Poverty and Addiction
in
Manitowoc County

2018

League of Women Voters
of
Manitowoc County

LEAGUE OF WOMEN VOTERS

The League of Women Voters (LWV) is a nonpartisan political organization that encourages informed and active citizen participation in government. Its membership is open to men and women, eighteen years and older. The League works to increase understanding of major public policy issues at local, state, and national levels of government. It influences public policy through education and advocacy.

The League was established in 1920 after passage of the 19th Amendment to the United States Constitution, allowing women the right to vote. It is one of the oldest grassroots organizations in the country, working to protect the right of all eligible citizens to vote. The LWV began its local chapter in Manitowoc County in 1939. League members explore issues from all points of view before arriving at a consensus and developing a position from which to act on legislation.

NOTE:

The following report constitutes the full League of Women Voters study entitled "***Poverty and Addiction in Manitowoc County.*"** It includes the preliminary ***Study Report Part I*** that was released in May, 2018. Updated information has been added to that section to give current data from the recent 2018 ALICE Report and the Wisconsin Poverty Measure.

Grateful acknowledgement is extended to all the agency and organization representatives who shared their valuable time with the committee in gathering information for the report. Apologies are also extended for any errors or omissions unwittingly made in any sections. We regret inadvertently leaving out information that should have been included about other agencies and groups. We appreciate and support the work of all dedicated to helping the large number of fellow community residents, adults and children, who struggle daily with the challenges of poverty and addiction.

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LEAGUE OF WOMEN VOTERS OF MANITOWOC COUNTY
POVERTY AND ADDICITION IN MANITOWOC COUNTY

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POVERTY AND ADDICTION IN MANITOWOC COUNTY

I. Introduction

When a member of a local Narcotics Anonymous (NA) group was asked for a general estimate of how many people who attended meetings regularly could be considered at poverty level, he replied, *"Addiction makes everybody poor."* From birth to old age across the life span, addiction and substance abuse are rising in Manitowoc County and making more and more people poor.

Recent local data highlight some of the effects of addiction on the lives of our citizens, from the youngest to the oldest:

- Our county had the fifth highest rate of Neonatal Abstinence Syndrome (NAS) babies born addicted to narcotics during 2012-2014. In 2014, 21 births were recorded, up from 11 in 2012 and 13 in 2013. In 2006, 2 births were registered ("Select Opioid-Related Morbidity and Mortality Data for Wisconsin," 2016, pp. 40, 43).

- Twenty-eight percent of high school students in 2017 reported drinking alcohol in the prior month, and 14 percent had engaged in binge-drinking. Twenty-three percent said they had ridden in a vehicle driven by someone who had been drinking (Youth Risk Behavior Survey, 2017).

- Adult binge drinking increased in 2016 to 40 percent, up from 23 percent in 2010 (Manitowoc County Health Department, 2016*).*

- Overdose deaths totaled 5 or less each year between 2000 and 2004; in 2015 there were 15 deaths in the county (Manitowoc County Health Dept., 2016*).*

- For 2016, we were in the top 15 counties for controlled substance prescriptions filled, according to the Prescription Drug Monitoring Program (Manitowoc County Health Dept*., 2016).*

- Workplace drug use in zip codes 54200-54299 in 2016 was higher than the state and national averages. These zip codes include Manitowoc, Kewaunee, and Door Counties. Urine drug test positivity was at 5.5+ percent in these areas vs. 5.0 percent for the state and 4.2 percent for the country ("Mapping Drug Use in the U.S Workforce," 2017).

- Deaths from falls related to alcohol for those 65 and older continue to go up in the state as our population ages and the consequences of binge-drinking become riskier due to changes in metabolism, medication reactions, and more medical problems in this age group ("Wisconsin Epidemiological Profile on Alcohol and Other Drugs," 2016, p. 15).

From babies to seniors, addiction and substance abuse are affecting more and more of our residents. When they live in low-income households, their social and health problems can be

severe and extend from generation to generation. At local public events on the addiction epidemic, family members will express their anguish and anger over attempts to find treatment for their loved ones. They share their frustration about the shortage of resources, especially for those with Medical Assistance or no health insurance.

The League of Women Voters in 2015 undertook the study project *Poverty in Our Midst: How it Affects Families in Manitowoc County and Our Community.* The goal of the study has been to research the extent and effect of poverty in our area and to educate members of the community and elected officials about the need for services to mitigate its effects. Information has been gathered from data available from local organizations, from interviews with agency leaders, and from online sources. Sub-committees were formed to study poverty as it impacts families and individuals in four basic life areas: General Economic Factors, Basic Shelter Needs, Food Security Issues, and Impact on Health.

The Impact on Health sub-committee adopted the lifespan framework to examine how poverty affects the health status of all age groups. The report on poverty and addiction is part of the comprehensive health needs study. The scope of the drug crisis in Manitowoc County necessitated a separate report on how substance abuse affects low income households.

Information in this first portion of the poverty and addiction report is provided in four sections. First, an explanation is given on what addiction is, how abuse of addictive substances changes the brain, and what treatments have been successful. Many people, including those addicted, are not aware of the physiological basis of the disease and incorrectly consider it a moral failing, an individual weakness. They do not know why it is so difficult to quit and maintain sobriety, why relapse occurs repeatedly for many. With knowledge, the stigma that surrounds addiction may decrease for both the individuals struggling with substance use disorder and the community. Second, the report explains how poverty is measured. The third part reports on the effects of poverty and addiction on infants and preschoolers, school children and teens. The fourth area provides information on effects on the adult population, including seniors.

The final portion of the study reports on many of the strengths of Manitowoc County's network of public social service agencies and private non-profit organizations. Gaps in services for the different generations are identified, as well. Finally, the study will conclude with consensus-determined policies and recommendations for meeting the identified critical needs of the community as we face poverty and addiction in our midst.

II. Addiction is a Disease

> *"Addiction is a disease and needs to be treated compassionately."*
> *—Brad Schimel, Wisconsin Attorney General*

Attorney General Brad Schimel on September 26, 2015, at a "Recovery Rocks" event in Sheboygan stated *"Addiction is a disease and needs to be treated compassionately."* When he was District Attorney of Waukesha County 20 years ago, he recognized the need for drug treatment courts and for the elimination of the stigma of substance abuse. He finds today that the stigma of addiction is still a problem and that only about 50 percent of Wisconsin's 72 counties, thus far, have created drug courts. The event hostess, in introducing Mr. Schimel to the audience, began by announcing that four over-dose deaths had occurred within the past two weeks in Sheboygan County, but she quickly was corrected that as of 7:00 A.M. that day, the total had risen to five.

What is the nature of this disease of addiction that causes the same self-destructive patterns of behavior that is seen in laboratory rats, chronic gamblers, cocaine and heroin addicts, chain smokers, and alcoholics? *What unnatural changes occur in their brains when individuals abuse addictive substances*?

Changes to the Brain

Psychiatrists diagnose addictions to psychoactive drugs based on the presence of a subset of 11 characteristics. When six or more features are present, the individual has a severe addiction. The substance can be *alcohol*, *cannabinoids* (marijuana, THC), *stimulants* (cocaine, amphetamine, methamphetamine), *opiates* (heroin and morphine), *opioids* (prescription painkillers Vicodin, Percocet, Fentanyl, Methadone, OxyContin), or *nicotine* (cigarettes and other tobacco products). *Gambling disorder* is classified as a behavioral addiction, as well, with similar behavioral symptoms, brain patterns, and even similar genetic profiles. (Information in these following sections on the neuroscience of addiction and treatment are from Polk, 2015.)

For behavior to be considered an addiction, it has to lead to significant negative consequences for the addict. These can include health problems, family and relationship difficulties, job and financial loss, school disruption and failure, and possible involvement with the criminal justice system.

A hallmark feature of addiction is *tolerance* to the effects of the drug. The addicted individual needs more and more of the substance to get the desired effect, and this leads to *dependence*. Another symptom of physical dependence is *withdrawal.* If the addict abruptly quits taking the drug, very unpleasant physical and psychological symptoms occur. Detoxification can be life-threatening for alcoholics who are recommended to have medical care during withdrawal because of risks of stroke and delirium tremens. Another significant feature is *craving* the drug so strongly that the person becomes obsessed with getting more and more. *Environmental cues* become associated with the drug's use—this means certain locations or people or objects will trigger the craving response.

Neuroscientific research explains how repeated abuse changes the brain and results in tolerance, dependence, craving, and aversion to withdrawal. There are *three major changes in the brain* that underlie these behavioral patterns of addiction:

1. First, repeated overstimulation of the brain's reward circuit results in *numbing of the brain's pleasure center, the nucleus accumbens*. Over time, the addict feels less pleasure from the drug and requires more and more to stimulate this area of the brain to get the same level of reward, and, after time, to feel normal.

2. Second, *repeated overstimulation of the pleasure center releases large amounts of the neuro-transmitter dopamine*, which plays a central role in addiction. Studies have found that all psychoactive drugs lead to a significant increase in dopamine when taken. Dopamine release is associated with wanting or craving impulsively. With repeated use of addictive substances, the dopamine system becomes sensitized, so the cravings become stronger and stronger until the urges are irresistible**.** This release of larger-than-normal levels of dopamine produces particularly strong learning so that the addict associates environmental cues with the drug. Those particular environmental cues strongly associated with using the substance then become triggers that *by themselves cause dopamine release* and reinforce craving and continued use. For example, a certain tavern or street or group of friends can stimulate cravings.

3. The third type of brain change is *reduced self-control as a result of weaker inhibitory control from the prefrontal cortex*. The prefrontal cortex plays an important role in inhibiting undesirable behavior and in exerting self-control. It is the thinking part of the brain that can consider future consequences and make rational decisions. Chronic use of addictive drugs can lead to abnormalities in the prefrontal cortex, and this undermines the ability to exhibit self-control over the more primitive reward circuit. The volume of the prefrontal cortex is reduced in chronic drug users. They show many of the same cognitive impairments seen in patients with damage to the prefrontal cortex. These include poor performance on tasks of working memory, decision-making, and sustained attention. As a result, the drug addict's ability to exhibit self-control and override drug craving becomes weaker and weaker.

Furthermore, studies have shown that *genetic makeup can influence how susceptible an individual is to addiction*. A genetic susceptibility can indicate a person being at-risk for chemical dependency. Genetic studies explain why many addicts have multiple addictions, e.g., to both alcohol and nicotine. There is no single addiction gene, but the same genes contribute in many different addictions. Over 50 percent of cases of substance use disorder are genetic-based. Early diagnosis and treatment, therefore, are critical.

> *Rather than a choice, a moral failing or a character defect, addiction has been found through scientific research to be a diagnosable physiological condition.*
> *— Thad A. Polk, Ph.D., THE ADDICTIVE BRAIN*

Treatment

Current medical and therapeutic treatment and recovery methods vary for each substance. They include *replacement therapy* (e.g. nicotine patches), *detoxification*, and *cognitive behavior therapies* (CBT) that help addicts understand and change the way they think in order to feel and act better. *Psychosocial rehabilitation programs* include individual and group therapy and peer support self-help groups. Twelve-Step organizations like Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous and commercial programs such as Rational Recovery and Community Reinforcement Approach help the individual learn coping skills to deal with cravings. The recovery groups also provide important social support and accountability.

Medical Assisted Therapy (MAT) is the term for pharmacological interventions, like methadone. They are used by medical and certified Alcohol and Other Drug Addictions (AODA) specialists. These prescribed medications reduce the harmful effects of addictive substances and support withdrawal efforts. Examples of MAT medications that are used for opioid overdoses and treatment are *naltrexone*, *non-addictive naltrexone (Vivitrol)*, *naloxone (Narcan)*, *methadone*, and *suboxone*. Narcan is used widely by Emergency Medical Technicians (EMTs) and law enforcement officers to prevent overdose deaths. Individuals can purchase Narcan at local pharmacies without a prescription. *Benzodiazepines* (e.g. Valium) are used for detoxing from alcohol. *Acamprosate (Camprol)* is used for alcohol cravings, and *disulfiram (Antabuse)* inhibits drinking.

Research scientists continue to develop new medications to treat addictions. An example of an MAT being worked on is a long-lasting immunization that will prevent relapse from methamphetamine and cocaine addiction (Polk, 2015*).*

These research-based treatments have been successful in other counties and states when used as part of comprehensive anti-substance abuse programs. The foundation of effective programs includes the four pillars of Prevention, Treatment, Harm Reduction and Law Enforcement. Some counties include more pillars to address the full scale of their addiction problems. For example, the Healthy Sheboygan County 2020 Substance Abuse-Mental Health Coalition added Work Place and Recovery pillars to their mission. Providing treatment, harm reduction, and recovery programs for addicted individuals is vital to the health of every impacted community. Because the disease of addiction affects all levels of income and social class, it is critical that effective services should be made available to everyone regardless of income.

III. Measures of Poverty

Measuring poverty in our country is important because we need to know whether progress is being made to improve life for families and individuals struggling to pay for their basic needs. When new data is released, the opportunity for discussion can begin again about the pressing social needs in our state and local areas. The numbers are needed for determining eligibility for benefits and assessing how effective safety net programs are. There are several measures used to determine state and county need. They vary based on what benefits are included in income. Also, they vary in their definitions of basic living needs, on what people and families really need to get by day-to-day.

Federal Poverty Level (FPL) and the Supplemental Poverty Measure (SPM) Based on U.S. Census Data

Forty point six million Americans are living in poverty below the FPL, according to the current Census Bureau data for 2016, released in September 2017. These individuals and families make up 12.7 percent of the total population. This is a drop from the 2015 rate of 13.5 percent, and a further drop from 14.8 percent in 2014. The current rate reflects the nation's gradual economic recovery from the Great Recession of 2008. However, the national level of poverty in 2016 still was higher than what it had been a decade before in 2007. The official poverty measure is based on income and government cash benefits. These include Social Security and Unemployment Insurance benefits, Supplemental Security Income (SSI), and public assistance benefits, such as Temporary Assistance for Needy Families (TANF) and Workers' Compensation.

The *Supplemental Poverty Measure* (SPM) was started by the Census Bureau in 2011 to assess the effectiveness of government programs that were created to help families during the recession. The American Recovery and Reinvestment Act of 2009 (ARRA), a temporary stimulus program, provided tax and noncash benefits aimed at improving the economic situation of the poor. These included housing assistance, the Supplemental Nutrition Assistance Program (SNAP—called Food Share in Wisconsin), and the Earned-Income Tax Credit (EITC). According to the 2016 SPM report, U.S. poverty was down to 14 percent from the 2015 rate of 14.5 percent. The SPM shows how effectively these programs have worked to lift many out of poverty (Supplemental Poverty Measure, 2016).

(The data released in September 2018 from the FPL and the SPM was not statistically different from the 2016 data given above.)

The Federal Poverty Level (FPL) for a family of four including two young children was $24,563 in 2016. However, many do not earn that much: 18.5 million Americans (5.8 percent) live in *deep poverty at income levels below half the FPL*. This number of people in abject poverty is higher than the 2007 level before the Great Recession in spite of benefit programs and an increasing job market. More people are in abject poverty now in many areas of the country. In this group of deeply poor are more than six million children (Coalition on Human Needs, 2017).

Wisconsin Poverty Measure

The *Wisconsin Poverty Project* was started in 2008 by researchers at the University of Wisconsin Madison Institute for Research on Poverty to measure poverty in the state at the beginning of the

Great Recession. Their purpose was to provide policy makers with current data specific to Wisconsin that would go beyond the official federal census statistics. A main goal of the project was to develop the *Wisconsin Poverty Measure* (WPM) to include the effects of federal as well as state benefit programs. It would take into account the needs of Wisconsin residents and the resources available to them.

Critics of the federal poverty measure point out that the FPL is based on a threshold amount that is three times the cost of a minimally adequate diet in the l960s adjusted for inflation. They conclude it is an outdated measure that gives an unrealistically low threshold for eligibility for benefits. The WPM aligns with the purpose of the Census Bureau's Supplemental Poverty Measure. It is significant that it is the only poverty study that is federally-funded. The *Wisconsin Poverty Report: Progress Against Poverty Stalls in 2016* (published June 2018) is the tenth annual report of the Wisconsin Poverty Project.

A poverty threshold is the least amount of income needed to pay for basic expenses. The WPM poverty thresholds are based on food, clothing, shelter, and other vital needs. The researchers take into account housing costs across areas of the state and essential work-related expenses such as child care, transportation, and health care costs. The WPM includes as income the value of benefits gained from participating in federal and state programs that reduce out-of-pocket expenses. Important examples are subsidized child care, BadgerCare, Food Share (SNAP), Wisconsin EITC, the Additional Child Tax Credit (ACTC), and the Wisconsin Homestead Tax Credit. These benefits have allowed many Wisconsinites to climb out of poverty.

The poverty rate rose to 10.8% in 2016, which was a significant increase from 9.7% in 2015, despite expanded employment in the state. Childhood poverty rates reached 12.0%, and elderly poverty rose significantly from 7.8% to 9.0%.

The WPM poverty rate rose to 10.8 percent in 2016, which was a significant increase from 9.7 percent in 2015, despite expanded employment in the state. The FPL for Wisconsin also rose significantly in 2016, to 11.8 percent. Poverty rates for children reached 12.0 percent, and elderly poverty rose significantly from 7.8 percent to 9.0 percent. Changes in FoodShare participation reduced the positive effects of this safety net program compared to earlier years. Other trends that decreased resources included rising childcare and other work-related expenses for families with children. Also, increasing medical out-of-pocket expenses, especially for the elderly, put more in poverty. At the beginning of the Great Recession, the WPM was 11.2 percent, not far above the 10.8 percent measure for 2016.

Manitowoc and Kewaunee Counties combined poverty rate in 2016 showed 6.8 percent of residents living in poverty, down from 8.1 percent in 2015 (when the state rate was 9.7 percent). The WPM threshold for a two-child, two-adult family was $26,511 in 2016. The U.S. poverty threshold for the same family that year was $24,339. The WPM differs from the rest of the nation because the cost of living here is about 8 percent lower.

The WPM researchers' key finding is that modestly rising jobs and earnings in the state did less to reduce poverty in 2016 compared to 2015. "*While the social safety net provided a buffer*

against poverty during the recession and still makes a substantial difference in poverty—with the SNAP program having particularly large impacts—the effects are shrinking." Long-term poverty solutions they propose for working families include:

- Better employment opportunities and higher-quality jobs with wages and employer benefits that can meet family needs and increase economic self-sufficiency

- Continuation of work supports such as BadgerCare, FoodShare (SNAP), as well as child care (Wisconsin Shares Child Care Subsidy Program), and other policies to reduce work-related expenses for families with children

- Expansion of housing subsidies

- Continue to pay attention to medical costs and the adequacy of Social Security benefits for low-income seniors

- Expand work opportunities for the underemployed in apprenticeships and for the hard to employ, such as the formerly incarcerated

- Provide work supports, training, placement, transportation, and in the case of families with children, child care support

(*Wisconsin Poverty Report: Progress Against Poverty Stalls in 2016*, 2018).

United Way ALICE Report – The Working Poor in Wisconsin

[Erratum note: The original 2016 United Way ALICE (Asset-Limited, Income-Constrained, Employed) Report for Wisconsin had an error in calculating the tax budget line. The numbers given in Part I of the League of Women Voters Poverty and Addiction Report released separately included incorrect county data as a result. The recalculated accurate information given below is from the Revised 2016 ALICE Report and replaces our earlier report. The ALICE research team apologizes for any confusion or inconvenience.]

In 2016, United Way of Wisconsin released their comprehensive research report on the *"working poor"* to understand why people with jobs are struggling to make ends meet. These are individuals and families who earn above the federal poverty level but still not enough to afford basic household needs. Being above the cutoff, they often are ineligible for benefit programs. According to the report based on 2014 data, *36 percent of Wisconsin households* could not afford housing, food, health care, child care, and transportation despite working, often at two or three jobs. The report calls these struggling families the *ALICE households—Asset-Limited, Income-Constrained, Employed*.

The 2018 ALICE Report, based on 2016 data, shows *37.5 percent of Wisconsin households* could not afford basic needs. This is an increase in the numbers of working poor in the state from 36 percent two years prior. It is forecast that low-paying jobs will continue to dominate the economy in the future. Currently 65 percent of all jobs in Wisconsin pay less than $20 per hour, and most pay less than $15. Less than six percent of jobs in the state pay more than $40 per hour.

While the cost of necessities keeps going up, the number of adequate- and good-paying jobs is not keeping pace.

In Manitowoc County in 2014, 34 percent of families earned less than the basic amount needed to survive, based on the ALICE Household Survival Budget. In 2016, that number was the same—showing no improvement in the economic status of low-income families and individuals despite the nation's recovery from the 2008 Recession. Included in the Survival Budget for 2016 was the cost of a smartphone for each adult in the family and basic home internet service. Employed adults need to have phones and electronic communication for their jobs. The ALICE Budget accounts for housing, child care, food, transportation, health care, technology, taxes, and miscellaneous needs. The budget was calculated based on data taken from the Internal Revenue Service (IRS), Bureau of Labor Statistics, and Department of Housing and Urban Development (HUD).

In 2016, for a single adult in Manitowoc County, those annual basic costs added up to $18,960 and required an hourly wage of $9.48 to afford them. A family of two adults, one infant and one preschooler needed to earn an annual salary of $58,440, at a combined wage of $29.22 per hour. *44 percent of households in Two Rivers, 43 percent in the city of Manitowoc, and 45 percent in Valders did not earn that much*. They were unable to earn enough to meet the basic living standard.

> *In 2016, 43% of the City of Manitowoc, 44% of Two Rivers, and 45% of Valders were ALICE households.*

The ALICE households do not earn enough to save for emergencies or future goals. This means that one third of all the households in Manitowoc County—and almost half of Two Rivers, Valders, and the City of Manitowoc—face financial insecurity. The 34 percent of the county includes the nine percent of families and individuals at the Federal Poverty Level (FPL) which for 2016 was $11,880 for a single adult and $24,300 for a family of four. That nine percent figure stayed stagnant from 2014 to 2016, also.

These data show that significant numbers of people continue to find it difficult to climb out of financial instability even while employed. They are one medical emergency or major car problem away from crisis and possible homelessness. The goal of the United Way ALICE Report is to raise awareness and create change by addressing the underlying causes of problems in communities. Poverty is widespread here, and when substance abuse is part of the home situation, stress levels increase for every family member, especially children and youth (ALICE: a Study of Financial Hardship in Wisconsin, 2018 Report).

Rep. Jim Sensenbrenner of the Milwaukee area cited the cost of child care as a major stressor for low income families. He stated in his opinion piece published on his website February 6, 2017, that only nine states have higher child care costs than Wisconsin. Child care here totals more than $9,000 a year. A single mother earning $23,000 would have to pay almost 40 percent of her salary. He said, *"These statistics present a troubling reality for families throughout the state, one in which they must choose between quality child care and daily essentials such as food, housing and transportation"* (Sensenbrenner, 2017).

In line with the ALICE Study (2014 data), which found that 44 percent of households in Two Rivers and 43 percent in the City of Manitowoc struggled to meet basic needs, school superintendents reported that 41 percent of students in the Two Rivers Schools qualified for free and reduced lunch programs in 2015, as did 42 percent in the Manitowoc Public School District (Superintendents Panel, League of Women Voters Public Forum, January 28, 2016).

Likewise, The Department of Human Services reported that 29 percent of youth under Juvenile Court supervision (fall, 2016) were exempt from paying court fees based on limited family income. However, it was explained that the truer figure would be near 40 percent because many parents do not complete the application form for exemption from court costs (W. Jaspers, personal interview, October 24, 2016).

The Census Bureau's Federal Poverty Level and Supplemental Poverty Measure, the Wisconsin Poverty Measure, and the United Way ALICE Report all reinforce the need to continue programs that lift people out of poverty. From the deeply poor to the working poor, families continue to struggle just to afford the basic necessities. The vulnerable populations of children and seniors especially need continued support. Furthermore, when the impact of local poverty intersects with the addiction crisis, the need for effective intervention programs *and access to them regardless of income level* becomes even more apparent and urgent. Linda Rosenberg, President of the National Council for Behavioral Health, stated that "*those in the throes of addiction are often young and uninsured"* in response to the 2016 report of the former U.S. Surgeon General Vivek Murthy. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* was the first federal report dedicated to substance addiction. Murthy called for removing the stigma from addiction, creating more patients and fewer prisoners (Surgeon General, 2016).

IV. Effects of Poverty and Addiction on Children and Teens

Infants and Preschoolers

> *Manitowoc County has more than double the rate of infant deaths than the rest of Wisconsin, according to Coroner Curtis Green.*

Two dozen pregnancies end as stillborn every year, including some late-term, due to fetal drug death (C. Green, personal communication, May 3, 2016). Nancy Randolph, Deputy Director of Manitowoc County Human Services Department (HSD), reported that babies provided services through the *Birth to 3 Program* often are premature. They have low birth-weight and are considered at risk, often with Neonatal Abstinence Syndrome (NAS) and Hepatitis C. Many of these parents have had or still have alcohol and drug issues. Many have never had a life without poverty, and the cycle is passed on to the next generation. Their struggles are compounded by learning disabilities, no high school diploma, physical disabilities, and/or mental illness. In 2015, 54 percent (146) of *Birth to 3* parents had no medical insurance, and 64 percent (173) received Medicaid. She said there is an increased need for stay-at-home foster parents for NAS babies who must be removed from their birth homes (N. Randolph and Birth to 3 Staff, personal communication, February 2, 2016).

Poverty and Children's Brain Development

Brain imaging research has shown that as early as age four, children from households at the Federal Poverty Level (FPL) have smaller amounts of gray matter in areas of the brain responsible for functions needed for learning. The anatomical difference could explain as much as 20 percent of the gap in test scores between children growing up in poverty and their more affluent peers (*Association of Child Poverty, Brain Development and Academic Achievement*, published in 2015 by *JAMA Pediatrics)*. Small gaps were evident for households considered *near poor* at 150 percent of the FPL. (For a family of four, 100 percent of the 2016 FPL is $24,300, while 150 percent is $36,450.)

> *"It was really when we started getting down into real poverty, real abject poverty, that we started seeing a difference."*
> *- Seth Pollak, Psychology professor UW-Madison*

The differences were evident in children as young as four, meaning that they occurred before kindergarten (Hair, Hanson, Wolfe, & Pollak, 2015).

Households in Poverty

The above study summarized that children living in poverty experience less parental nurturance, elevated levels of life stress, increased family instability, and great exposure to violence. Their homes are more crowded and often provide less cognitive stimulation. One study states "Specific brain structures tied to processes critical for learning and educational functions (e.g. sustained

attention, planning, and cognitive flexibility) are vulnerable to the environmental circumstances of poverty, such as stress, limited stimulation, and nutrition."

