

RCORP Planning Project Needs Assessment



AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

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Section 1: Executive Summary

Libertas (Hospital Sisters Health System HSHS) in Marinette has been offering substance use services for more than ten years, formally staffed by a part-time counselor and a receptionist. In 2015, Libertas was awarded the HOPE (Heroin, Opioid, Prevention and Education) Grant for our region from the State of Wisconsin. The grant allowed Libertas to develop a comprehensive array of substance use services: counseling, case management, nursing care, and medication assisted treatment (MAT).

As the HOPE grant unfolded, it became clear that building a community consortium to broaden the scope of services and increase the sustainability efforts was required. Contact was initiated with stakeholders and the first meeting was held in 2016. The topics discussed and worked on throughout the consortium's time together include:

- a. Collaboration
- b. Sharing of resources
- c. Networking
- d. Identifying gaps in services
- e. Developing a more solid continuum of care for our patients

The group has been instrumental in creating a collaborative and coordinated model of care as medical providers now have a wider network of resources. The consortium worked on a telemedicine project with Libertas that culminated in receiving a grant allowing for the addition of telemedicine equipment to ten rural sites. The consortium also linked up with the County Community Health Improvement Planning (CHIP) work groups to coordinate with their initiatives in an effort to avoid duplication.

In the fall of 2018, HSHS learned of the HRSA planning grant opportunity. Knowing this grant would increase the ability to continue planning for services and supports in the affected counties, the consortium agreed to pursue this opportunity. Seven initial stakeholders signed the Memorandum of Understanding (MOU), and HSHS began the process of writing for this grant. It was submitted in January of 2019. During this time, the consortium continued to meet monthly with 20+ actively engaged members. HSHS was notified of the award in May of 2019. Staff was hired, the NEW (North East Wisconsin) HOPE (Heroin, Opioid, Prevention, and Education) consortium was named, and the work continues.

Since May, HSHS has held weekly staff meetings and monthly consortium meetings. The consortium developed a vision, mission, and values to guide our work together.

New Heroin Opioid Prevention Education (HOPE) Consortium RCORP-Planning Project

Geographic Focus Areas and Populations:

Florence, Oconto, Marinette, Menominee and Shawano Counties and the Menominee Tribe



Map prepared:
October 2019

RCORP-Planning Project Geographic Focus Areas

Mission, Vision and Values

Since May, HSHS has held weekly staff meetings and monthly consortium meetings. The consortium developed a vision, mission, and values to guide our work together.



VISION

To bring hope, help, healing and health to all those affected by substance use.

MISSION

To improve health, social and economic concerns associated with substance use through prevention, treatment and recovery supports.

VALUES

We value community, compassion, inclusiveness and respect as we strive to build healthy communities and promote healthy lifestyles.

On September 16, 2019, the first consortium strategic planning meeting was held, with 45 people in attendance from the five counties. The goals for that day were:

1. Build a cohesive group of providers and community members in the counties to work together.
2. Review the needs assessment data gathered and get input on additional important information.
3. Individually review and collectively brainstorm on prevention, treatment and recovery services and supports needed in the region.
4. Inform the consortium about the upcoming implementation grant and the opportunities it would present.

The meeting was held at Waubee Lodge in Lakewood, Wis. This site was chosen as the most central location for the five counties. Most participants commuted an hour or more to get to this location. The day was spent, collectively and by county-level groups, identifying and discussing the issues facing our five counties and gathering information to develop the needs

assessment and strategic plan. It was important to us to have the participants' knowledge and experiences inform the consortium's work.

In reviewing all the data collected, there are several themes that have surfaced. The following is the summary of common issues among the five counties that will guide our strategic plan in the areas of prevention, treatment and recovery of substance use.

1. Poverty levels and lack of
 - a. Insurance
 - b. Transportation
 - c. Funding assistance for programming
2. Silo of services and lack of collaboration
3. Lack of coordinated services and education
 - a. NARCAN®
 - b. Needle exchange
 - c. Drug take back programs
4. Treatment shortages of
 - a. Providers
 - b. Facilities
5. Lack of comprehensive recovery services

Sustainability is a critical part of the planning for services in our five counties. In addressing sustainability, the consortium will be reviewing and addressing the following items:

- Contractual services
- Fee-for-service
- Foundations
- Fundraising
- Monetary donations
- In-kind contributions
- Membership fees
- Other federal grants
- Other HRSA grants
- Program revenue
- State grants
- County Government resources
- Other ideas

The consortium will be doing this work by following the grant deliverable requirements, starting with the focus of this report, the Needs Assessment, which begins in section 3.

Grant Deliverables



Section 2: County Profiles

Welcome to Northeast Wisconsin, a beautiful part of our state that offers an abundance of natural resources that encourage a variety of outdoor activities. Both local residents and visitors are drawn to the area to enjoy such activities as hunting, fishing, snowmobiling, camping, hiking and canoeing on miles of trails and waterways. The rich history of this region provides many cultural and historical attractions as well.



Sadly, there are also areas of poverty, contributing to food, transportation, and housing insecurity in our five focus counties (Shawano, Marinette, Oconto, Florence and Menominee). These economic challenges have contributed to the struggle of dealing with the realities of substance use, and have hampered the creation and access to resources and supports needed to fight the ever-growing opioid crisis. Access to medical, mental health and recovery services and supports has not met the demand in these counties.

Our communities also have a history of being affected by easy access to opioids and other controlled substances. These factors include:

- The drug distribution corridor runs from Chicago and Milwaukee up the Lake Michigan Shoreline into Michigan.
- The prescribing practices of medical systems which included the significant over-prescribing practices of one physician who was later convicted of multiple

violations of the Federal Drug Abuse Prevention and Control Act.

- The limited presence of law enforcement in our rural areas.



Demographics

Quantitative data: This data was obtained from the County Health Rankings & Roadmap 2019

	Florence	Marinette	Menominee	Oconto	Shawano
Total County Population	4,371	41,749	4615	37,553	40,935
% Female	48.5%	49.9%	50.2%	48.9%	49.9%
% Male	51.5%	50.1%	49.8%	51.1%	50.1%
Population over 18	3715	3257	3036	29,892	32,133
Population 15-17	169	1620	190	1370	1490
Median household income	\$47,827	\$44,958	\$ 36,900	\$55,732	\$51,751
Race					
White	97%	97%	10%	96%	88%
African American	-	<1%	-	-	<1%
American Indian	-	<1%	87%	1%	7%
Hispanic or Latino	-	1%	3%	1%	2%
All other races	3%	1%	-	<1%	<1%

According to the 2017 census bureau:

- Florence County is the 2nd least populous county in WI. It consists of 8 towns and none of them are incorporated.
- Marinette County is approximately 1,550 square miles and is the 3rd largest county in WI by land area. There are 3 cities, 4 villages, and 18 towns.
- Menominee County is considered the least populous county in WI. Menominee has no incorporated communities. Menominee County is an Indian reservation held in trust by the United States for the Menominee Tribe of Wisconsin.
- Oconto County has 3 cities, 3 villages, and 23 towns.
- Shawano County has 2 cities, 11 villages, and 25 towns.
- Also important to note from the census bureau is the WI median household income is \$56,759. None of our counties reach this median.

