

2017

Combating Opioid Abuse



A Report to Governor Scott Walker

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Acknowledgments

First and foremost, our thanks to the members of the Governor’s Task Force on Opioid Abuse:

Lt. Governor Rebecca Kleefisch, *co-chair*
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Attorney General Brad Schimel
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Randy Guttenberg, Waunakee School District

We wish to note, however, that this report represents only the views of the co-chairs and does not purport to represent the views of every task force member.

Holding task force meetings all across the state was made much easier thanks to the hard work and hospitality of each host location: UW Health, Northcentral Technical College, Marshfield Clinic, and the Medical College of Wisconsin. We benefited from the advice of many witnesses, citizens, and stakeholders who spoke to our offices and who presented to the task force. We also appreciate the hard work of the agency steering committees and our friends at The Pew Charitable Trusts, especially Glenn Wright and Andrew Whitacre.

Finally, this task force and report owe much to the staff in various agencies that brought the ideas and events together, including Monica Young from the Governor’s Office; Daniel Suhr and Alex Lech from the Lt. Governor’s Office; Zach Bemis and Chris Borgerding from Representative Nygren’s Office; and Jennifer Malcore, Paul Krupski, Julie Lund, and Taylor Stanek from the Department of Health Services.



From the Co-Chairs

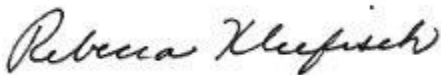
It's official. The opioid epidemic is now a national public health emergency, a declaration issued by the U.S. Secretary of Health & Human Services at the direction of the President. That follows on a recommendation from a report issued by the White House Commission on Combating Drug Addiction and the Opioid Crisis.

Just as the national commission has been fully focused on this issue, our state's Task Force on Opioid Abuse has not relented in its mission since our first Co-Chairs' report one year ago. We have continued meeting as a task force, and we have individually maintained an active presence across the state visiting care centers, touring hospitals, talking to law enforcement, and speaking to people in recovery and the families of overdose victims. Moreover, we have benefited in Wisconsin from the wise counsel and hard work of the staff at The Pew Charitable Trusts, national experts who have lent their insight and resources to our ongoing project.

On the basis of our continuing engagement with citizens across Wisconsin, and with the benefit of Pew's expertise, we are releasing this next set of recommendations to the Governor, Legislature, and people of our state. These recommendations address the full spectrum of responses to this epidemic, including law enforcement and supply reduction, treatment and recovery, and education and prevention. We are grateful to our colleagues on the Task Force, those have provided testimony and information, and the agency staff responsible for developing and implementing the policies that make these recommendations concrete in the lives of people.

Reviewing the White House Commission's interim and final reports, we were encouraged to see that we are already implementing a number of the best practices identified nationwide. Wisconsin is leading the way, and while those reports confirm our state's proactive approach, they also prompt us to recommit to maintaining our state's position on the forefront of innovation addressing this crisis. Our kids and communities deserve nothing less.

Forward,



Lt. Governor Rebecca Kleefisch



Representative John Nygren



Enactment & Implementation Update

From our January 2017 Co-Chairs Report

Separate from several spending items in the Special Session bills, the 2017-19 biennial state budget funded a number of key recommendations from our report:

Increased the children and family aids allocation by \$1,250,000 PR-F in fiscal year 2018 and by \$5,000,000 PR-F in fiscal year 2019 to address increasing child welfare costs.

Fully funded the Department of Public Instruction's request for school-based mental health services, including additional resources for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method.

Expanded and improved access to mental health services for school-age youth by: (a) \$3,000,000 in fiscal year 2019 to support the availability of social work services in schools; (b) \$2,500,000 in fiscal year 2019 for grants for school-linked mental health services; (c) \$491,300 and 1.0 FTE position in fiscal year 2018 and \$514,100 and 1.0 FTE position in fiscal year 2019 to train school personnel in mental health first aid and trauma-informed care.