> *"Specific brain structures tied to processes critical for learning and educational functions… are vulnerable to the environmental circumstances of poverty, such as stress, limited stimulation, and nutrition."*

The authors recommend that *"such understanding should lead to public policy initiatives aimed at improving and decreasing disparities in human capital. Development in these brain regions appears sensitive to the children's environment and nurturance"* (Hair et al, 2015).

The Stressors of Poverty, Child Abuse, and Neglect

Researchers at UW-Madison reported on new insights into the influence of poverty on child maltreatment in a set of studies collectively presented in *Children and Youth Services Review* (2017). The connection between poverty and childhood trauma has been established by decades of research, but the University of Wisconsin studies uncovered the root causes of low income and maltreatment as the lack of economic support systems. *Social safety net programs were shown to be significant reducers of neglect and abuse in economically-stressed families.* Editor Kristen Stack, Professor in the UW School of Social Work, stated:

> *When people think about child abuse and neglect, they tend to focus only on deficiencies in parenting behaviors, and not a broader set of stressors that can create or exacerbate risk for children. Poverty and economic hardship need to be systematically considered in our efforts to prevent maltreatment or lessen its consequences. For some families, economic support can make a meaningful difference in whether children experience harm.*

(*Important New Insights into the Influence of Poverty on Child Maltreatment*, 2017)

When children are born into financially-strapped homes where substance abuse is part of daily life—and perhaps in their genetic codes, as well—they may be at risk for early failure as soon as they start school. Lack of learning readiness skills and a history of living in stress can set them apart early, mark them for marginalization in their classrooms and ostracism on the playground. They can be left behind and left out as early as kindergarten. Programs that support their healthy physical, cognitive, and social development are crucial to the health of our whole community. Our youngest children are our future. Boosting the potential of these soon-to-be high school students and working adults will ensure a stronger, more economically sustainable county in the next decades.

> *"It is very disturbing that 40% of the youth in our public schools need a reduced or free lunch, and that lunch doesn't stand up to the health and wellness we owe our kids."*
> *–Manitowoc Mayor Justin Nickels*

In his 2017 third inaugural address, Manitowoc Mayor Justin Nickels said:

> *We all know the kinds of difficulties that exist around us; the drug crisis and people losing their jobs are just two. In seeking a representative image for the challenges of our community, I've been ruminating on the idea that we can be proud of a school system that ensures every child gets a lunch whether they can afford one or not, but it is very disturbing that 40 percent of the youth in our public schools need a reduced or free lunch, and that lunch doesn't stand up to the health and wellness we owe our kids. I define 'community' as a very large and colorful family. Every person, whether a CEO or homeless, is part of this family. Some family members teach us how to make an organization prosper; some remind us of our humanity and obligation.*

(*Nickels:Manitowoc's Waterfront Must Be Focus*, 2017)

Adverse Childhood Experiences (ACEs)

> *"For many adults, ACEs in their young lives follow them into adulthood in the form of physical, mental, and behavioral health struggles that often include a variety of substance use-related behaviors."*

Many parents have experienced trauma during their childhoods. The Center for Disease Control (CDC) measures the effects of childhood trauma on adult health. The *Adverse Childhood Experiences (ACEs) Questionnaire* is administered as part of their *Behavioral Risk Factor Survey (BRFS)*. The ACEs test consists of 10 questions (listed below) about traumatic experiences prior to the age of 18, which include abuse, neglect, and household dysfunction. It is based on research that shows that the more negative experiences a person had as a child, the more health and behavior problems one will have throughout adulthood—regardless of the adult's income. An ACEs score of four or higher indicates high risk for negative adult health outcomes. Chronic childhood trauma leads to risky health behaviors, chronic health conditions, low life potential, and early death. *"The Adverse Childhood Experiences Study in a Video Nutshell"* produced by Substance Abuse Mental Health Services Association (SAMHSA) is a three-minute video about ACEs. Dr. Robert Anda, co-founder of the Center for Disease Control ACEs Study, explains the direct relationship between negative experiences in childhood and adult mental health problems and substance abuse (*Aces Too High*, 2012).

Adverse Childhood Experiences (ACEs) Questionnaire:

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often swear at you, insult you, put you down, or humiliate you? Or did they act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often push, grab, slap, or throw something at you? Or did they ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or did they try to or actually have oral, anal, or vaginal sex with you?

4. Did you often feel that no one in your family loved you or thought you were important or special? Or did you feel that your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or did you feel that your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? Or was she sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or was she ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
10. Did a household member go to prison?

The 2011-2013 report on Adverse Childhood Experiences in Wisconsin found that people with low incomes had higher ACEs scores. Fourteen percent of all the respondents had ACE scores of 4 or more—indicating high risk. When those with 4+ were grouped by income, 21 percent earned less than $25,000 vs. 14 percent who earned more. Twenty-three percent were uninsured compared with 13 percent who had private insurance. Sixteen percent had a high school education or less while 12 percent had some type of post-secondary education. *Twenty-four percent had experienced parental or other adult substance abuse in their childhood homes, and 26 percent reported emotional abuse*. Significant chronic childhood trauma made it hard for most of these 4+ adults to get ahead, and the presence of alcohol and other drug use in their families had a lasting impact on their economic and health outcomes (*Wisconsin Adults with 4+ ACEs and Socioeconomic Factors*, 2011-2013*)*.

When poverty, substance abuse, and trauma are part of a child's daily life, the risk for lifelong problems increases.

Many young people are unable to overcome the compounded effect of their childhood traumas and be successful in adulthood. They start kindergarten with high ACEs and arrive at age 18 perhaps with even more ACEs. Furthermore, involvement with the criminal justice system for drug use at 18 can be the beginning of their adult marginalization and their own personal poverty. Overcoming young adult poverty can be an overwhelming struggle when the effects of chronic childhood trauma can hang on into mid-life and beyond.

High ACEs, Substance Abuse, and Poverty

Multiple studies have shown a strong relationship between ACEs and a variety of substance-abuse problems. Some of the problems found among high ACEs respondents were:

- early initiation of alcohol use
- problem drinking behavior into adulthood

- increased likelihood of early smoking initiation
- continued heavy smoking during adulthood
- legal prescription drug use
- life-time illegal drug use

A male child with 6+ ACEs has a 46 times greater chance of becoming an injection drug user.
Adults with 6+ ACEs are 5 times more at risk of alcoholism and are 2.5 times more likely to be addicted to nicotine.

Vincent J. Felitti, M.D., founder of the Dept. of Preventive Medicine for Kaiser Permanente in San Diego, was the Co-Principal Investigator of the original ACEs Study. He reported in his 2004 research *The Origins of Addiction: Evidence from the Adverse Childhood Experiences Study* that a male child with a score of 6+ ACEs had a 4,600 percent risk (46 times greater chance) of becoming an injection drug user sometime later in life. Those adults in the study who had a 6+ score were 250 percent (or 2.5 times) more likely to be addicted to nicotine. Likewise, there was a 500 percent (5 times) greater risk of alcoholism in the high ACEs adults vs. those with 0 points.

Linda Tirado, author of *Hand to Mouth: Living in Bootstrap America* (2014) describes her personal experience of the unrelenting daily stress of supporting a family while working in low-wage jobs. She explains that financially struggling people spend money on cigarettes for relief from stress and physical exhaustion. Dr. Felitti asks in his study, *"Do current smokers now represent a core of individuals who have a more profound need for the psychoactive benefits of nicotine than those who have given up smoking? Our clinical experiences and data from the ACE Study suggest this as a likely possibility."* He cited the psychoactive benefits of nicotine for controlling anger, anxiety, and hunger, though the emotional benefits are short-term and carry immediate and long-term health risks. The unrecognized childhood traumas of his financially-comfortable *yet high ACEs* subjects still left them dependent on addictive substances to cope with their unresolved emotional stress. In comparison, the higher stress levels and ACEs scores of low income parents struggling to climb out of poverty increase their need for relief and their risk for addiction (Felliti, 2004).

High ACEs and Behavior Problems

Serious behavior problems also were present in people with high ACEs scores. They showed more suicide attempts during adolescence and adulthood, lifetime depressive episodes, risky sexual behaviors, and teen pregnancies. Chronic stress in childhood led to chronic substance abuse and emotional problems for people even after they grew up and aged. Fortunately, communities are using the Centers for Disease Control ACEs data to develop and implement programs, policies, and strategies to reduce intergenerational trauma (*The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems*, 2015).

Adverse childhood experiences can be prevented, and this has become the primary focus of many agencies and the public school districts in Manitowoc County that serve children and teens. ACEs research is guiding their efforts to reduce trauma in young lives and build resilience in their parents. In 2017, after a review of the data that showed our county to have a significantly high number of residents who are dying young or prematurely before age 75, the stakeholders who make up Healthiest Manitowoc County developed the mission *Achieve Healthy 25*. The long-range overarching goals and strategies are to *"implement local policies to build capacity to reduce adverse childhood experiences, increase resilience and promote healthy child development"* (*Healthiest Manitowoc County: Achieve Healthy*, 2017).

The Adverse Childhood Experience (ACEs) of Racism

At the international level, the World Health Organization recognizes that ACEs are different in low- and middle-income countries where most of the world's children live (in contrast to high-income nations with lower birth rates). The *"Adverse Childhood Experiences International Questionnaire" (*ACE-IQ*)* includes questions on bullying, physical fights, witnessing community violence, being beat up by soldiers, police, militia, or gangs, and having a family member or friend killed or beaten up by them.

Racism and racial discrimination in our country have left many large urban communities suffering from generations of trauma like that measured by the international ACEs test. The Kids in Crisis article *For Young People of Color, Racism's Toll on Mental Health* highlighted the effects of ongoing racism that constantly barrage students. It points out that *"racism is often left out of the discussion as a source of this stress. It doesn't make the state health department's official list of adverse experiences."* A black Lawrence University student quoted in the article said, *"You really can't talk about mental health of students of color without talking about racism and the real effect it has on a daily basis…That's something counselors in general really need to educate themselves about and do the work to get there"* (*For Young People of Color, Racism's Toll on Mental Health*, 2017).

Research continues to show the health consequences of centuries of oppression, trauma, and inequities that get passed through generations. Chronic stress from racism can have far-reaching health effects, too, showing up in anxiety and depression, heart problems and diabetes (*A Time to Heal: From Generation to Generation an Epidemic of Childhood Trauma in Milwaukee*, 2017*).*

The Healthiest Wisconsin 2020 report also cites social exclusion as a risk to health. *"Social exclusion—often manifested through stigma, discrimination, gay oppression, racism, social class—is a highly relevant public health issue seen in rates of incarceration, immigration policies, language and culture*) (*Healthiest Wisconsin 2020 Focus Area Profile*, 2014).

When the stressors of poverty and substance abuse are present along with racism, black youth are at higher risk for health problems in childhood and as adults. Manitowoc County's youth population ages 10-17, in 2015, was 91.5 percent white and 2.5 percent black. However, of the 82 bookings sent to juvenile detention that year, 70 percent were white and 24 percent black youth. In 2016, there were 54 bookings—63 percent white and 35 percent black. All youth referred to Juvenile Court are high in ACE scores, according to Stacy Ledvina, Social Work Supervisor, Youth and Family Services Unit. The factors underlying the racial disparity among youth sent to detention are important to examine, she indicated at the March 29, 2017, meeting

of the Manitowoc Youth Intervention Network. Those who go to detention are high-needs youth who have violated probation, e.g., gone overnight for three days away from home. She said there is no data on recidivism, on what has happened to them a year after their cases are closed, or how they do as adults. The emotional stress of growing up in families who have experienced generations of racial discrimination may put black youth, especially boys, at greater risk for failure in their teen and young adult years.

Black boys as early as preschool may be subjected to implicit bias, even by teachers who reject prejudicial ideas. A 2016 research project at Yale University Child Study Center asked white and black teachers to view videos of four well-behaved preschool-aged children. Two boys, one black and one white, and two girls, one black and one white, were shown working and playing together in a classroom. Though the children were behaving calmly, the teachers were asked to look for signs of behavior that might become problematic. Tracking the eyes of the teachers showed that they watched the black children, especially the boys, longer when looking for signs of trouble.

The researchers concluded that implicit bias in preschool disproportionately suspends and expels black boys and denies them access to early education. However, they also reported that *"fortunately, recent research suggests that implicit biases may be reduced through interventions designed to either address biases directly or increase teachers' empathy for children"* (*Racial Profiling in Preschool*, 2016).

Manitowoc County teachers are involved in district-wide training programs to enhance the emotional climate of their schools. These programs increase empathy for all children, especially those with high ACEs who come from low-income households where the stressors and stigmas of poverty and racism may be present.

As a graduate student 30 years ago, Prof. Patricia Devine conducted the experiments that built the case for *implicit racial bias* and coined that term. This is the idea that it is possible to act in prejudicial ways while sincerely rejecting prejudiced ideas. Now Director of the Prejudice Lab at University of Wisconsin Madison, she has developed a workshop to break the habit of bias. She states affirmatively, *"I submit to you that prejudice is a habit that can be broken"* (Devine, 2017).

Adding questions on experiences of racial bullying and discrimination to the ten items on the ACEs questionnaire given in the United States would be helpful to researchers. Even in small communities, individuals of color regularly may experience the chronic stress of potential bias, living where they make up a small percentage of the population. The significantly disproportionate number of African American males in the Wisconsin criminal justice system for marijuana arrests is evidence of the effects of generations of ACEs, with racial bias and systemic discrimination being main contributing factors to chronic, traumatizing stress. *"Wisconsin demonstrates the fifth highest racial disparity in marijuana arrests in the country, and this disparity has increased 153 percent during the years 2001-2010,"* stated the report of the American Civil Liberties Union in 2013 to the State Council on Alcohol and Other Drug Abuse (SCAODA) (State Council on Alcohol and Other Drug Abuse, June, 2016).

SCAODA's Strategic Plan July 2014 – June 2018 includes among its five goals *"Remedy historical, racial/ethnic, gender, and other bias in substance use disorder systems, policies, and practices"* (SCAODA, March, 2016).

Researchers have found that *"Black and Hispanic youth are less likely to receive mental health services, even among youth with high needs,"* according to the *Wisconsin's Office of Children's Mental Health 2017 Report to the Legislature.* Though the prevalence of psychiatric conditions is considered similar across racial and ethnic groups, children of color receive significantly less behavioral health care. Furthermore, those with mental health issues are misdirected into the juvenile justice system in some cases (Wisconsin's Office of Children's Mental Health, 2017).

Historical prejudice against people of color, as well as other minorities, has limited many from economic security, adequate housing choices, educational advancement, and mental health care.

Risk Outcomes for Children

The comprehensive report *Poverty and Child Health in the United States* by the American Academy of Pediatrics Council on Community Pediatrics (2016) states:

> *Children living in poverty are at increased risk of difficulties with self-regulation and executive function, such as inattention, impulsivity, defiance, and poor peer relationships…. Poor developmental and psychosocial outcomes are accompanied by a significant financial burden, not just for the children and families who experience them but also for the rest of society. Children who do not complete high school, for example, are more likely to become teenage parents, to be unemployed, and to be incarcerated, all of which exact heavy social and economic costs.*
>
> (American Academy of Pediatrics Council on Community Pediatrics, 2016)

The Lakeshore Community Action Program's (Lakeshore CAP) Needs Assessment 2017-2020 (p. 17) bears out the findings of the report cited above. Manitowoc County is experiencing rising rates of youth drug use and drug-related crimes. Truancy and teen pregnancy rates are rising as well as record numbers of foster placements due to the prevalence of drugs in the home. The lack of mental health services for children from low-income families is also a great problem. These issues were assessed by community leaders as the most pressing issues facing our youth and the entire county. "*Families are required to have two wage earners to reach economic stability, and this exacerbates problems with child care and family scheduling. The generally high stress level in families contributes to poor parenting, drug use, and other high risk behaviors."*

Kids in Crisis *USA TODAY Series:* 2015-2018

The *USA TODAY NETWORK-Wisconsin*, in 2015, launched a year-long state-wide series of town hall meetings to investigate the growing mental health crisis among children. Data such as the high suicide rate among Wisconsin teens led to the development of the investigative project which Bellin Health helped sponsor. The goals were to identify crisis-level problems and find solutions and partners to help heal communities. A main purpose, too, was to hold officials

accountable for implementing legislation and policies to overcome the alarming increase in children's mental health problems.

Manitowoc County's first Kids in Crisis town hall meeting was held February 22, 2016. A panel of local and regional experts reported poverty and addiction to be significant causal factors of children's mental health problems. Panelist Sharla Baenen, President of Bellin Psychiatric Center Green Bay, said the five drivers of poverty are *addiction, lack of education, mental health issues, lack of financial resources,* and *a medical emergency.* Any of these crises reduces the ability of families to thrive and be healthy. Panel member Linda Luedtke, counselor at Two Rivers High School, reported seeing in her work significantly more critical issues in the last five years, especially chronic anxiety. She said what was needed were tools to identify student mental health issues and teacher training to recognize and respond to problems. Commenting again as a panel speaker a year later at the League of Women Voters Children's Mental Health Forum (February 23, 2017), Luedtke added:

> *What I do see is a significant rise in the number of kids whose issues are related to their parents' dependence on alcohol and other drugs—no boundaries, providing substances to the kids, lack of supervision, homelessness, lack of support, allowing kids to miss school, etc.*

State Representative Paul Tittl shared his push for school-based mental health services. Nancy Randolph, Deputy Director of the Human Services Department, reported that low-income parents lack an understanding of how to advocate for their families. She said that many parents of children in the child welfare and juvenile justice system were unemployed or underemployed and using alcohol and/or drugs (*Community Talks 'Kids in Crisis'*, 2016).

The Manitowoc County town hall meeting was one of ten held across the state. At the culminating Kids in Crisis Day of Action event held in Madison, May 5, 2016, solutions for the big common problems facing communities were presented. They focused on the need for early screening for mental health issues and on collaboration among mental health providers and primary care doctors to help bridge the income barrier to getting mental health care. Wisconsin has an estimated shortage of 200 psychiatrists.

Other recommendations from the state-wide meetings included:

- Hold counties accountable for providing public mental health care
- Raise Medicaid payment for children's mental health care
- Support training for law enforcement to better understand mental health challenges
- Require schools to track and respond to bullying
- Standardize and expand mental health screening in schools
- Expand programs for primary care doctors to get advice from psychiatrists

(*Day of Action: 'Let's Start Saving Our Children'*, 2016)

In May of 2017, a year after the first Day of Action and after a second year of state-wide town hall meetings, the Kids in Crisis reporting team reviewed the current status of the 2016 recommendations. They reported that legislative and funding action had not been taken during that time for several of the critical issues listed above:

- Holding counties accountable for providing public mental health care remained an issue because of problems in measuring the cost of services provided and patient outcomes. Elizabeth Hudson, Director of Gov. Walker's Office of Children's Mental Health, emphasized the need to avoid creating more work for the counties in documenting all services.

- No budget action was taken to expand Medicaid rates for children's mental health care because of competing budget priorities. The state's current reimbursement rates for mental health providers are among the lowest in the nation.

- No budget action was taken to increase funding for mental health Crisis Intervention Training (CIT) for police officers beyond the $125,000 budgeted annually since 2013. Demand from police agencies has continued to increase since 2016 for officers to be trained to recognize signs of mental illness and learn how to de-escalate situations to safer conditions.

- No state action was taken on requiring public schools to document bullying in any way. Instead, school boards must adopt local policies. The state budget proposed $300,000 in grants over two years for training and online bullying prevention curricula for elementary students.

- *Expanding and standardizing mental health screening in schools was approved and funded.* $1 million was budgeted over the next two years to boost training and screening practices. Also, $3 million was allocated to hire more social workers who would perform screenings.

- The 2017-18 budget doubled the annual funding of $500,000 for pediatricians to consult with psychiatrists, but that amount is significantly below the $3.l million needed to expand the program statewide, according to estimates by health officials.

The theme of the second year of town hall meetings in 2017 was suicide prevention because Wisconsin's teen suicide rate is nearly one third higher than the national average. Seven hundred fifty people across the state received Question, Persuade, Refer (QPR) training on how to recognize and help an individual at risk for suicide. The team of journalists focused on how young brains are damaged by adverse childhood experiences (ACEs) that make them vulnerable to mental health challenges. Their coverage highlighted different causes of stress, anxiety and depression while also explaining how to help youth.

Wisconsin's teen suicide rate is nearly 1/3 higher than the national average.

First Lady Tonette Walker in 2011 launched Fostering Futures to raise awareness about how childhood trauma can dramatically shape a person's life. Gov. Walker declared May 4, 2017 as Youth Mental Health Day at the second Kids in Crisis Day of Action held in Madison. Her continuing work with Fostering Futures has initiated state-wide trauma-informed care programs.

Jim Fitzhenry, Vice President of News for USA TODAY NETWORK – *Wisconsin*, led the 25 reporters of the Kids in Crisis project. He stated, *"Instead of pointing out problems and moving onto the next crisis, we've committed to finding solutions and partners to help heal our communities."* Bill Laakso, Director of Clinical Services at Bellin Psychiatric Center added that a main goal of the series, in addition to highlighting problems, is to keep officials accountable for the mental health needs of the children and youth in the counties they serve. He marveled that over 750 people had come to the town hall meetings to participate in suicide prevention training (*Kids in Crisis/Kids Mental Health is Focus of Day of Action*, 2017).

In 2018, the Kids in Crisis series in its third year of state-wide town hall meetings focused on hearing from the youth themselves. In the ten meetings, local teens shared their personal stories of trauma and what supports are helping them recover. A culminating Day of Action was held on May 10th, 2018 in Madison to call on state lawmakers to take action on youth mental health. Wisconsin state budget requests in 2016 stemmed in part from the Kids in Crisis project. Laws signed by Gov. Walker in July 2017 and more recently in 2018 are now being fleshed out within their funding limits.

Wisconsin Act 31 is an example of some of the progress being made to address the growing numbers of children in crisis. The legislation added $200,000 in 2017-18 and budgeted another $200,000 in 2018-19 to fund a state-wide mental health support program for all public and charter schools. The funding is designated to establish a mental health training support program which the Department of Education provides. School district staff and instructional staff of charter schools will be trained on the screening, brief intervention, and referral to treatment program (SBIRT), an evidence-based strategy related to addressing mental health issues in schools (*Wisconsin Act 31* 2017). How this measure and other laws signed will impact Manitowoc County children will be covered in the next section of this report: *Strengths and Gaps in Services to Children and Youth*.

Traumatized Youth, Poverty and Substance Abuse

Numerous studies have documented a strong correlation between trauma exposure and substance abuse in adolescents. The National Child Traumatic Stress Network in its 2008 report *Understanding the Links between Adolescent Trauma and Substance Abuse* summarized the cumulative data. These factors and their consequences describe the daily life experiences of many of the children and teens growing up in poverty here, especially when no safety nets are provided:

- *Teens at risk for addiction show these signs*: aggressive behavior, genetic vulnerability, low self-esteem, academic failure, risk-taking propensity, and impulsivity.

- *Factors in the home* include lack of parental supervision, family members with a history of alcohol or other drug abuse, lack of clear rules and consequences regarding alcohol and other drug use, family conflict/abuse, and loss of employment.

- *Social influences* that are factors are substance abuse in peers, ties to deviant peers/gang involvement, and inappropriate sexual activity among peers.

- *School risk factors* are drug availability, students' lack of commitment or sense of belonging at school, high number of failing students, and parents and community members not actively involved.

- *Community characteristics* which put youth at risk for substance abuse are poverty, alcohol and other drugs readily available, lack of sense of connection to community, high unemployment, youth activities not monitored, and norms that are unclear or encourage use of drugs, as well as laws and ordinances unclear or inconsistently enforced.

(National Children Traumatic Stress Network, 2008)

Parents in low-paying jobs struggling to make ends meet often must work multiple jobs and take late shifts. Many cannot afford adequate child care, especially single mothers, and they must rely on their older children to take care of themselves in the early evening. This prevents many young people from participating in after-school activities that require transportation. Poverty can lead to a lack of connection to the community which puts teens at risk for school failure. With the prevalence of alcohol and other drugs readily available, as well as the stresses in the home from economic hardship, the potential for making it successfully to young adulthood plummets rapidly for many of our youth.

Youth and Alcohol, the Gateway Drug

> "The younger the respondents initiated alcohol use,
> the greater the frequency of illicit substance use across one's lifetime."
> —2016 Monitoring the Future Survey

Wisconsin's alcohol culture puts our children and youth—regardless of family income— at great risk for future substance abuse. Research over decades has shown that *alcohol is the gateway drug*, rather than tobacco or marijuana, that leads to abuse of illicit drugs. Since 1975, the University of Michigan Institute for Social Research has conducted *Monitoring the Future* (MTF), an annual survey assessing the values, attitudes, and behaviors of American youth, with emphasis on the use and abuse of alcohol, tobacco, and other drugs. The 2016 MTF report published in the *Journal of School Health* established alcohol as the gateway drug and linked age of first drink with future drug use:

> *Alcohol is the most commonly used substance, and the majority of polysubstance using respondents consumed alcohol prior to tobacco or marijuana initiation. Respondents initiating alcohol use in sixth grade reported significantly greater lifetime illicit*

substance use and more frequent illicit substance use than those initiating alcohol use in ninth grade or later.

The researchers recommend that children as young as nine and ten be screened for substance use when they are seen in medical settings. The screening instrument CRAFFT (each letter standing for the six screening questions: Car, Relax, Alone, Forget, Family/Friends, Trouble) *"has the most consistent data to support its use in primary care settings."* Medical staff should intervene to encourage discontinuing substance abuse as well. Schools should begin prevention programs in third grade when students are eight and nine, and continue throughout their maturation. The data showed that *"the younger the respondents initiated alcohol use, the greater the frequency of illicit substance use across one's lifetime."*

Because alcohol is the substance which youth typically initiate first, *"emphasizing abstinence from alcohol use is appropriate and paramount…. Interventions should address multiple risk factors and work to build up multiple protective factors."* The researchers found that the biggest risk factors for early-onset drinking included having a single parent, having parents who also started drinking when they were very young, and parental drinking frequency (*Prioritizing Alcohol Prevention: Establishing Alcohol as the Gateway Drug and Linking Age of First Drink with Illicit Drug Use*, 2016).

