



## WISCONSIN

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems. The SSA in Wisconsin is the Division of Mental Health and Substance Abuse Services within the Wisconsin Department of Health Services.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Wisconsin's SAPT Block Grant allocation in FY 2009 was \$27,078,689, representing approximately 47 percent of the State substance abuse agency's budget in Calendar Year 2007.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. At discharge from treatment, Wisconsin reported the following client outcomes among a sample of 21,573 individuals completing residential or outpatient treatment services:

- 73 percent of clients were abstinent from alcohol or other drugs
- 58 percent of clients were employed full time
- 95 percent of clients reported no criminal justice system involvement.
- 97 percent of clients were not homeless

### Family Treatment

Wisconsin has women and family-centered treatment programs for women and their children in 18 counties serving on average 925 women and 723 children each year. The women and family-centered programs serve adult women in need of alcohol and other drug abuse treatment who are involved in at least one other formal service system. In addition, Wisconsin became one of the first States to publish women-specific treatment standards. The average length of stay in women-specific treatment programs is eleven months.

### Prevention Services

The twenty percent prevention set-aside of the SAPT Block Grant represented 11 percent of the State agency's substance abuse prevention funds in Calendar Year (CY) 2006 and helped serve served 452,167 people in CY 2006. Data from the 2005/2006 National Survey on Drug Use and Health (NSDUH) found that prevalence of any alcohol use in the past thirty days decreased in Wisconsin from 24 percent in 2004/2005 to 19.2 percent in 2005/2006. In addition, the NSDUH found that any prevalence of marijuana use in Wisconsin in the past thirty days decreased from 9 percent in 2004/2005 to 7 percent in 2005/2006.

Through cooperative agreements between the Division of Mental Health and Substance Abuse Services, Division of Public Health, the Department of Health Services completed the first epidemiological profile on alcohol and other drug use in 2008. This study found that Wisconsin has very high current underage drinking (39%); current drinking among high school students (49%); and current binge drinking among adults (22%). As a result, the Department has established priorities and action plans to reduce underage drinking; reduce young adult binge drinking; and reduce alcohol-related vehicle fatalities and injuries. The Department has created the Alliance for Wisconsin Youth Regional Centers; Town Hall Meetings on Underage Drinking and the Governor's Council on Alcohol and Other Drug Abuse, Prevention Advisory Committee, among other things, to help the Department meet its priorities.

### Wisconsin Quick Facts

#### Treatment Admissions

- 33,314 persons served in Calendar Year 2007
- **Primary substance of abuse at admissions:**

Alcohol	68%
Marijuana	12%
Cocaine	10%
Opiates	4%
Stimulants	2%
Other	1%

#### Race/Ethnicity:

White	83%
Black	9%
Hispanic	5%
American Indian	2%
Asian	1%

#### Age at Admission:

17 and Under	3%
18-29	38%
30-39	22%
40-49	23%
50-59	11%
Over 59	3%

#### Gender:

Male	73%
Female	27%

#### Treatment Gap

- It is estimated that 371,000 people in Wisconsin needed but did not receive treatment in 2005/2006 (NSDUH).

## National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

## **National Outcome Measures (NOMs)**

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

## **Accountability**

The State Substance Abuse Agency in Wisconsin has several mechanisms in place to ensure that services are effective and efficient. Specifically, Wisconsin operates under a State-supervised, county-administered service system with management and oversight of traditional government responsibilities and services vested at the municipal and county level of government. Wisconsin utilizes a collaborative approach to ensure monitoring of prevention and treatment services through regionally based Department staff, county based human service coordinators, and Single State Agency (SSA) contract management.

Requirements of the State: Wisconsin Statute 51.01 identifies the Legislature's intent and public policy that a full range of treatment and rehabilitation services exists for alcoholism and other drug abuse. Under Wisconsin Statute 51.03, "Department Powers and Duties," the Department of Health Services (DHS) is responsible for promotion of fiscal stewardship in the provision of substance abuse services. DHS is also responsible for ensuring that providers of substance abuse services develop, maintain, and evaluate their plan to address substance abuse needs.

Requirements of the Counties: Under Wisconsin Statute 51.42, county government has the responsibility to develop and manage a system of care for persons with substance abuse problems. This includes the preparation of a local short- and long-range plan to address substance abuse treatment needs, maintain oversight of the planning process, and maintain an inventory of existing resources. These County agencies are required to report the National Outcomes Measures (NOMs) data through Wisconsin's Human Services Reporting System (TEDS), which are used for accountability purposes. The reporting of both the prevention and treatment NOMs are a contractual requirement with providers. Performance-based contracts have been discussed at the SSA level and for the SSA's direct contracts to community agencies, there has been progress. Additional statutory changes are needed before a complete performance-based approach can be applied throughout the entire system.

State to Provider Oversight: Direct grants awarded from the State to private, non-profit and County agencies are also subject to performance management. Direct grant agencies are required to set performance objectives and report on progress quarterly, for example, 60-70% of clients will be drug-free in the 30 days prior to discharge. SSA contract administrators review these quarterly reports and use the information to provide technical assistance and make contractual modifications as needed. Contract administrators also perform annual site visits to provider agencies to ensure programmatic compliance and offer technical assistance as necessary.

Improving Service Management and Efficiency: Currently, the State has a federal Strengthening Treatment Access and Retention-State Implementation (STAR-SI) grant to reduce treatment waiting lists and improve successful treatment completion and in 2009 has a network of over 30 providers and growing. Among participating providers, waiting times have been cut in half, appointment no-shows have been reduced by 12 percentage points, and retention in treatment has increased 11 percentage points. It is anticipated this quality improvement process will be continued as part of NOMS after the STAR-SI grant ends.

## **A Solid Economic Investment**

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. A review of 16 substance abuse treatment cost-benefit studies between 1992 and 2006 found that there is an average annual return of \$6.35 in increased employment income and reduced health care and criminal justice system costs for each \$1 invested in treatment.



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