Resiliency Factors: current resources and support to build from

Qualitative Data: Stakeholders in each of the counties were asked about the important resiliency factors that should be considered while planning for substance use prevention, treatment, and recovery. These factors provide a foundation from which our consortium can leverage additional resources and supports.

Resiliency Factor	Oconto	Shawano	Menominee	Marinette	Florence
Out Patient Services	Yes	Yes	Yes	Yes	No
Peer Support Specialists	0	1	0	0	0
Residential Services	No	No	No	No	No
Crisis Services	Yes	Yes	Utilizes Shawano County Services	Yes	Utilizes Marinette County Services
Youth Activity Resource guide					Yes
Adult Role Models/Mentors	Yes	Yes	Yes	Yes	Yes
Youth Development Assets	Yes	Yes	Yes	Yes	Yes
ED Recovery	Soon	No	No	No	No
Community Events	Yes	Yes	Yes	Yes	Yes
Cultural Resources	Yes	Yes	Yes	Yes	Yes
Natural Resources opportunities	Yes	Yes	Yes	Yes	Yes
Drug Take back	Yes	Yes	Yes	Yes	Yes

Qualitative Data: Stakeholders in each of the counties were asked about more specific resiliency factors and strengths that we should consider while planning for substance use prevention, treatment, and recovery. These factors were thought to be most helpful as of this time in each county.

Florence	Marinette	Menominee	Oconto	Shawano
Strong agency partnerships	Coalitions	Cultural activities i.e. Sober Pow Wow	AA / NA meetings	PT for pain management
Community engagement	Community events and activities	Student Health Center	CCS	CCS
Church groups	Church groups	Recovery community	Community stakeholder Community is strong	Church groups
Drug education in schools	School programming	Counseling in schools	Access to medical clinics	Community paramedic program
Forward Services - job services, housing	CCS	3 MAT providers		Youth groups
National night out	AA / NA meetings	TIC in community agencies and care		AA /NA / ALANON groups
Natural resources	Mental Health Court	AODA treatment center		MAT
KAMO - Kids and Mentors outdoors	M&M Foundation	School based mental health		Desire for culture change in community
	Drug Court	Grass roots programs - Natives against Heroin		County IOP program
	Jail programming	Community engagement work group		DEC program
		College of Menominee Nation - AODA program		Drug Court
		Free Vivitrol at the jail		Non-profit services want to help

In addition to the above existing resources, the consortium has identified the below programs and supports to which this consortium has started collaborating with to build a greater potential to decrease the morbidity and mortality rate in our five county region. These can also provide a foundation to which our consortium can leverage additional resources and supports:

Community Health Improvement Plans (CHIP)

Healthy Wisconsin is an initiative driven by Healthiest Wisconsin 2020 (HW2020), our current ten-year state health plan. The extensive plan is a collaborative effort with a diverse range of public health workers and partners of more than 1,500 people. Access to the Wisconsin State Health Improvement Plan can be found at:

<https://www.dhs.wisconsin.gov/publications/p01791a.pdf/>.

The plan has identified five key health priorities for Healthy Wisconsin, one area including substance use. The 2018 report cites a goal of preventing harmful opioid use and reducing opioid related consequences (pp. 32-33).

In alignment with the state plan, each county health department in Wisconsin has or is creating county-wide Community Health Improvement Plans (CHIP). Our team has been in contact with all five counties in our NEW HOPE Consortium area and have been working together to more effectively utilize time spent on substance use prevention, treatment, and recovery. In the below chart are the goals for each county in our region, obtained from county health departments.

Florence	Marinette	Menominee/ Shawano	Oconto
Goal 1: Decrease binge drinking among all Florence county residents from 28% to 23% by December 30, 2020	Goal: Reducing alcohol drug use/misuse in Marinette County	These two counties are working together to complete their Community Health Needs Assessment – once that is done they will be creating a plan.	Goal 1: By 12/31/2020, a drug court will be active in Oconto County
Goal 2: Decrease % of Florence County residents using prescription drugs or recreation or without a prescription by 5% by Dec 31, 2020			Goal 2: By Dec 31, 2021, increase access to treatment services
			Goal 3: community will have an increase in knowledge of current treatment options
			Goal 4: implement Drug Endangered Children Program

Existing Providers

At the strategic planning meeting, each of the county representatives convened to review the resources available in their respective counties.

Medical Clinics	Florence	Marinette	Menominee	Oconto	Shawano
	Florence Medical DCH	Aurora Medical	Menominee Indian Tribal Clinic	Aurora Medical	Theda Care
		Prevea Health		Prevea Health	Aurora Medical
		Bellin Health		Bellin Health	Aspirius Health
		Quantum Health		North Lakes - Lakewood	Marshfield Clinic
		The Wellness Clinic			Prevea Health
		Pain Management			Bellin Health
					OSI
					Stockbridge Health and Wellness

Hospitals	Florence	Marinette	Menominee	Oconto	Shawano
	none	Aurora Bay Area Medical Center	none	Bellin	Theda Care
				St Clare	

Higher Education	Florence	Marinette	Menominee	Oconto	Shawano
	NWTC	NWTC	College of Menominee Nation	NWTC	NWTC
		UWGB			NTC

MAT Providers	Florence	Marinette	Menominee	Oconto	Shawano
	none	Libertas	2 MD 1 APP	none	Jail
		ADAPT			Stockbridge Health and Wellness
					Theda Care
					Prevea

Mental Health Providers	Florence	Marinette	Menominee	Oconto	Shawano
	Off The Couch	Bellin	MISD	Bellin	Bellin
	Pathways to Healing	Prevea	Menominee Tribal Clinic	Prevea	Prevea
		Aurora	Human Services	Aurora	St James Lutheran
		Nicklaus Counseling		Human Services	Theda Care
		Off the Couch Counseling			Human Services
		Labor of Love			
		ADAPT			
		Catholic Charities			
		Jail (contracted out)			

