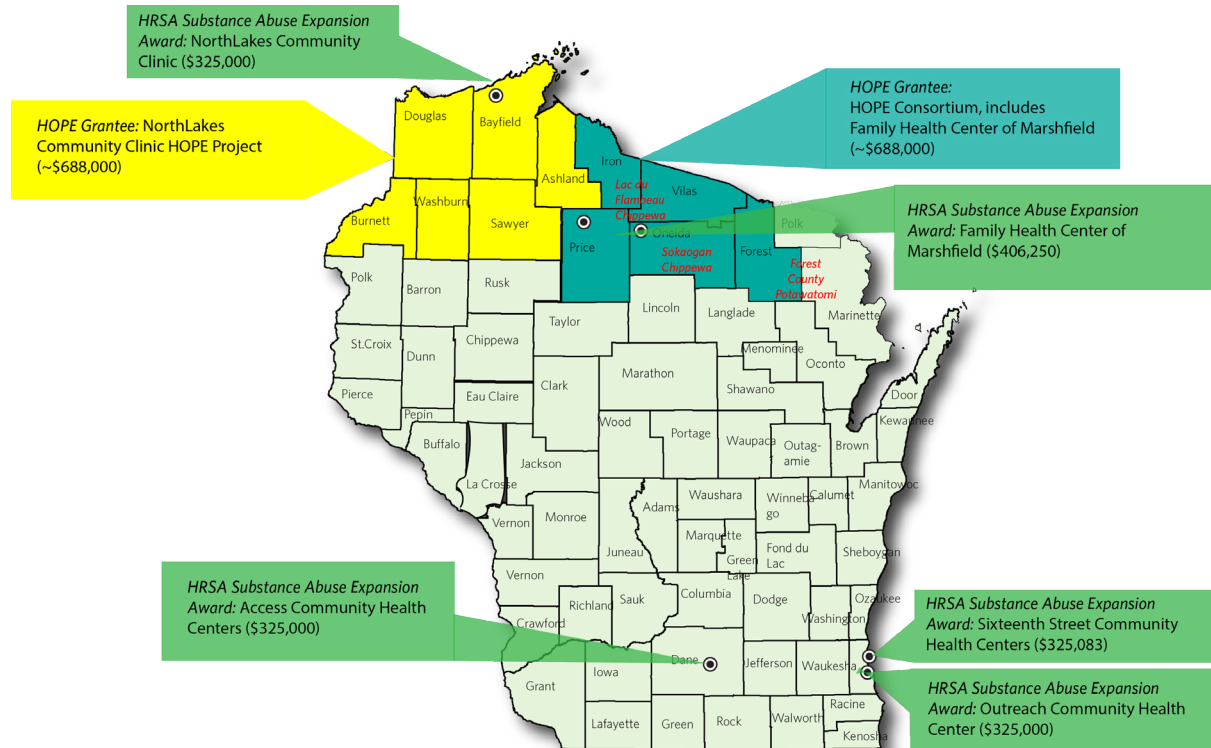
Community Health Centers are uniquely positioned to address the heroin and prescription drug abuse epidemic in our State. Their community & patient based Boards of Directors are acutely aware of the devastating impact this crisis has had on their state, communities, and families and they are committed to being part of the solution. Health Centers are often on the front lines managing public health crises, particularly in underserved and low-income communities where they have established themselves as a trusted source of care.

Community Health Centers are ready to partner with health systems, tribes, state and local officials, law enforcement, and other key community members to shift our current trajectory away from increasing overdoses and deaths to one of harm reduction, treatment, support, and rehabilitation.

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FIGURE 2

Wisconsin Community Health Centers
Substance Abuse Treatment Grantee
Geographic Scope (FY2016)



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WPHCA