Additionally, the Governor's budget, as modified by the Joint Finance Committee and matched with Special Session Bill 2, provides record support for Treatment Alternatives and Diversion (TAD): \$5,989,000 in 2017-18 (\$4,900,000 GPR and \$1,089,000 PR) and \$5,989,200 in 2018-19 (\$4,900,000 GPR and \$1,089,200 PR). In addition to the funding for the TAD program, \$500,000 GPR annually would be appropriated for the county drug court grant program.

In addition to these state dollars, the federal government has made significant new resources available to the state to fund initiatives identified in our report:

In April, the Department of Health Services received \$7,636,938 for one year from the federal 21st Century Cures Act to fund the State Targeted Response grant. These funds will support a number of new efforts, including community coalitions, a treatment and recovery hotline, and training for recovery coaches.

In June, the Department of Health Services received \$760,000 in annual funding for four years to launch the Wisconsin Youth Treatment Initiative. With this grant, DHS provide training on identifying individuals struggling with substance abuse to college faculty who work with young people. DHS will also make grants to four multidimensional family therapy providers across the state to provide therapy services to young people fighting addiction issues.



Heroin & Opioid Prevention and Education – 2017 Special Session

The Wisconsin State Legislature, thanks to the leadership of Representative Nygren, has passed all of the bills called for by the Governor as part of the 2017 Special Session on Opioid Abuse.

Special Session Assembly Bill 1: Protects school nurses who provide an emergency dose of an opioid antagonist like Narcan to a student who overdoses on school grounds. Passed the Assembly on a voice vote and the Senate 32-0.

Special Session Assembly Bill 2: Expands treatment alternatives and diversion (TAD) funding for specialty courts and pre-charging diversion. Passed the Assembly 97-0 and the Senate 32-0.

Special Session Assembly Bill 3: Expands Good Samaritan coverage to individuals who overdose under certain circumstances. Passed the Assembly on a voice vote and the Senate 32-1.

Special Session Assembly Bill 4: Requires that opioid-bearing substances like cough syrup with codeine be added to the appropriate controlled substances schedule. Passed the Assembly on a voice vote and the Senate 32-0.

Special Session Assembly Bill 5: Expands eligibility for civil commitment and treatment programs for drug-addicted individuals. Passed the Assembly 97-0 and the Senate 20-13.

Special Session Assembly Bill 6: Authorizes the University of Wisconsin to charter a recovery high school to serve students in recovery. Passed the Assembly 95-2 and the Senate 32-1.

Special Session Assembly Bill 7: Provides additional financial support for graduate medical education in addiction treatment. Passed the Assembly 97-0 and the Senate 33-0.

Special Session Assembly Bill 8: Funds several additional medically assisted treatment centers in underserved and high-need areas. Passed the Assembly 97-0 and the Senate 33-0.

Special Session Assembly Bill 9: Funds an addiction medicine consultation program for doctors to seek counsel from addiction specialists. Passed the Assembly 97-0 and the Senate 33-0.

Special Session Assembly Bill 10: Adds four additional Criminal Investigation Agents focused on drug trafficking to the Department of Justice. Passed the Assembly 97-0 and the Senate 33-0.

Special Session Assembly Bill 11: Provides additional funds to train school nurses and other education professionals on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) method for identifying and treating addiction. Passed the Assembly 97-0 and the Senate 33-0.



Implementation Update: Agency Actions

Department of Corrections (DOC): In June 2017, the inaugural class graduated from the Vivitrol pilot program in Northeast Wisconsin. The program continues with additional future classes as the Department continues to collect and evaluate data.



Department of Health Services (DHS): DHS is using 21st Century Cures Act federal funds to implement the Recovery Corps of peer support specialists (in partnership with Marshfield Clinic); the hospital-based peer support specialist grant program (DHS currently identifying high-need hospital partners); the training and resource kits for first responders and hospitals (DHS working with a UW expert to develop curriculum); and regional prevention resource centers and medically assisted treatment expansion grants (DHS announced grants earlier this month). Additionally, DHS completed contracts that will

provide Waukesha, Sauk, and Kenosha counties with expanded Naloxone access, in which training is already making a difference in saving lives (“Officer uses Narcan to save overdose victim within hours of receiving training,” Kenosha News, June 28, 2017).