Substance Use Providers	Florence	Marinette	Menominee	Oconto	Shawano
	Off The Couch	Libertas	Menominee Tribal Clinic	Human Services	Theda Care
		ADAPT	Machnoweskeyah	Bellin	Stockbridge Health and Wellness
		ATTIC	Human Services	North Lakes	Human Services
		Labor of Love	MISD	Off The Couch	Jail (contracted out)
		Off The Couch			Prevea
		Jail (contracted out)			

Existing Services & Supports

Specific to our areas of focus: Prevention, Treatment, and Recovery

Existing Services	Florence	Marinette	Menominee	Oconto	Shawano
Prevention					
Classroom curriculums	x				
Parent training	x				
Home visit programs		x			
Teaching of drug resistance skills	x	x			
Teaching of general social skills	x				
Primary care provider education					
Family education programming	x	x			
Treatment/intervention					
Detox				x	
Inpatient services					
Residential services			x		
Assessments	x	x	x	x	x
Individual OP	x	x	x	x	x
Day treatment					
IOP		x			
Case management		x			
Needle exchange					
Special populations		x			
MAT		x	x	x	
Recovery Housing					
Family programs		x			
Peer support					
Resource and referral	x	x		x	
In-Home treatment	x	x			
Dual – licensed		x			
CBRF diversion					
Professional interventions		x			
Tele-psychiatry for Vivitrol®		x	x		
Adolescent services	x	x			
Recovery Maintenance					
Housing assistance		x			
NA meetings		x			
Alateen meetings		x			
AA meetings		x		x	
Employment assistance		x			
Workplace assistance					
Nutritional guidance					
Mental health	x	x	x	x	x
Healthy social connections					
Physical healthy improvement				x	
Transportation					
Legal assistance					
Parenting assistance		x			
Relationship assistance		x			

Opioid Methamphetamine Treatment Centers (OMTC)

Formally known as the HOPE (Heroin Opioid Prevention Education) Grant, the OMTC was awarded to HSHS and Libertas Treatment Centers starting January 2020. The areas to be served include the five-county region. These funds will help to expand services and supports including telemedicine, certified peer specialists, and harm reduction.

Communities That Care (CTC)

CTC of Marinette (and Menominee County MI) “Will effectively engage in prevention activities through a coalition-based prevention system that promotes healthy development for youth by implementing the actions necessary for effective community-wide prevention with a long-term goal of reducing and preventing adolescent substance use, delinquency, and other problem behaviors by using the advances of prevention science and the social development strategy.” This description and more details can be found at <https://ctcmarinettetmenominee.org/>

Addiction Technology Transfer Center Network (ATTC)

As a part of the Great Lakes ATTC region, trainings and events can be utilized to assist with implementing evidence-based practices effective in treating substance use disorders.

Section 3: Scope of the Problem

Needs Assessment Methodology

For this project, we have utilized data from state and county agencies, healthcare professionals, the community and people with lived experiences of substance use. A combination of both qualitative and quantitative data has been used to build a clear picture of the impact of substance use on our five counties.

Methods used for qualitative data collection:

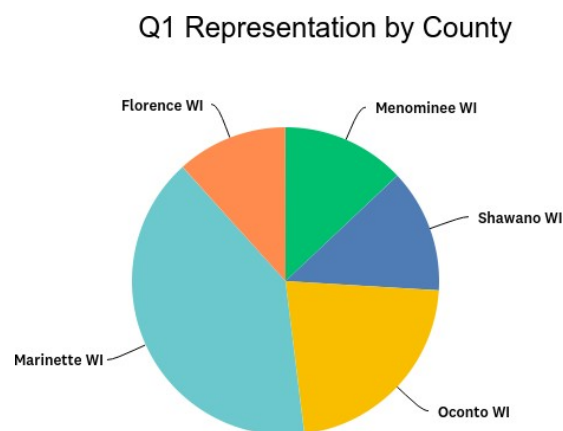
- Community Survey - The team developed a survey to obtain information from different roles within each community (as show on the graph below). Electronic and paper surveys were distributed, collected, and reviewed. The consortium is using the information from the survey responses in creating a strategic plan for the five counties represented.
- Meetings and conversations with providers as well as community members and consortium members.

Sources used for quantitative data collection:

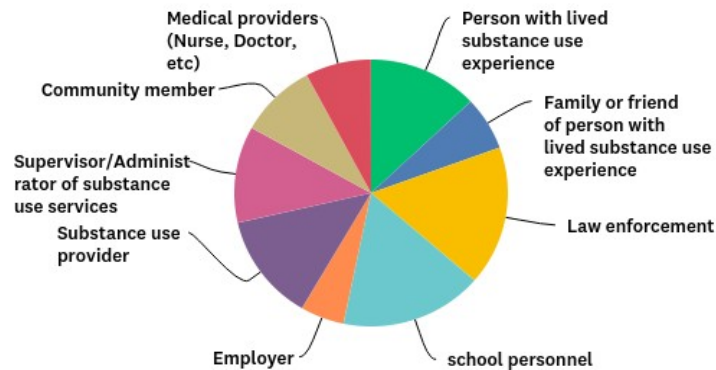
- County Health Profiles
- County Health Needs Assessments
- Public Health Rankings
- WI data on Substance Use
- Quick Facts – Census Data
- AMGA Primary Care/Specialty Care
- Child Protective Service Reports
- Communities That Care Data
- County Youth Risk Behavior Survey
- Department of Health Services Report - Substance Abuse by County
- New Opioid Data

Community Survey Summaries

We asked people being surveyed to indicate the county of residence and role that best represented them:



Q2 Survey Responder Community Role



Several key themes were identified; the top four are listed:

1. All respondents indicated the need for more education on substance use prevention, treatment, and recovery.
2. All five counties lack treatment services and supports across the continuum of care for patients with substance use problems.
3. Need for consistent use of screening tools.
4. Transportation issues make accessing treatment extremely difficult.

Risk Factors/Weaknesses: Community Members

During the strategic planning meeting, attendees were asked to identify weaknesses and risk factors within their perspective counties that influence substance use morbidity and mortality.

