

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: November 18, 2010

TO: Supervisor Peggy West, Chairperson, Health and Human Needs Committee

FROM: Geri Lyday, Interim Director, Department of Health and Human Services

SUBJECT: INFORMATIONAL REPORT FROM THE INTERIM DIRECTOR OF HEALTH AND HUMAN SERVICES REGARDING THE STATUS OF THE ALCOHOL AND OTHER DRUG ABUSE (AODA) SYSTEM KNOWN AS WISER CHOICE (WISCONSIN SUPPORTS EVERYONE'S CHOICE) AND IMPLICATIONS OF FUNDING REDUCTIONS

Background

In 2003, the Behavioral Health Division (BHD) undertook a significant project of redesigning the public adult Alcohol and Other Drug Abuse (AODA) system. In May 2003 the AODA Re-Design Community Coalition was convened. This group, composed of individuals representing the AODA services provider network, BHD staff and consultants met through the fall of 2004 to analyze the system and recommend improvements in four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System.

In March 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR) grant, a \$100 million discretionary program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. In June 2004, the State of Wisconsin submitted an ATR application to SAMHSA, and in August 2004, the State received notice of a grant award from SAMHSA to fund its application for the Wisconsin Supports Everyone's Recovery (Wiser) Choice program. The State of Wisconsin selected Milwaukee County - Behavioral Health Division to serve as the contracted project management agency for Wiser Choice, and BHD was awarded a total of \$22,775,169 over the three-year grant period.

The original ATR grant ended in August 2007. BHD and the State of Wisconsin submitted the new ATR 2 application on June 7, 2007. The ATR 2 grant began Sep. 30, 2007 and even though Wisconsin received the highest national award, funding for the second ATR grant was reduced by approximately \$2.5 million per year compared to the first ATR grant because SAMHSA awarded more ATR 2 grants nationwide. This resulted in BHD reducing admissions and capacity during the transition between the two grants, to close out ATR 1 and implement ATR 2 because the grants had different requirements.

With the second round of ATR funding, BHD built on its highly successful implementation of ATR 1 by significantly expanding the scope of the criminal justice population served. Wiser Choice now covers the entire criminal justice continuum from pre-disposition (diversion) to sentencing (diversion and courts) to community alternatives to confinement (alternative to revocation and prison) to release from confinement (jail and prison reentry), in addition to the general adult population served in ATR 1.

In January of this year, SAMHSA released the ATR 3 application and BHD with the State of Wisconsin once again applied. The ATR RFA identified a ceiling award of \$4,000,000 per year for 4 years, for a

maximum potential award of \$16,000,000. Wisconsin wanted to demonstrate geographic expansion to best position itself for a third round of funding and submitted the application in collaboration with Milwaukee County Behavioral Health Division, Waukesha County Department of Health and Human Services, the Veterans Administration Medical Center, the Wisconsin Department of Corrections and the Wisconsin National Guard.

In addition to serving the general adult and criminal justice populations in Milwaukee County, particularly vulnerable women and families, this year’s grant makes Veterans and members of the National Guard a priority population to be served. Some of the services include peer-to-peer services for veterans and Seeking Safety, a cognitive-behavioral intervention designed to simultaneously address early recovery from symptoms of Substance Use Disorder and Post Traumatic Stress Disorder, will be employed, particularly to address the needs of returning Operation Enduring Freedom/Operation Iraqi Freedom veterans.

SAMHSA notified Wisconsin that it was being awarded approximately \$13 million for a third round of ATR. Wisconsin and BHD once again received the highest award nationally, and is one of only eight grantees to receive funding for all three ATR cycles in this highly competitive discretionary grant program. The following chart compare the three different ATR funding cycles and it is important to note that all three are separate and distinct from one another, and not a continuation from one grant to the next:

	Amount	Client count	Term
ATR 1	\$22,775,169	7,044	3 years
ATR 2	\$14,490,000	7,626	3 years
ATR 3	\$13,119,440	10,901	4 years

The impact of ATR and Wiser Choice on Milwaukee County has been profound. As we have previously reported to Health and Human Needs Committee, Wiser Choice consistently has the best client outcome measures of any ATR grantee as measured by SAMHSA. There is also encouraging news from the latest Sub-State National Survey on Drug Use and Health (NSDUH), just released in November. The Sub-State NSDUH is released every two years and is based on data from 2006-2008.

