



ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

How to Join:

<https://iecho.org/welcome>

For attendance, purposes please text the following code: QOBBOM to 608-260-7097

Session Date: Friday, September 20, 2024

Didactic Topic and Presenter:

Opioid Settlement Funds

Michelle R. Haese CAPSW, CSAC
Director of Substance Use Initiatives
Wisconsin Department of Health Services

Content Experts: Sheila Weix and Joe Galey

-
- 12:15 PM: Attendance text-in – Introductions
 - 12:25 PM: Case Presentation
 - Presenter: Kate Schueller, MD - Palliative Care Faculty and Michael Matthews, MD - Palliative Care Fellow
 - 1 PM: Didactic Presentation
 - Presenter: Michelle R. Haese CAPSW, CSAC
 - 1:15 PM End of Session

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

CONTINUING EDUCATION INFORMATION:

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2024 Universal Activity Number (UAN): JA0000358-0000-24-009-L01-P; JA0000358-0000-24-009-L01-T

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Medication Access and Training Expansion Act (MATE)

This session is designed to meet the requirements outlined in the Medication Access and Training Expansion (MATE) Act. ([Click here](#) for more information.) Number of hours: 1



ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2024-2025
Opioid Settlement Funds
9/20/2024

Didactic Presenter: Michelle R. Haese CAPSW, CSAC

Case Presenter: Kate Schueller, MD and Michael Matthews, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

- Describe how opioid settlement funds are structured in Wisconsin, including how funds are divided between the state and local governments.
- Explain Wisconsin Department of Health Services' efforts to infuse opioid settlement funds into communities.
- Develop methods to engage with decision-makers regarding their priorities for opioid settlement funds.

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

** Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies.*

Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	Usona Institute (Grant / Contract), multi-disciplinary association for psychedelic studies (Grant / Contract)	Yes	1/29/2024
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/5/2024
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	2/6/2024
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/8/2024
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	1/29/2024
Susan Mindock	Planner	No relevant financial relationships to disclose	No	1/29/2024
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/9/2024
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	1/29/2024
Joseph Galey	Planner	No relevant financial relationships to disclose	No	2/13/2024
David Leinweber	Planner	No relevant financial relationships to disclose	Yes	1/20/2024
Michelle Haese	Presenter	No relevant financial relationships to disclose	No	8/29/2024

Kate Schueller	Presenter	No relevant financial relationships to disclose	No	8/28/2024
Michael Matthews	Presenter	No relevant financial relationships to disclose	No	8/23/2024

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Case Presentation

Michael Matthews, MD
Palliative Care Fellow

Kate Schueller, MD
Palliative Care Faculty

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[For this educational activity there are no reported conflicts of interest](#)

Case Introduction

- ▶ One-liner (including age/sex):
 - A young man in his 30s with PMHx of metastatic germ cell tumor s/p tandem autologous SCT with partial response and ongoing cancer-related pain, severe polysubstance use disorder (heroin, fentanyl, methamphetamine, cocaine, non-Rx benzodiazepine), and housing insecurity presents to PC clinic after an interruption in access to high dose Rx opioids.
- ▶ Primary question for discussion:
 - What are the best practices for managing a patient with a high degree of cancer-related pain with concurrent high-risk polysubstance use?

Medical & Behavioral Health Diagnosis:

- Metastatic germ cell tumor
- Cancer-related pain
- Chemotherapy-related neuropathy
- Polysubstance use disorder, severe (heroin, fentanyl, methamphetamine, cocaine, non-Rx BZD)
- Tobacco dependence
- Anxiety

Current Medications:

- **Oxycodone 100 mg q3h PRN**
- **Methadone 40 mg TID**
- Gabapentin 1,200 mg TID
- Duloxetine 60 mg QD
- Lorazepam 0.5 mg q6h PRN

Substance Use

▶ History:

- OUD pre-dating cancer dx
- MOUD discontinued when incarcerated ~2y ago
- Uncontrolled cancer-related pain and stress = trigger for ongoing polysubstance use: fentanyl, heroin, cocaine methamphetamine.