The chart below contains the qualitative data they provided:

Risk Factors/Weaknesses				
Florence	Marinette	Menominee	Oconto	Shawano
lack of peer supports	lack of transportation	lack of peer support	limited time in school to implement	wait lists
poverty	lack of mental health support groups	shortage of police officers and keeping them	lack of financial resources	transportation issues
lack of support groups	conflicting messages	lack of youth programming	lack of affordable positive leisure activities throughout the county	budget challenges - "more with less"
one clinic	not enough MAT providers	no sober living facility	no AODA treatment beyond individual counseling	lack of provider education on pain management
No MAT providers	Judicial backlog	no drug court	Lack of affordable housing	silos of services and lack of coordination
no sober living facility	Drinking culture and favorable to drug use	lack of family involvement	Lack of support groups and recovery services	lack of psychiatry and counselors
no recovery coaches	lack of women in recovery support	Generational trauma	Lacking livable job wages	Racism and racial disparity
lack of diversity	financial instability of resources	disconnection between ER and Menominee Tribal Clinic	Lack of providers health, mental health and substance use	Copays and deductibles
Lack of providers	stigma	lack of mental health providers	No drug court	Violent crime rate increasing
Lack of affordable housing	lack of continuity of care	High rates of mental health problems	shortage of police officers	All school districts have high rate of free and reduced lunch
THC legal in MI border county	lack of housing	Lacking livable job wages	lack of transportation	
Lack of employment opportunities	lack of collaboration	Lack of affordable housing	no sober living facility	
Lack of transportation	lack of prevention services	lack of transportation		
Increase in elderly population	lack of parenting resources			

Risk Factors/Weaknesses				
Florence	Marinette	Menominee	Oconto	Shawano
no sober living facility	lack of central communication link for activities and resources			
	3 rd largest in WI in geographic area/rural access			
	not enough MH and substance use counselors			

In addition to the qualitative data the quantitative data gives a good picture of other problem areas in the 5 counties.

Quantitative data: This data was obtained from the County Health Rankings & Roadmap 2019

Risk Factor	Florence	Marinette	Menominee	Oconto	Shawano
Poverty level	8.44%	13.2%	28%	9%	12%
% of children below FPL	20.2%	19%	44%	13%	18%
% of uninsured Adults Children	A: 8% C: 6%	A: 8% C: 4%	A: 14% C: 6%	A: 7% C: 5%	A: 9% C: 6%
% on Medicaid	13.2%	16.4%	NA	11.7%	12.7%
Unemployment rate	6.8%	4.4%	6%	3.5%	3.2%
Education levels HS grad: Some College:	HS: 94% SC: 75%	HS: 92% SC: 63%	HS: 78% SC: 52%	HS: 92% SC: 58%	HS: 91% SC: 61%
Housing (Severe Housing Problems 2015)	22.8%	14%	20%	12%	11%
CPS removal due to SUD	Data to be added upon receipt				
Uninsured for health care	9%	7%	10%	7%	9%
Medically underserved	Data to be added upon receipt				
Poor Mental Health days	3.5	3.6	5.8	3.4	3.8
Food Insecurity	9%	11%	18%	10%	9%

Risk Factor	Florence	Marinette	Menominee	Oconto	Shawano
Domestic Violence – reported cases 2017	8	165	Combined with Shawano	95	168
EMS NARCAN® administered	Not available	.69 per 1000	5.43 per 1000	.24 per 1000	.57 per 1000
Sober living facility	none	none	none	none	none
Withdrawal management facility	none	none	none	none	none
Violent Crime Reports (2018)	17	51	54	21	74
Opioid doses for 2 nd quarter 2019	41,873	806,652	90,228	693,368	635,927
Opioid doses per capita	9.36	19.54	20.71	18.45	15.52
# of opioid deaths	<5	10	10	7	10
# of opioid OD per 100,000 in 2018	NA	26.8	41.8	10.5	21.7

Qualitative and quantitative data are consistent in the areas of community members struggling to meet basic needs as well as data related to substance use and misuse.

Key points from the chart below include:

- Wisconsin adult heavy drinking occasions (binge drinking) remained above the national average and two out of the five counties in our region are equal to the state rate.
- Four out of five counties exceed the state rate for OWI (which is not just for alcohol).
- Drug law arrests in two counties substantially exceed the state rate.

Data from WI epidemiological profile on alcohol and other drugs (2016-most recent data available)

Indicator WI 2016 state report	WI	Florence	Marinette	Menominee	Oconto	Shawano
Alcohol related MV deaths per 100,000	3	0	5	0	11	2
Alcohol related MV injuries per 100,000	47	67	70	46	66	65
Alcohol related hospitalizations per 100,000	807	224	775	1885	603	706
Binge drinking among adults 18+ %	23	13	21	23	23	20
OWI per 100,000	431	1029	624	2605	48	563
Opioid related hospitalizations per 1,000	1.5	0.6	1	2.6	0.6	0.7
drug law arrests per 100,000	439	246	477	1706	29	977
drug related suspensions/expulsions per 1,000 students	3.2	0.0	3.0	21.5	1.9	2.0
alcohol related suspensions/expulsions per 1,000	0.6	0.0	0.2	1.2	0.0	1.6

less than the state rate	WI Alcohol Date
equal to the state rate	Current use - at least 1 drink on 1 or more days in the past 30 days
higher than the state rate	Binge drinking 5+ drinks (men) and 4+ drinks women at one time in the past 30 days

Key points from the chart below include:

- Menominee County ranks first for misuse of “Other substances” and fifth for Opioid misuse in the state. Menominee is the least populated WI County.
- Florence County ranks twelfth for misuse of “Other substances.” Florence is the 2nd least populated WI County.

County-level rankings (72 WI Counties) for opioid and meth problem indicators:

1 = high misuse ranking within the State of WI

72 = low misuse ranking within the State of WI

County	Opioid ranking	Meth ranking	Other substances
Florence	54	34	12
Marinette	28	53	31
Menominee	5	47	1
Oconto	44	46	66
Shawano	49	36	41

Key points from the chart below include:

- Menominee County has been consistently higher than the state rate for 12 years.
- Out of the past 12 years Marinette County has been higher than the regional rate 7 times.
- All five counties are showing an increasing trend in opioid related hospital discharges.