DHS has proposed a federal 1115(c) Medicaid demonstration waiver which includes an application for coverage for residential substance abuse treatment to expand access for those suffering from addiction. The waiver also includes drug screening and treatment to identify Medicaid enrollees in need of services. Especially knowing the disproportionate prevalence of opioid misuse among Medicaid participants, we and DHS believe screening and treatment will make a difference in the lives of many, moving them from dependence on both drugs and public assistance towards independence from addiction and the prosperity made possible by regular employment.

Department of Safety & Professional Services (DSPS): Staff and board members are working towards uniformity across prescribing boards. The Controlled Substances Board is generating quarterly reports tracking trends regarding opioids, and the state’s prescription drug monitoring program, or ePDMP, is in compliance with all statutory requirements for timeline and administration.

Department of Transportation (DOT): As of October 1, 2017, Wisconsin has 266 officers trained as Drug Recognition Experts (DRE), compared to 150 just five years ago. As of December 2016, Wisconsin is in the top ten states in the nation in the number of DRE-trained officers. The State Patrol is working with its own officers and with municipalities to increase the number of DRE-certified officers and the number of officers who receive advanced roadside impairment recognition training, thanks in part to a recent \$200,000 grant from the Governors Highway Safety Association.

State Patrol has also acquired sufficient Narcan to ensure all uniformed personnel are equipped with two doses of the opioid antagonist, and all uniformed officers are being trained for its use.



Department of Veterans Affairs (DVA): DVA is undertaking a number of steps to raise awareness among veterans and those who serve them about the dangers of opioid abuse. This year staff is distributing an opioid abuse awareness postcard at a number of veteran outreach events. In addition, at their annual fall conference, the Department will lead discussions about and share best practices to help prevent opioid abuse among veterans. DVA is also collaborating with DHS on information sharing on overdoses and suicides related to opioid abuse.

All new admissions into the Wisconsin Veterans Homes are checked online by the admitting physician via the “ePDMP” website. This website informs the attending/prescribing physician if the prospective new member at the Veterans Home is already receiving opioids from another practitioner/pharmacy. Additionally, the Homes’ attending physicians are all in compliance with the rule requiring all physicians to complete a two-hour opioid prescribing continuing medical education class.

Office of the Commissioner of Insurance (OCI): OCI completed a survey of insurers regarding coverage for substance abuse services and presented the results to the Task Force on July 14.

Wisconsin Housing & Economic Development Authority (WHEDA): WHEDA set aside 10 percent of its allocation of competitive tax credits specifically to fund supportive housing projects, approximately \$1.35 million. For the other 90 percent of the allocation, WHEDA will award a significant number of points of projects that utilize the integrative supportive housing approach, and set aside up to 25 percent of their total units for housing residents in need of services. Additionally, WHEDA’s recent allocation of \$3 million from the Housing Trust Fund will be used to fund capital gaps of integrative supportive and homeless housing. WHEDA anticipates that many of these units and the supportive services associated with them will be used by individuals struggling with substance abuse and addiction.

Recommendations Moving Forward

Our strategy is built on four pillars:
prevention, supply reduction,
treatment, and recovery.

Prevention

The President’s Commission highlighted the good work of several programs like Strengthening Families that have a proven record of helping at-risk youth. These programs are currently working in three counties, and we recommend that the Department of Children & Families **fund expansion of these evidence-based practices to help youth make good choices** in accountable relationships with parents.

Schools play an important role in teaching all young people to avoid the dangers of substance abuse. Although state law already requires that school health curricula include a general awareness of the dangers of alcohol and controlled substances, we believe it should be clarified to **specify that schools must also educate students about prescription drug abuse**. We must tackle prescription drug abuse head-on given its prevalence as a problem for student-athletes with sports injuries, teenagers who have their wisdom teeth pulled, and kids attending so-called “pill parties.”