Substance Use

- ▶ PC prescriber had been tapering methadone/oxycodone given concern for misuse/diversion.
- ▶ Day 1: Calls clinic for refills of methadone/oxycodone after release from jail; withdrawing.
 - Rx one day of last known regimen (methadone 10 mg TID + oxycodone 60 mg QID)
- ▶ Day 2: Clinic visit with new PC MD. PMP with non-prescribed substances. SDM to start suboxone.
 - Rx Suboxone cross-taper (1 mg QD -> 4 mg QID) over 1 week, then taper full agonists
- ▶ Day 9: Video visit. Finished 7d Rx of Oxycodone two days early; Delayed start of Suboxone and never ramped up. AMS, unclear if withdrawal vs acute toxicity.
 - Told to take 2 mg Suboxone now, then again in 2h. Will call back.
 - Phone call to mom due to missing calls: hard to awaken, slurring speech. Decline 911. Gradually awakens. COWS 22, told to rapidly ramp up Suboxone (4 mg now, then 4-8 mg q6h PRN) & stop all full agonists.
- ▶ Day 16-26: Missing appointments, not answering phone calls
- ▶ Day 27: Phone call, reports heroin use. Taking Suboxone 4 mg BID, helps cravings, not pain.
 - Rx Suboxone 4-8 mg TID PRN
 - Planned clinic visit on Day 30, did not show/answer phone

Substance Use

- ▶ Consequences of Substance Use:
 - Social/occupational/educational:
 - Incarceration; housing insecurity; interpersonal conflict.
 - Physical (including evidence of tolerance/withdrawal):
 - Escalating Rx opioid needs to manage pain/cravings.
 - Withdrawal experienced during interruptions to regimen.
- ▶ Past treatments:
 - Inpatient rehabilitation programs through DOC
 - Suboxone at subtherapeutic dose

Social History:

- Social Factors/History:
 - Housing Insecurity
 - Inconsistent transportation
 - Currently living ~2h from UWH
 - Frequent arrests impact timely access to medications
- Education/Literacy: Some college; Developed decent health literacy / understanding of dosing schedules
- Income source: SSDI

Family History:

- Unknown

Patient strengths & protective factors:

- Cites his young son as source of motivation
- Supportive mother, able to provide some emotional support / transportation

Risk factors:

- Housing Insecurity
- Lack of stable family support
- OUD pre-dating cancer diagnosis
- Existential distress 2/2 life limiting illness
- Negative perception of suboxone (fear of withdrawal, inadequate pain)

Labs

- ▶ Creatinine = 0.9
- ▶ Pain Management Profile:
 - Stimulant Class +
 - Amphetamine +
 - Benzoyllecgonine + (*cocaine metabolite*)
 - Methamphetamine +
 - Opioid Class +
 - Fentanyl +
 - Norfentanyl +
 - Methadone, EDDP + (*methadone metabolite*)
 - (Nor)oxycodone, (Nor)oxymorphone +
- ▶ ECG: QTc 410 ms

Patient Goals & Motivations for Treatment

- ▶ Management of pain
- ▶ Management of polysubstance craving

Proposed Diagnoses

- ▶ Opioid Use Disorder, Severe
- ▶ Polysubstance Use Disorder
- ▶ Cancer-Related Pain

Proposed Treatment Plan

- ▶ Suboxone 4-8 mg TID PRN
- ▶ Consider titrating up to 8 mg QID if pain still inadequately managed

Discussion:

- ▶ Primary question:
 - What are the best practices for managing a patient with a high degree of cancer-related pain with concurrent high-risk polysubstance use?

DSM–5 Substance Use Disorder (“Addiction”)

- ▶ Tolerance
 - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
 - ▶ Persistent desire/failed attempts to quit/control use
 - ▶ Much time obtaining/using/recovering
 - ▶ Important activities sacrificed
 - ▶ Continued use despite known adverse effects
 - ▶ Failure to fulfill major obligations
 - ▶ Recurrent hazardous use
 - ▶ Craving
 - ▶ Ongoing use despite interpersonal problems
- 2–3 = mild
4–5 = moderate
≥ 6 = severe

By initialing here __MCM__ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider–patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