Rate of opioid-related hospital discharges per 100,000

Rate of Opioid related hospital discharges per 100,000

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	All
WI	178.8	194.4	208.8	235.2	254.3	283.2	304.9	317.3	313.5	338.3	401.6	469.9	459.4	305.5
Northeast WI	122.1	126.5	150.6	173.4	181.2	205.1	219.3	222	218.6	232.7	292.2	331	297	231.71
Florence	175.3	58	58.5	39	97.9	135.7	114.1	90.8		89.5	456.5	89.6	292.9	106.3
Marinette	156.1	206.3	234	305.6	245.1	280.2	299.8	376.8	273.7	243.5	273.7	466.8	420.9	289.3
Menominee	347.5	108	281.6	431.5	390	425.3	235.1	399	375.9	507.3	987.7	1173.5	1302	532
Oconto	102	98.5	116.7	167.3	178.2	177.9	217.7	164.3	148.4	174.3	224.1	237.2	218.5	170.9
Shawano	88.5	98	161.8	191.8	165.7	209.8	289	198.6	210.6	177.2	276.2	363.3	305.6	210

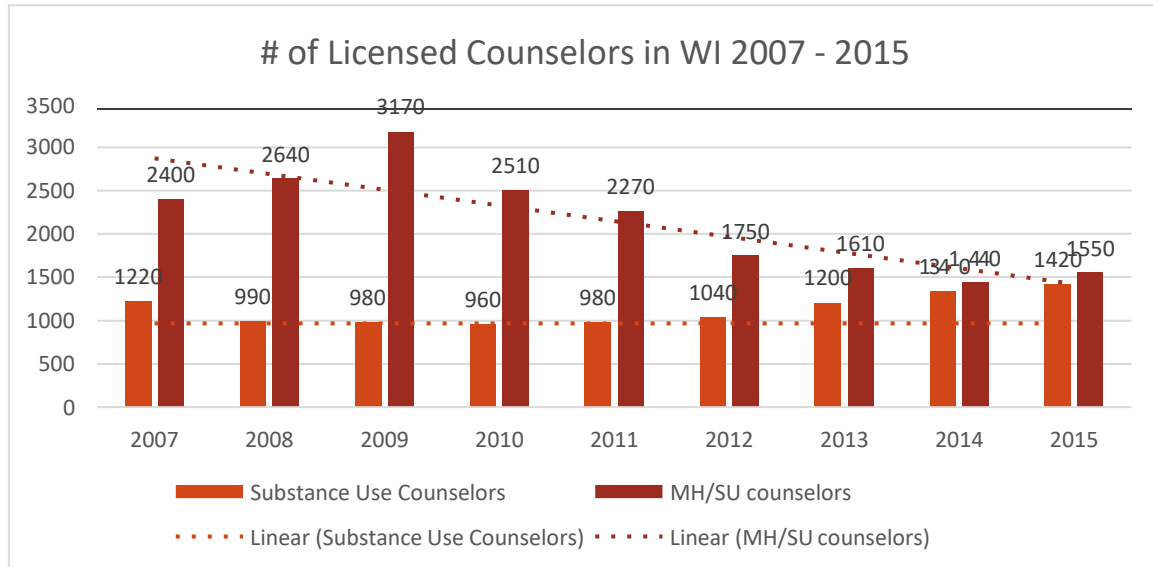
Higher than state rate

Higher than regional rate

Risk Factors/Weaknesses: Workforce

As a profession, substance abuse counselors perform a critical function in society as they work to reclaim the lives that have been adversely impacted by alcohol and other drug addiction. They help reduce the negative social, health, and economic impact that substance abuse has on families, workplaces and communities in general.

Data from WI Mental Health and Substance Use Needs Assessment 2017



While substance use counselors are showing a slight increase over this time frame, we are under the national average. The outlook for dual-licensed counselors, although slightly higher than the national average, shows numbers in Wisconsin continue to decline. The comparison of national and state data shows:

	USA	Wisconsin
Substance Use Counselors	2.5 per 10,000	1.7 per 10,000
Dual Licensed Counselors	3.7 per 10,000	4.0 per 10,000

The WI Bureau of Labor Statistics is projecting a 33% increase in future need for WI substance use professionals.

In a labor market where there are more jobs than qualified individuals to fill the vacancies, there is a negative effect on staff retention and an increasing amount of job burnout. Many of the rural county agencies report extreme difficulty in attracting and retaining the workforce needed to serve their communities.

County Health Rankings & Roadmap 2019 have given us the following information on the number of primary care doctors, dentists and mental health care providers.

	Florence	Marinette	Menominee	Oconto	Shawano
Primary Care providers	1490:1	1450:1	2270:1	3400:1	1870:1
Dental care providers	4370:1	2120:1	580:1	3410:1	1780:1
Mental Health care providers	NA	820:1	770:1	2890:1	560:1

Stakeholders have identified a severe shortage of MAT providers. The following table shows the number of county reported prescribers.

Type of prescriber	Florence	Marinette	Menominee	Oconto	Shawano
Psychiatrists	0	2	0	0	0
Primary Care	0	1	1	1	1
Physician Assistant	0	0	0	0	0
APNP	0	0	0	1	0
Certified Nurse Midwife	none	none	none	none	none
Certified Registered Nurse Anesthetist	none	none	none	none	none

Buprenorphine Specific Prescribers

The number of credentialed prescribers in our five counties is almost non-existent.

- Florence: 0
- Marinette: 3
- Menominee: 1
- Oconto: 1
- Shawano: 1

With the approved caseloads of these providers at either 30 or 100 patients, at most we have 500 total patient slots available. Most prescribers carry a significantly smaller caseload if they prescribe at all. Providers maintain general medical or psychiatric caseloads, and consistent with national trends are not able to prescribe at the allowable MAT caseload.

According to the 2017 Wisconsin Mental Health and Substance Use Needs Assessment, the estimated treatment gap for the five counties shows that of the people in Marinette County needed services, 76.2% do not receive services. For Shawano County the number is 82% and Oconto is 86%.

Wisconsin Department of Health Services Licensed by County

We have also completed an assessment to identify state-licensed services that are in our five counties. As indicated below, there are very few licensed services in these counties.