Supply Reduction

Law enforcement is on the front lines of this crisis. Not only do they respond to numerous calls for overdose victims, they are also responsible for responding to drug-motivated burglaries and for investigating drug-trafficking crimes. To help law enforcement beef up their efforts to stop the flow of drugs onto the streets, **we’re proposing a dedicated fund to provide grants to state and local agencies to expand capacity in the fight against illegal drugs**. We anticipate grants being used to run extra patrols along high-intensity drug-trafficking routes, to purchase secure drug take-back receptacles, to train additional officers in drugged driving recognition, to update technology to incorporate the Overdose Detection Mapping Application Program (ODMAP) app, to acquire a drug recognition K-9 unit, and other tools to respond to this crisis.



We also want to **add two regional drug resource prosecutors for the Department of Justice** at the DCI field offices in Wausau and Green Bay. This will provide local law enforcement and district attorneys with up-to-date information specific to drugs. These prosecutors may also serve as lead or co-counsel for local DAs in highly complex drug trafficking prosecutions.

Victim impact panels are already a common sentencing tool for judges in drunk driving cases. Listening to a mother who has lost a child in a drunk driving accident helps drivers with their first or second DUI realize the severe consequences that could stem from their choices. We're hopeful that permitting similar victim impact panels with people in recovery or family members of overdose victims could be a useful tool for drug courts and other judges sentencing users who appear before them.

ODMAP is a technology application that allows police departments to participate in a nationwide database tracking overdose data. We encourage more departments to use ODMAP to get a better, real-time picture of what's happening across Wisconsin, and we ask the Governor to **order our state law enforcement agencies to adopt ODMAP** in their operations.

We applaud Milwaukee County for purchasing a **time-of-flight mass spectrometer to provide law enforcement and medical examiners with faster processing of overdose cases**. We are

watching Milwaukee's implementation with interest to see if this is technology we need at the state's crime labs as well.

Supply reduction also includes responsible prescribing by medical professionals. We are seeing a significant culture shift among prescribers, led by our friend and task force member Dr. Tim Westlake and his coalition. We applaud the Medical Examining Board for instituting continuing education expectations specific to opioid prescribing to ensure all doctors are aware of important developments in the literature. We propose legislation that would **require all of the prescribing professions licensed by the Department of Safety & Professional Services, including dentists, physician assistants, and advanced practice nurse practitioners, to also have a continuing education requirement specific to controlled substances**.

Treatment

Delivery of treatment services is one of the priority challenges facing the state as we respond to the opioid epidemic. We need more providers in more parts of the state who specialize in addiction treatment. Other states are experimenting with a so-called "hub-and-spoke" model, and we believe this could hold tremendous promise for Wisconsin as well. The model relies on regional "hubs" that commit to serving as centers of excellence for addiction treatment and on "spokes" in communities that refer cases in and take referrals from the hubs. We recommend that the Governor

issue an executive order creating a one-year **study commission to dive into the details of the hub-and-spoke model** to figure out how it can work in Wisconsin.

Social services workers are also in the trenches responding to this crisis. We've seen an explosion in child welfare cases, for instance, as parents overdose or end up in correctional settings because of this epidemic. We recommend a one-time grant to DCF to **develop an internet-based training resource for county social services and veterans service staff**, many of whom are encountering these cases without sufficient support in best practices. We further recommend that DCF review its electronic child welfare systems to ensure they provide the most accurate and worthwhile information on substance abuse to case workers.

Access to treatment services is a huge challenge, especially in our state's rural communities. As the most recent State Council on Alcohol and Other Drug Abuse (SCAODA) report documented, the worker shortage in Wisconsin includes a significant shortage of mental health and substance abuse professionals. We took a good first step last package with the Recovery Corps proposal. But more must be done, including **intra- and inter-state reciprocity for licensure**.

