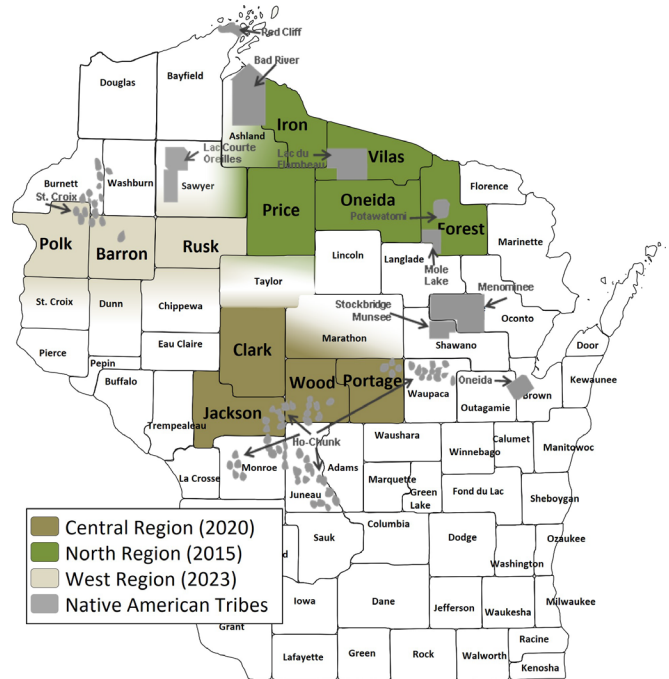


HOPE Consortium 2024 Overview

HOPE Consortium formed in 2015 to address growing problems associated with opioid misuse in northern Wisconsin and expanded in 2017 to include care for those affected by methamphetamine use. In 2020 and 2023, it was expanded to central and western Wisconsin, respectively. Those served include adults and affected family members, with priority for those of childbearing age, who live in Barron, Clark, Forest, Iron, Jackson, Polk, Portage, Price, Oneida, Rusk, Vilas, or Wood Counties or Forest County Potawatomi, Ho-Chunk, Lac du Flambeau Chippewa, Sokaogon Chippewa Tribal Nations, or St. Croix Chippewa Tribal Nations, who are seeking substance use disorder treatment and recovery support.

HOPE Consortium activities are funded by two separate Opioid Methamphetamine Treatment Center (OMTC) grants from the Wisconsin Department of Health Services, Division of Care and Treatment Services awarded to Family Health Center of Marshfield, Inc. (FHC). These two funding opportunities and associated project goals are described below.



Funding & Service Area: HOPE 1.0 OMTC Grant, North and Central Regions

Amount and Duration: \$672,000 annually (January 1, 2020 – December 31, 2024)

GOAL 1: Reduce opioid overdose deaths.

Reduce the substance use disorder treatment gap in the HOPE Consortium service area by serving at least 300 clients.

Activities include:

- Maintain the HOPE Consortium – North and Central Regions, Training Workgroup, and others as identified
- Utilize REDCap data collection platform for patients served at FHC
- Use grant funds as payer of last resort to assist with medications and/or urine drug testing for eligible patients
- Conduct ongoing community outreach
- Ensure access to FHC Alcohol & Drug Recovery Centers clinical care team
- Support connection to treatment and supportive services via hospital consults

Support partners in the implementation of at least three harm reduction strategies to ultimately reduce opioid overdose deaths within each consortium HOPE Consortium region by 5% from 2021 levels. Activities include:

- Support naloxone distribution and training through WI DHS – Narcan® Direct program, Vivent Health, public health departments, WI Voices of Recovery NaloxZone project, and prescribing at FHC Alcohol & Drug Recovery Centers
- Monitor opioid overdose death rates via the WI DHS Opioid Data Direct Dashboard

GOAL 2: Improve outreach, engagement, and retention in treatment services for individuals with opioid use disorders and methamphetamine use disorders.

Demonstrate a 90-day retention in treatment greater than or equal to 75% in each consortium region. Activities include:

- Maintain and develop the HOPE Consortium network composed of partner agency leadership
- Partner with peer recovery support services and provide care coordination services
- Cover the costs for consortium partners to attend in-state trainings on evidence-based programs and practices
- Provide access to ASAM e-modules and other substance use disorder treatment webinars
- Host annual HOPE Consortium Conference and other identified trainings
- Maintain and enhance HOPE Consortium website and print materials
- Administer Brief Addiction Monitor (BAM) at admission and follow-up to assess change in quality of life
- Administer FHC patient satisfaction survey; review results and address as necessary
- Maintain presence at state-sponsored meetings
- Track retention in service for HOPE Consortium participants using REDCap data collection platform

GOAL 3: Increase rapid access to treatment services, including medication-assisted treatment.

Maintain zero waitlist for medication-assisted treatment (MAT) at FHC Alcohol & Drug Recovery Centers. Activities include:

- Support collaboration among providers and provide necessary complement of services

- Track and report time to treatment at FHC Alcohol & Drug Recovery Centers
- Develop and make available materials regarding regional services
- Engage in STAR-QI process to support program improvement

GOAL 4: Develop a set of documents and tools to support long-term sustainability.

Document at least three sustainable approaches to regional substance use disorder treatment. Activities include:

- Annual review of mission, vision, and guiding principles
- Access to professional development training opportunities
- Referrals to Integrated Recovery Support Services Medicaid benefit

GOAL 5: Identify effective treatment models that may be translatable to other providers and settings.

Share at least three best practices or promising practices that have been implemented in the regions.

- Identify best/promising practices being implemented in service area and venue for sharing with partners

Funding & Service Area: HOPE 2.0 OMTC Grant, West Region

Amount and Duration: \$333,333 annually (January 1, 2018 – December 31, 2024)

GOAL 1: Provide access to high-quality, cost-effective substance use disorder treatment for individuals with an opioid and/or methamphetamine use disorder that reside in the three county primary service area (Barron, Polk, and Rusk Counties).

Provide access to comprehensive substance use disorder treatment services to 75 patients from at least 3 referral sources while maintaining an average time from intake to first appointment of ≤ 3 business days. Activities include:

- Maintain the HOPE Consortium – West Regions, Training Workgroup, and others as identified
- Recruit and hire for vacant positions and ensure access to FHC Alcohol & Drug Recovery Centers clinical care team
- Use grant funds as payer of last resort to assist with medications and/or urine drug testing for eligible patients
- Utilize REDCap data collection platform for patients served at FHC
- Cover the costs for consortium partners to attend in-state trainings on evidence-based programs and practices
- Provide access to ASAM e-modules and other substance use disorder treatment webinars
- Implement CLAS Standards to support equitable access to substance use disorder treatment

Provide effective substance use disorder treatment services as demonstrated by improved quality of life on the Brief Addiction Monitor (BAM) for at least 50% of individuals engaged in treatment services for at least 6 months. Activities include:

- Administer Brief Addiction Monitor (BAM) at admission and follow-up to assess change in quality of life
- Partner with peer recovery support services and provide care coordination services
- Referrals to Integrated Recovery Support Services Medicaid benefit

Demonstrate participant satisfaction with services by maintaining an average patients satisfaction score of 2 or better on a 3 point scale. Activities include:

- Administer FHC patient satisfaction survey; review results and address as necessary

Demonstrate grant efficiency by providing comprehensive substance use disorder treatment services to patients at an average per patient cost of \$4,444 or less. Activities include:

- Increase patient participation in efficient treatment service delivery models (e.g., groups, telehealth)
- Refer patients for financial assistance as necessary; report on per patient cost

For more information, visit hopeconsortium.org or contact:

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