Opioid Settlement Funds



Michelle R. Haese CAPSW, CSAC

Director of Substance Use Initiatives
Wisconsin Department of Health Services

Settlement Background

- **30%** of settlement proceeds allocated to DHS
- **70%** of settlement proceeds are provided to local governments that were party to the litigation
- **April 1** Annual plan/proposal submitted to Joint Committee on Finance (JCF)
- **Quarterly** report submitted to JCF
(March 31, June 30, September 31, December 31)

Data-Driven Decision-Making

- Opioid data and surveillance information
- Inventory of current efforts, gaps, opportunities
- Best practice guidance
- 12 listening sessions, January 2022
- 4,000+ public survey responses, February 2023
- 6 roundtables, December 2023 and February 2024
- Submitted recommendations by statewide providers, partners, advocates

Overview of Previous Years

Supporting prevention, harm reduction, treatment, & recovery efforts across Wisconsin

Comparing DHS Plans to the JFC Plans

2023 Proposed Strategy	DHS \$ Requested	JFC Approved
Narcan®/naloxone	\$3 million	\$3 million
Fentanyl Test Strips (FTS)	\$2 million	\$2 million
Capital Projects	\$11 million	\$10 million
Community Prevention	\$1 million	\$0
School Prevention	\$2 million	\$250,000
Tribal Nations	\$6 million	\$6 million
Central Alert System	\$500,000	\$500,000
MAT Expansion (Medication Assisted Treatment)	\$1 million	\$2 million
Room & Board	\$2.5 million	\$2.5 million
Family Support Centers	\$2 million	\$0
Law Enforcement Agencies	n/a	\$3 million
After School Prevention	n/a	\$750,000
Hub & Spoke	n/a	\$1 million
TOTAL	\$31 million	\$31 million

DHS Proposed Strategies
versus
Approved Strategies
from the Joint Committee on Finance

State Fiscal Year
2023
(July 1 – June 30)

2024 Proposed Strategy	DHS \$ Requested	JFC Approved
Narcan [®] /naloxone & FTS	\$4 million	\$2.9 million
Capital Projects	\$3 million	\$0
School Prevention	\$1 million	\$0
Room & Board	n/a	\$2.5 million
Medication Assisted Treatment	n/a	\$2 million
Treatment Platform	n/a	\$300,000
Surgical Collaborative	n/a	\$300,000
TOTAL	\$8 million	\$8 million

DHS Proposed Strategies
versus
Approved Strategies
from the Joint Committee on Finance

State Fiscal Year
2024
(July 1 – June 30)

Status Update

- 4/1/24: Plan submitted to Joint Committee on Finance
- 4/22/24: JFC filed an anonymous objection to the plan
- 5/7/24: Hearing held; JFC approved amended plan

Strategy Proposed	Funding Requested	JFC Approved
Tribal Nations	\$6 million	\$6 million
Capital Projects	\$3 million	\$7.7 million
Room and Board for Residential Treatment	\$2.5 million	\$2.75 million
Law Enforcement Grants	\$1 million	\$3 million
Data Collection & Surveillance System Enhancement	\$1.5 million	\$1.5 million
MAT (Medication Assisted Treatment)	\$0	\$3 million
Substance Use Disorder Treatment Platform	\$0	\$1.2 million
Public Awareness & Prevention Campaign	\$0	\$750,000
Medical College of Wisconsin – Periscope Project	\$0	\$600,000
Family Support/Resource Centers	\$5 million	\$0
Peer Support in Opioid Treatment Programs	\$5 million	\$0

DHS Proposed Strategies

versus

Approved Strategies from the Joint Committee on Finance

State Fiscal Year
2025
(July 1 – June 30)

Strategy Proposed (continued)	Funding Requested	JFC Approved
Prevention in Schools and Community	\$5 million	
K-12 Prevention Programs		\$1 million
Statewide Community-Based Organizations (After-School)		\$1 million
Community-Based Prevention		\$1.5 million (\$500k to AWY)
Naloxone	\$3.5 million	
Testing Strips	\$1 million	
EMS Leave Behind Programs	\$1.5 million	
Public Health Vending Machines	\$1 million	
Harm Reduction Strategies	\$0	\$6 million (\$500k Safe Disposal Kits) (\$500k Small facility electronic lock boxes)
TOTAL	\$36 million	\$36 million