> *The biggest risk factors for early-onset drinking included having a single parent, having parents who also started drinking when they were very young, and parental drinking frequency.*

Adolescents who were supplied alcohol only by their parents had higher odds of subsequent binge consumption," reported the team of twelve researchers in a study published in *Lancet Public Health* (2018). They found no evidence to support the view that parents who supply their teens with alcohol protects them from adverse drinking outcomes. Wisconsin allows minors to be served in bars and restaurants if a parent or guardian is present to monitor them, at the discretion of the license holder. However, research does not support this policy in terms of health outcomes for the youth.

(Mattick et al., 2018)

Youth and Marijuana

> *"Marijuana is the second most commonly initiated substance by teens in Wisconsin."*
> *—State Council on Alcohol and Other Drug Abuse (SCAODA)*

"Marijuana is the second most commonly initiated substance by teens in Wisconsin," reported the Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) Ad Hoc Committee on Marijuana report of 2016. Five percent of adolescents aged 12-17 initiated use in 2009-2013. Alcohol initiation was reported by 10.7 percent of teens. The committee cited research that early onset and continued use during the teen years can significantly increase the lifetime risk for

mental illness and cognitive deficits. Brain images taken from young, frequent users reveal structural and functional abnormalities critical to learning functions like memory, executive function, sustained attention, and psychomotor speed (SCAODA, 2016).

> *"Brain images taken from young, frequent users reveal structural and functional abnormalities critical to learning functions like memory, executive function, sustained attention, and psychomotor speed."*
> *–SCAODA*

The University of Michigan's *2015 Monitoring the Future Study* (cited in the SCAODA report), found no increase in use of marijuana, despite changing state laws. The survey called attention to the changing trends in teen attitudes about the substance: perception of the harm of marijuana and disapproval of its use are decreasing. In 2015, 68.1 percent of high school seniors said it posed no risk and 71 percent disapproved of regular smoking of the substance. In 2016, 68.9 percent said it was not a risk and 68.5 percent disapproved of regular use. In 2017, 71.0 percent replied it was not harmful and 64.5 percent disapproved. *The 2017 response of 12th graders regarding perception of harm was half of what was reported 20 years ago* (National Institute on Drug Abuse, 2017).

The 2017 Manitowoc County Youth Risk Behavior Survey showed the same downward shift in perception of the risk of use. However, the collateral risks of use for teens increase greatly when they turn 18. An arrest for possession can lead to involvement with the criminal justice system. When teens without financial resources get arrested, have fines, jail and court charges to pay, along with the possibility of charges at the felony level, young lives can be impacted negatively for years. The 4+ ACEs youth who struggled in school, often in special education, often having mental illness diagnoses, and coming from dysfunctional homes—these can experience great difficulty navigating the complexity of law enforcement and court processes. Their marginalization from the community may increase if they miss court appearances, probation and AODA appointments, or fine payment due dates, and must return to jail.

Thomas Mann, Program Director of JusticePoint Juvenile Detention Alternative Initiatives program, said that 18-23-year-olds are an especially vulnerable group in the county. There is not a comprehensive way to connect their needs to any ongoing services during those years (T. Mann, personal communication, January 9, 2018). Those 4+ ACEs youth with limited skills and financial and social resources who leave their dysfunctional homes to temporarily stay with friends are especially at-risk when they become 18.

After study of the data on the effects of the drug on youth, the SCAODA Ad Hoc Committee on Marijuana recommended:

> *Cannabis and cannabis extracts(s) for use in individuals younger than age 21 should not be legalized in any form unless specifically FDA approved. A growing body of evidence links early cannabis exposure with neurobiological brain abnormalities, an increased risk of addiction, potential to be a gateway drug leading to other drug abuse, neurocognitive decline, lower school performance, and compromised life time achievement.*

(Marijuana in Wisconsin: Research-Based Review and Recommendations for Reducing the Public Health Impact of Marijuana, 2016)

School Experiences of Children in Poverty

Children from low-income households who enter school at a disadvantage in learning readiness and physical and emotional wellbeing are at-risk for failure. They can become marginalized and isolated both academically in class and socially on the playground. They can be left out of supervised after-school activities and other opportunities that foster school and community connection. When alcohol and other addictive substances are used in their homes, their risk for future chemical dependence is greater. Their lack of academic success and social acceptance in comparison with their more affluent peers take a daily toll and can lead to long-term behavioral and economic consequences. According to school data cited in the Healthiest Manitowoc County 2020 Community Health Improvement Plan, disadvantaged students were less likely to be advanced or proficient in both reading and math at 3rd grade, and they were less likely to graduate from high school.

Those who begin school at the margins are at great risk for staying at the margins of society throughout adulthood as they follow intergenerational patterns of financial stress, trauma, and substance abuse. Because schools are the primary social agencies that interact with these vulnerable children, it is vital that school districts receive all the support and resources necessary to help these students grow up healthy and successful. Likewise, social service agencies that provide for the realistic after-school needs of at-risk children and teens beyond childcare should be supported, as well. The future economic and cultural vitality of Manitowoc County will be the result of investments made in the success of all our children now, for soon they will be our neighbors, workers, taxpayers, heads of families, and home owners. Supporting their progress in school and through relevant, effective social programs in the community will ensure their productive contributions when they are adults.

V. Effects of Poverty and Addiction in Adulthood

Veterans

> *Pain reliever prescriptions written by military physicians quadrupled between 2001 and 2009, increasing the numbers of addicted vets.*

Four homeless vets sought assistance from the County Veterans Services Officer (VSO) in 2011 (*2013 League of Women Voters Mental Health Study*). Todd Brehmer, current VSO Officer, when interviewed in September 2016, said that seven homeless vets had come for help just during the prior seven-week period. Of those, five admitted to alcohol and cannabis abuse, and he could tell the other two had heroin-use indicators (T. Brehmer, personal communication, September 16, 2016).

The ALICE Report found that younger vets are more likely to have less education and training and more likely to have a disability than older vets. They are most likely to be unemployed or in struggling ALICE households (pp. 30-31). Those who have had multiple deployments and combat exposure are at greater risk of developing substance use problems. They are more apt to engage in heavy weekly and binge drinking, to suffer alcohol and other drug-related problems, and to be prescribed more behavioral health medications. It is significant that pain reliever prescriptions written by military physicians quadrupled between 2001 and 2009, increasing the numbers of addicted vets (*Drug Facts: Substance Abuse in the Military,* 2013).

Opioid Felonies and Death Counts Rising

Drug-related arrests have gone up every year as reported by both the County Sheriff's Department Metro Drug Unit and Manitowoc City Police. According to Curtis Green, County Coroner, more Narcan, used to prevent overdose deaths from opioids, is being deployed than in the past. The District Attorney and police report that most arrests are related to drug-seeking (Healthiest Manitowoc County, 2015).

Lt. Dave Remiker, head of the Metro Drug Unit, spoke at a public awareness event, Drug Addiction 101, on April 20, 2017. He said the war on drugs has already been lost and we need to think of different solutions for drug addiction. His professional attitude has gone from *"It's a choice"* to *"Addiction is a disease."* He said that until policies change so that insurance covers addiction treatment and recovery, nothing will change. *"There is a stigma attached to drug addiction…We must start accepting these individuals as members of our community who can provide a service, who can provide friendship, who can provide a sense of belonging and a sense of being recognized and that sense of being cared about."* He cited the shortage of mental health counseling and funding and said that increasing the mental health network would have the greatest impact in treating Manitowoc's drug problem: *"When we start fixing that problem, the drugs are no longer going to be the problem"* (*Remiker: Manitowoc's 'War on Drugs' Already Lost*, 2017).

Annie Short, Executive Director of NEWAHEC and its former Opioid Prevention Specialist, said that lack of services both in the jail and at discharge often result in individuals being worse off

after having served their sentences. They have a record, may have lost their apartments and jobs, burned bridges with family and friends, and owe court fees. Individuals may continue to incur more charges and fees without having committed additional crimes whenever any parole rules are broken, and the resulting insurmountable levels of debt can prevent them from rising out of poverty. However, when evidence-based support services are provided for those arrested for AODA issues, recovery rates go up and recidivism rates of repeated offenses go down significantly (A. Short, personal communication, July 30, 2016).

The *Lakeshore CAP Community Assessment 2017-2020* reported that the lack of mental health services is leading affected individuals to indulge in self-medicating. In turn, excessive use leads to greater involvement with drugs and eventual entry into the illegal drug culture (pp. 16-17). Former Chief Executive Officer Michael Huck described the path from addiction to poverty: It begins with lack of knowledge, which leads to exposure to substances. Continued use then leads to surrender to substances resulting in household vulnerability. The first crisis with law enforcement or job loss can put an individual or family into poverty (M. Huck, personal communication, March 7, 2016).

In 2016 the local Salvation Army saw more poverty cases requiring AODA services than in the past, according to Lisa Antonissen, Business Administrator of the Manitowoc office. More phone requests for help had come in, too. One of the program volunteers said she was concerned about a young man she was to pick up from the Milwaukee Adult Rehabilitation Center (ARC). There was no safe place to take him in Manitowoc because he had been prescribed suboxone to prevent heroin relapse, and both the local residential recovery center and the men's shelter do not admit individuals who are taking such substances. Her only option was to return him to the trailer park where he lived with roommates who used drugs (L. Antonissen, personal communication, October 17, 2016; C. Rhodes, personal communication, October 17, 2016).

Todd Holschbach, Vice Chairman of the Manitowoc County Finance Committee and County Board Supervisor, reporting for the *USA TODAY NETWORK – Wisconsin,* November 2017 stated that the opioid abuse epidemic presents a major crisis and a serious fiscal challenge:

> *We are not alone among counties or states dealing with this issue, but we are responsible for addressing the impacts it is having on our community. In that regard, we need substantially increased resources for inpatient treatment and outpatient services for county residents dealing with opioid abuse/addiction and for associated mental health services. Without these resources, families continue to fall apart and the serious, adverse impacts this problem is having on our community continue to grow* (Holschbach).

The number of overdose deaths from opioids continues to rise in Wisconsin and other states despite fewer prescriptions being dispensed. Doctors now are required to check the state's prescription database to prevent patients from getting pain prescriptions from different doctors, in compliance with the Prescription Drug Monitoring Program (PDMP). Currently about 40 states, including Wisconsin, are in the program, and the CDC's goal is to have all states participate so prescription-filling across state lines can be tracked.

Another new procedure to reduce dependence on psychoactive painkillers is the automatic computer flagging of prescribed narcotic drugs in patients' charts. The doctor is required to look at how the patient is using the drug and to help the individual stop use. Physicians on Governor

Walker's Task Force on Opioid Abuse are educating fellow doctors about alternative pain medications and proper opioid use. Doctors have been told falsely since the 1990s that long-term use of opioids was safe for patients and did not cause addiction. Dr. Timothy Westlake of the Governor's Task Force said at a meeting of the task force that "*The whole premise that chronic pain is treated well with opioids is false. That's the fallacy the medical community bought 20 years ago*." He also emphasized that patient perceptions on opioids needed to be addressed: *"If we don't change the cultural expectations of patients, [overprescribing] is not going to get fixed"* (*Opioid Doses Drop in Wisconsin, but Overdose Deaths Continue to Rise*, 2017).

Purdue Pharma, manufacturer of OxyContin, was instrumental in reinforcing a scientifically-invalid understanding of addiction and opioid safety among the medical community. The in-depth report *"The Family That Built an Empire of Pain"* in the October 2017 issue of *The New Yorker* by staff writer Patrick Radden Keefe, covers the history of Purdue's marketing of OxyContin. Its sole active ingredient is oxycodone, "*a chemical cousin of heroin which is up to twice as powerful as morphine*." The company, facing a shrinking market and increasing criticism, continues to seek new users, and in August 2015, "*over objections from critics, the company received F.D.A. approval to market OxyContin to children as young as eleven*." Meanwhile, many of our community residents from teens to vets to seniors who have been over-prescribed opioids struggle to overcome their chemical dependence, and they require long-term treatment solutions (*The Family That Built an Empire of Pain*, 2017).

In November 2017, Manitowoc County joined 47 other Wisconsin counties in a lawsuit against pharmaceutical companies who marketed opioid painkillers fraudulently. The counties seek compensation for the millions of dollars spent annually *"to combat the public nuisance created by the drug companies' deceptive marketing campaign that misrepresents the safety and efficacy of long-term opioid use."* The lawsuit filed in federal court targets Purdue Pharma L.P., Purdue, Pharma, Inc., The Purdue Frederick Company, Inc., other pharmaceutical manufacturers, and individual doctors. Erin Dickinson of Crueger Dickinson LLC, one of the law firms representing the counties, stated, *"Counties are bearing a large burden of the costs associated with combating this public health emergency."* The lawsuit builds on the initiatives in the state to deal with the opioid crisis (*Manitowoc County Joins Opioid Painkillers Lawsuit Against Pharmaceutical Companies*, 2017).

Poverty and Substance Abuse Impacts Seniors

> *Suicide and liver disease have replaced Alzheimer's and Parkinson's Disease in the list of top ten causes of death.*
> *—County Health Dept. 2015 Annual Report*

Fifty-seven percent—more than half— of Manitowoc County seniors age 65 and older struggle with annual incomes below the ALICE Household Survival Budget threshold—less than $23,196. The combination of financial stress, aging bodies and minds, multiple drug prescriptions, and excessive alcohol use puts this group at greater risk for increased health problems. Excessive drinking means more than one drink per day for women and two for men. Seniors have been conditioned to turn to drugs, including painkillers, for relief, and they fill more than twice as many prescriptions as those younger than 65. They trust their doctors and television commercials, and they may see several doctors and take many medications with

potentially negative combined effects. Loneliness, depression, and money stress can lead to increased drinking and, for those who smoked marijuana during their youth, a return to cannabis use (Haroutunian, 2016).

Elderly women in poverty, especially those living alone, are especially vulnerable to addiction because they are prescribed more psychoactive drugs for depression and anxiety, like benzodiazepines (e.g. Valium). They may conceal their drinking or drug use because their stigma is greater than for men (*Substance Abuse among Older Adults: An Invisible Epidemic*, 2016).

The *AARP Bulletin* monthly newsletter regularly alerts age 50+ readers to new data on the rise in substance use disorder among seniors. The January-February 2018 issue printed the U.S. map from *America's Health Rankings: Senior Report 2017* that showed Wisconsin was a close second behind Alaska with the highest rate of reported chronic drinking (more than one or two drinks daily) or binges (more than four or five drinks at a time) *(*AARP Bulletin, January-February 2018*).*

Wisconsin Department of Health Services reported in April 2017, that alcohol use is on the rise among residents age 65 and older. One of the dangers for seniors who drink is fatal falls. Vision problems and slow reaction times coupled with alcohol use have led to steady increases in the number of falls among Wisconsin seniors. Alcohol can make some health problems worse, such as hearts conditions, high blood pressure, liver problems, diabetes, and memory problems. Mixing alcohol with prescription or over-the-counter medications can be fatal (Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016).

Suicide and liver disease have replaced Alzheimer's and Parkinson's Disease in the list of top ten causes of death, cited in the Manitowoc County Health Department 2015 Annual Report. Low-income seniors with medical conditions and underlying alcohol and drug abuse issues appear invisible because they seldom commit crimes. However, their addiction and mental health needs require support programs as much as children and families whose struggles are evident.

Nicotine Addiction More Prevalent Among Low-income Groups

> *"Nicotine dependence leads to diseases which take the lives of more than 3,000 Wisconsin tobacco users a year with AODA and mental health disorders…Tobacco deaths are responsible for more deaths than from alcohol and other drugs combined."*
> *—SCAODA*

Nicotine must not be overlooked as a harmful drug, and more people in poverty are addicted than the average population. According to the State Council on Alcohol and Other Drug Abuse, "*Nicotine dependence leads to diseases which take the lives of more than 3,000 Wisconsin tobacco users a year with AODA and mental health disorders… Tobacco deaths are responsible for more deaths than from alcohol and other drugs combined"* (SCAODA, 2016).

Whereas 15 percent of the average American adult population smokes, 70-80 percent of the homeless are smokers. Other groups with high rates are: 32 percent with incomes below $25,000, 33 percent of those who did not finish high school, 36 percent of Medicaid or Badger Care

recipients, 32 percent of African Americans, and 77-83 percent of people in substance abuse treatment. In Wisconsin, 21percent of pregnant women reported they smoked.

The tobacco industry targets the poor and teens, according to Cath Tease, Coordinator of Healthiest Manitowoc County Anti-Tobacco Coalition and Grant Coordinator for re-THINK—The Lakeshore Tobacco Prevention Coalition. She reported that tobacco product marketers will offer Buy One—Get One cigarette-pack deals to increase sales in low-income areas. Sellers are paid to position Other Tobacco Products (OTP) in front of store counters and by exits, and they are reimbursed by manufacturers for any theft. OTP are packaged as candies, gum, lip balm, and mints to look like products teens and children commonly buy. Representative Andre Jacque´ accompanied the Coalition's environmental scan team on one of their checks of retail mini-marts near schools and in poverty areas to compare product placement in low-income vs. higher-income area stores.

As of February 2017, smoking is banned within 25 feet of Department of Housing and Urban Development (HUD) low-income housing. Tease said this may put stress on residents addicted to nicotine, especially in winter and if they have physical disabilities and/or are elderly. By July 2018, all HUD buildings became smoke-free— no candles, e-cigarettes, or cigars, as well as cigarettes (C. Tease, personal communication, February 17, 2016).

Forty percent of Wisconsin high school students have tried a tobacco product, and 20 percent currently use nicotine. Over half of the users have tried to quit, but they report the addiction makes it hard. The 2015 Minnesota Department of Health advisory, *Nicotine Risks for Children and Adolescents,* warns of the effects of nicotine on brain development during ages 12-18—a critical window for cognitive growth. Extensive evidence shows that exposure during those years causes long-lasting changes in brain development, which could have negative implications for learning, memory, attention, behavior problems, and future addiction (*Nicotine Risks for Children and Adolescents*, 2015).

> *Nicotine leads the list of the top five addictive substances responsible for 911 calls in Two Rivers.*
> *—David Murack, Assistant Fire Chief*

Nicotine leads the list of the top five addictive substances responsible for 911 calls in Two Rivers, according to David Murack, Assistant Fire Chief. Of all emergency cases that include calls to the Emergency Room and requests for transport from local hospitals to specialized medical centers, addictive substances make up the top five causes:

- #1 is cigarettes. These calls come from adults age 35+.
- #2 is alcohol. Young adults and adults 35+ make up this big group.
- #3 is Poly-Pharmacy. These are seniors who take several different medications that may not interact well, and when alcohol is added, 911 may need to be called.

- #4 is prescription drugs. These calls involve young adults and adults 35+ who abuse these substances and experience overdoses and life-threatening effects. They are "*chasing the dragon*"—the intensity of their first high.

- #5 is crystal meth, heroin and other illegal opioids. Young adults are the group most often affected.

The station has never received calls for overdoses from marijuana or physical violence because of marijuana. Murack explained that marijuana can impair driving, but the individual is not violent like crystal meth and cocaine users.

He said that whenever they respond to an incident presenting with chronic bronchitis, enlarged heart, Chronic Obstructive Pulmonary Disease (COPD), or shortness of breath, smoking most often is the underlying cause. Though he is seeing here in Manitowoc County the heroin problems he saw 15 years ago when he worked in Milwaukee, he said it is clear from the station's records that nicotine and alcohol abuse are the leading reasons for Emergency Medical Service (EMS) calls. Over 50 percent of their transport services to larger hospitals are for nicotine and alcohol as prior causes of the presenting medical conditions. To him, it is almost politically incorrect to say that car-fentanyl and other new drugs are the big problem given the fire station's data on the local population. He commented, "*The culture here is a tavern environment. The alcohol tax—sin tax—keeps it going. Tobacco and alcohol companies are held harmless"* (D. Murack, personal communication, May 4, 2017).

> *Nicotine and alcohol abuse are the leading reasons for EMS calls.*
> *—David Murack*

The big tobacco companies have been ordered by a federal court to state to the public their intention to design cigarettes to make them more addictive. This is the statement they were ordered to make which appeared as a full page in *The New York Times,* Sunday, February 4, 2018:

- *Lorillard, Altria, Philip Morris USA, and R. J. Reynolds Tobacco intentionally designed cigarettes to make them more addictive.*

- *Cigarette companies control the impact and delivery of nicotine in many ways, including designing filters and selecting cigarette paper to maximize the ingestion of nicotine, adding ammonia to make the cigarette taste less harsh, and controlling the physical and chemical make-up of the tobacco blend.*

- *When you smoke, the nicotine actually changes the brain—that's why quitting is so hard.*

> *Lorillard, Altria, Philip Morris USA, and R. J. Reynolds Tobacco intentionally designed cigarettes to make them more addictive.*

Alcohol's Dominance

The problem of the availability of alcohol in Wisconsin was cited by the Healthiest Wisconsin 2020 Focus Area Strategic Team on Alcohol and Other Drug Use in 2010. The focus team's year-long research and discussions provided the objectives for HW 2020. Their report stated:

> *Alcohol is far too accessible throughout Wisconsin in terms of availability and cost. The number of alcohol outlets per capita is double the national average. In Wisconsin there is one alcohol outlet (bar, tavern, liquor store, restaurant, grocery store or gas station) for every 187 adults age 18 years and older (Wisconsin Department of Revenue, 2007). Wisconsin has the third-lowest beer tax in the nation (6.5 cents per gallon) and the tax has not changed since 1969.*

Wisconsin has the third-lowest beer tax in the nation (6.5 cents per gallon) and the tax has not changed since 1969.
—Wisconsin Dept. of Revenue, 2007

The focus team identified what evidence- or science-based actions would move the state forward from 2010 to the goals set for the year 2020. Regarding the problem of availability, the recommended actions included increasing the alcohol excise tax, reducing alcohol outlet density, restricting alcohol sales at public events, and establishing limits on alcohol sales or its use on public property (HW2020 Profile: Alcohol & Other Drug Use, 2010).

Healthiest Manitowoc County *Achieve Healthy 75*

70% of the early deaths were of those who had a high school education or less—and education is considered a proxy for employment or income.

"Too many Manitowoc residents are dying young or prematurely before age 75" was the consensus of an influential 2016 community meeting. When the Healthiest Manitowoc County sub-coalitions, social agency representatives, and community members first came together in 2016 to determine what health challenges most needed their collective action, the data on our high rate of premature deaths stood out. Between 2000-2002 and 2013-2015, the number of early deaths in the county rose 16 percent, when the nation, state and surrounding counties experienced declining rates. Seventy percent of the premature deaths were of people who had a high school education or less, and education is considered a proxy for employment or income.

The largest increases in causes of death were cancer (trachea, bronchus and lung), chronic liver disease and cirrhosis, suicide, and accidental overdose. The causal link between alcohol and cancer has been established by the medical profession. Forty percent of adult county residents binge drink (higher than the rest of the state and nation), and 59 percent of motor vehicle accidents involve alcohol.

Achieve Healthy 75 is the Healthiest Manitowoc County long-term plan for improving adult health and wellness for target years 2022-2025. The collective impact groups continue to plan

and implement action steps to lower the number of early deaths. They are focusing on specific goals and systemic changes that target socio-economic factors, health behaviors and clinical care:

- Target addiction and mental health
- Increase resilience and strengthen families
- Impact socio-economic factors
- Improve health behaviors
- Impact clinical care

(Healthiest Manitowoc County, 2017)

A recent large-scale research study published in *THE LANCET* reported that life expectancy decreases the more a person drinks. One hundred grams, or about seven standard glasses of wine or beer, per week was the level associated with an increased risk of death for all causes. This contradicts the U.S. safe limit recommendation of up to two drinks per day for men and one for women who are not pregnant. The report brought together data from 83 studies in 19 countries and involved nearly 600,000 current drinkers. People who drank between 14 and 24 drinks per week had one to two years shorter lifespan. Those who had more than 24 drinks weekly decreased their life expectancy by four to five years.

Furthermore, the authors found that liquor and beer drinkers had a higher risk of death and cardiovascular disease compared to wine drinkers: "*Beer and spirit drinkers looked pretty different from the wine drinkers: They were more likely to be lower income, male, and smokers and to have jobs that involved manual labor"* (*It's Time to Rethink How Much Booze May Be Too Much*, 2018).

An unhealthy diet, smoking, less exercise, less access to health care, and other factors combined with high alcohol consumption put the lives of low income individuals at high risk. Supporting legislation and policies to increase the beer tax and limit availability would help save lives. Implementing alcohol prevention, treatment, and recovery support programs accessible by those with limited financial resources would reduce significantly Manitowoc County's high premature death rate.

The Impact of Poverty and Addiction Across the Lifespan

The above sections of this report have provided information on the neurobiology of substance use disorder to give an understanding of how addiction affects an individual's behavior and life. Explanations of federal and state measures of poverty were given to describe the challenges that low income households face daily to afford basic needs. The combined impact of addiction and poverty on children and adults across the lifespan was reported to show the vulnerability of different age groups. The following sections give information about important local programs

and agencies that support people's needs—our strengths. Areas of continuing or new need—our gaps—are covered along with information on how other counties and municipalities are dealing with the same challenges. Policies and recommendations derived through League consensus for addressing our community's gaps conclude the report.

VI. Strengths and Gaps in Services for Children and Youth

Social service agencies and organizations in Manitowoc County are straining to meet the increasing needs of children put at risk by issues of poverty and addiction. The Healthiest Manitowoc County summary sheet *"Better Health—Better Choices: Manitowoc County's Path Towards a Healthier Community"* was compiled for legislators in early 2016, using 2015 data, to highlight successful programs and identify community needs. It cited the county as ranked 4th in the rate of babies born addicted to drugs. Under the heading "Going Well," several programs serving children and youth were listed. Included were the Drug-Free Community Grant administered by the Substance Abuse Prevention Coalition, Lakeshore Community Health Care Clinic, Investing Early, Teen Court and Teen Intervene, and Court Appointed Special Advocates (CASA).

The significant challenges the HMC information sheet identified were the shortage of providers in mental health and addiction services and the need for treatment funding through BadgerCare and other sources. However, funding limits and loss of grant support continue to impact these programs. Adding to these challenges, many parents with limited incomes and education are unaware of the resources that are available, reported Nancy Randolph, Deputy Director of the Human Services Department, at the Kids in Crisis Town Hall Meeting in February 2016 (*Community Talks 'Kids in Crisis,'* November 22, 2016).

