



WISCONSIN POLICY FORUM

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Road to Recovery: Improving substance use disorder services in Milwaukee County *Opioid settlement funds create opportunity to address service gaps and improve coordination*

Poised to receive more than \$70 million in opioid settlement funds to combat substance use disorders, Milwaukee County has a rare opportunity to improve a fragmented, incomplete system of care to one that is more coordinated and comprehensive, a new Wisconsin Policy Forum report finds.

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

Alongside BHS, the region's major health systems provide a range of substance use disorder (SUD) services. Opioid abuse is a priority for them, as well as for the county's 11 municipal health departments, emergency medical service providers, and other organizations.

As part of a national legal settlement related to opioid use, Wisconsin stands to receive more than \$400 million – of which Milwaukee County expects to receive more than \$70 million. The county also may be able to tap other federal sources to secure significant funding to support its SUD programming.

To ensure that these resources are spent effectively, BHS leaders approached the Wisconsin Policy Forum last year to request our assistance in understanding the SUD provider landscape in the county and identifying areas where investments in service improvements may be warranted.

In our data gathering, interviews, and analysis, we heard from almost all of our key informants that – while specific programming and funding needs exist – there are also larger, structural problems that must be addressed.

"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," the report finds. "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."

Assessing needs

Our interviews with BHS-affiliated SUD service providers found many believe there is a need for greater residential treatment capacity and coordination; additional "bridge" housing for those discharged from residential treatment but who still need support in their road to recovery; a greater

focus on alcohol use, which remains perhaps the foremost SUD challenge in the county; increased focus on workforce challenges; and greater coordination among services and providers.

Interviews with providers of hospital-based SUD services highlighted service gaps including detox service capacity, a lack of a centralized database of community-based providers that would include real-time information on treatment capacity, a need for various forms of supportive housing, and workforce and transportation hurdles.

We find that in the short term, the new funding 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 residential treatment facilities.

BHS and its stakeholders may wish to consider five categories for investment of new dollars from the opioid settlement, as well as from recent changes in Medicaid reimbursement.

These include:

- **Investing in residential treatment and housing:** This may include building residential treatment facilities or bridge housing; and redirecting funds for family-centered services, such as parenting skills in residential settings.
- **Addressing funding flaws:** Using settlement funds, or other funds freed up by those dollars, to expand reimbursement for services for people with non-opioid addictions, including alcohol; expand residential treatment options beyond 90 days as needed; and offer more services for individuals who may not be eligible for reimbursement under existing federal programs.
- **Investing in BHD's role as coordinator and gatekeeper:** Invest in staff and technology to enable BHS to serve as an equitable gatekeeper for those seeking or needing residential treatment services; to serve as data collector and disseminator of data and information from major service providers; and assume additional coordination and communication roles.
- **Addressing other pressing service gaps:** Increase rates to help community-based providers recruit and retain staff; create intern stipends for nonprofit providers; expand available services for those whose primary substance of use is alcohol; encourage health systems to increase their hospital-based detox capacity; and steer resources toward social determinants like transportation and employment.
- **Bolstering prevention and harm reduction:** Expand public education about the dangers of marijuana and cocaine laced with fentanyl; and increase cooperation on prevention and harm reduction work with suburban communities.

[Click here to read the full report.](#)

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