DHS Proposed Strategies
versus
Approved Strategies from the Joint Committee on Finance

State Fiscal Year
2025
(July 1 – June 30)



K-12 Prevention

- Programming for 23-24 school year
- 23 school districts
- Some examples:
 - Life Skills Training
 - Positive Social Norms
 - Teen Intervene
- 24-25 Funding Opportunity offered through DPI





Statewide Prevention

- 21 Boys & Girls Clubs across Wisconsin
- SMART Moves Program
 - **S**kills **M**astery and **R**esilience **T**raining
 - Help youth develop the foundational social-emotional and health skills that enable them to make healthy decisions.



Community Based Prevention

- Community coalitions in Wisconsin are supported by the Alliance for WI Youth (AWY).
- Mobilize local leaders to identify & respond to substance use issues specific to their communities.
- Support AWY community coalitions located across Wisconsin working to prevent opioid misuse through efforts such as:
 - community education & awareness
 - efforts for proper medication storage & disposal of prescription medications
 - education on naloxone/Narcan® & other harm reduction strategies
 - other activities designed to address local conditions leading to substance use



Periscope Project

- FY 25 – Contracting Process Initiated with Medical College of WI
- Available to Wisconsin based health care providers treating pregnant & postpartum women.
- Fills critical gap between statewide depression screening initiatives & lack of perinatal psychiatric treatment services in Wisconsin



Surgical Collaborative of Wisconsin

- Provide training to surgeons on practices to prevent misuse of prescription opioids following surgery
- Safe drug disposal programming

Law Enforcement Agencies

FY23:

- Community drug disposal programs
 - 8 agencies
- Medication-assisted treatment education & training
 - 8 agencies
- Pre-arrest or pre-arraignment deflection programs
 - 6 agencies
- Medications for Opioid Use Disorder in jails
 - 6 agencies

FY25 Grant Funding Opportunity recently posted



Treatment Platform

- Collect & maintain substance use disorder treatment provider resources; Patient self-assessment & experience surveys
- FY24 “Treatment Atlas” from Shatterproof
 - Shatterproof had engaged 73.41% of Wisconsin treatment providers in submitting data to Treatment Atlas
- FY25 Grant Funding Opportunity recently closed

Residential Treatment Services

Room & Board Costs

- Calendar Year (CY) 2023
 - 46 counties & 6 tribal nations funded
 - 937 people served
 - 33,147 days of service
- CY2024 (January – March)
 - 53 counties & 4 tribal nations funded
 - 343 people served
 - 9,675 days of service



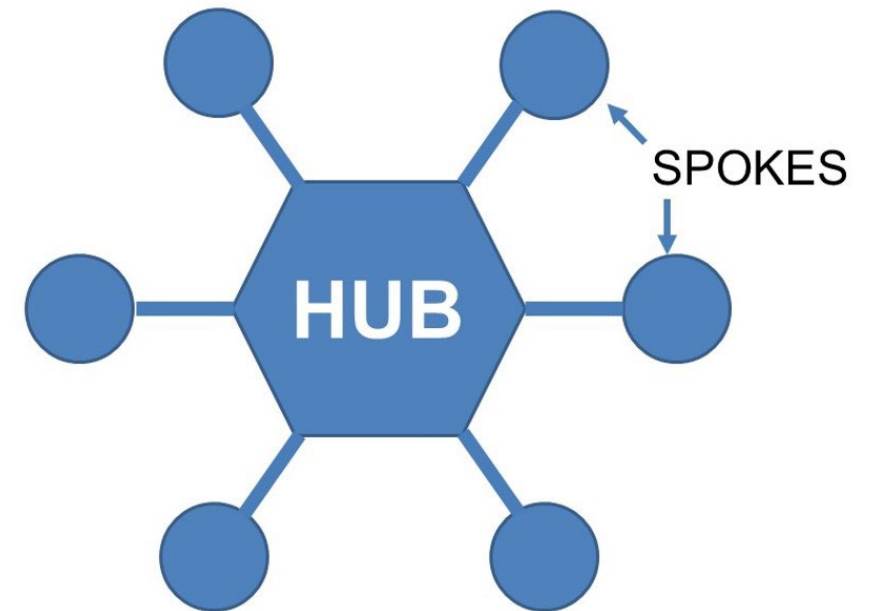


Medications for Opioid Use Disorder

- **Mobile Opioid Treatment Programs**
 - 4 mobile units
- **Wisconsin Society of Addiction Medicine**
 - Telehealth access to buprenorphine with peer support
- **Wisconsin Department of Corrections**
 - Screening, Referral & Treatment services; Increase & maintain access to MOUD for justice-involved persons at identified Residential Services Programs