Drug-Free Communities (DFC) Grant

The Healthiest Manitowoc County Substance Abuse Prevention (SAP) Coalition received its second five-year *Drug-Free Communities* grant to support its mission of preventing substance use among youth in 2015. SAP works to prevent and reduce the incidence of alcohol, tobacco, and drug use in teens and young adults, through education, peer leadership, and environmental and policy changes. The DFC grant which provides $125,000 annually for prevention programs will end in 2019, and the coalition will be seeking other funding to continue its efforts. County coalitions cannot receive the grant for more than two five-year periods. Calumet and other counties which have not yet been awarded the large grant function on a volunteer basis and use smaller grants to accomplish their goals. Like our local SAP group, those coalitions are made up of representatives from public health, human services, law enforcement, schools, hospitals, pharmacies, treatment centers, churches, and other concerned organizations and individual citizens.

One initiative of the coalition has been the *Parents Who Host Lose the Most* campaign which helps educate parents about the social host ordinance. The ordinance fines them for allowing minors to be served in their homes. The coalition promotes the campaign, particularly during prom, homecoming, and graduation when many parties for minors are held. First developed and promoted in 2008 by Judge Mark Rohrer and Two Rivers Police Chief Joe Collins, the social host ordinance has been adopted by municipalities across the United States and in Canada, Japan, and other countries.

The original ordinance was revised in Wisconsin in 2017 by legislators. The new law, co-sponsored by Rep. Andre Jacque´, clarifies that *"no adult may knowingly permit or fail to take action to prevent the illegal consumption of alcohol beverages by an underage person on property, including any premises, owned and occupied by the adult or occupied by the adult and*

under the adult's control" (State of Wisconsin 2017 Senate Bill 202*).* Properties where the law applies include hotel/motel rooms, bed & breakfasts, cabins/cottages rented by tourists, and campgrounds the adult has paid for or provided a security deposit. Jacque´ said the legislation goes against the state's drinking culture but that supporters of the law cite that people who drink before age 21 are more likely to become alcoholics. He stated it is the beginning of further legislation to curb the statewide drinking problem (*Lawmakers Look to Close Wisconsin's 'Social Host' Loophole in Underage Drinking*, 2017).

After 2018, the Substance Abuse Prevention Coalition may no longer promote the social host public education program because the state will discontinue providing free materials, reported Hannah Phillips, Prevention Coordinator, Northeastern Wisconsin Area Health Education Center (NEWAHEC). Instead, a marijuana toolkit will be sent to parents of students in Manitowoc and Valders, like the program initiated at Two Rivers High School in 2017. New opioid education programs will be implemented, such as the *"Hidden in Plain Sight"* bedroom display of how drugs can be hidden by youth in their homes (H. Phillips, personal communication, January 2, 2018).

The new public information campaign on underage drinking supported by the Wisconsin Department of Health Services will begin in 2019 and will replace the Social Host campaign. "Parents Who Host Lose the Most" initiated many community conversations about underage drinking for a decade. The 2017 legislative clarification/revision of the Social Host ordinance allows new initiatives to be undertaken and new supporting materials to be developed for county substance abuse prevention coalitions.

A recent challenge for the coalition and for the school districts is the rapid rise in *"Juuling"* among youth in the county. Juul is the brand name of a nicotine vaping device that looks like an ordinary flash drive and can be charged in a student's laptop computer during class. Officer Miranda Check, Student Resource Officer at Lincoln High School, reported in October 2018 that Juuling is *"Out of control in classrooms…kids are smoking in the classroom."* She said that a student told her he was addicted and could not stop. The product can be ordered online by individuals under age 18, and it is not detectable when being used, even in class. Students across the nation are becoming addicted to the nicotine and affected by added inactive ingredients (such as formaldehyde) which have been associated with a lung condition called *"popcorn lungs."* Juul and similar vaping products are popular among all groups of youth regardless of economic background or achievement level. However, its addictive effect on marginal youth may put them at increased risk for dependence on other substances (M. Check, personal communication at October meeting of Coordinated Services Team Coordinating Committee, Human Services Department, October 9, 2018).

Lakeshore Community Health Care

Rebecca Rice, Case Manager of Manitowoc Lakeshore Community Health Care, and Kristin Blanchard Stearns, Chief Executive Officer, reported on the wide range of services available to county residents, in a January 2018 interview. The clinic provides integrated medical, dental and behavioral health services for the whole family regardless of income level or insurance status. On-site pharmacy services are provided, including prescription refills and medication monitoring. Families without medical insurance are welcome as well as those who receive Medicaid (BadgerCare), Medicare, or have private insurance. Low-income and uninsured patients pay for services on a sliding scale based on household income.

Alcohol and other Drug Abuse (AODA) counseling and psychiatric services are available for youth and adults struggling with substance abuse. Case managers connect patients to community resources, including cessation education, support groups, housing assistance and food pantries. Staff also helps families apply for insurance and state assistance programs. In 2017, the clinic moved to its new larger location on Calumet Avenue and added space for expanded services.

Lakeshore Community Health Care is a non-profit organization. Donations and grants from local foundations, businesses and individuals enable the organization to expand access to comprehensive primary care. As a Federally Qualified Health Center, approximately 20 percent of its funding comes from the federal government. [However, the 2019-21 federal budget in February did not include any proposed funding for the continuation of these health centers in February 2018.] Lakeshore Community Health Care has clinics in Manitowoc and Sheboygan. They provide preventive and restorative dental care in nearly all the public school districts in both counties (K. Blanchard Stearns and R. Rice, personal communication, January 15, 2018).

The local clinic was established in 2013 when Healthy Teeth Healthy Communities of Manitowoc County began providing medical services two days a week. The name was changed to Community Clinics of Manitowoc County. In 2014, the Sheboygan and Manitowoc organizations merged to make best use of federal and local grant opportunities, and Lakeshore Community Health Care, Inc. became the newly combined non-profit's official name (*History – Lakeshore Community Health Care*, 2018).

The establishment of the Manitowoc clinic met a long-standing need for comprehensive quality health care for the county's low-income residents. The League of Women Voters had been an advocate of the clinic for many years (League of Women Voters Mental Health Study, 2013).

Investing Early: Early Head Start and Home Visitation

Investing Early is a prevention-based, coordinated network of care for children and their families. The vision of the Investing Early Initiative of Manitowoc County is to ensure that all children are safe, healthy, and ready for school and their future. Partner organizations include Early Head Start, Lakeshore Community Action Program (LCAP), Health Department, Human Services Department, Family Connections, University of Wisconsin Extension, InCourage (domestic violence center), schools, day care centers, clinics, and the county libraries. Partners collaborate and combine their resources to reduce child abuse and neglect, improve child health, ensure optimal child development, and strengthen families.

Some of the programs provided are Welcome Baby Visits, Early Developmental Screening, Breast Feeding Coalition, and Early Literacy Coalition. Parents are helped to apply for needed services such as BadgerCare, Food Share, housing, utilities, food emergencies, and child care assistance. Through the Investing Early network, parents with infants and preschoolers are supported during the years before their children enter kindergarten (Investing Early of Manitowoc County).

Teen Court—Manitowoc Youth Diversion Program and Teen Intervene (Lakeshore CAP)

The Manitowoc Youth Diversion Program was designed to give first-time juvenile offenders a chance to make restitution for the harm they have caused in lieu of entering the juvenile justice system. It was a collaborative effort between the Manitowoc Police Department and the Manitowoc County Human Services Department. The goal was to make punishment more of a

learning process with a focus on changing behavior and making amends for offenses by performing community service. It was established in 2013, and there was no cost to the youth or the family.

Linked to the Teen Court, this was an early-intervention program for teens with substance abuse issues. Teens referred to Juvenile Justice for alcohol and other drug problems received support in this program. In 2017, both programs were discontinued when funding from United Way Manitowoc County ended. Christma Rusch, former Director of Teen Court reported that the program had demonstrated success in reducing the recidivism of participating teens to below 15 percent. She said they were able to cut the annual budget in half before the defunding and get the cost of operation down to $23,000 (C. Rusch, personal communication, August 28, 2018).

United Way Manitowoc County had been able to award grants to many social service agencies in the county prior to 2017. However, the organization sustained significant loss of donations from 2016-2017. Their total of liabilities and net assets dropped from $1,727,963 to $1,370,826 in that year. The United Way Annual Campaign in 2016 brought in cash and cash equivalents of $708,721. In 2017, the campaign dropped to a record low, with cash and cash equivalents of $89,021. United Way Manitowoc County was able to award grants to some agencies that applied in 2017 with the understanding that no funding could be promised past June 2018. The 2017 grant to Lakeshore CAP which oversaw Teen Court and Teen Intervene was $52,999.98. In 2018 through June, the amount awarded to LCAP dropped to $15,833.33.

Tania Spofford, Executive Director of United Way Manitowoc County, explained at the United Way Rally in August 2018, that the drop-in assets required the organization to restructure its goals to focus on community building and engagement. Their goal for 2018-2019 is *"to bring community assets together to identify ways to cooperatively address issues affecting youth mental health, basic needs and early childhood learning."* An example of their aim to bring separate agencies out of their silos into united focus on common issues is the newly formed Manitowoc County Public School Student Social & Emotional Wellbeing Consortium (see below in Manitowoc Public School District). United Way brought together the school districts of Manitowoc, Two Rivers, Reedsville, Mishicot, Valders, and Kiel for the first time to make a collective impact on the emotional health of all their students.

CASA—Court Appointed Special Advocates (Lakeshore CAP)

CASA is a volunteer-based program for abused and neglected children who are under the jurisdiction of the juvenile justice system. CASA volunteers are appointed by judges to watch over and advocate for individual children, to make sure they do not get lost in the overburdened legal and social service system or languish in inappropriate group or foster homes. CASA's mission is to ensure that every child who has experienced abuse or neglect has a caring, consistent adult to advocate for his or her well-being. On the national level, it has been supported by the U.S. Department of Justice since 1985, and it is funded primarily through its Office of Juvenile Justice and Delinquency Prevention. Local programs are funded primarily through donations and fundraising.

Children in foster care:
~ are less likely to graduate from high school
~ are more likely to be trafficked
~ will experience higher rates of incarceration and homelessness as they enter adulthood

In 2004, a CASA Steering Committee was formed in the county. It consisted of a group of concerned citizens including social workers, attorneys, and a local judge who saw the need to improve services provided to abused and neglected children and their families. In July 2006, the National CASA Association awarded Manitowoc County CASA a one-time start-up grant to provide advocacy services to abused and neglected children. The local program is operated as a service of Lakeshore CAP, Inc.

Prior to 2017, United Way Manitowoc County provided 22.9 percent of the budget of Manitowoc County CASA. Director Julie Ribley, J.D. reported that *"the program costs a relatively low amount to run so although the budget is not large, a loss of almost 23 percent with no advance notice was definitely impactful.*" She said the cost of a child in need to have a CASA Advocate in Manitowoc is $1,200. Through support donors, the emergency gap in funding was met for 2018.

Local CASA community programs train the advocates who operate exclusively on behalf of a child or group of siblings. They conduct weekly face-to-face visits, make objective observations about the child's safety and well-being, and submit a written report each month to help the judge decide about permanent placement. The data that show that *"children in foster care are less likely to graduate from high school, more likely to be trafficked and will experience higher rates of incarceration and homelessness as they enter adulthood."* CASA advocates use evidence-based interventions to counter these adverse effects. The 2016 national annual report stated that the number of children in foster care nation-wide rose eight percent over the previous five years– a rise attributed by public health officials to the growing use of opioids (2016 Annual Report: Momentum).

The CASA 2016 national annual report states that the number of children in foster care nation-wide rose eight percent over the previous five years, a rise attributed by public health officials to the growing use of opioids.

Ribley reported that the rate of child victims per 1,000 within the county has increased from three percent to six percent in the last five years (Kids Count – Annie E. Casey Foundation, 2018). Much of the increase is due to neglect because of drug use by parents. A higher number of parents are incarcerated due to drug use. She reported that CASA children already have 4+ ACEs when they enter the program. CASA services can add resilience to their lives and prevent more ACEs. *"It can provide a piece of hope for them,"* she said. *Staff and Advocates use The Strengthening Families™ Protective Factors Framework* (PF) (see below) to help the children develop hope, grit, and resilience. Advocates are trained in PF concepts and methods, and they share those strategies with parents and help them access resources in the community. *"You can never have too many positive adults in your corner,"* Ribley said. (J. Ribley, personal communication, January 12, August 20, 2018)**.**

> *The rate of child victims per 1,000 within the county has increased from three percent to six percent in the last five years.*
>
> *—Julie Ribley, CASA Director*

Manitowoc County has many other programs to help children and their families who struggle to meet daily basic needs. The Human Services Department provides the widest scope of assistance to struggling families in the county.

Human Services Department

The Manitowoc County Human Services Department (HSD) is mandated by federal and state statutes to provide an extensive array of services to resident families who qualify for special support. The Department is organized into four divisions which serve over 5,000 clients each year. These divisions are Business Operations, Children & Families, Clinical Services, and Economic Support.

The programs that support children and their families are *Children and Family Services, Family Resiliency Unit,* and *Foster Care Unit.* The divisions that provide specialized services primarily to adults are *Clinical Services, and Economic Support.* However, programs within both these divisions serve children, also.

Under the Clinical Services Division, the Comprehensive Community Services (CCS) Program provides psychosocial rehabilitative services to individuals of all ages. Specialized support includes ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care. This does not include inpatient intensive care. The Crisis Support Unit provides 24/7 support for the mental health and physical needs of children, youth and adults. The Economic Support Unit provides assistance to low-income households for child care payments and administers the federally-funded Wisconsin Home Energy Assistance Program (WHEAP), providing a one-time payment for fuel and utility expenses for qualifying households.

Many resident families who struggle daily to make ends meet also face serious mental and physical health challenges. An increasing number of people need the services provided by these mandated county assistance programs. The impact of the substance use epidemic has increased significantly the demands on the Human Services Department.

Children and Family Services

The Child and Family Services Unit has the mission of protecting the safety of children and providing services to families who are at risk of abuse or neglect. Its goal is to provide permanency for each child through interventions focused on the family.

Child Protective Services Unit (CPS)

The *Child Protective Services Unit* is mandated by state statutes to conduct maltreatment investigations for suspected abuse and neglect of children ages 0-17. Access workers receive calls or walk-in reports from concerned community members. A determination is made about whether neglect or abuse has occurred, the risk of future maltreatment, and whether there are safety needs for the children in the home.

Lane Kinzel, Child and Family Services Unit Supervisor, reported at the HSD June 2017 Board Meeting on the increase in need for out-of-home care due to parents using drugs. He reported that in the October 2014 count, 37 children had been in out-of-home care, with 26 of those placements due to drug use. At the end of 2016, 72 children were out of the home, and 48 cases were due to parental drug use. The count for June 2017 was 66 cases, with 43 due to parental drug use. He said the drug cases are difficult because parents do well for a while but then experience relapse. When they spend time in jail, reunification is hindered. It is difficult to ensure the safety of the child at home when the parent has a substance use issue. Furthermore, when parents are ready for treatment, it can take time to get them into services. When treatment fails, it takes more time to re-engage them in services. There are no in-home AODA counseling services in Manitowoc County. Kinzel said what is needed is access to services for treatment for the parents. He explained most private clinics are booked a month or more in advance and that there are not enough inpatient treatment centers available for them (Manitowoc County Human Services Department Board Meeting Minutes, June 22, 2017).

Youth and Family Services Unit (YFS)

The *Youth and Family Services Unit* provides a continuum of services for children and their families who have been referred to Juvenile Court for committing crimes or being in need of services or protection. Services are governed primarily by the federal Juvenile Justice Code and the Children's Code and by state and county mandates and policies.

The YFS staff is grounded in Kids at Hope (KAH) principles and practices (see below). All are *Treasure Hunters* committed to searching for the talents, skills, and intelligence that exist in all children and youth. Their motto is "*We believe that all children are capable of success—NO EXCEPTIONS!"* Stacy Ledvina, YFS Supervisor, brought the Kids at Hope philosophy to Manitowoc County in 2016, and the staff of many agencies and schools has received KAH training. The children and teens they serve are guided to envision and work toward personal goals for a successful future in four domains: Education and Career, Home and Family, Community and Service, Hobbies and Recreation.

Restorative Justice Programming

The level of services for children and teens referred to Juvenile Court is determined through use of the Juvenile Assessment Intervention System (JAIS) screening tool. Low-risk teens receive intervention through *Restorative Justice Programming.* As part of a court agreement, they are recommended for restitution, community service, and victim-offender mediation conferencing. Individual planning for each case considers the youth's risk level, treatment needs, and responsivity factors. All youth workers have been trained in Motivational Interviewing to help the youth to think differently. The areas they work on are thoughts and beliefs, coping and self-control skills, friends, family and relationships. They give youth the skills to help plan their future and think about consequences.

The number of referrals from law enforcement increased from 298 cases to 362 from 2016 to 2017. However, overall there has been a downward trend over the last six years. The average number of cases served each month has not varied significantly over that time, from 87.4 cases in 2013 to 85.4 in 2018. In 2017, the monthly average was 90, the highest for the six-year period.

Staffing is sufficient in the unit, and actually in 2016, one youth justice worker was moved to the Child Protective Services Unit due to needs analysis of the county. While youth justice numbers

have declined over time, the number of CPS cases, particularly those in need of out of home placement, has increased. Many of the out of home care needs in Manitowoc County are directly related to parental use of substances.

The number of cases concerned with youth substance abuse has increased in the past few years. Although the unit does not keep data specific on drug use, Ledvina said that several years ago, she was unaware of any youth in the county using heroin. This has changed.

> *We have a number of youth now who are admitting to use of heroin and meth.*
> *—Stacy Ledvina, Youth and Family Services Supervisor*

She said the unit also does not have any specific data on juvenile crimes related to substance abuse. However, there are two concerns around gathering this information. One is related to crimes that are committed while under the influence of alcohol or drugs because impulsivity and risk taking already are characteristic of youth. When substance use is involved, concerns about the potential for criminal behavior increase quickly. A second concern is that thefts, burglaries, etc. are committed by youths to acquire goods and/or money for use in obtaining drugs.

When asked if the majority of referred juveniles are from families at the poverty level, Ledvina reported that no specific data is available. In general, the families they encounter, particularly the families with longstanding case involvement, are often struggling with issues related to poverty, she said.

AODA services available to youth are limited in Manitowoc County, particularly when it comes to those providers who are willing to serve youth. Although providers exist, there often are barriers with insurance coverage, particularly for families receiving Medical Assistance. Also, youth who enter treatment often are inconsistent in attending appointments, and their cases get closed for lack of participation. There are no local inpatient treatment options. Typically, youth from Manitowoc will utilize Libertas in Green Bay, she said. Much of the work done in Restorative Justice Programming with the youth on supervision is related to increasing their motivation to change their substance abuse behaviors. The youth workers support them as they show progress in the program. Mandated AODA treatment is not particularly successful, Ledvina said (S. Ledvina, personal communication, July 6, 2018).

JusticePoint Programming (Juvenile Detention Alternative Program)

JusticePoint is a nonprofit organization dedicated to promoting evidence-based criminal justice policies and programming throughout the state of Wisconsin. It is dedicated to the promotion of evidence-informed criminal justice programs, practice, and policies. Its commitment is rooted in the belief that criminal justice outcomes are improved through collaboration, engagement, and the scientific method. The outcomes impact criminal justice workers, defendants and victims, and improve quality of life for the community. The cycle of criminal activity is reduced as measured by decreasing recidivism. JusticePoint which is based in Milwaukee was incorporated in 2011 (JusticePoint).

Manitowoc County began the Juvenile Detention Alternative Initiative in 2012, which coincided with the closing of the county detention center. Stacy Ledvina reported at the HSD March 2017 Board meeting that the number of detention bookings had decreased by 72 percent since 2012. The Youth Wellness Center has been an alternative to secure detention since 2011. The rate of

recidivism (the tendency to repeat criminal behaviors) also has been reduced significantly since 2012. In 2016, only 11.6 percent of youth (17 of 146) referred to juvenile court during that year had a prior adjudication and was re-adjudicated or waived to adult court. The recidivism rates for youth were much higher in prior years: 18.75 percent (27 of 144) in 2015, and 18 percent (29 of 161) teens back in 2014 (Manitowoc Youth Intervention Network Data Report, March 9, 2017).

Thomas Mann, Program Director of the local JusticePoint program, reported in a January 2018 interview that Manitowoc County became a pilot site for Juvenile Detention Alternative Initiatives with the support of the Annie E. Casey Foundation in March 2016. According to Stacy Ledvina, JusticePoint initially was supported by a five year step-down grant that supported all the services of the Juvenile Detention Alternative Initiatives. When the grant ended, the costs of the program were included in the county budget.

Programs are designed to work with youth who have been assessed as moderate and high risk for offenses such as stealing cars, burglary, and other serious delinquent actions. He said that for six to seven years before JusticePoint, a group of concerned social workers, and the Manitowoc Youth Intervention Network researched how to establish a youth justice system that was better than having youth sit in cells. They toured and observed programs in other states and underwent trainings, e.g., on how to create a report center where youth could learn social skills, engage in the community, and talk about their problems. Mann said, "*A huge Thank You goes out to everyone invested in the community that participated in the reform efforts!"*

Manitowoc County contracts with JusticePoint for the following services as alternatives to detention: *Youth Wellness Center (YWC), Youth Tracking Program*, and *Intensive Case Management.* Teens age out of the youth justice system at age 18. Ages of referred youth are 14-17; most are 15-16-year-olds, and more are boys. According to Mann, the number in the program has stayed about the same from year to year. The staff develops individualized plans for youth to build skills in specific areas, based on a risk and needs assessment tool. Staff workers help youth and their families develop better plans for preventing future high risk situations. At times youth are in tough spots and need the positive support from adults to guide them to a better future.

> *"Younger kids make a choice that involves them in the youth justice system, and then the good doors close to them after a court order is done."*
> *—Thomas Mann, JusticePoint*

The Youth Wellness Center is a mandatory after school center where youth work on individual plans based on assessment of their needs. Youth referred to the program are picked up from school at the end of the day which results in higher compliance rates. In the summer, staff and youth typically stick to a school schedule. During the five hours at the center each day, they learn independent living skills such as finding a job, attending to and exploring educational requirements, as well as developing, shopping for, and preparing healthy meals. Social skills are taught, such as self-monitoring to recognize triggers for anger. They attend the center five to fifteen days, as determined by their social worker at Human Services.

The Youth Tracking Program is an individualized program that assists a youth in completing court obligations. Global Positioning System (GPS) tracking devices sometimes are used based on the needs of the youth. The Intensive Case Management Program provides daily supervision

to high risk delinquent youth ages 10-18 who fail to respond to traditional supervision services. It allows them to stay in the community while their identified competency need areas are addressed by the staff.

> *18-23 year-olds are a vulnerable group in the county—there is not a comprehensive way to connect their needs to any ongoing services during those years. —Thomas Mann*

Mann said there are limited resources in the community that JusticePoint youth can be connected to after they age out of the Juvenile Justice system at 18. He said that 18-23 year-olds are a vulnerable group in the county—there is not a comprehensive way to connect their needs to any ongoing services during those years. He explained, *"Younger kids make a choice that involves them in the youth justice system, and then the good doors close to them after a court order is done"* (T. Mann, personal communication, January 9, 2018).

Family Resiliency Unit

Birth to 3 Program

The *Birth to 3 Program* serves children who show a delay in development. Nancy Randolph, HSD Deputy Director and Manager of the *Children and Family Services Division,* reported that most of the children referred to Birth to 3 were premature infants with low birth weight. Neonatal Abstinence Syndrome (NAS) and Hepatitis C are common adverse conditions, with many of their parents having alcohol and drug issues. A high percentage of NAS babies need foster parents while their mothers are in treatment. She said poverty continues from generation to generation as parents struggle with learning disabilities, mental illness, and physical disabilities. Lacking a high school diploma or post high school education or training, they earn limited income and may have inadequate medical coverage. They often have high Adverse Childhood Experiences (ACEs) scores from their own childhoods. Birth to 3 Program interventions help some families with employment and other issues, although the focus is on the referred children. The service team evaluates the needs of each child, and teachers provide remediation for the children and support for the parents (N. Randolph, personal communication, February 2, 2016).

Coordinated Services Team Initiative (CST)

The *Coordinated Services Team* provides for the needs of children from birth to 21 who have Severe Emotional Disturbance and are in or at-risk of out-of-home placement. To qualify, they must be involved in two or more service systems such as mental health, special education, youth justice, or Child Protective Services. Each family chooses its CST team made up of school staff, therapists, social workers, relatives, etc.—all the professionals and individuals they select to work with to achieve their individually-designed healthy goals.

Foster Care Unit

The Foster Care program provides Foster Care, Kinship Care, and Respite Care. Children ages 0-18 who are separated from their own families due to safety concerns or other family crises are provided with safe, stable, and caring environments. The program's goal is to reunify children and families. *Kinship Care* is care by a legal relative following an assessment of the living

situation to meet statutory criteria. *Foster Care* is provided in temporary foster homes by trained and licensed caregivers. They are instrumental in assisting the child or youth cope with their situation and keep them connected to their family. *Respite Care providers* give a break to the caregiver from caregiving responsibilities. The program provides one to two weekends per month for foster parents to have time away. It is also used in specific situations for children who live with their birth families to give the parents relief from normal caregiving activities.

Nancy Randolph reported at the HSD March 2017 board meeting on the difficulty of finding suitable placements for children who have mental health issues. There are no long-term facilities for these children in the county. Short-term fixes have been provided for acute needs, but there is a service gap in the system of care for children with chronic mental health needs. Patricia Dodge, HSD Director, reported at the same meeting that for children in Treatment Foster Home placements, projections have increased for mental health inpatient days (Manitowoc County Human Services Department Board Meeting Minutes, March 23, 2017).

Clinical Services

Comprehensive Community Services (CCS)

The Comprehensive Community Services Program is a Psychosocial Rehabilitative program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient care, but less than the intensive care provided in a hospital setting. It includes a mental health program for children. CCS provides psychotherapy and support services to traumatized children. Lori Fure, Deputy Director of Clinical Services, explained at the May 2017 HSD Board Meeting that the vast majority of children who come to the program are traumatized. *"Traumatized"* she explained relates to the effects of the drug epidemic which lead to abuse, neglect, the stress of poverty, and their combined negative impact on children. The Board members approved expansion of the program to add needed staff to serve the children on the waiting list. Two psychotherapists, two Children's Facilitators, and a Quality Program Specialist were hired in August 2017. Fure said there is a need for CCS Services for adults, as well, because most of the children have parents who need and would qualify for the program. At the Board meeting, County Executive Bob Ziegelbauer said that CCS is *"an important program and we want to get started*." Manitowoc County funded the initial expansion, and it is expected that the State will reimburse for continuing costs. The program has been proven to reduce inpatient hospitalizations for participants.