Types of Services DHS 75 Licensure Definition	Florence	Marinette	Menominee	Oconto	Shawano
Prevention Services 75.04 A prevention service makes use of universal, selective and indicated prevention measures described in appendix A. Preventive interventions may be focused on reducing behaviors and actions that increase the risk of abusing substances or being affected by another person's substance abuse.					
	None	None	None	Oconto County Human Services	Maenoweskiyah
Emergency Outpatient Services 75.05 An emergency outpatient service operates an emergency phone service and provides on-site crisis intervention to deal with all outpatient emergencies related to substance abuse, including socio-emotional crises, attempted suicide and family crises; provides the examination required under s. 51.45 (11) (c), Stats.; and, if needed, provides or arranges for transportation of a patient to the emergency room of a general hospital for medical treatment.					
	None - contract through Marinette County - nothing licensed	Marinette County Human Services	Menominee County Human Services	Oconto County Human Services	Shawano County Human Services
Medically managed inpatient detox service 75.06 A medically managed inpatient detoxification service provides 24-hour per day observation and monitoring of patients in a hospital setting, with round-the-clock nursing care, physician management and availability of all other resources of the hospital.					
	None	None	None	Bellin Hospital Oconto (alcohol only) - not licensed	Theda Care
Medically monitored residential detox 75.07 A medically monitored residential detox service is a 24 hour per day service in a residential setting providing detox service and monitoring. Care is provided by a multi-disciplinary team of service personnel, including 24 hour nursing care under the direction of a physician.					
	None	None	None	None	None
Ambulatory detox 75.08 An ambulatory detox service is a medically managed or monitored structured detox service on an outpatient basis, delivered by a physician or other service personnel acting under the supervision of a physician.					
	none	none	none	none	none

Types of Services DHS 75 Licensure Definition	Florence	Marinette	Menominee	Oconto	Shawano
Residential Intoxication Monitoring Services 75.09 A residential intoxication monitoring service provides 24-hour per day observation by staff to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated patients who are not in need of emergency medical or psychological care. The service is provided in a supportive setting that includes provision of nourishment and emotional support.					
	None	None	None	None	None
Inpatient Hospital 75.10 A medically managed inpatient treatment service is operated by a general or specialty hospital, and includes 24 hour nursing care, physician management and the availability of all other resources of the hospital					
	None	None	None	None	None
Residential Treatment 75.11 A medically monitored treatment service operates as a 24 hour community based service providing observation, monitoring and treatment by a multidisciplinary team under the supervision of a physician with a minimum of 12 hours of counseling provided per week for each patient					
	None	None	None	None	None
Day Treatment 75.12 A day treatment service is a medically monitored, and non- residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week.					
	None	None	None	None	Maenoweskiyah
Outpatient Treatment Services 75.13 An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period.					
	Contracted with Marinette County Human Services - nothing licensed, Libertas	Libertas Marinette County Human Services	Menominee County Human Services Libertas	Libertas Oconto County Human Services	Libertas Prevea Shawano County Human Services Maenoweskiyah Stockbridge-Munsee Health and Wellness Center

Types of Services DHS 75 Licensure Definition	Florence	Marinette	Menominee	Oconto	Shawano
Transitional Residential 74.14 A transitional residential treatment service is a clinical supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient weekly, immediate access to peer support through the environment and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.					
	None	None	None	None	None
Sober Living Options Sober living homes are group homes for people who are recovering from addiction issues. People who live in sober homes have to follow certain rules and contribute to the home by doing chores. Most importantly, residents must stay sober throughout their stay in the home.					
	None	None	None	None	None
Intervention Services 75.16 Intervention services may include outreach; problem identification; referral; information; specialized education; case management; consultation; training; support or drop-in services; intensive supervision; alternative education; and intoxicated driver Assessments under ch. DHS 62.					
	None	None	None	None	None

Section 4: Recap of County Needs

The process of conducting the needs assessment and further building of the consortium has provided a greater understanding of not only the needs and gaps of our region but also the great foundation of strengths we have to work from. Below is a chart of vital information offered during our strategic planning meeting with the 5 counties. The Resources listed are both OUD specific services and stakeholder identified community assets available to address OUD concerns.

Florence	Resources			Gaps		
	Workforce	Local Resources	Access to Care	Workforce	Services	Access to Care
Prevention	<ul style="list-style-type: none"> Retired population core group for support Churches DEC EAP Webinars 	<ul style="list-style-type: none"> DARE AODA-MH coalition School-based mental health grant of \$74,996 	None identified	<ul style="list-style-type: none"> Lack of education Lack of conflict resolution Low pay Law enforcement Poor recruitment Need training grants 	<ul style="list-style-type: none"> Need more education in schools Hire more social workers More MH and SU counselors In home services 	<ul style="list-style-type: none"> Lack of funding Lack of providers transportation
Treatment (including MAT)	<ul style="list-style-type: none"> Mental Health grant for school counselor 	<ul style="list-style-type: none"> Libertas Telemedicine Michigan medical facility 	None identified	<ul style="list-style-type: none"> Frustrated employees Lack of education 	<ul style="list-style-type: none"> No MAT providers No CCS Only 1 MH provider No licensed SU providers No Sober Living facilities Start treatment in jail Recovery coaches Emergency detox 	<ul style="list-style-type: none"> Lack of funding Lack of providers Follow MI guidelines for VA's at clinic Quicker access to care Alternative resources for pain
Recovery	None Identified	<ul style="list-style-type: none"> NA chairperson AA group Pro-social, sober activities 	None identified	None identified	<ul style="list-style-type: none"> Only 1 AA meeting a week – all male 	<ul style="list-style-type: none"> Lack of funding

Marinette	Resources			Gaps		
	Workforce	Local Resources	Access to Care	Workforce	Services	Access to Care
Prevention	<ul style="list-style-type: none"> UW Extension and technical school 	<ul style="list-style-type: none"> Communities that Care Healthy Youth Coalition Celebrating Success CHIP coalitions Town Hall Discussions DPI School Based Mental Health Grant of \$75,000 	<ul style="list-style-type: none"> Resource Packet for 1st contact 	<ul style="list-style-type: none"> Drug testing Employer education Employee resources Coordinator Funding for programs Lack of education 	<ul style="list-style-type: none"> Prevention funding Lack of school time Evidence based approaches Time offered Volunteers Cost of curriculum Policy/system and environmental changes 	<ul style="list-style-type: none"> Programs and events Not county wide Rural area limitations Truancy prevention program Family engagement program SU training for school staff
Treatment (including MAT)	None identified	<ul style="list-style-type: none"> Online Resource App Hospital Libertas Telemedicine Program 	None identified	<ul style="list-style-type: none"> Provider education Resource packet for place of first contact Lack of general education 	<ul style="list-style-type: none"> Student health centers More MAT providers Waiting lists Lack of providers Funding for underinsured and non-insured Non evidence-based practices School psychologist, social workers and counselors 	<ul style="list-style-type: none"> Transportation lack of interest alternative for pain mgmt.
Recovery	<ul style="list-style-type: none"> Faith based community 	None identified	<ul style="list-style-type: none"> Recovery housing 	<ul style="list-style-type: none"> Coordinator 	<ul style="list-style-type: none"> transportation Jail treatment Jail re-entry program Basic computer skills All-inclusive life skills 	<ul style="list-style-type: none"> Halfway Houses Recovery places Peer support / recovery coaches