We also propose **funding Graduate Nursing Education to reduce wait lists and increase class sizes and placement opportunities in the Mental Health nursing program** at UW.

Another way to ensure access to services is to ensure sufficient insurance coverage for treatment. The **Workers Compensation Advisory Council has recommended an agreed bill to the Legislature**. It contains several good recommendations that would expand coverage for addiction treatment to people who began receiving opioids for pain from job-related injuries.



Federal law permits an advanced practice nurse prescriber (APNP) and physician assistant (PA) to prescribe buprenorphine, a medically assisted treatment option, if he or she possesses a waiver from the federal Drug Enforcement Administration. State law requires that an APNP and PA has in place a collaboration agreement with a doctor. Our bill will **clarify that the collaborating doctor does not need a federal waiver as long as the APNP or PA has one**. This clarification should increase the number of providers offering medication-assisted treatment (MAT), especially in rural communities.

When an individual with substance use disorder is released from jail, which often functions as a forced detox period, the first

week back on the outside is usually the most difficult to resist a return to using. Moreover, these individuals often overdose when they resume using at the same level as they were doing before they went into jail because their bodies have lost the tolerance they had built up. We propose providing **\$1,000,000 to launch a pilot program in several diverse counties that would provide volunteer participants in county jails with a Vivitrol shot in the last days before release** to suppress their cravings for opioids upon reentry.

We also recommend that the DHS work with the Law Enforcement Standards Board to develop best practices and **resources for law enforcement and medical first responders who may encounter fentanyl** in their jobs.



We encourage the DHS to apply for a federal grant to develop a technology solution that **tracks treatment capacity for substance abuse services**. We also hope DHS can work with stakeholders to develop uniform

statewide standards for data submission on people seeking treatment.

We ask the DHS to **review requiring prior authorization for buprenorphine treatment combination drugs** within BadgerCare for enrollees other than pregnant women.

Further, **Wisconsin's statute governing pregnant moms struggling with substance abuse needs to be revisited**. This statute currently affects a number of stakeholders, and we intend to engage them in the coming months as we work towards a revised statute that maintains its core principles but improves its operation based on what we have learned in twenty years of experience and medical advances.

Recovery

We know drug courts work to facilitate long-term recovery through care coordination and accountability. We want to see this concept expand to juvenile courts, where justice-involved youths court also benefit from the drug court model. **We support Rep. Jesse Rodriguez and Sen. Alberta Darling in their efforts to pass Assembly Bill 481 and Senate Bill 390** and believe we should create a special fund to support the start-up costs of this legislation.

We know that steady employment is a key component to successful long-term recovery. **We also applaud Rep. Warren Petryk and Sen. Darling for sponsoring Assembly Bill 829 and Senate Bill 626**, which would clarify standards for individuals with

drug convictions seeking occupational licenses in Wisconsin.

We are asking the DHS to **sponsor a faith-based summit** to help pastors, priests, parish nurses, and other community groups responding to the human impact of this crisis.

We believe the Departments of Health Services and Corrections should work together to **facilitate continuity of care for offenders** reentering society at the conclusion of their imprisonment, especially through an offender-only service unit within contracted managed care organizations within BadgerCare.

Conclusion

This report reflects the hard work of many people who care deeply about this issue. We recognize that it is only a report. We need

people across the state to engage to make its recommendations reality. We are so grateful to the many folks who have already stepped forward in a variety of different personal and professional ways to spread hope and stop abuse. Solving this problem will take a lot more than good public policy, though that is a necessary condition. To achieve real change, we will need citizens across Wisconsin from every walk of life: parents and family members, coaches, teachers, nurses, doctors, therapists, law enforcement, veterinarians, and people with lived experience. This is a crisis confronting our entire society, and it's going to take all of us to pull together to help address it.

We remain hopeful. Rep. Nygren called this the HOPE Agenda from the very beginning. It's a good acronym: Heroin & Opioids Prevention & Education. It's also our mission and our attitude: to increase hope across Wisconsin, which is essential to solving this crisis.