The Light Teen Center and Other Salvation Army Programs

The Light Teen Center is operated by Salvation Army. It gives youth in grades 7-12 a safe place to socialize on Friday, Saturday, and Sunday evenings. There is no admission fee, and activities include pool, foosball, and a ball pit. Lisa Strickland, Program and Outreach Director, reported that 25-30 youth come to the center on any given weekend night. The outdoor basketball court is open every day except in winter, 8:00 a.m. to 10 p.m. The Light is located at 402 N. 9th Street in Manitowoc.

Salvation Army summer camps are open to children all ages through 17 years old. *Revolution* is a program that provides music instruction and guidance to younger children. The *Pathway of Hope* program is designed to help families break the generational cycle of poverty by working

with parents and helping them find community resources (L. Strickland, personal communication, August 10, 2017).

Runaway and Youth Services (RAYS)

RAYS is operated by Lutheran Social Services of Wisconsin and Upper Michigan, Inc. RAYS works to provide a network of support to both youth and their families through confidential, voluntary crisis intervention and referral services. Most services are offered free or for a minimal fee. Manitowoc RAYS services are managed out of the Sheboygan office. A RAYS facility used to be located in Manitowoc, but budget constraints necessitated closing the branch. The staff maintains active relations with law enforcement, human service agencies, and with social workers, teachers, and counselors at all the public and private schools in the county.

A Career Closet for job seekers and a Formal Wear Boutique provide attire for interviews or for formal events such as homecoming, prom, or formal graduation to all youth in need. Any referred youth can obtain these items at no cost. The *2nd Chance* program offered in Sheboygan County is an evidence-based treatment diversion program for first-time youth offenders caught drinking or in possession of drugs and paraphernalia who need help getting on the right track. These youth are referred by the District Attorney's office or area Municipal Courts. The Saturday day-long class has a positive impact, and RAYS provides this service to approximately 10-20 Manitowoc County youth every month. It is the only service for which RAYS charges a fee (E. Kunde, personal communication, April 10, 2018).

RAYS food and hygiene pantry became a mobile service when the Manitowoc office closed in December 2016. Staff brings requested food and hygiene items to youth at their schools or in the community on a weekly basis. Regular summer mobile pantry visits took place in summer of 2017 at Salvation Army's The Light Teen Center and at Two Rivers Community House. Youth could come at designated times to pick up a bag of food and/or hygiene items. RAYS partners with The Light in providing an open, informal discussion group on topics affecting youth every day. The groups are held bi-weekly Friday evenings for all youth in grades 7-12.

Through their 24-hour helpline, 1-855-577-7297, staff can offer emergency shelter and linkage to youth outreach services. Four RAYS trained staff and AmeriCorps interns provide family and one- on-one mediation for youth. They provide educational programing to agencies and groups to inform about their work. They also present programs on topics requested by schools and the community on topics such as social media and youth, healthy relationships, and bullying.

Smart Recovery Program for Youth - Lakeshore CAP

In 2017 Lakeshore CAP provided a Smart Recovery program for youth struggling with all types of addictive behaviors, including cutting and sexting, as well as AODA issues. Plans were to continue the support program at Lincoln High, with referrals coming from school staff, community, family members, and individuals. However, continuation of the project was dependent on the funding for the Teen Court which ended in 2017.

Holy Family Memorial Behavioral Health Center

Holy Family Memorial Behavioral Health Center in Manitowoc significantly reduced the wait time for services to children in 2015, according to Brian Boomgarden, Clinic Manager. HFM pediatricians treat some children with minor psychiatric issues, but they refer those beyond the

scope of their practice to the Behavioral Health Center. Children and their families receiving Medicaid who would be placed on a waiting list are referred to the Lakeshore Community Health Center for mental health issues. They have no waiting list for Medicaid AODA clients, Boomgarden reported in August 2017. In October 2016, Dr. Shmuel Mandelbaum, HFM adult-board-certified psychiatrist, began providing four hours of services a week to the Lakeshore Community Clinic. Through a contract with the hospital, he can see low income and uninsured patients there. HMC Behavior Health Center therapists conduct weekly group counseling for Special Education students with severe behavior and mental health concerns at the Manitowoc County Comprehensive Program (MCCP). Starting in 2018, one of their therapists will be the school-based therapist three days weekly at Washington and Wilson Junior High Schools, as well as work two days in the clinic. A masters-level therapist will be hired to take her place, Boomgarden reported to the HMC Mental Wellness Coalition in May. As a panelist for the Manitowoc Kids in Crisis Town Hall on February 28, 2018, Boomgarden reported the clinic had 1,510 visits with children in the prior six months.

Lakeshore Community Action Program (LCAP)

Lakeshore Community Action Program reports that the programs and services provided to most at-risk families have produced good results in decreasing youth crime and truancy. Steady contact with the staff has increased class attendance and reduced re-offending rates. Greater expansion of mentoring programs to enable more youth and young adults to engage with the community is needed. There is hope that Trauma-Informed Care (TIC) and other initiatives to build resilience in families and individuals will be adopted by more organizations. Social agencies partnering with University of Wisconsin-Manitowoc and the UW-Extension, for example, could expand mentoring programs to financially-strapped families. Such an increase in support services would decrease the risk of addiction for children growing up in poverty (Lakeshore CAP Needs Assessment, 2017-2020, p. 21).

Four New Programs That Are Improving the Lives of Children and Their Families

Four new evidence-based training programs are being implemented by social service agencies, medical professionals, and schools across the county. These initiatives are Trauma-Informed Care, Adverse Childhood Experiences, Kids at Hope, and Protective Factors. These programs reduce the personal and wider community problems caused by poverty and addiction. Teachers, nurses, criminal justice and law enforcement officers, social workers and other service providers are being trained in these new, research-based philosophies and methods, and successes are being seen in the lives of individuals and families.

Trauma-Informed Care (TIC)

Wisconsin First Lady Tonette Walker spoke alongside the Governor at the 2017 State of the State address to call for expanded use of Trauma-Informed Care (TIC) with troubled children. The TIC approach considers an individual's past abuse and other struggles. It is a framework of thinking and interventions that is based on a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on a person.

There are three main types of trauma. Type I and Type III result from single traumatic events. However, children and adults struggling daily with the effects of poverty and substance abuse

can be exposed to repeated traumas over years. The Complex Type II results from extended exposure to traumatizing situations. Examples are prolonged exposure to violence or bullying, profound neglect, or a series of home removals. Traumatization occurs when internal and external resources are inadequate for coping. When stresses in the home and school/neighborhood are extreme and prolonged, and when the child does not have or no longer can maintain the resilience to deal with the ongoing trauma, the effects can be long-lasting and deep (*Trauma-Informed Care Resources Guide*).

In 2018, our county's Human Services Department was selected as one of ten other county agencies in the state to be part of Phase III of Fostering Futures, the TIC initiative Tonette Walker first organized in 2011 (fosteringfutureswisconsin.org). Phase I was a pilot phase in which three communities received peer-facilitated training on TIC approaches and organizational change. In Phase II, fourteen county human service departments and seven state agencies were brought together as Core Implementation Teams. As part of Phase III, our county team is participating in a two-year professional development experience, including ongoing coaching, technical assistance, and program evaluation. Made up of teams from state, tribal, county, and other institutions, the Fostering Futures Learning Community seeks to pursue trauma-informed transformation within their local organizations (Tonette Walker's Trauma-Informed Care Initiative Taps Manitowoc Agency, 2018).

In April 2016, Tonier Cain, prominent national spokesperson for TIC programs, addressed a large Manitowoc audience about her own devastating story. Her long history of childhood abuse and trauma had led her to early addiction, prostitution, and repeated incarceration. Her life changed when a TIC-trained therapist asked, *"What happened to you?"* instead of *"What's wrong with you?"*—a question no social worker, teacher, police officer, or nurse had ever asked her before (*Tonier Cain: 'Treat the Trauma',* 2016). TIC workers realize the widespread impact of trauma and understand the paths for recovery. They recognize the signs and symptoms of trauma in children, adults, and families, and they seek to actively resist re-traumatization of the individual.

Lakeshore CAP and the HMC Steering Committee have been instrumental in implementing TIC across the county. Colleen Homb, Interim CEO of LCAP, attended Fostering Futures training sessions. Lisa Stephan, Family Resiliency Unit Supervisor, Stacey Ledvina, Youth and Family Services Supervisor, and Homb head the Manitowoc County Fostering Futures steering committee. The core team is made up of HSD staff, the county's Personnel Director, an active foster parent, a consumer of HSD services, and a community service agency representative. The team works with Guiding Principles and Key Assumptions and meets regularly to work on incorporating the principles into the services HSD provides. The goal is to create trauma informed organizations and a culture that supports a healthier, happier, and more productive county (*Manitowoc County Human Services Department Board Meeting Minutes,* April 26, 2018).

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are negative life events or experiences which occur during childhood and have the potential to impede healthy child development. Adverse experiences can lead to impaired mental and physical health, poorer school and work success, and lower socioeconomic status in adulthood. The ACEs survey of ten questions is administered

nationally by the Centers for Disease Control and Prevention as part of their Behavioral Risk Factor Surveillance System *(BRFSS)*. (For a complete explanation of ACEs, see Part IV above.)

Research shows the more ACEs ("yes" responses) that individuals score, the higher their risk for physical and mental health problems throughout adulthood. *Four or more ACEs indicate high risk*. Fourteen percent of randomly-selected Wisconsin residents scored 4+ ACEs in the 2011-2013 BRFSS data. When the 4+ ACEs respondents were grouped by income, 21 percent earned below $25,000. Twenty-three percent were uninsured, and 16 percent had a high school education or less. *It is significant that 24 percent of the 4+ ACEs group had experienced parental or other adult substance abuse in their childhood homes*. These data show that childhood traumas can result in financial insecurity and lower educational levels limiting employment options. A history of high ACEs makes it difficult to meet basic economic needs and live a healthy life. Alcohol and other drug abuse in the household can leave an even larger lasting impact on adult economic and health outcomes (*Wisconsin Adults with 4+ ACEs*, 2016).

Reducing ACEs in children and youth is the focus of *Achieve Healthy 25*, the new goal of Healthiest Manitowoc County (HMC). Members of HMC's six coalitions met in February and May of 2017, to determine how to make a collective impact on the biggest health issues facing our community. In 2016, Manitowoc County ranked only 42 out of 72 Wisconsin counties in positive health outcomes. After a review of all the health data presented at the joint coalition meetings, it was concluded that the most important goals for bringing about a significant reduction in the incidence of early deaths were 1) reducing ACEs in children and youth, and 2) including business and government people in the development and implementation of effective actions.

Our county was seen to have a significantly high number of premature deaths (deaths before age 75), and substance abuse was a critical factor among several age groups (*County Health Rankings and Roadmaps*, 2018). Approximately 1,000 residents died before reaching age 75 in the three years prior to 2017, reported Annie Short, Director of NEWAHEC and convener of the community planning sessions to address the crisis. Achieve Healthy 25 was developed as the overarching collective impact plan for improving health outcomes for children and youth. Achieve Healthy 75 was created to impact the health of adults (A. Short, *Strategic Planning to Impact the Health of Manitowoc County Residents* electronic mail, July 9, 2018).

The *Vision 2022 Community Summit* held in January 2018, brought together the HMC coalitions and the business community. The project led by Leede Research, Silver Lake College, and Holy Family Memorial was modeled after the prior Vision 2011 project initiated after the closing of Mirro in 2003. Dean Halverson, Leede Research CEO, reported the results of the community survey which had on-line responses from over 2,500 individuals and 114 businesses. *Fifty-four percent of survey respondents said the quality of life here has declined in the past 10 years.* In the 2016 county rankings Quality of Life category, Manitowoc placed 56th out of the 72 counties. The majority of 25 - 34-year-old respondents said they would not recommend Manitowoc County as a place to live. The lack of quality jobs was the top concern of all participants, closely followed by crime, drugs and an aging population. Seventy-nine percent said the opioid and drug problems were a serious issue.

The largest increases in premature deaths were from lung cancer, chronic liver disease and cirrhosis, suicide, and accidental overdose. Underlying causes for diseases: tobacco use, alcohol and drug abuse, and viral hepatitis. For suicide: undiagnosed or untreated depression. For accidental overdose: taking multiple medications and untreated addiction.
—Amy Wergin

Amy Wergin, who retired in 2018 as Director of the County Health Department, said that socioeconomic factors have the largest impact on health. Poverty, education, housing, and inequality affect outcomes for children, families and the wider community. She reported that the largest increases in premature deaths in the county were from lung cancer, chronic liver disease and cirrhosis, suicide, and accidental overdose. The underlying causes of these diseases are tobacco use, alcohol and other drug abuse and viral hepatitis. For suicide, undiagnosed or untreated depression was the primary cause. Taking multiple medications and untreated addiction led to accidental overdose deaths (A. Wergin, personal communication, April 27, 2016).

The county rankings are used every year to monitor our health status, Wergin noted, and "to identify what we can do to improve the health of Manitowoc County and where we are falling short (County Health Rankings and Roadmaps, 2018).

HMC's Achieve Healthy 25 initiative will focus on children and families, with specific goals and local systemic changes that:

- Prepare children for independent and successful adulthood
- Strengthen families
- Prevent Adverse Childhood Experiences
- Assure graduation from high school
- Build capacity to reduce adverse childhood experiences
- Increase resilience
- Promote healthy child development.

Achieve Healthy 75 will focus on adult health and wellness with these specific goals and systemic changes that:

- Target addiction and mental health
- Increase resilience and strengthen families
- Impact socio-economic factors
- Improve health behaviors

- Impact clinical care

(Manitowoc County Vision 2022 Summit).

The 2016 county health rankings introduced a new measure to focus on young people aged 16-24, who are not in school or working. Drug deaths are increasing among this vulnerable group. Julie Willems Van Dijk, director of the County Health Rankings and Roadmaps, said these young adults *"represent untapped potential in our communities and our nation that we can't afford to waste. Communities addressing issues such as poverty, unemployment, and education can make a difference creating opportunities for all youth and young adults"* (*Manitowoc County 50th in State Health Ratings*, 2017).

Important issues for our county to address that impact these disengaged youth include the prevalence of alcohol and other drugs in childhood homes, the pervasive availability of addictive substances, and the cultural acceptance of substance abuse. What opportunities are open here to older teens and young adults who may have experienced lack of success, family struggles and marginalization? To achieve the goals of Healthy 25, the trajectory of continuing marginalization and negative social outcomes needs to be altered.

The widely viewed TED Talk *"Everything you think you know about addiction is wrong"* has been watched by more than nine million viewers since its online posting in 2015. Ted Talks are 18-minute presentations by world-wide authorities on a diverse range of topics. The "Rat Park" TED Talk presented by journalist and author Johann Hari is changing traditional understandings of addiction, prevention, treatment and recovery. His talk featured the research of psychology professor Bruce Alexander who studied the reactions of addicted rats. When individual rats in plain cages were given the choice between plain water and water mixed with heroin or cocaine, they always drank the drug water. However, when the addicted rats were put in a highly stimulating and socially engaging cage— *"basically heaven for rats,"* they stopped drinking the drug water. Hari commented, *"In Rat Park, they don't like the drug water. They almost never use it. None of them ever use it compulsively. None of them ever overdose. You go from almost 100 percent overdose when they're isolated to zero percent overdose when they have happy and connected lives"* (Hari, 2015).

Creating a community that supports and engages the population of disconnected 16 - 24-year-olds who have experienced lack of success, family struggles and marginalization would build a strong foundation for the county's future. They are our youth and young adults who generally do not leave the county for school and careers and who are part of our economic and social fabric.

Kids at Hope (KAH)

Stacy Ledvina, Youth and Family Services Supervisor, leads the Kids at Hope initiative in Manitowoc County. After meeting KAH founder Rick Miller in 2015, she saw the Kids at Hope philosophy to work with trauma and make positive impacts in people's lives. In 2016, Miller and Antwone Fisher, whose life story was the inspiration for KAH, presented a community-wide public event and group trainings, organized by Ledvina. The mission of KAH is to inspire, empower and transform schools, organizations serving youth, and entire communities to create an environment and culture where children experience success—no exceptions (Kids at Hope). The three leading principles fundamental to change are:

1. We believe that all children are capable of success, NO EXCEPTIONS! Children succeed when they are surrounded by adults who believe they can succeed.

2. We connect with children in a meaningful, sustainable way. Children succeed when they have meaningful, sustainable relationships with caring adults.

3. We time-travel—teach children to envision their future in four destinations: home, family, education, and career. Kids are ready for hope.

Ledvina on the 10th of every month through an electronic newsletter shares success stories about students and professionals who implement KAH philosophy (*Celebrating 10's*). Staff members at Lincoln have formed a Trauma Sensitive School Team based on the TIC approach. Their goal is to transform the entire culture of the school into a Trauma Sensitive School. Four school administrators from Two Rivers and Manitowoc School Districts participated in a week-long training at Kids at Hope University in Arizona, in 2017.

The Two Rivers School District is actively working to implement Kids at Hope philosophy district-wide. In August 2018, all staff of the district participated in a presentation with Rick Miller and Erin Gruwell, author of *The Freedom Writers Diary: How a Teacher and 150 Teens Used Writing to Change Themselves and the World around Them.* The 2007 film *Freedom Writers* starring Hilary Swanke was based on Gruwell's book about her unique teaching method. A community event that featured Miller and Gruwell was held the same evening as the program for teachers (S. Ledvina, personal communication, July 6, 2018).

Founder Rick Miller gave a TED Talk on Kids at Hope in 2016; the video of his presentation can be viewed on the KAH website (R. Miller, 2016). KAH is practiced in the United States and Canada, and over 500,000 children are served in KAH schools, organizations and communities daily. Eighteen states are engaged in KAH practices, and more than 50,000 adults have experienced KAH training. Two books have been published about the philosophy: *Youth Development from the Trenches* and *Kids at Hope: Every Child Can Succeed* (www.kidsathope.org).

Protective Factors (PFs)

How do children recover from ACEs? How do we strengthen our families when the parents may have several ACEs in their history and are struggling with poverty and/or addiction issues? *The Strengthening Families™ Protective Factors Framework (PF)* is a national and international initiative that aims to develop and enhance five specific characteristics—called *protective factors*—that help keep families strong and children safe from abuse and neglect.

The five PFs were selected by the National Alliance of Children's Trust & Prevention Funds as the fundamental factors that help struggling and stressed families thrive and practice resilience when trauma occurs. Lakeshore CAP staff members underwent training by the Wisconsin Child Abuse Prevention Board to be trainers. In 2016, Julie Ribley, Christma Rusch, Colleen Holm, and Terry Halverson began providing PF workshops across the county to professional workers who serve children and families. Parents, as well, have been trained to be co-parent trainers, and currently two people work in that capacity.

Approximately 200 staff members from Human Services, Health Department, public schools, Head Start, Lakeshore CAP, and The Crossing were trained. Community members have attended workshops, too. Three training sessions have been conducted with more planned for 2018. Trainings are funded by *Knowledge of Parenting and Child Development* and through an annual contract with the Wisconsin Child Abuse Prevention Board. The trainers' fees are paid for by the service agencies.

The five Protective Factors that build resilience in families and help children recover from ACEs are:

- *Parental Resilience*: The ability to recover from difficult life experiences, and often to be strengthened by and even transformed by those experiences

- *Social Connections*: Positive relationships that provide emotional support, help in problem-solving, offer parenting advice, and give concrete assistance to parents

- *Knowledge of Parenting and Child Development*: Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.

- *Concrete Support in Times of Need*: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.

- *Social and Emotional Competence of Children*: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

Extensive research has shown that when parents and children master the skills in these five areas, they are empowered to deal with crises. PFs are what help them thrive despite whatever risk factors they might face (Introduction to Strengthening Families, 2015)
(J. Ribley, personal communication, January 12, 2018).

Our social agencies and schools are facing greater stresses and strains due to the addiction epidemic and the growing rate of poverty:

> *Both Drug and Mental Health issues have intensified since the last Lakeshore CAP needs assessment. The influx of opiates, overdose deaths and suicides over the last two years has lent urgency to this topic. Overlying this topic is a lack of professional, medical resources for treatment in our area. Existing resources are overwhelmed and unable to meet the need for these types of services* (Lakeshore CAP Needs Assessment, 2017, p. 17).

Youth Risk-Behavior Survey (YRBS): Our Youth and Their Risk for Substance Abuse and Mental Health Problems

The Department of Public Instruction, since 1993, has partnered with Wisconsin schools to administer the Youth Risk Behavior Survey every two years to obtain state data. The questions are formulated by state epidemiologists. The County Health Department and NEWAHEC have been giving the survey locally since 2005. In 2017, the high school survey included Roncalli;

however, Lincoln did not participate. For the first time, all public middle schools in the county, except Reedsville and Valders, were surveyed, as well as St. Francis of Assisi in Manitowoc. The YRBS addresses 16 core issues to help local communities and states fund and develop needed intervention programs. Drug use, traffic safety, depression, and suicide are some of those issues.

In a survey administered in February 2017, there were 1,646 high school (HS) students and 975 middle school (MS) students who responded. The individual responses were anonymous, and no check box was included to indicate income level (that is, students were not asked to mark if they receive a free or reduced lunch). Therefore, a correlation between poverty and risk behavior cannot be made. However, the results help each school and the county be aware of the high-risk behaviors impacting the health and safety of their students. The selected survey data given below highlight the issues of substance abuse and mental health.

During the 30 days prior to completing the survey:

- 28% HS and 2% MS had drunk alcohol
- 14% HS and 0.5% MS had five or more drinks in a row (binge-drinking)
- 11% HS and 1% MS had smoked cigarettes
- 10% HS and 1% MS had used marijuana
- 8% HS and 1% MS had taken a prescription drug without a doctor's prescription
- 2% HS had used methamphetamines (no MS data)
- 23% HS and 20% MS had ridden in a vehicle drive by someone who had been drinking
- 13% HS had ridden in a vehicle driven by someone who has smoked marijuana (no MS data).

Other substance abuse data from the survey:

- 2% HS had used heroin at least once in their lifetime (no MS data)
- 5% HS and 0.8% MS had taken over-the-counter drugs to get high at some time
- 10% HS had taken prescription pain pills without doctor's prescription at least once.

Mental health needs were evident in these responses:

- 28% HS and 26% MS felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities
- 16% HS and 20% MS had seriously thought about killing themselves

- 17% HS did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves, during the past 12 months

- 19% HS had been treated by a doctor or other professional for a mental or emotional health problem.

> *Alcohol stands out as the most serious substance abuse problem in our youth culture.*

Alcohol stands out as the most serious substance abuse problem in our youth culture—as it does for all age groups in our county. Members of FACT, the anti-tobacco, peer-led organization of students at Two Rivers High School, gave a presentation on their campaign to the HMC Substance Abuse Prevention Coalition in 2016. When asked if they also might consider starting an anti-alcohol campaign, one of the members responded that if they did, they never would get invited to any parties again because they might be seen as snitches. A freshman at UW-Manitowoc who grew up in Reedsville said in an interview at the campus, *"I was constantly around that [teen alcohol use], knowing my peers were underage drinking. The likelihood of drinking in a small town is greater, nothing else to do."*

Another student under 21 commented that there is more drinking among his UW peers: *"[Alcohol is] much easier to get your hands on. Ask somebody [of legal age] to buy you a 12-pack. Weed is not an issue but more expensive."* He shared his belief, based on personal experience, that prescribed opioids were the gateway to illegal street drugs: an older relative's history of an accident that had led to dependence on pain pills and then heroin. He shared that a low dose of Percocet was keeping his relative pain-free. Stopping association with former friends who used illegal opioids had been crucial to the individual's recovery. Preventing and reducing alcohol use among our youth presents a clear challenge for our county.

Mental health issues are significant, too, especially depression in pre-teen and teen girls. It is not evident from the data how poverty correlates with the incidence of high risk behavior among adolescents, but the schools and social agencies of Manitowoc County know the day-to-day reality of the youth they serve. In response, they have initiated many evidence-based programs, e.g. the Kids at Hope philosophy, to address mental health needs, focusing especially on youth from low-income families who may be more at-risk for school failure, substance abuse, and societal problems. Without financial resources to access professional treatment, their marginalization and defensive anti-social behaviors may lead to involvement with the Human Services Department and Juvenile Justice systems.

Rep. Paul Tittl reported that *"70 percent of youth in [the] Juvenile Justice system have at least one mental health condition and 20 percent live with serious mental illness."*

> *"70 percent of youth in [the] Juvenile Justice system have at least one mental health condition and 20 percent live with serious mental illness."*
> *—Rep. Paul Tittl*

Lori Fure, Deputy Director of the Human Services Department, Clinical Services Division, cited data from the UW Health Population Institute that *"an estimated 105,000 Wisconsin youth (11 percent) have serious mental health need. Wisconsin's public county mental health system serves about 5,600 youth with a serious mental health need annually."* The Clinical Services Division is responsible for providing mental health and substance abuse services to qualified low-income residents of the county (L. Fure, personal communication, July 16, 2018).

"An estimated 105,000 Wisconsin youth (11 percent) have serious mental health need. Wisconsin's public county mental health system serves about 5,600 youth with a serious mental health need annually."

Supporting children's mental health is a challenge. States handle that challenge differently in terms of funding, number and types of programs, ease of access, and availability of services. UW-Manitowoc Psychology Professor Maureen Crowley reported on where Wisconsin stands in comparison with other states at the League of Women Voters public forum "The State of Children's Mental Health" in February 2017. She cited data compiled by *Mental Health America (MHA)* and highlighted significant disparities between Wisconsin's and our neighbor Minnesota's attention to the children's mental health needs.

According to *Mental Health America (MHA)*, Wisconsin had ranked #8 in 2011 (#1 is the best, or lowest prevalence of mental illness, and highest rates of access to care) in the overall ranking that included both adults and children. However, by 2014, Wisconsin's ranking fell to #35 among the fifty states. Although there was some improvement from 2014 to 2017 (Wisconsin now ranks #25), the state has a particularly challenging road ahead and needs to make progress in mental health services for children. This is illustrated by some of the youth rankings in several categories:

- *Overall youth ranking* made up of seven measures that include at least one Major Depressive Episode (MDE), alcohol dependence and use of illicit drugs, youth with MDE who did not receive mental health services, and four other measures—Wisconsin ranked #43 while a comparable state, Minnesota, ranked #3

- *Youth with at least one MDE in the past year*—Wisconsin ranked #47

- *Youth with severe MDE*, resulting in significant interference in school, home, and in relationships— Wisconsin ranked #48 at 11.5 percent; Minnesota ranked #25 at 8.2%

- *Youth with MDE who did not receive mental health services*—Wisconsin ranked #50 at 71.8% while Minnesota ranked #4 at 51.9%

- *Youth with alcohol dependence and illicit drug use (Marijuana, Heroin, Cocaine)*— Wisconsin ranked #40 and Minnesota ranked #17

- *Youth with severe MDE who received some consistent treatment*—this statistic reflects the need for increased funding for community-based treatments regardless of income— Wisconsin ranked #35 at 21.4% and Minnesota ranked #1 at 39.9%. The lower percentage for Wisconsin is associated with poorer outcomes for children

Wisconsin ranked #8 in 2011 in how well it cared for the mental health needs of its children. By 2017, it had dropped to #25.