Menominee	Resources			Gaps		
	Workforce	Local Resources	Access to Care	Workforce	Services	Access to Care
Prevention	<ul style="list-style-type: none"> Utilize veterans 	<ul style="list-style-type: none"> Student health center Discovery Dating Mentors School-based mental health grant \$75,000 	<ul style="list-style-type: none"> Grass roots efforts in the community 	<ul style="list-style-type: none"> Lack of foster care Absent legal guardians Lack of education 	<ul style="list-style-type: none"> Gender limitations Student sober living dorm Social emotional curriculum for schools 	<ul style="list-style-type: none"> Families being raised by grandparents
Treatment (including MAT)	<ul style="list-style-type: none"> College of Menominee Nation – SAC program 	<ul style="list-style-type: none"> Abstinence based treatment MAT at Menominee Tribal Clinic Physical therapy for chronic pain CCS contracts Libertas Telemedicine Possible inpatient treatment for adolescents thru BIA 	<ul style="list-style-type: none"> Daily transport to Green Bay for methadone treatment 	<ul style="list-style-type: none"> Shortage of mental health providers Shortage of police officers Shortage of teachers Counselor in the ED of hospital for better communication Lack of education 	<ul style="list-style-type: none"> Transportation Transitional placement 	<ul style="list-style-type: none"> MAT only open to tribal members More NARCAN® being dispensed PT for pain
Recovery	<ul style="list-style-type: none"> More Peer Support BG Club 	<ul style="list-style-type: none"> Student support groups 2 AA meetings / week Maethno-continuing care 	<ul style="list-style-type: none"> Community building to access Increase graduation rates 	<ul style="list-style-type: none"> Lack of employment especially for felons No NA groups 	<ul style="list-style-type: none"> No sober housing Detox services 	<ul style="list-style-type: none"> All agencies close at 4:30 Extended hours for better access.

Oconto	Resources			Gaps		
	Workforce	Local Resources	Access to Care	Workforce	Services	Access to Care
Prevention	None identified	None identified	None identified	<ul style="list-style-type: none"> • No peer supports • No wellness programs • Mental health assistance • Access to NARCAN® • Lack of education 	<ul style="list-style-type: none"> • No youth programming • Life skills training • SU prevention case manager 	<ul style="list-style-type: none"> • Staff for parenting programs • Accessible resources • Mindfulness training • Internet access in rural areas
Treatment (including MAT)	None identified	<ul style="list-style-type: none"> • School-based mental health and SUD services • Libertas Telemedicine 	None identified	<ul style="list-style-type: none"> • FMLA to attend treatment • Lack of education 	<ul style="list-style-type: none"> • No continuum of care • No MAT • No sober living • No case managers • No withdrawal services • Full continuum of care 	<ul style="list-style-type: none"> • No needle exchange • No diversion / drug court programming • Transportation • Lack of psychiatry and mental health providers • Sober living facility • At home tele health • PT for pain
Recovery	None identified	<ul style="list-style-type: none"> • Bellin's recovery coach program 	None identified	<ul style="list-style-type: none"> • Peer support at workplace • Onsite mental health counselling 	<ul style="list-style-type: none"> • Recovery coaches/peer support • Drug court 	<ul style="list-style-type: none"> • Sober community programs • Sober living facility

Shawano	Resources			Gaps		
	Workforce	Local Resources	Access to Care	Workforce	Services	Access to Care
Prevention	<ul style="list-style-type: none"> To form diverse groups for coalitions toward change 	<ul style="list-style-type: none"> CHIP 	<ul style="list-style-type: none"> Community desires change Community is aware of problems 	<ul style="list-style-type: none"> Prevention education Policy shifts TIC Lack of education Reduce stigma 	<ul style="list-style-type: none"> Needle exchange Evidence based school curriculums Systems approach to prevention Weight management programs 	<ul style="list-style-type: none"> Preventions services limited Satellite offices
Treatment (including MAT)	None identified	<ul style="list-style-type: none"> CHIP Libertas Telemedicine 	None identified	<ul style="list-style-type: none"> Onsite support Employer sponsored treatment MAT programs Education on treatment & resources Employer contribution to treatment 	<ul style="list-style-type: none"> MAT/ORT More providers Decreased service options and flexibility No services in rural areas Flexible treatment times and services Satellite services Recovery coaches 	<ul style="list-style-type: none"> Transportation Immediate access is missing Satellite offices Transportation options Incentives for providers to work in rural area PT for pain
Recovery	None identified	<ul style="list-style-type: none"> CHIP 	None identified	<ul style="list-style-type: none"> No onsite services Employers to be more flexible around treatment needs 	<ul style="list-style-type: none"> Sober living Crisis diversion Recovery coaches/ peer support 	<ul style="list-style-type: none"> No services in rural area Satellite services

As identified in this report some needs/gaps and resources/opportunities are similar from county to county, while there will be differences that we will need to address as we move forward in our planning efforts.

Section 5: Existing Local, State, and Federal Resources

As the consortium continues to address the work of SUD/ODU reduction in our five counties, we will look to local, state and federal resources for assistance in addressing the community OUD and SUD needs. Review of OUD funded initiatives through NIDA, NIH, HRSA, CDC and State and local foundations occur regularly. Below is a list of resources the consortium is currently leveraging.

Federal

1. RCORP Loan Forgiveness Program. HSHS is completing an application to the National Health Service Corps (NHSC) Rural community Loan Repayment Program (LRP) that will cover counties in the consortium. Application is due 6/2020. This grant allows for a two-year \$50,000 or two year \$30,000 award depending on the HPSA score of each clinic location.