The first sub-state report (2002-2004) showed that Milwaukee had the dubious distinction of having the highest rate (13.47%) of any urban area in the nation of persons (12 or older) with a past-year substance use disorder (alcohol or illicit drug abuse or dependence). This period was immediately pre-ATR and Wiser Choice. For 2004-2006, the rate had dropped to 12.47%, but Milwaukee still ranked #1 among urban areas. However, from 2006-2008, Milwaukee’s rate dropped 2.5 percentage points (or 20%) to 9.96%, which ranks it only 22nd among urban areas.

Highlights from the NSDUH report include:

- Milwaukee dropped from 1st among urban areas to 7th in binge drinking.
- Milwaukee dropped from 2nd to 20th among urban areas in past-year treatment gap for alcohol use disorders.
- Milwaukee’s rate dropped 20.1% from 2004 to 2008 in the rate of substance use disorders, compared to Wisconsin’ rate which dropped 8.6% (though obviously a large amount of that decrease is attributable to Milwaukee) and the nation’s rate as a whole decreased only 1.8%.

The NSDUH data, coupled with the positive National Outcome Measures, indicate that Wiser Choice is making a significant affirmative impact on AODA issues within Milwaukee County.

Discussion

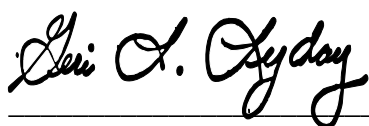
BHD expects to close out ATR 2 before Thanksgiving, meaning the required number of individuals to be served under the grant (client count) will be completed and ATR 2 funds will be exhausted. Since ATR 3 is separate from ATR 2 and has different requirements, BHD is currently in the process of making the necessary infrastructure changes to support ATR 3. This includes development of new service descriptions unique to and required in ATR 3, provider training, making the necessary management information system changes, and creating new Central Intake Unit instructions to support the changes in ATR 3. BHD anticipates enrolling ATR 3 clients in mid to late December. There will be a gap of time between close out of ATR 2 and implementation of ATR 3 that new clients will not be brought into the system.

In order to prepare for ATR 3, a number of steps are being undertaken by BHD to facilitate its implementation. The first is to deauthorize Recovery Support Coordination (RSC) services for ATR 2 clients. RSC services are being replaced with Recovery Check Up (RCU) services, which are less expensive and fulfills the SAMHSA ATR 3 requirement of care coordination for each enrolled individual. Recovery Checkups include four components: initial contact; verification and monitoring of contact information; six-month GPRA follow-up and a satisfaction survey; and linkage with services (as necessary).

The first individuals converted to ATR 3 will be those currently enrolled in the BHD system and receiving services. This is approximately 600 people. The conversion requires completion of a disenrollment GPRA for ATR 2, disenrollment from Wiser Choice and re-enrollment under ATR 3 including a new assessment and intake GPRA to become eligible for the new funding. As part of the new intake GPRA for ATR 3, all clients will receive RCU services to comply with the six month follow up GPRA.

Given the reduced funding under ATR 3 and increased client count number that must be achieved, BHD will set up a system that will empower clients to exercise the choice of how to use funds most efficiently. A requirement of the ATR grants is that all services must be vouchered. A major rationale behind the use of vouchers for any service (*e.g.*, schools) is that the consumer will use the vouchers to get themselves the most cost effective service – the best “bang for their buck,” thereby encouraging providers to compete with each other to offer the best product at the lowest price. In ATR 3, Wiser Choice will issue clients vouchers up to a maximum of \$750. This may result in providers lowering their fees below those offered by BHD in order to attract a higher volume of clients. BHD intends to analyze data to compare outcomes for clients with ATR as their sole eligible funding source with those of individuals with eligibility for other funding sources, to see if this method may result in a more efficient use of public funding.

Respectfully Submitted:



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