Mental Health America, founded in 1919, is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans (Mental Health America 2017 – Youth Data).

Public School Districts' Response

The school districts in Manitowoc County are responding to the emotional/behavioral and academic problems of their students who come from families struggling in poverty. The superintendents are implementing many evidence-based support programs to enable them to succeed, like the Kids at Hope philosophy, in-school mental health services, emergency needs secret closets, and after-school care. Teacher in-service workshops are provided regularly to train staff on how to recognize and meet the complex needs of their students.

Two Rivers Public School District

Koenig School has had a significant increase in the number of children who come from families in financial hardship. In school year 2014, 67 percent were enrolled in the free-and-reduced lunch program. Eligibility is based on family income. It is the federal measure used to determine the economic need of a school or school district. In 2016, 78 percent of Koenig's students were enrolled in the program. The ALICE Study reports that 48 percent of households in Two Rivers in 2014 earned less than the basic cost of living. Lisa Quistorf, District Administrator, and Craig Rysticken, High School Principal, were interviewed in February 2017 when he was Assistant Principal. Because the stigma of poverty starts affecting self-esteem when students become teens, only 37 percent in the high school applied for free-and-reduced lunch in 2016. Quistorf and Rysticken considered that a significant under-response of the need they see.

Academic scores have been suffering, and the graduation rate for 2015-16 for economically disadvantaged students was 68 percent compared with 96 percent for those not disadvantaged (Wisconsin Department of Public Instruction). The economic stress on families is evident with parents presenting with mental health needs and being overwhelmed by the *"piles of cares at home."* Rysticken commented that some students from low income households, however, are able to do well because of the economic diversity in the schools.

The challenge of poverty and the associated needs of children have led staff to focus on the emotional environment of each school building. Quistorf explained *"The culture is the key: being cognizant of children's needs coming into the classroom,… the importance of our words,…how best to support teachers because without them, we wouldn't be able to do all the things we do."* The District has been using the Kids at Hope philosophy for several years. Students who typically are seen at-risk for failure because of their adverse circumstances are instead treated as and taught to be kids-at-hope. Rysticken and Quistorf along with Manitowoc Public School District administrators received in-depth training in 2017 at the Kids at Hope University in Arizona.

The ACEs program has been adopted, as well, and the District has its own ACEs trainer on staff. Bus drivers and food servers, all employees, are included in the program. Rysticken shared stories of a custodian who has provided money for food for needy students and a kitchen worker who bought leggings for a girl who complimented hers but said she could not buy them for herself. Each school has a "Magic Closet" stocked with toiletries, clothing, and food for urgent needs. Bus passes also are available.

Community grants have allowed the District to provide before- and after-school childcare. The Reading Is Fun (RIF) program gives three free books to each student annually. An intervention group is available in all schools to give blocks of time for individual help with academics. All schools receive Title I benefits. APEX computerized learning, GED-02, and G Force programs assist those who are deficient in credits. They get extra support to graduate on time.

Support staff includes two counselors in the high school, one at Clarke Middle, and one in each elementary school. Three School Resource Officers (SROs) serve the four buildings, with one assigned to cover the two elementary schools. The District has two full-time psychologists who serve the school population of 1,742 students (2016-17). Students are also provided counseling services from Lutheran Social Services counselors one day a week at their schools.

High school students are trained to be peer leaders to address tobacco and other issues. A drug education panel was held at the high school for the public in March 2017. Presentations were given by educators, law enforcement officials, and Judge Mark Rohrer and Coroner Curtis Green. This initiative was part of the *"Let's Talk about Marijuana" Toolkit for Parents"* program, organized by Katie Wilsmann who also was coordinator of the Healthiest Manitowoc County Substance Abuse Prevention Coalition as well as the high school's Prevention Coordinator. She joined the high school's counseling staff in fall 2018.

Quistorf and Rysticken wished there could be more counselors to serve the middle and high schools. They expressed concern about the exposure children have *"to terrible things on technology,"* as well as the negative impact of social media that allows bragging, putting others down, excluding, and bullying. Meeting the mental health needs of students affected by poverty and the significant stressors in the home, such as substance abuse, is a vital part of the educational mission of the District.

Justin Litersky, high school Special Education teacher for students with Emotional Behavioral Disabilities (EBD), shared data that show some of the cumulative effects of poverty on children. Of his past students, over 90 percent received free and reduced lunch, 85 percent had mental health needs, almost half reported substance abuse in their personal and/or family backgrounds, and 70 percent had 4+ ACEs. Litersky and Maren Slickman, a teaching colleague piloted evidence-based mindfulness practices with their students to give them coping tools for dealing with daily life challenges that cause stress and anxiety. Their goal is to give students skills to help them control responses and reactions and, ultimately, make better choices. They learned mindfulness in a workshop at Cooperative Educational Service Agency 7 (CESA 7) in 2016. TRHS will continue to provide mindfulness lessons in classrooms throughout the district and through teacher trainings (*Quistorf: Mindfulness Practices Have Benefits*, 2017).

Most of those suspended from school in Two Rivers show the same risk factors —special education placement, poverty, mental health problems, and substance abuse issues—that mark the lives of Litersky's EBD students, as well. The Neutral Site Instructor for these suspended youth reported the same percentages among her students. Also, Rachel Bongle, Manitowoc

Public School District teacher in the county jail, said most of her students, likewise, are in poverty, have mental health needs, were in Special Ed, and have AODA issues. The pattern of childhood poverty puts children at risk for continued struggle into early adulthood. Furthermore, involvement with the criminal justice system with the resultant fees that can increase with each probation violation can keep them in a cycle of poverty often too difficult to end—a veritable debtor's prison. As an example, one juvenile in 72-hour detention had incurred an accumulated debt of over $5,000, according to his supervisor. Developing consequences for probation violations other than monetary fees would help youth enter adulthood on stronger ground, without the crippling debt that keeps them poor, on the fringe of the community, and without hope (J. Litersky, R. Bongle, C. Stewart, personal communications).

Manitowoc Public School District (MPSD)

In fall 2016, 43 percent of all MPSD students were enrolled in the free and reduced lunch program. This was an increase from the 2015 school year, explained Debby Shimanek, former Director of Education, and Joanne Metzen, Pupil Services Director, when interviewed in early 2017. Jefferson Elementary School had 75 percent of their students enrolled, showing the economic disparities among different areas of the city. High-poverty schools are defined as those in which more than 75 percent of students are eligible for free and reduced lunch (U.S. Department of Education). They said that many families who would qualify do not apply for the benefit, so the actual number of school children who are economically disadvantaged may be more in Manitowoc.

In the face of this challenge, the District has developed many special alternative programs to support students who may be at-risk. The Manitowoc County Comprehensive Program (MCCP) for grades 1-8 continues to serve Special Education students with severe behavior and mental health concerns. McKinley Academy Charter School offers alternative programming for high school students having difficulties in the regular school setting. The Lighthouse Learning Academy offers a blended program including both online and at-home options. The Lincoln High School GED program enables students lacking enough credits to graduate on time to earn their diplomas. The curriculum in each school is aligned with Common Core.

The in-school counseling program at Franklin Elementary is a recent innovation to meet the special needs of students. A therapist from Lutheran Social Services provides counseling services one day a week. A grant from United Way Manitowoc County funds the program, and teachers and parents can refer children. [A bridge grant of $25,000 from United Way will support the cost of the services provides by Lutheran Social Services for school year 2018-2019, as reported by Michael Morgen at the United Way Rally in August 2018.] There is no cost to the District, and parents with insurance and those receiving BadgerCare are billed for the appointments. In-school counseling allows more pupils with mental health needs to receive professional help. It eliminates stigma, transportation problems, and the stress of taking time off from work for parents. [A bridge grant of $25,000 from United Way Manitowoc County will support the cost of the services provides by Lutheran Social Services through school year 2018-2019, as reported by Michael Morgen at the United Way Rally for Change in August 2018.]

MPSD was awarded the 21st Century Community Learning Centers (CLC) five-year federal grant (Title IV Part B of No Child Left Behind Act of 2001 (NCLB). The funding provides for before- and after-school educational and enrichment opportunities for students in schools with more than 40 percent enrolled in the free and reduced lunch program. After the initial five years,

the grant funds will decrease, but the program will continue at Washington Jr. High and Jefferson. This programming allows parents to be able to maintain employment because their children are taken care of safely before and after school.

In a joint program with the Young Men's Christian Association (YMCA), 71 YMCA scholarships were given to students from low-income families in 2016, for enrollment in their summer program— again allowing parents to work. The YMCA hopes to continue the program. Another safety net program is KAN Cool for School which donates school supplies, jackets, boots, underwear, and other necessities to needy students. The main distribution is held at Jefferson School in summer before fall classes begins. Children and families from all the schools can pick out new school supplies to be ready for the first day of the term.

MPSD's 14 full-time counselors serve 5,200 students. Riverview Early Learning Center has its own counselor. [That position will be shifted to serve another school as part of the restructuring of the district in 2019, in which Riverview students will be absorbed into their neighborhood schools. Prior to 2018, Manitowoc County Comprehensive Program and McKinley Academy shared a counselor with Madison Elementary. Now in 2018, Madison has its own counselor.] All teachers are given the opportunity to be trained in ACEs and Trauma-Informed Care approaches for helping struggling and traumatized children. School nurses and psychologists receive extra training. Every teacher is informed of suicide prevention guidelines at the beginning of each school year. There are only three part-time nurses for the nine schools. Increasing the number or the amount of time school nurses are available would help expand services.

Shimanek reported that the biggest success for the district is the closing of the achievement gap between special education and regular education students—despite the rise in numbers of families in poverty. In the elementary grades, expulsions are decreasing, but they are seeing more extreme behaviors in the high school and more pre-expulsions. Graduation rates, however, are high and stable above 94 percent.

In the area of needs and gaps, Metzen said that increasing staff leadership in pupil services would provide more opportunity to expand services effectively. Currently there is one director who oversees the programming for the 853 Special Education students and the Pupil Services Department. A big need, too, is for doctors who can prescribe medications for children, and for peer support specialists to help families. Her greatest concern is for the neediest children who do not have safe supervision from after school until 7:00 p.m. when parents return from work. She emphasized that any programs started in the county for the neediest children have to be designed to be relevant to their needs: *"We have to be sure we're fixing the right problem. Do the programs meet the true need?"* (D. Shimanek, J. Metzen, personal communication, January 5, 2017).

In 2017, the Summer Food Service Program provided nutritious meals for children because regular school meals were not available. The program is sponsored by MPSD, funded by the U.S. Department of Agriculture, and administered by Wisconsin Department of Public Instruction (DPI). Initially, in 2015 MPSD began working with the Salvation Army summer "Feed the Kids" initiative, and in 2016, the school district assumed sponsorship of the project as part of the Summer Food Service Program. 14,542 breakfasts and 19,912 lunches were served during June and July in 2016, and the program was expanded to include the children at Southfield Townhouses and the four Manitowoc elementary schools where high numbers of students received free and reduced lunch.

Food Service Director Meredith Nitka reported that in school year 2017-2018, nearly half of the students in the district were eligible for free or reduced-price lunches—the indicator of poverty. (In fall 2016, the number was forty-three percent, as reported by Shimanek above.) *"*That is a growing population of students for us,*"* Nikta said. *"*We used to offer breakfast before school started, but found much greater participation when we started providing it in the classroom. We also offer it free to everyone. I think there can be a stigma with free or reduced-price students, so we just allow everyone to participate." She would like to add after-school snacks to feed hungry kids— "We are looking at 'Where is the need?' What schools can benefit most from that kind of after-school program?" (*Manitowoc School Lunch*, 2018).

Superintendents Lisa Quistorf and Mark Holzman spoke of how they are helping students who struggle with household poverty, at the League of Women Voters forum, *Effects of Poverty on Education in Manitowoc and Two Rivers School Districts* held on April 2017. Holzman said teachers and administrators often spend their own money to buy food, clothing, and other items: *"*I don't know of any teachers who don't have a snack stash somewhere in a desk drawer for a kid who needs to eat.*"* He said schools may use donated funds to help families who need basic hygiene items, school supplies or even emergency funds for rent or electric bills.

Homelessness is a reality for children in Manitowoc, he reported. *"*We have high school kids here who haven't lived in a house for weeks—they just move from one person's couch to the next." Quistorf said some low-income families move in together to double up or triple up, and the kids may be sleeping in tight quarters or have no quiet places to do homework. *"*Some families are afraid they're going to get in trouble or we're going to turn them in. We just want to help them."

Holzman reported that about 50 students, 10 percent of MPSD's 5,200 enrollment, enter or leave the district during each school year. Poor families move due to eviction, job loss, or search for new jobs. Students may take six weeks to catch up and assimilate at the new schools, and frequent transfers put students at risk for failure (League of Women Voters Forum, April 27, 2017).

To provide for the needs of low-income and other students struggling with traumatic issues, in 2018, Manitowoc Public School District partnered with Holy Family Memorial Behavior Health Center to provide mental health services within the schools. Children and teens in low-income families with BadgerCare will be able to receive counseling from a licensed therapist at a branch office in their school. Overhead costs for the district are about $8,000, with the rest expected to come from private and Medicaid insurance providers. School staff reported through annual surveys that the mental health problems of students are an increasing concern. In 2015, mental health needs ranked #7, a year later #5, and in December 2017, #4 in priority of issues facing the district. Holzman said, "Our goal is to help our students get healthy…We have social workers and guidance counselors, but Holy Family will provide someone trained specifically to treat mental health issues" (*Manitowoc School, Holy Family Memorial Partner*, 2018).

> *"The average classroom has at least five students with serious mental health needs, one struggling with severe abuse and ten living in poverty."*
> *—Wisconsin School Mental Health Framework 2015*

*"*The average classroom has at least five students with serious mental health needs, one struggling with severe abuse and ten living in poverty,*"* according to the 2015 *Wisconsin School Mental Health Framework,* from the Department of Public Instruction (DPI). To address this need, MPSD dedicated additional resources to create the position of Mental Wellness Coordinator – District Safety Team Coordinator. The new leadership role provides support to all the schools, families, and staff, specifically in the area of mental health and school safety. In 2018, the district was awarded a $227,080 school safety grant through the Wisconsin Department of Justice. Michael Morgen, the Mental Wellness Coordinator – District Safety Team Coordinator, reported that part of the funds will be used to provide all fulltime staff with training in ACEs, Trauma-Informed Care, and Trauma-Sensitive Schools along with other video modules from DPI, beginning school year 2018-2019. (M. Morgen, personal communication, August 7, 2018).

He envisions the whole community coming together through developing healthy relationships that support young people. He cited the model of Search Institute's Developmental Relationships Framework, an extensive research-based program that concluded that *"nothing-nothing-has more impact in the life of a child than positive relationships."* Developmental relationships express care, challenge growth, provide support, share power, and expand possibilities. These five critical elements of the framework are expanded into specific actions that teachers, parents, mentors and other non-family adults, friends, and program leaders can implement. The program is used with organizations, as well, in building developmental relationships. Morgen hopes to partner with community resource groups in developing healthy relationships with youth (*Relationships First*, 2017).

At the United Way Manitowoc County Rally for Change held in August 2018, Morgen reported on the newly formed *Manitowoc County Public Schools Student Social & Emotional Wellbeing Consortium*. United Way was instrumental in bringing all the county school districts and social agencies together for the first time in a collective effort. In the past, schools worked within their separate silos, planning for their own students and being accountable to their own districts. The consortium includes the leaders of the school districts of Manitowoc, Two Rivers, Kiel, Reedsville, Valders, and Mishicot as well as other social agencies that serve the mental health needs of children and their families. They are a *"collaborative, county-based collection of all public school districts, community agencies and services."* Their united mission is *"to promote healthy social and emotional development, resilience, and education achievement of all students residing in Manitowoc County."* The strategic goals of the consortium are to:

- Build, strengthen and provide equitable access to school-based mental health services for all qualifying students in all districts by licensed clinical staff.

- Build a collaborative and common system of mental health access in all school districts to reduce barriers.

- Provide timely access to crisis mental health services (define expectations and responsibility).

- Reduce the stigma of the receipt of mental health care services.

- Utilize culturally-sensitive practices to address the mental health needs of students and families.

- Build connections with community partners to strengthen student and family engagement and promote healthy life choices.

- Provide opportunities to build professional capacity for all school staff in all districts around trauma-informed care, protective factors, resilience, and adverse childhood experiences.

- Build a network of providers so no student is turned away.

Boys & Girls Club

An organization has been formed to bring a Boys & Girls Club to our community. Manitowoc and Two Rivers are the only Wisconsin communities larger than 10,000 without access to a Boys & Girls Club. There are several tri-county clubs with transportation provided to satellite centers. Organizers have created a board of directors and will be raising funds for the new club. These Clubs provide safe after-school environments for children and teens ages 6 to 18 and offer evidence-based programs focusing on academic excellence, healthy lifestyles, and character and citizenship development. Clubs focus on graduating youth from high school with clear plans for their future.

Most clubs are open from after school until 7:30 or 8:00 P.M. In our county, 1700 juvenile arrests were made from 2012-2014, and most of them occurred between 3 and 7:00 P.M. *"We see those numbers going up, and that's a concern. A Club will help reverse that,"* said Nancy Randolph, Deputy Director of Human Services Department. It is hoped it the Club's location will be near those schools that have the highest need. However, in counties where there are no satellite locations, kids are bused to and from the club—usually picked up at their school (*Boys & Girls Club*, 2017).

Clubs provide meals or snacks to children from low-income families and they are an alternative to expensive childcare services. The annual membership fee of between $5.00 and $25.00 would be waived for families who could not afford the cost. Clubs have an impact on juvenile crime wherever they are located. In public and low-income housing, juvenile crime has dropped more than 33 percent. Junior high youth who are Club members are less likely than the national average to engage in risky behaviors like experimentation with alcohol and drugs than non-Club members.

Clubs provide homework help and/or tutoring every day. Trained youth professional staff members maintain productive relationships with schools and parents to ensure each child is getting the help needed to succeed in school. Clubs work with students toward goals of graduation and planning for future education and careers. Priority outcomes for members are

- graduate from high school ready for college, school, military, or employment

- be an engaged citizen involved in the community, register to vote and model strong character

- adopt a healthy diet, practice healthy life style choices and make a lifelong commitment to fitness

The Club would be that enriching, safe place where children and youth from struggling low-income families would receive a larger array of needed services that traditional organizations are able to provide. The youth that Kids at Hope was created to help—the marginal kids at-risk for falling through the cracks of social services and growing up to perpetuate generational cycles of poverty and addiction—these kids would find comprehensive support at the Boys & Girls Club (*Boys & Girls Club Manitowoc County*, 2018).

The original mission of the founders in 1850 was to provide a positive alternative for boys who roamed the streets of Hartford, Connecticut. At the beginning, character development was the cornerstone of the Club experience, and the program focused on capturing boys' interests, improving their behavior, and increasing their personal expectations and goals. A nationwide movement began in 1906, and in 1990, Congress amended the charter to recognize that girls were part of the cause. The year 2006 marked the Centennial year of Boys & Girls Clubs of America (*Boys & Girls Clubs: Our Mission & Story*).

D.A.R.E. Program (Drug Awareness Resistance Education)

D.A.R.E. began in 1992 in the Manitowoc city's public schools. Bruce Jacobs, retired Crime Prevention Sergeant and D.A.R.E. Coordinator for Manitowoc City, reported the new curriculum, *Keepin' it REAL,* updated in 2013 is taught to 5th and 6th graders. The program is also provided in Two Rivers, Mishicot, Valders, and Reedsville public schools, as well as in some private schools. The 5th grade series of weekly lessons extends for ten weeks, and the 6th graders receive seven weeks of teaching by uniformed officers. The program is funded through the school districts, donations, and fundraising.

The *Keepin' it REAL (Refuse, Explain, Avoid, and Leave)* curriculum covers more than drug information. Lessons address decision making, stress, bullying, nonverbal communication, peer pressure, and other issues. Students learn how to exercise self-control under pressure, how to identify the risks and consequences of their choices, how to make safe and responsible decisions, how to communicate more confidently and effectively, and how to help others and get help for themselves (D.A.R.E. Education Curricula).

Jacobs reported that the *Keepin' it REAL* curriculum does extend lower than 5th grade and up into high school. However, there is not enough manpower to provide uniformed officers to teach at those additional grades. Teens in junior and high school are required to take one semester of Health, he said, during which they may receive information about drugs. School Resource Officers based in the schools do not formally teach drug prevention, but they do go into classrooms to give presentations on many topics including prevention of substance abuse.

In response to the national opioid crisis, in July 2018, D.A.R.E. America published its K-12 Opioid, Prescription, and Over-the-Counter Drug Abuse Prevention Curriculum. The curriculum package is free to D.A.R.E. communities, and it is required by D.A.R.E. policy that the program be taught by trained officers (*D.A.R.E. Launches K-12*, 2018).

The National Institute on Drug Abuse (NIDA) in 2003 issued *Prevention Principles* intended to help parents, educators, and community leaders plan and deliver research-based prevention programs in their communities. *Scientific American* in reviewing the D.A.R.E. program reported that the revised curriculum works because it is based on prevention research (Nordrum, 2014).

However, the *Prevention Principles* recommend long-term programs for a lasting impact. According to Principle #13, "Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school" (*Preventing Drug Use among Children and Adolescents*, 2003).

> *"Prevention programs should be long-term with repeated interventions…*
> *to reinforce the original prevention goals.*
> *Research shows that the benefits from middle school prevention programs*
> *diminish without follow-up programs in high school."*
> *—NIDA Prevention Principle #13*

Recent Developments around the State

Gov. Scott Walker included a variety of additional funding requests in his 2017 budget proposals for school services. Wisconsin Superintendent of Schools Tony Evers also recommended that Medicaid expansion of coverage for mental health services be supported by legislators in budgeting for the needs of at-risk children. A full list of items that were *passed by the legislature* is given below.

Kids in Crisis Series

The *USA TODAY NETWORK – Wisconsin "Kids in Crisis Series"* was launched in 2016 by a team of twenty-five journalists to investigate why youth in Wisconsin experience mental health issues and die by suicide at higher rates than in most other states. The ten local newspapers of the network came together to report on the significant mental health needs of children and discover solutions that worked. Jim Fitzhenry, Vice President of USA TODAY NETWORK News and lead editor of the series, and Rory Linnane, lead reporter, adopted a form of journalism known as *solutions journalism* that goes beyond in-depth examination of the roots and effects of problems. Their mission was to find evidence-based solutions that individual counties and other states are finding successful. The goal included identifying partners in the area of mental health services for children, and bringing their findings to government leaders and policy makers to hold them accountable for improvement (Hare, 2016).

The series originally was intended to extend over five months. However, every year since 2016, the journalists have continued to organize town hall meetings across the state and report on crisis children's critical needs in each county. Articles in the ten newspapers and the town hall discussions educated residents about the serious service gaps in their local areas. The newspaper editors convened the annual call to action events in Madison to present legislators with the identified mental health needs and legislative solutions. As a result, state funding for some of the issues has passed, and local communities have become activated to respond to the youth struggling in their midst.

In 2017, the town hall meetings informed community participants how to recognize the warning signs of suicide and how to respond, and 750 people attended the meetings. The new reports focused on how young brains are damaged by adverse children experiences (ACEs) and become vulnerable to mental health challenges. The second year of reporting highlighted different causes of stress, anxiety, and depression and showed how it is possible to help. "Instead of pointing out

problems and moving onto the next crisis, we've committed to finding solutions and partners to help heal our communities," said Fitzhenry.

In 2018, the Kids in Crisis series presented the personal stories of teens that had experienced major mental health crises and had found help to overcome them. In addition to the town hall meetings and the news reporting, the team launched *This Is Normal: A Podcast about Youth Mental Health.* The series of programs available on iTunes features young people talking about their own challenges and how they got through them (*This Is Normal*, 2018). Series Editor Rob Mentzer moderated the town hall in Manitowoc on February 28, 2018, during which local youth shared their personal stories of struggle and how they were helped to succeed. Mentzer shared why children's mental health and the Kids in Crisis series remain an important topic for the media company: "We know that we wouldn't be here today if there weren't still more that needs to be done…. We certainly do still have a reason to be here" (*'Kids in Crisis: Manitowoc Teens,'* 2018).

Examples of Experience-Based Programs Implemented in Other Counties

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT programs are being started in schools across Wisconsin. It was originally developed as an efficient and effective screening tool for use in health care settings. For example, the Manitowoc Lakeshore Community Health Care Clinic uses the model to assess behavioral health and substance use issues in new patients. In schools, SBIRT offers an efficient, evidence-based, and comprehensive service to address selected behavioral health concerns among students. They can be screened for mental health needs and alcohol and other drug involvement, for example. Initial screening provides baseline data for the counseling staff, and the students who show need are given brief interventions. They are followed up a month later to check how the interventions worked and are referred to treatment if that is indicated (*School SBIRT*, 2018).

Sheboygan County launched SBIRT in some of its schools in 2016 and expanded the program in 2017. The Fond du Lac School District has been proactive in screenings and in 2016 had a nearly 20 percent referral rate—more than they see with vision, hearing, or scoliosis checks. Scott Caldwell coordinates the SBIRT screening program for the Wisconsin Department of Public Instruction. He said screenings are a "promising practice" that ultimately could be applied broadly for catching mental health issues and referring students to treatment before discipline, expulsion, and suspension are used (*Kids with Disabilities Suspended More Often*, 2016).

Crisis Intervention Team (CIT) Training

Police officers have a presence in many schools in Wisconsin. Some schools now have specially-trained proactive officers who have received Crisis Intervention Team (CIT) training for working with children with mental health issues. The Appleton Police Department began giving CIT training to their school officers in 2004. They are trained to recognize the signs of mental illness, de-escalate situations, and refer students to appropriate treatments instead of arresting them for illness-related behaviors. More than 900 officers had been trained statewide by 2015. Over the past year, the National Alliance on Mental Illness (NAMI) has used grant funds to train more officers and establish training sites around the state. These officers work to build positive relationships with youth who are at risk for entry into the juvenile court system for addiction, and possible adult criminal activity.