Hub & Spoke

- Expand the Integrated Recovery Support Services benefit of the health home approach.
- Treat eligible BadgerCare Plus & Medicaid members who have a substance use disorder & at least one other health condition.
- Four locations:
 - Family Health Center of Marshfield
 - Oneida Nation Behavioral Health Center
 - Wisconsin Community Services
 - Vin Baker Recovery



Central Alert System

- **WiSOARR** – Wisconsin Suspected Overdose Alerts for Rapid Response
- Leverages two near-real time data sources: ambulance runs & emergency department visits
- Creating a near real-time overdose surveillance & alert system
- Preparing for integration of data from coroner/medical examiners & public safety partners



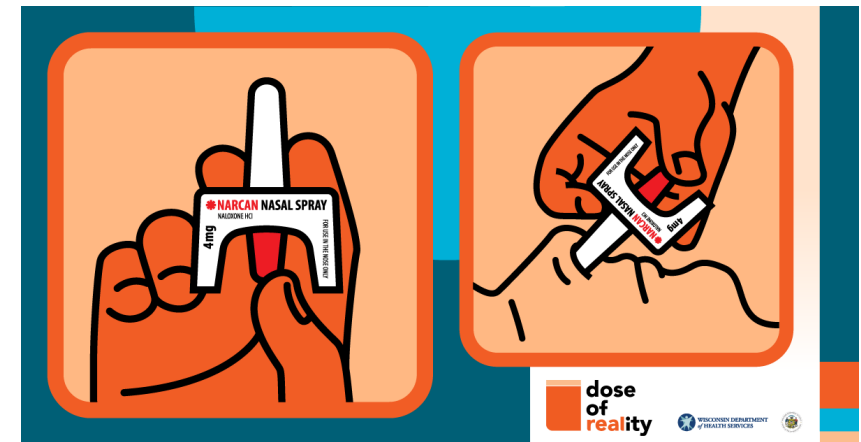
Naloxone

■ Law Enforcement Agencies

- \$750,000 in FY2022 Plan
 - ◆ 135 agencies received 31,650 doses
- \$750,000 in FY2023 Plan
 - ◆ 166 agencies received 19,368 doses

■ Community Agencies

- \$500,000 in FY2022 Plan
 - ◆ 53 agencies received 20,520 doses
- \$1.2 million in FY2023 Plan, braided with other funding
 - ◆ 143 agencies received 204,240 doses



A minimum of

10,465

Overdose

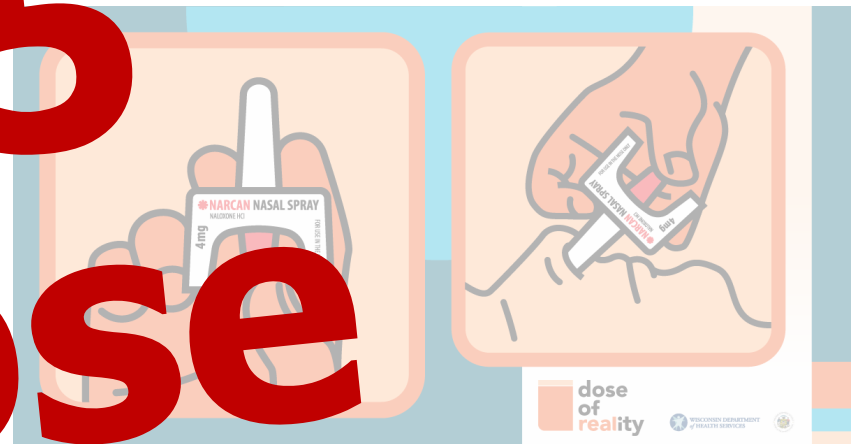
Reversals

- Law Enforcement Agencies

- \$750,000 in FY2021
 - ◆ 135 agencies received 1,650 doses
- \$750,000 in FY2022
 - ◆ 166 agencies received 19,368 doses