State of Wisconsin Grants

1. OMT (Opioid Methamphetamine Treatment Center) Grant
Funds will help to expand full continuum of care of treatment services and support including telemedicine, certified peer specialists, and harm reduction.
Renewable for five years. \$672,000
2. SOR Grant (State Opioid Response - SAMSHA Grant)
October 1, 2019-September 30, 2020

Community Action Team Stockbridge-Munsee Community Band of Mohican Indians \$9,200

Oskeh Waep Coalition Inc. Menomonie County/Menomomie Tribe \$12,320

SOR Unmet Treatment Needs/Waitlist Grants
Menomonie County \$135,599
Menomonie Indian Tribe of Wisconsin \$47,515
Stockbridge-Munsee Community Band of Mohican Indians \$131,166
3. Wisconsin State Grant for Marinette County to support Drug Court
Awarded 11/2019 \$74,000
4. Wisconsin State Grant for Shawano County to start Drug Court
Awarded 11/2019 \$110,000
5. WI Department of Public Instruction School Based Mental Health Grants
Awarded 7/2020.

a. Marinette School System \$75,000
b. Menominee Indian School \$75,000
c. Florence School Consortium \$74,996

Regional

1. PSC (Public Service Commission Telehealth Equipment) Grant to provide telemedicine equipment in 10 sites within the 5 Grant.
Consortium Counties \$46,870

HSHS Hospital Sisters of St. Francis Foundation Match \$10,000
HSHS St. Vincent Hospital Foundation Match \$5,000

Local

1. M&M Community Foundation Grant for SUD Outreach in Marinette County \$2,790

Government and legislative activity of the Consortium

- HSHS, as a member of the Wisconsin Hospital Association (WHA), has been able to promote legislation in Wisconsin that promotes increased access to SUD/OD treatment. Wisconsin Act 56 passed 11/19 changing Wisconsin state law to reduce barriers to provide telehealth services for mental health and substance use treatment. WHA focus on federal legislation to promote telehealth reimbursement parity with face-to-face patient care.
- Advocacy initiatives with face-to-face interaction with state legislators from consortium to provide feedback on community needs regarding prevention, treatment and recovery services. Current request is to promote reimbursement for SUD case management services, RN services when physician not present in clinic, and reimbursement for opioid withdrawal management services, and residential treatment services.
- Ongoing interaction with our representative from Alliance for Wisconsin Youth to promote SUD/OD prevention programming and services in the consortium.

Regional and State Wide Initiatives Promoted by Consortium

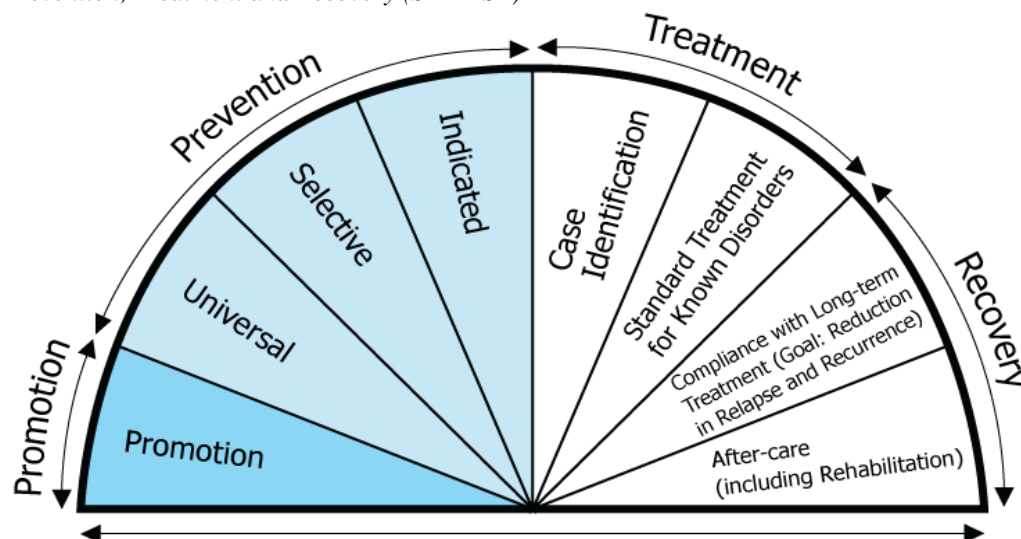
- Prevea Health/HSHS Niatx Initiative to create numerous change projects for the consortium service area including use of provider toolkits, and increasing MAT providers.
- Promotion of free Buprenorphine X-Waiver Training by WISAM.
- Narcan training and harm reduction initiatives provided by ARCW.
- Narcan Direct Program for County and Municipal Health Departments, tribal health clinics and syringe access programs through the State.
- Wisconsin Addiction Recovery Hotline.
- Project EHCO connecting clinical experts with primary care providers and medication-assisted treatment prescribers across Wisconsin. Videoconference held monthly.
- Statewide drug take-back events.
- #HOPEACTLIVEWI Quarterly Publication.
- Aurora, Bellin, Prevea Health and HSHS initiatives to integrate use of ePDMP in-patient EMR, including initiatives for safe opioid prescribing.
- Communities that Care Prevention Educational Series.
- Competency Based Online Substance Use Licensing Program through UW-Madison.
- UW-Ext. Certificate Course for Substance Use Disorder Treatment.
- Wisconsin Department of Health online resources and training on Trauma Informed Care, Interaction with the Courts, Corrections and Juvenile Justice for SUD, and Resilience trainings.
- Education of ED Physicians on recognition and intervention with OUD.
- Peer Support Training.
- Great Lakes Addiction Technology Transfer Center Network providing training and resources for OUD and SUD.
- Great Lakes Prevention Technology Transfer Center Network providing training webinars and resources for OUD and SUD.
- WISAM and ASAM affiliations, provider resources for training and providers.

Section 6: Next Steps

Our Goal: To Build a Comprehensive Continuum of Care

A comprehensive continuum of care is a critical ingredient in treating these problems. The diagram below outlines the issues of consideration when designing a comprehensive plan to address substance use and misuse in our counties.

Best Practice Model for an Integrated SUD and OUD Care Continuum: Promotion, Prevention, Treatment and Recovery (SAMHSA)



In summary, we are committed to bringing together a diverse group of community members and organizations to build an array of services focusing on prevention, treatment and recovery. As we move forward, the focus of all efforts will be to maintain adherence to researched and evidenced-based practices. Our strategic plan will include key elements to accomplish this goal.

Facing Addiction in America the Surgeon General's Report on Alcohol, Addiction and Health outlines a mission and vision that is consistent with the goals of our collaborative.

It states: Changing the culture is an essential piece of lasting reforms, creating a society in which:

- People who need help feel comfortable seeking it.
- There is "no wrong door" for accessing health services.
- Communities are willing to invest in prevention services, knowing that such investment pays off over the long term, with wide-ranging benefits for everyone.
- Health care professionals treat substance use disorders with the same level of compassion and care as they would any other chronic disease, such as diabetes, or heart disease.
- People are celebrated for their efforts to get well and for their steps in recovery.
- Our communities know that their care and support can make a meaningful difference in someone's recovery.

This is the heart and soul of the work that we are doing as the NEW HOPE Consortium.

Grantee: HSHS St. Vincent Hospital (Green Bay, WI) and Libertas Treatment Center (Marinette, WI)