PATH (Providing Access to Healing)

Superintendent Evers asked the Department of Health Services officials to earmark funds for mental health clinics in schools in the 2017-18 budget. The United Way Providing Access to Healing (PATH) Program, piloted in 2008 in the Menasha Joint School District, is the model recommended by Evers. The PATH program within the Appleton Area School District targets students with barriers in attaining mental health care because of cost or access. A certified therapist visits each of the schools for predetermined days and times each week. Parent permission is required for students who are under eighteen. It is a school-based program designed to improve access to mental health services for children and youth who are unable to obtain care elsewhere in the community (*Providing Access to Healing*, 2018).

Since its initiation in 2008, PATH has expanded to 30 schools in nine districts by 2016. Schools in Superior, Waukesha, Racine, and Sheboygan have their own programs modeled after PATH. Therapy is provided regardless of ability to pay, but private insurance is billed whenever possible. Therapists found that 74 percent of the 1,100 students served since the in-school program began in 2008 saw reduced symptoms, and 44 percent showed improved academic performance (*Therapists in Schools Help Save Young Lives*, 2016).

VII. Strengths and Gaps in Services for Adults

Articles on the growing addiction epidemic in Manitowoc County appear regularly in the local paper. News of criminal incidents and arrests, community coalition meetings, reports of suffering individuals as well as family distress highlight the increasing need for resources to curb addiction and support recovery. Municipal social services agencies, medical centers, and private organizations all have rallied to meet the challenges of children and adults affected by substance abuse. People in poverty have the hardest challenges because treatment programs and ongoing counseling to support recovery are not readily available for uninsured or low-income individuals. Every agency in the County acknowledges the need for expansion of services to those struggling with both substance abuse and limited financial resources.

Human Services Department

Clinical Services Division

The Manitowoc County Human Services Department (HSD) is mandated by federal and state statutes to provide an extensive array of services to residents who qualify for special support. Funding is provided by local, state and national budgets. The Clinical Services Division is responsible for providing mental health and substance abuse services to qualified county residents, both children and adults. Manitowoc County is identified by the state as a high need county due to the high rate of Neonatal Abstinence Syndrome, overdose deaths, and lack of resources. Lori Fure, HSD Deputy Director and head of the Clinical Service Division, said that the opioid crisis has magnified a long-existing lack of adequate AODA and mental health services available to the public.

> "*Manitowoc County is identified by the state as a high need county due to the high rate of Neonatal Abstinence Syndrome, overdose deaths, and lack of resources." —Lori Fure*

The units that make up the Clinical Services Division are Adult Protective Services, Community Support Program, Intoxicated Driver Program, Crisis Support, Comprehensive Community Services, Alcohol and Other Drug Abuse Services (AODA) and Mental Health Outpatient. All of these programs have been impacted by the addiction epidemic, with the exception of the Intoxicated Driver Program (IDP). There has not been a substantial increase in people seeking IDP assessments for alcohol use during driving (L. Fure, personal communication, July 16, 2018).

The monthly minutes and financial reports of the HSD Board over the last decade report the increased demand for services and the need for expansion of programs. Board minutes are available online on the county website, and community members are welcome to attend the open meetings to hear reports of progress and staffing needs. Meetings are held the fourth Thursday of every month at the Human Services building.

Adult Protective Services Unit (APS)

The Adult Protective Services Unit in particular has been impacted by the addiction crisis. The mission of APS is to ensure the safety and well-being of elders and of adults with disabilities who are in danger of being mistreated or abused, neglected by self or others, or financially

exploited and unable to take care of themselves or protect themselves from harm, and have no one to assist them. Services include investigating allegations, facilitating guardianships and protective placements, and collaborating with nursing homes, other agencies, and others to protect the safety of vulnerable adults.

Since 1990, the unit has had four providers to carry out those roles. However, the population of seniors age 85+ has doubled since then. Referrals to APS have doubled since 2009. After 1999, at least two referrals have been received monthly for those over age 90. The state calls the increase in referrals a Silver Tsunami. Financial abuse referrals increased in part due to the opioid crisis—grandchildren and adult children stealing and writing checks. In 2017, there were 80 new guardianships. Most referrals come from medical and law enforcement personnel. Cases are kept open until the situations are resolved, and therefore provider caseloads are limited to open case actions to meet court deadlines.

In the *Manitowoc County Human Services Department Financial Projections for 2018 – 12 Months Estimated Annual Surplus (Deficit) Through 12/31/18,* the APS unit showed the greatest projected deficit, based on year-to-date data through January 31, 2018. In support of Fure's request at the February 2018 meeting that the Board approve an additional social worker position for the APS unit, County Executive Bob Ziegelbauer said, "We will identify savings for the position and plan to do it" (Manitowoc County Human Services Department Board Meeting, February 22, 2018).

Alcohol and Other Drug Abuse Services (AODA)

The AODA unit provides outpatient individual and group therapy, monitors court orders and treatment plans. Specific support programs include Crisis Intervention, Detoxification Services, Residential Living Facilities, Inpatient Services, Urine Screens, and Intensive Outpatient Services. The Clinical Services Division oversees delivery of services to the Drug Court participants. In spring 2018, the participants made up about 15 percent of the over 130 active AODA clients receiving services, as reported by Jerry Mutchie, AODA counselor, at the May 2018 HSD Board meeting.

Fourteen individuals had come through the court since it began in September 2017. The program will have the capacity to serve 24 participants at a time. They receive full wraparound services through the Human Services Department, including transitional housing and Medically-Assisted Treatment. Vivitrol is administered monthly by the HSD Registered Nurse to those in the Drug Court who choose to use the treatment and for whom it is appropriate. Some participants in 2018 were still getting their Vivitrol from the Methadone clinic in Green Bay. However, the plan is for all to receive their injections at HSD eventually. Vivitrol's main purpose is to block the effect of opiates. For example, if someone on Vivitrol uses heroin, the person will not get high, and it is reported to reduce cravings, as well. According to Fure, the cost is over $1,000 per injection, not including the time required by a Registered Nurse.

Jason Latva, Drug Court Coordinator, was instrumental in initiating an Intensive Outpatient (IOP) program for treating substance use disorder to meet the crisis in the county. IOP is a seven-week program, and participants do not have to be court-ordered to be in the treatment groups. All services have been expanded to be available to other county residents.

State grants continue to be sought to provide services lacking within the county. The growing need for expanded services is evident in the HSD county report *Workload Statistics by Service*

Division, Data for January 2018 and 2017 and December 2017: Mental Health/AODA intakes in January 2017 totaled 4, and in January 2018, 19 new cases had come to the unit. The Department was awarded a grant in July 2017, for $99,695 from the state to fund expanded services through April 2018, in response to the local drug crisis. In February 2018, the Drug Court Team applied for an extended opioid treatment grant of $244,305 from the Wisconsin Department of Health Services Bureau of Prevention, Treatment, and Recovery: Division of Care and Treatment Services. However, that grant instead was awarded to counties that had not received any Treatment Alternatives and Diversions (TAD) or State Targeted Response to the Opioid Crisis (STR) grants in the past. Finding funding after grants end is a critical issue for all agencies and organizations who have been awarded short-term grants for ongoing programs.

Crisis Support Unit

The Crisis Support Unit is responsible for responding to the mental health needs of children, youth and adults 24 hours per day/7days per week. The same HSD local statistics report cited above includes data from the unit. The numbers show the strain from increased demand for services and lack of enough staff providers: 166 after-hours crisis calls were received in January 2018, in comparison with 127 that came through in January 2017. The increase in volume of calls has necessitated contracting out for after-hours crisis work. Fure would like to see a mobile intervention team funded to meet the need for after-hour emergencies to defuse crises and keep children in their homes. She reported that other counties have found this service reduces unnecessary hospitalizations.

In 2017, the Crisis Support Unit received 35 percent more crisis calls from hospital emergency departments (EDs) than in 2016, as reported in the HMC Mental Wellness Access Committee minutes of August 2017. Emergency Medical Treatment and Labor Act (EMTALA) requires hospital EDs to medically screen every patient who seeks emergency care and to stabilize or transfer those with medical emergencies, regardless of health insurance status or ability to pay. EMTALA has been an unfunded federal mandate since it was enacted in 1986.

The Manitowoc County Crisis Support Unit provides phone and in-person assessments for people being detained under Wisconsin Act 51 to determine patients' safety for release. Act 51 assures the provision of a full range of treatment and rehabilitation services for mental illness, alcoholism and other drug abuse. The night time crisis workers conduct safety planning to avoid detentions whenever possible. Transportation continues to be an issue for people. The county has only five to six crisis beds available, Fure reported at the HMC Advocacy Committee in April 2018. Spending money on mental health services upfront costs less than providing services when someone is ill or addicted and in crisis—a concept and practice proven in other cities and counties, she said.

> *"Spending money on mental health services upfront costs less than providing services when someone is ill or addicted and in crisis—a concept and practice proven in other cities and counties."*
> *—Lori Fure*

Comprehensive Community Services (CCS)

Comprehensive Community Services is a Psychosocial Rehabilitative program for children and adults who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis

beyond occasional outpatient care, but less than the level of intensive care provided in an inpatient setting. Participants qualify for CCS support if they receive Medical Assistance. CCS staff provides the wraparound services for participants in the Drug Court and for those in the AODA program (130 total, as reported in May 2018). CCS positions are paid for through Medical Assistance reimbursement once new providers are trained.

Training was included in the first Treatment Alternatives and Diversion (TAD) grant which funded the two new positions needed to start a Drug Court: a Drug Coordinator and a fulltime AODA counselor. Mutchie reported half of the AODA counselor position is self-sustaining through Medical Assistance billing.

Fure hopes to grow CCS by adding a case manager and therapist to do outreach to jail inmates and to addicted parents to help end the cycle of addiction, poverty, and recidivism. There is need for additional psychiatric services along with recovery coaches and peer support specialists working in the community. In April 2017, Fure submitted a proposal to the HSD board for eight positions in CCS; four fulltime and one part time position were approved. An additional position was obtained through the opioid grant which position provides CCS facilitation to drug court participants and others with substance use disorders.

Grant writing has been vital for funding new staff positions and programs in many of the HSD divisions. However, grants are short-term and require comprehensive plans for sustaining specific programs when funding ends. Ongoing programs and positions are at risk when federal, state, and local budgets are cut, as has been happening regularly since 1993, Fure reported. Lack of financial support of county programs results in drag on the community–a reduction in quality of life as poverty and addiction crises increase and Human Services and other support programs are not expanded to handle the growing demands (L. Fure, personal communication, July 16, 2018).

Bob Ziegelbauer, County Executive, expressed his support of hiring additional staff for fighting the opioid crisis in a *Herald Times Reporter* article (February 1, 2018). He emphasized the need for a long-term treatment center for local residents:

> *We rallied to hire additional therapists in the Human Services Department and started the drug court in 2017 with a State of Wisconsin grant. The department supports it with many hired additional staff (six to eight). It gets expensive for the taxpayers, but it's worth it if it's successful. We have room right now, but there is a real need for a long-term treatment center nearby* (Ziegelbauer, 2018).

"There is a real need for a long-term treatment center nearby."
— Bob Ziegelbauer

Manitowoc County Public Health Department

Amy Wergin, retired Health Officer of the Manitowoc County Health Department, reported to the Poverty Study Committee in April 2016, on the effectiveness of various evidence-based efforts to reduce and treat addiction. The Department's goal is to increase access to Medical-Assisted Therapy providing Vivitrol, Suboxone, and Methadone to addicts. Problems persist in the community because low-income addicts have difficulty accessing care, especially treatment

for withdrawal. The Affordable Care Act has made a difference for addicts 18- to 25-years-old without children because they are able to get treatment, she said. For those in jail going through detox, there are three fulltime nurses to help detainees. Alcohol detox is done as inpatient treatment because it is the most dangerous substance to withdraw from—it can cause strokes and delirium tremens, whereas detox from opioids can be undergone safely in jail.

Wergin emphasized it is important to collect data on the numbers of low-income individuals who are incarcerated for violent and non-violent AODA issues. When asked about progress made in gap areas noted in the 2013 LWV Mental Health Study, she said the Prescription Drug Monitoring Program (PDMP) is in place now as a policy. Doctors are required to look at the data base to identify people who are drug-seeking when they write prescriptions. She emphasized that access to addiction treatment services for the poor is a problem to be solved together by all stakeholders in the community (A. Wergin, personal communication, April 27, 2016).

Since 2016, there has been an increase in the number of mental health prescribers in the community, reported Mary Halada, Health Officer of the Health Department. Currently in 2018, Medically Assisted Therapy medications are available through the Human Services Department and through psychiatrist, Dr. Shmuel Mandelbaum (M. Halada, personal communication, July 23, 2018).

Psychiatrists are key in dealing with the mental health and addiction crisis. Medication is a must for patients with serious mental illness, and psychiatrists who take the eight-week online training program required for prescribing Suboxone could be utilized at treatment centers for low-income addicts. Dr. Mandelbaum of Holy Family Memorial Behavioral Health Clinic has taken the training and uses Suboxone to treat patients. He prescribes Vivitrol if that is the best option for a patient. He also provides four hours per week of psychiatric treatment at the Lakeshore Community Health Care Clinic through a contract with Holy Family Memorial (HFM).

Lakeshore Community Health Care (LCHC)

Lakeshore Community Health Care serves both Manitowoc and Sheboygan Counties. It is a Federally Qualified Health Center (FQHC) with non-profit 50l(c)(3) status. Funding sources are donations and grants from local foundations, businesses and individuals. It was established in 2012 to meet the long-standing need for comprehensive quality health care for the over 20,000 low-income residents in the county. The clinic accepts people enrolled in Medicaid (BadgerCare), Medicare, the uninsured who pay for services on a sliding-fee scale, and those with private insurance. The clinic relocated in 2017 to 2719 Calumet Ave. in Manitowoc, to accommodate the need for more additional providers and more space. New patients are assessed for medical, psychosocial, oral/dental, and economic needs (food, housing, utilities, and transportation).

Utilizing SBIRT (Screening, Brief Intervention, and Referral to Treatment), all patients are screened for substance use disorder. When substance abuse is indicated, the AODA-certified case manager conducts brief interventions with the patient. The clinic has a full-time therapist with dual AODA and Mental Health certification. AODA screening and counseling are provided in the doctor's treatment area as part of LCHC's integrated care model. This reduces the stigma many have of going to a therapist's office and enables seamless delivery of services. When more supportive treatment than the brief intervention is needed for the patient, the doctor and counseling team do a "warm hand-off" to ensure patients transfer successfully to an Intensive Outpatient Program (IOP) or inpatient program at Aurora Sheboygan, Willow Creek in Green

Bay or other behavioral health centers. The clinic's close relationship with area hospitals enables their patients to get full care at reduced fees. Becky Rice, LCHC Case Manager, reported she conducts two to ten SBIRT interventions per week, and she follows up with the agencies where patients are referred.

Looking strategically at the needs in Manitowoc and Sheboygan Counties, Lakeshore Community Health Care's Board of Directors has put the goal of increasing Mental Health and Substance Use services at the top of their priority list. Chief Executive Officer Kristin Blanchard Stearns explained that the role of the FQHC is to be the safety net for the community by removing typical barriers to health care that many low-income people face, such as financial, language, and transportation problems. For example, specialists at both clinics help patients apply for BadgerCare and navigate other insurance options, and patient advocates assist with keeping appointments. There are 17 community health clinics in Wisconsin, serving over 300,000 people.

The Manitowoc clinic receives referrals from several organizations, including the jail, Drug Court, Human Services Department, the Health Department, MARCO Services, Inc., the county residential treatment center, and school staff. Hospitals refer patients who have low incomes and may need to see a doctor after their discharge for ongoing care. Emergency Departments refer frequent users so they can receive comprehensive services for chronic as well as acute conditions. Human Resource directors of local companies with high-deductible insurance also will refer employees and their families (K. Blanchard Stearns and B. Rice, personal communication, January 15, 2018).

The federal government provides about 20 percent of needed funding annually. However, the 2019-2021 federal budget in February 2018 did not include any proposed funding for the continuation of the health centers. The League of Women Voters of Manitowoc County has advocated since 1977 for the establishment of a comprehensive health care clinic including mental health services for the low-income residents of the county. In the League's 2013 Mental Health Study, the need for inpatient care in the county was reaffirmed.

MARCO Services, Inc.

MARCO Services, Inc. is a non-profit 501(c)(3) community-based residential treatment facility for those with substance use disorders. MARCO Services, Inc. provides 12 beds serving Manitowoc, Calumet and Kewaunee counties. The mission is to provide residents with the needed intervention and support to effect positive changes in themselves–physically, emotionally, spiritually and socially—in order to develop and maintain more productive, substance-free lifestyles. Staff provides life skills and relapse prevention training as well as individual counseling and recreational activities. Gina Wotruba, Business Director, reported the average stay is three to six months, with increasing community involvement during that time. Those who complete treatment have the option for continued support from MARCO's Community Support Specialist program, which has been funded by the United Way Community Impact Grant. MARCO Services, Inc. also owns two properties used for transitional living. These facilities allow individuals to transition from treatment to a sober living facility for minimal rent, while establishing employment.

Once known as Marco Manor (Manitowoc Alcoholics Recovering in the County), the center was founded in 1977, initially to treat male alcoholics. However, more drug addicts are in the

program now than alcoholics. Though relapse is high in the first year, with repeated stays individuals are successful in their recovery efforts. Most residents have mental health issues, as well. They are referred to Holy Family Memorial Behavioral Health or to Lakeshore Community Health Care which provides wraparound health and medical services for those with Medical Assistance (BadgerCare) or without insurance. (G. Wotruba, personal communication,May 2, 2018).

County Veterans Service Office and Needs of Vets

Todd Brehmer, Manitowoc County Veterans Service Officer, reported in a 2016 interview that there were 6800 veterans living in Manitowoc County in 2015. For those who are homeless, he has some small funds from the county budget for hotel vouchers, grocery, and gas cards. He refers them to Lakeshore CAP, The Haven and Hope House, but because substance use is not tolerated in the shelters, many resist going. He said many homeless are couch-surfing as they use up friends. He assesses the need of general or honorably-discharged vets and determines if their disability is service-connected. Brehmer then refers them to the Veterans Outreach Specialist in Green Bay or to the VA Clinic in Cleveland where AODA counseling is provided by a psychologist. A psychiatrist at the clinic prescribes and oversees prescription drug use. Veterans requiring detox support, in-patient treatment, and sober living services are referred to the Milwaukee VA. According to Brehmer, in almost all cases of substance use disorder, other mental health conditions such as PTSD, anxiety, and bipolar disorder are present. He said these vets will self-medicate with opioids and cannabis.

Brown, Outagamie and Sheboygan Counties have veteran courts which use an evidence-based treatment approach to serve vets struggling with addiction and mental health disorders which often co/occur with substance use disorder. Manitowoc County vets can participate in these courts and the various Veterans Benefits Administration programs on a case-by-case basis, depending on procedures set up by the local Criminal Justice Coordinating Council (CJCC).

Each person in the Brown County Veterans Court (an average of 25 at any one time) must have a volunteer mentor who is a former military service member in current good legal standing. A County Veterans Affairs employee is a permanent member of the Vet Court Team, along with the Veterans Justice Outreach Coordinator. Most veterans served in the court have underlying mental health conditions. The court accesses many services from the Green Bay Veterans Hospital. Many of the vets come into court after a DWI or a domestic abuse charge often without an arrest. Brown County Assistant District Attorney Beau Liegeois said in April 2018 that "their waiting list of backlog of cases that could benefit from all the different specialty courts in Brown County was around 5,000 individuals*"* (B. Liegeois, personal communication, April 2, 2018).

Eligibility criteria do include "a demonstrated treatment need that is treatable." Veteran services are funded by federal budgets and available to all vets no matter the county of residence if they can travel to the service locations. Vets who use the VA's treatment services show a significant reduction in suicide and substance abuse (T. Brehmer, personal communication, September 16, 2016).

The Wisconsin Medical Society recommends that returning vets and their families should be screened by doctors regularly and referred to local mental health and life adjustment resources.

They also recommend that general medical screenings should include questions to identify war veterans and their family members (Policy Compendium, 2018).

Aging and Disabilities Resource Center (ADRC)

Addiction is a serious problem among the elderly. Many deaths from falls are related to substance abuse (see Part V: Effects of Poverty and Addiction in Adulthood). ADRC refers cases involving substance use disorder among seniors to the Human Services Department. Michelle Acevedo of ADRC reported that many seniors are on Medicaid and receive *Family Care* or *IRIS* (*Include, Respect, I Self-Director*) publicly-funded program services. Those programs are overseen by the County Human Services Department (M. Acevedo, personal communication, September 15, 2016).

Healthiest Manitowoc County Substance Abuse Prevention Coalition

The Substance Abuse Prevention Coalition has the primary mission of preventing and reducing the incidence of alcohol, tobacco, and drug use by youth and young adults. Members include representatives from social service and health agencies, clergy, law enforcement, education, medical and pharmaceutical professionals, treatment centers, and the community, as well as coalition staff. Through education and teen peer leadership programs, they seek to change attitudes and behaviors of youth and families. Funding is being sought to continue the work of the coalition after the Drug-Free Communities grant ends after 2019. Current programs in 2018 include public awareness campaigns about the Social Host Ordinance and anti-smoking projects carried out by teen peers at Two Rivers High School. A new initiative in 2018 was mailing toolkits to event planners to inform them of effective procedures to prevent underage and binge drinking.

Funding for these programs is provided through grants from the Alliance for Wisconsin Youth (AWY). Support for the social host campaign, opioid initiatives, and other efforts comes from the alliance, and NEWAHEC is the fiscal agent of the funds. AWY organizes quarterly conferences for substance abuse prevention coalition members (H. Phillips, personal communication, January 2, 2018).

Coalitions across the U.S. are part of the national Area Health Education Centers (AHEC) program established by Congress in 1971, to recruit, train, and retain a health professions workforce committed to rural and underserved populations. Our county coalition is part of NEWAHEC (Northeast Wisconsin region) administered through the University of Wisconsin School of Medicine and Public Health. Regional AHEC coalitions may adopt several goals under primary program pillars such as Prevention, Treatment, Harm Reduction, and Law Enforcement (NEWAHEC, 2018).

Healthiest Sheboygan County 2020 several years ago combined their substance abuse and mental health coalitions into one committee. The subcommittees they work from are Heroin Prevention and Treatment, Stigma Reduction, and SBIRT. The SBIRT subcommittee seeks to bring the model of Screening, Brief Intervention, and Referral to Treatment into medical facilities and area schools. Actions taken are directed toward the needs of both children and adults. Minutes of past meetings that report the committee's initiatives are posted on their website (Healthiest Sheboygan County, 2018).

Healthiest Manitowoc County Mental Wellness Coalition

The Mental Wellness Coalition is made up of mental health professionals, consumers of services of the mental health community, and other community members at large. The Coalition is organized into three subcommittees: Access, Advocacy, and Education to fulfill a primary goal to decrease suicides in the county by ten percent over a five-year period. Since its inception in 2012, the Coalition has been dedicated to being a leader in increasing awareness of and access to mental health services, reducing stigma, ensuring consumers and families have tools to advocate for themselves, and to educate the wider community. Each subcommittee develops a timeline within a logic model of goals and objectives to focus their work. The Coalition collaborated with other HMC coalitions and the United Way in joint endeavors, including the 2013 Heroin Town Hall Meeting and the 2015 six-week series, Community Conversation on Drugs, co-sponsored by the Manitowoc Public Library. The Manitowoc County League of Woman Voters was instrumental in the creation and forward movement of the Coalition.

Access Subcommittee

The Access Subcommittee, begun in 2012, meets regularly to address the goal: "Manitowoc County will increase access to mental health and AODA services for all populations by collaborating with community providers to identify gaps in the system and developing solutions to address them." The current title of the subcommittee is Improving Access to Mental Health Services Committee. Under the leadership of Mary Halada and Carrie Redo of the Manitowoc County Health Department, the sub-committee membership includes the leaders of mental health and public service agencies as well as one community representative. Utilizing the collaborative model, the leader level of membership enables the committee to effect changes in policies that impact access within their agency's programs across the county.

The subcommittee developed resource cards for both Mental Health and Substance Abuse services that are disseminated county-wide and updated regularly to give current information. The members worked to improve awareness and decrease the stigma of addiction and mental illness by bringing Wisconsin Stigma Elimination (WISE) to the area.

Advocacy Subcommittee

The Advocacy Subcommittee was formed in 2012; and in 2014 with leadership from two League members, Mary Wallace and Linda Gratz, the group focused on establishing relationships with community providers. They undertook the goal of advocating for the development of a peer support network. To that end, the subcommittee held two public forums on the role of a peer support person in the mental health arena and continued to engage with agencies promoting the use of the peer support model. Donna Firman is the current chairperson. The subcommittee has initiated a re-organization and is in the process of establishing new goals for 2019.

Education Subcommittee

This group has the task of developing relationships with community agencies, schools, support groups, and private organizations. Their goal is to increase knowledge of the impact of mental health issues in Manitowoc County. Their work often dovetails with the initiatives of the other two HMC Mental Wellness Subcommittees in bringing about collaboration and collective support of their goals.

United Way 2-1-1 Directory

Making the community aware of available resources is a challenge to all agencies. To meet this need, the United Way 2-1-1 Directory is updated annually to keep their call center information current. In 1995, the federal government started 2-1-1 as a dialing code, and in 2005, Wisconsin became a designated 2-1-1 state. There are seven call centers across 20 regions in the state, and United Way contributes to the cost of running them. Lisa Smith, Manager of the United Way 2-1-1 program for our area, gave a presentation to the League of Women Voters Mental Health and Poverty Study Committees in December 2016. Manitowoc is one of 10 counties in our local service area. People can call 2-1-1 or 1-800-924-5514 or use the internet to get help (www.211now.org). Translation services are available.

Smith said callers can receive information of how to access addiction hotline/crisis line phone numbers, inpatient drug programs, detox programs, outpatient AODA programs and times/locations of AA, NA, and Al-Anon meetings in their local vicinity. The service representatives who answer the phones provide advocacy services, and they take caller complaints back to the agencies when the individual did not receive the needed support. The staff workers follow up with every substance abuse call to see how the individual is doing.

Smith reported that the top needs of callers used to be housing, utilities, and food. In 2016, however, mental health and substance abuse (MH/SA) calls were second after housing needs. Twenty-two percent of calls were for housing, and 15 percent for MH/SA issues. The number of MH/SA calls is increasing, and 79 percent of those calls are for substance abuse. This is extreme compared with the rest of the state where only 8 percent of total calls in 2016 were for MH/SA needs. Fifty-three percent of them were for substance abuse. She said these data emphasized the significance of the amount of addiction problems in Manitowoc County, even though our poverty level is less than that of other high-call areas.