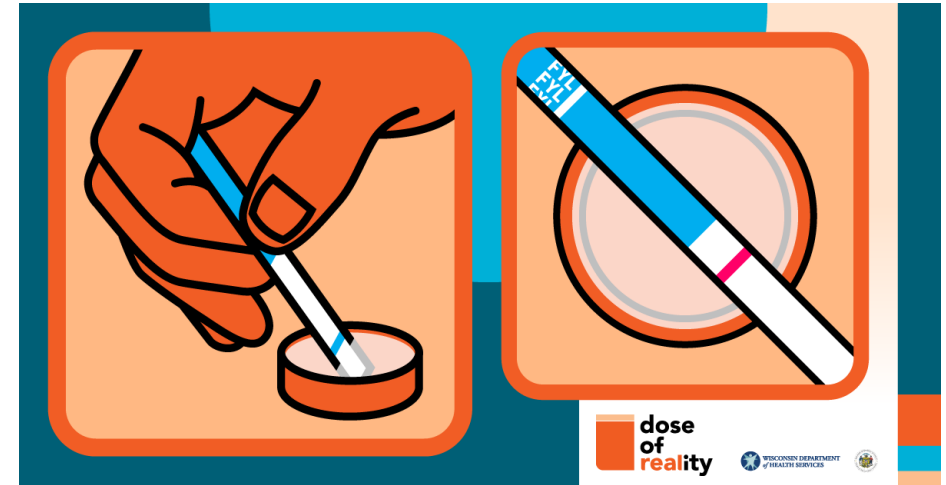
- Community Agencies

- \$500,000 in FY2022
 - ◆ 53 agencies received 20,520 doses
- \$1.2 million in FY2021 with other funding
 - ◆ 142 agencies received 204,240 doses



Fentanyl Test Strips

- Opioid Treatment Programs:
207,500 strips
- Law Enforcement:
45,700 strips and 5,069 kits
- Public Health Vending Machines
- EMS Leave Behind Programs



Public Health Vending Machines (PHVMs)

- 28 contracts with tribes, syringe service providers, health departments, human service agencies, & law enforcement
- Community of Practice support
- Over 20,000 supplies distributed in FY24 Q4
- See DHS website for locations



EMS Leave Behind Programs

- Supporting over 25 agencies
 - Some applicants applied on behalf of all county EMS providers
- Building infrastructure to support program expansion
 - Training components
 - Sample policies and procedures



Capital Projects

- FY23
 - Arbor Place, Menomonie
 - ◆ Increase residential treatment beds for pregnant, postpartum, & parenting women & their children
 - Lighthouse Recovery Community Center, Manitowoc
 - ◆ Created recovery residence beds for pregnant, postpartum, & parenting women & their children
 - Meta House, Milwaukee
 - ◆ Increase residential treatment beds for women
- FY25 Grant Funding Opportunity recently closed



Tribal Nations

- Local problems, local solutions
- All tribes applied & received funds
- Strategies across prevention, harm reduction, treatment, & recovery



Other Resources

OpioidSettlementTracker.com

- Covers everyone!
- Settlements Reached
- Decision-making Process
- Expenditures

GUIDE FOR COMMUNITY ADVOCATES
ON THE OPIOID SETTLEMENT

Wisconsin



Total Funds

Over
\$400 million¹

Allocation

70% to litigating local
governments and 30% to the state

Mechanism

Allocation agreement between
the state and local governments
([Wisconsin State-Local
Government Memorandum
of Understanding](#)), agreement
between local governments
([Wisconsin Local Government
Memorandum of Understanding](#)),
legislation ([Wis. Stat. § 165.12](#))²

<https://www.vitalstrategies.org/wp-content/uploads/Wisconsin-Opioid-Settlement-Fact-Sheet.pdf>

Wisconsin Department of Health Services

- Annual Plans
- Updates
- Quarterly Reports
- Email List



Thank you!



Michelle R. Haese

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