> *"[2-1-1 data for 2016] emphasized the significance of the amount of addiction problems in Manitowoc County, even though our poverty level is less than that of other high-call areas."* —Lisa Smith

She reports that inpatient services for addicts are hard to find in every county. There is not a single treatment program for Methadone in Manitowoc County. People have to go to Appleton, Sheboygan, or Oshkosh. Websites for more data are 2-1-1now.org and Visionlink at 2-1-1counts.org. (L. Smith, personal communication, December 5, 2016).

Smith shared at the United Way Manitowoc County Rally for Change in August 2018 that 2-1-1 in Wisconsin was awarded a grant of $400,000 by the Wisconsin Department of Health Services. The grant which is renewable for up to four years will be used to create an addiction recovery hotline. The grant will support training and needed infrastructure development. She said that in 2018, homelessness is the #1 issue in Manitowoc County, and mental health needs and addiction remains #2. The 2-1-1 call service is free and confidential for every caller. It is the only call service that has a live person 24/7. Business owners are asked to let their employees know about 2-1-1. A live text chat is also available through the call center.

Aids Resource Center of Wisconsin (ARCW)

The *Aids Resource Center of Wisconsin* (ARCW) provides harm-reduction programs to heroin and opioid addicts to keep them alive so they eventually can go through treatment and recovery. Residents of Manitowoc County can receive services at the Green Bay Clinic. ARCW provides Naloxone (Narcan) for free, along with training on how to administer it to save a life. Michael Gifford, President and CEO, says that it is important to have Narcan readily available to prevent an overdose death. "Administered while someone is in the throes of a heroin overdose, it is the best and likely only chance—perhaps even the last chance—to save that person's life at that moment." He cited a recent study that found the average time from the moment of first opioid use to overdose death is only 31 months.

ARCW also has a clean needle exchange program as part of the harm-reduction approach that saves lives and protects people who are actively addicted from getting HIV and hepatitis C infections (Gifford, 2016).

> *The average time from the moment of first opioid use to overdose death is only 31 months.*

Prior to 2018, an ARCW Prevention Specialist brought the Life Point mobile unit to Manitowoc County monthly to provide supplies of Narcan and clean needles to anyone free of charge. He trained people in how to use the medication and encouraged loved ones and friends of those addicted to illegally-obtained heroin, fentanyl, pills and legally-prescribed pain-killers to be trained in administering Narcan themselves. Currently in 2018, the mobile unit service to Manitowoc has been discontinued because of low participation. However, individuals can receive clean needles, Narcan supplies, and training at the Green Bay Clinic. Kristen Grimes, Director of Prevention Services, reported that the mobile service could be resumed if a local agency partnered with the clinic to provide the program (K. Grimes, personal communication, May 7, 2018).

The Green Bay ARCW Clinic offers full wraparound services. Physicians, prevention specialists, AODA counselors, dental assistant, psychotherapists, bilingual case manager, rural nurse case manager for women, as well as a pharmacist are available. Many addicts have multiple physical and mental/emotional health problems, and ARCW seeks to help them stay alive and become healthy (Aids Resource Center of Wisconsin, 2018).

Another consequence of addiction is hepatitis C. The Center for Disease Control and Prevention reported that the number of hepatitis C cases in the U.S. rose from 850 in 2010 to 2,436 in 2015. Injection opioid use among young people was the dominant cause. In 2015, nearly 20,000 deaths in the nation were linked to hepatitis C. Free needle exchange programs are the best way to stop the spread of the disease, but challenges come with funding and opposition from those who believe it encourages drug use. Daniel Raymond, policy director for the Harm Reduction Coalition in New York City said, "It's our best on-ramp to health care and treatment for this population" *('Hepatitis C Infections Tripled in Five Years,'* 2017).

Harm Reduction is one of the pillars of many county substance abuse coalitions. A clear explanation of the value of free needle exchange programs is given by Mark Tyndall, M.D.,

public health expert and epidemiologist, in his 2017 TED Talk *"The Harm Reduction Model of Drug Addiction Treatment"* (Tyndall, 2017).

Several large cities in the United States are considering supervised injection sites where people can bring heroin and other drugs to shoot up in a safe environment without threat of arrest. The purpose of the sites is to prevent overdoses and over time connect users with treatment. There are more than 100 supervised injection sites worldwide. In Wisconsin, officials in Madison are researching them. Some sites offer help with housing and other needs. Users are given the option to connect with treatment clinics, too. At the Toronto site, users have been connected to services including on-site treatment, counseling, testing, vaccination, and case management that provide referrals for housing, financial, and other health services.

Data from other countries show that supervised injection sites are safe, decrease overdoses, are cost effective, do not increase crime, and lead more people into treatment. The first site in North America opened in Vancouver in 2003. A study of the program showed users were more likely to use detoxification services and Methadone treatment. Users were less likely to return to the supervised injection site after discharge from treatment.

Bill Keeton, Chief Advocacy Officer of ARCW, supports supervised injection to keep users and the community safe beyond offering clean supplies. Dr. Nameeta Dookeran, an addiction specialist who is a member of the state Task Force on Opioid Abuse and the Wisconsin Medical Society's task force, said medication is the right priority for Wisconsin currently because there are not enough treatment and other resources available. When access to treatment is available, "Then we could look at potentially inviting a pilot," she said. Annie Short, Director of Northeastern Wisconsin Area Health Education Center (NEWAHEC), reported that no one presently is pursuing a supervised injection site in northeast Wisconsin. Melissa Moore, Marathon County Drug Free Communities Coordinator, said the sites could be a key entry point to treatment and would keep users alive in the meantime. "If we don't give people the opportunity to live, we're not going to get them into the treatment that's needed. We need to be there when they're ready. If they're dead, there's no do-overs," she said (*These Sites Allow People to Shoot Heroin. Could They Save Lives in Wisconsin?* 2018).

A statewide standing order issued in 2016 allows pharmacies to dispense Naloxone/Narcan without individual prescriptions in order to reverse the effects of an opioid overdose. A Narcan dose allows enough time for an emergency response team to arrive. The order requires pharmacists to complete an educational session and provide patient training and educational handouts. In February 2016, these local pharmacies reported they dispense Narcan without a prescription: Holy Family Memorial Pharmacy, CVS, Medicine Shoppe, Walgreen's, Aurora Pharmacies, and Copp's. The cost without insurance of a package that includes two spray doses, one for emergency use and a second as needed, at Walgreen's Pharmacy was reported to be $135.99 (June 2018).

In Wisconsin, the cost can vary between $70 and $130. Health insurance can be used to pay for all or part of Naloxone, depending on an individual's plan. However, if a friend or relative is buying doses of Narcan to have on hand to help someone else, insurance companies cannot be billed because the buyer is not the intended user of the drug. The Aids Resource Center of Wisconsin provides doses and training for free. Naloxone only treats opioid overdoses, but it is not harmful to an individual overdosing on another drug such as cocaine (*Under Wisconsin Law, It Should Be Easy to Buy the Drug to Reverse an Opioid Overdose*, 2018).

The former and current Surgeons General Vivek Murthy and Jerome Adams both issued public health advisories on the opioid epidemic urging families and individuals to have Naloxone on hand for emergency overdoses. On June 14, 2018, Adams issued this strong recommendation to counter the increasing death toll:

> *I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, knowing how to use naloxone and keeping it within reach can save a life* (Surgeon General's Advisory on Naloxone and Opioid Overdose, 2018).

Prior to his appointment as surgeon general in 2017, Adams served as Indiana's health commissioner. In that role, he advocated for expanded access and availability to Naloxone and the creation of needle exchange programs to combat an outbreak of HIV cases caused by wider heroin use. He also supported programs for people living with addiction to receive long-term support and resources such as food and housing (*The Opioid Epidemic Is So Bad*, 2018).

Criminal Justice Coordinating Council (CJCC)

The Manitowoc County CJCC, established in May 2014, is empowered by state statute to provide the coordinated leadership necessary to foster innovation in policy, programming, and operational decision making within the criminal justice system in the county. The Drug Court is one of the evidence-based remedies for drug addiction and substance abuse that the CJCC research studied, designed, obtained funding for, and put into full operation in August 2017.

The members of the council include all the county circuit judges, clerk of circuit court, district attorney, sheriff, county executive, Human Services director, public defender, department of corrections supervisor and two city police chiefs. A county supervisor, a private attorney and one citizen complete the membership.

The council applied for a pre-trial Treatment Alternatives and Diversion (TAD) grant to start a drug court, and the Wisconsin Department of Justice awarded the grant to Manitowoc County in late 2016. District attorneys and judges are empowered with options to offer offenders the opportunity to enter into a voluntary substance abuse treatment regimen with case management, and other risk reduction services as a safe alternative to jail or prison confinement. Jason Latva, the coordinator of the Drug Court, works with many other Human Services Department staff and community resources to implement the program under the supervision of District Attorney Jacalyn LaBre and Judge Mark Rohrer.

Diverting non-violent offenders into substance abuse treatment keeps them out of jail and correctional facilities, thereby saving taxpayer dollars and bed space, as well as treating the underlying addiction that may have influenced the commission of a crime or may contribute to future criminal behavior. Latva says that for every $1 spent, $1.49 is saved in court costs. To successfully graduate from a TAD program, an offender must be abstinent from substances. The measure of success will be reduced recidivism and arrest records as well as staying clean and sober. Latva told the League of Women Voters at their May 2017 annual meeting that the war on drugs—with a cost of over $1.5 trillion—has been lost. He explained the old criminal justice

system is *"arrest, convict, jail, shame, repeat."* The old system "perpetuates stigma, and the stigma kills the person—the bottle or needle is the bullet." Each individual who chooses to participate will advance through phases completing the program with the goal of becoming a prosocial vs anti-social person. Full community integration is the goal, and eventually prevention will become a major part of the program eventually.

> *"The old criminal justice system is 'arrest, convict, jail, shame, repeat.' The old system "perpetuates stigma, and the stigma kills the person—the bottle or needle is the bullet.'" —Jason Latva*

Clients who have no financial resources will be helped to apply for any eligible benefits to have access to needed medical and therapeutic care. Evidence-based practices for recovery, including Medically-Assisted Therapies, will be provided, as well as living skills, job training, GED, and other supports. Judge Rohrer who presides over the weekly Drug Court sessions said the grant is "quite a major step in our community" (CJCC meeting, September 9, 2016). More than half of Wisconsin's 72 counties have created Drug Courts. Other counties have additional specialized courts such as Veteran Treatment Courts, Mental Health Courts, and Women's Treatment Courts to meet the specific needs of these groups. The League of Women Voters has advocated for a drug court for more than ten years and will continue to support this important forward initiative. Many addicts with no financial resources will be able to move out of poverty and become successful community participants. The Drug Court has proven to be a success after its first year of operation (see AODA Unit above under Human Services Department, Clinical Services Division).

Ann Larson, Manitowoc County Public Defender who serves on the Executive Committee of the CJCC, reported that through the TAD grant, the county has been able to hire additional AODA counselors who are able to see people with serious addiction issues—even if they are not participants in Drug Court. This has been a marked change over the past year because treatment resources, particularly for indigent people, previously have been extremely difficult to obtain. More treatment facilities and options are needed along with far less incarceration for minor offenses. Larson would like closer examination of whether jail time truly will make an impact on the individual or community. She recommends using evidence-based decision making rather than relying on what has been considered a good idea, but without measured assessment to support it. She pointed out that electronic monitoring (a policy which has been brought back after an absence of use) is cost prohibitive for the indigent participant (A. Larson, personal communication, February 13 and August 15, 2018).

> *"A staggering 75% of adult drug court graduates are never arrested again… Drug courts not only substantially reduce crime and reduce substance abuse, but also improve family relationships, employment and a way out of poverty. For every dollar spent on drug court, taxpayers save up to $3.36 in criminal justice costs and up to $27 in returns to the community." —Casey Hoff*

Casey Hoff, criminal defense attorney in Sheboygan, reported that "a staggering 75 percent of adult drug court graduates are never arrested again…Drug courts not only substantially reduce crime and reduce substance abuse, but also improve family relationships, employment and a way out of poverty. For every dollar spent on drug court, taxpayers save up to $3.36 in criminal

justice costs and up to $27 in returns to the community." Sheboygan County launched its first drug court in 2016. He cited that "According to the National Association of Drug Court Professionals, 70 percent of convicted people abused alcohol or drugs. Simply incarcerating our way out of this problem has proven to be largely ineffective, since approximately 95 percent of incarcerated offenders return to drug abuse after release from prison" *('Hoff: Drug Courts Can Help Addicts,'* 2016)."

Hoff stated further that marijuana possession felonies in the state are too harsh. He said research shows that most people who use marijuana never go on to use any other drug. He cited the Monitoring the Future studies published by the Journal of School Health that conclude that alcohol is the gateway drug rather than marijuana. He said, "People who do harder drugs are likely to do so because of more powerful influencing factors, such as their social environment, negative peer groups, mental illness and poverty*" ('Hoff: State Felony Pot Possession Absurd,'* 2016).

> *"Alcohol is the gateway drug rather than marijuana…People who do harder drugs are likely to do so because of more powerful influencing factors, such as their social environment, negative peer groups, mental illness and poverty." —Casey Hoff*

Manitowoc County Jail

According to Michael Slavin, Clinical Director of Pathways to a Better Life Treatment Center in Kiel, approximately 80 percent of people in jails are alcoholics and drug addicts. Despite more individuals being locked up now, more deaths from overdose are occurring at a rate greater than ever before. Pathways is one of several resources that provide support for inmates with substance addictions at Manitowoc County Jail. In 2018, Slavin began a class about the nature of addiction for inmates (M. Slavin, personal communication, April 14, 2018). Joy Brixius, Jail Administrator since March 2018, opened the six-week class to sentenced and pre-adjudicated (charged but not yet sentenced) inmates of medium and minimum classification. The class is voluntary, and participants learn about denial, Rational Emotional Behavior Therapy, options for recovery and available resources. They work on plans for life after incarceration, as well. Pathways recovery coaches can communicate with inmates at the visiting kiosks (non-contact visits), and inmates have the option to call Pathways free of charge to request services regardless of their classification.

Jason Jost, former Jail Administrator, said that AA and NA group representatives offer recovery support in the jail. Individuals who are classified as maximum or high medium risks for compliant behavior are not allowed in the groups but are given a Bible or other approved religious book or AA/NA recovery books if they request them. Those not maximum or high medium can participate in Anger Management/Life Skills and Employability Skills classes offered by Lutheran Social Services. They may take part in Adult Basic Education, GED/HSED, and Employability Skills training provided by Lakeshore Technical College in the jail (J. Jost, personal communication, March 22 and November 2, 2017).

In the past, pre-adjudicated inmates were not allowed to attend any of the LSS or LTC programing. However, beginning June 2108, both pre-adjudicated and sentenced, medium and minimum inmates will be able to attend programs. Because many inmates sit in jail for months

while their litigation is pending, it was decided to allow them to take advantage of any programming available. Brixius said this will speak volumes to the sentencing judge about their character. Earning their GED or HSED would be a positive accomplishment for those trying to improve themselves and who eventually will return to the community. Upon inquiry about the numbers of young adults ages18-21-years-old who go through the jail, she said the jail does not have a report on ages of inmates (J. Brixius, personal communication, May 18 and June 4, 2018).

Three fulltime Registered Nurses help those going through withdrawal. Depending on the drug, medication is given for weaning off a substance. Mental health services also are provided as well as medical support as needed during detox. Jost reported that a*pproximately one-fourth to one-third of the inmates are prescribed medication for mental health disorders*. In May 2018, 79 inmates took medication; and of those, 57 took meds for mental health diagnoses, comprising 30 percent of the total jail population which has been hovering in the 190's for some time, according to Brixius.

A doctor is available on call, and inmates are taken to the Emergency Department as needed. The jail's licensed physician and contracted Mental Health provider see, evaluate, and clear inmates on suicide watch. They help those experiencing MH crises work though their trauma. Correctional Officers (CO) check those on safety watch every 15 minutes, and the nursing staff sees them daily to evaluate them medically, as well. The MH provider will meet with those on safety watches regularly whether they are ready to come off the watch or not. Once they are cleared, the provider follows up with them during their incarceration. Brixius said the jail needs more MH hours and budgeted funds to support this vital service. They are provided only 20 hours weekly of contracted MH services. As a result, with the priority being those on safety watches, the providers have to prioritize the other workload of inmates wanting or needing counseling. Manitowoc County Human Services Department is on call to assist the jail as needed for those on safety watch logs, outside of the scheduled MH hours.

Brixius said mental health issues go together with drug and alcohol issues. The 20 hours contracted with the private company are not enough to meet the needs of many inmates. Though the budgeted amount was increased from the 16 hours allotted prior to 2018, she would like to have a position created for a Social Worker for inmates, who would help them enroll in BadgerCare, provide some MH counseling along with aftercare and support for transitioning back into the community.

Jost said many individuals are jailed for drug offenses and that many of those return to jail because of violation of bail and probation regulations. Additional fines are added to those already accumulated. Many inmates are at poverty level, and there is no way to determine income levels except by how many request basic hygiene items. An inmate must have only $1.00 or less in his account for five days to be considered indigent, and then he can order indigent hygiene items each week. He also may order writing materials and envelopes. Upon release, a bill is issued for the ordered items. Jost said there are cases in which a person is not able to pay a small bail ($100 or less).

The Manitowoc County Criminal Justice Coordinating Council has worked on the issue of a system of punishment that does not include monetary consequences. However, fines are built into the state statutes and pay the costs of programs, DNA testing, and jail stay. With regard to the number of inmates charged with nonviolent drug crimes, Jost explained there is not an easy way to compute charges to obtain such data. Ann Larson, County Public Defender, cited the

Blessinger ruling in Wisconsin that states it is illegal to incarcerate people who are unable to pay due to indigence. The ruling allows an individual to petition the court for community service in lieu of paying fines (A. Larson, personal communication, February 13, 2018).

Jost reported in November 2017 that about 40 people currently worked outside the jail as part of the Huber program. Inmates are helped to find jobs by the Huber Officer, but he is aware that many leave their employment after their release. There is no motivation to work, he said. Any government benefits are lost after thirty days in jail due to a conviction of a crime, but payments such as SSI and Social Security can be reinstated in the month of release. To improve the outcomes for inmates struggling with addiction, he would like to see support workers who can aid people to transition back into the community by setting up appointments, finding housing, etc., once released. He said addiction is a challenging issue as there are differences in the needs that pertain to the different types of drugs. Those recovering from opioids need intensive programs that are 90 days or longer for treatment to work. There is a need for organizations to bring recovery support information into the jail as well as aftercare and mentoring programs for when inmates are released.

An AA member who goes into jails to mentor inmates and sponsors many released individuals in recovery commented, *"They cannot live normal lives. They are being hawk-eyed all the time."* Aftercare mentoring would help released inmates avoid getting arrested again for probation violations. A long-term Al-Anon member questioned the crippling consequences of an alcoholic family member's 20-year-old felony charge: "Why should a felony follow you the rest of your life if you've had a clean record? You feel defeated. Jobs and housing are problems. There would be less repeat offenders and more motivated to do well, but they have no hope."

The Manitowoc County Jail was built in 1993, and double-bunking allowed the official capacity limit to be set at 199. County Sheriff Robert Hermann reported in August 2018, that the jail currently is "full to the brim and sometimes over capacity." The number of inmates has been as high as 239 in 2018, he said. That number includes those individuals on electronic monitoring who can sleep at home. There are 215 actual beds in the jail, and the additional 16 above the capacity limit of 199 temporarily accommodate new admissions being processed for bed assignments. Hermann said overcrowding in jails and prisons is prevalent now throughout Wisconsin (R. Hermann, personal communication, August 27, 2018).

According to *Manitowoc County Comprehensive Annual Financial Reports (CAFR), Year Ended December 31, 2011*, revenue from annual jail per diem charges came to $59,950. The average daily adult jail population in 2011 was 146. Five years later, in the 2016 year-end report, revenue from total jail charges was $120,018. The average daily count then was 189 people. The county comptroller's report for year ended 2016 noted that "Public Charges [rose to] $286,000 over that budgeted. The unfortunate thing here is where a majority of the surplus came from, Jail revenue*."* (*Comprehensive Annual Financial Report*, 2016).

Jail revenue includes per diem charges, prisoners' board, jail medical reimbursements, and other fees. Sheriff Hermann explained that jail fees include charges for booking, electronic monitoring hook-up, transfers, and daily fees of $22 for sentenced inmates and $25 for those on electronic monitoring. Sentenced inmates at release leave with a bill, and a collection agency does pursue payment of unpaid fees. Sentenced inmates can work in the jail as 'trusties' and earn time reduced from their sentences. Pre-adjudicated inmates are not charged fees until they are sentenced, Hermann said (R. Hermann, personal communication, August 30, 2018).

Poverty, Addiction, and Mental Health Issues Increase Jail Populations and Budget Needs of the Criminal Justice System in Manitowoc County and Across the Nation

During the 2017 Circuit Court judicial election, two candidates, Pat Koppa and Bob Dewane, commented on the increasing needs in criminal justice, at the League of Women Voters Candidates Forum (February 2, 2017). Koppa said there used to be an annual average of 400 felony cases filed, and that has risen to 800. There never used to be court cases scheduled as early as 8:30 A.M. nor after 4:30 P.M. Now cases are scheduled starting that early and after 4:30. She was concerned about the relationship between crime and poverty and the need to make sure those who are in economic hardship are represented. Koppa said 75 percent of the court cases are criminal vs. civil. Dewane said the county needs enough mental health services to help those in jail and on probation and parole.

In 2006, Surgeon General Richard Carmona urged government leaders to formulate a treatment strategy for thousands of sick and addicted inmates that would assist them after release to avoid worsening public health care burdens. While substance abuse was identified as "the most prevalent ailment" among inmates, the report found that "mental illness was up to three times higher within U.S. jails and prisons than in the general public." *USA TODAY* reported in 2014 that about 1.2 million people in state, local and federal custody reported some kind of mental health problem: 64 percent of those in county and city jails, 56 percent of state prison inmates, and 45 percent in the federal prison system have mental illnesses, according to Justice Department data. Sheriff Tom Dart of Cook County Jail in Chicago said because there are few public treatment facilities, the suspects more often end up in jail with no means to post bail or seek private treatment (*Quashed Report Warned of Prison Health Crisis*, 2016).

Inmate 501: Converging Crises in Wisconsin Adult and Juvenile Prisons is the report written by State Rep. Evan Goyke, released to the public November 29, 2017. Addressing the critical overcrowding in jails and prisons, he reported on the Earned Release Program (ERP) to treat addicted inmates and reduce prison populations. The 2018-2019 state budget increased funding for the ERP by $1.8 million. It is a treatment program for inmates with AODA needs. Eligibility determined by the sentencing judge requires that individuals must have an addiction and not be guilty of certain violent crimes. The 250 new ERP slots will save $2.8 million because successful completion of the treatment program allows inmates to be released earlier into community supervision. The $2.8 million is realized because successful completion of ERP reduces an inmate's sentence, on average, by 384 days. There are 5,900 on the waiting list for the new ERP slots that are located in Ellsworth, Chippewa Valley, and Racine Correctional Institution facilities. The program increases public safety by treating addiction and thereby reducing recidivism.

Recent prison population growth is set to exceed all available options in the state. Goyke reported that Inmate #501 will be the first Wisconsin inmate sent out of state because of overcrowding in nearly 20 years. In the introduction to the report, he wrote, "We face challenging decisions. Do we send people out of state? Do we build a new prison? Do we reform? This publication makes the case for reform. We can and should reform our criminal justice and correctional systems. We can reduce incarceration and reduce crime. Here's how and why."

Rep. Goyke originated the plan to close the troubled Lincoln Hill and Copper Lake juvenile prisons and open five smaller, regional juvenile institutions. The plan was signed by Gov.

Walker on March 30, 2018. It allows those existing compounds to be repurposed as badly needed adult treatment centers. Treating addicted inmates is an evidence-based policy that reduces overcrowding and recidivism (Goyke, 2017).

Pathways to a Better Life - Alcohol and Drug Treatment and Recovery Services

Pathways to a Better Life in Kiel is a privately-owned residential treatment facility licensed by the State of Wisconsin for individuals and families affected by chemical dependency issues. They specialize in opiate addiction and alcoholism, and dual diagnosis counseling is provided. Founder Sue Beattie opened the residential center in 2015, with 14 beds for adult women and men. Residents stay 30-90 days and can stay longer as needed. She reported at the League forum on Dual Diagnosis, March 10, 2016, that the program has a 60 percent recovery rate.

> *"People are seeking services, but there's no funding to help…One of the things I would really like to see is that BadgerCare is opened to cover these types of settings. We have BadgerCare to cover outpatient services and hospitalization, but…three months here costs less than a week in the hospital."*
> *- Deb Wentz, Clinical Supervisor, Pathways to a Better Life*

Currently, Pathways accommodates private payers, those with insurance, and county contracts for residential programs. Pathways contracts with Brown, Outagamie, Ozaukee, and Winnebago Counties, as well as Ho-Chunk, Lac Du Flambeau, Oneida, and Potawatomie Tribal Nations. Pathways is in-network with Network Health Insurance Company, Anthem Blue Cross Blue Shield, and Prairie States, and awaiting approval to be in-network with Arise and United Medical Resources (UMR). The center continues to expand its list of vendors as requests are made. Medicaid is accepted for the Adult Day Treatment Intensive Outpatient Program (IOP).

Pathways turns away approximately 60 percent of individuals due to lack of ability to pay. As of August 2018, 34 of the last 54 individuals not admitted into treatment programs were turned away because of lack of funding. Beattie affirms the need for sober living houses for those at the bottom income levels, and hopes that Medicaid expansion will allow addicts in financial hardship to be admitted to all their programs.

When Sen. Devin LeMahieu and Rep. Tyler Vorpagel toured the center in November 2015, Deb Wentz, clinical supervisor, told them "People are seeking services, but there's no funding to help…One of the things I would really like to see is that BadgerCare is opened to cover these types of settings. We have BadgerCare to cover outpatient services and hospitalization, but this service costs less than hospitalization. Three months here costs less than a week in the hospital. That doesn't make sense to me that something that's cheaper and longer term isn't covered" (*Area Lawmakers Discuss Drug Problem*, 2015).

Pathways to a Better Life opened a new Sub-acute Residential Detoxification Center in Waldo, in 2017. Twelve people at a time can be accommodated at the facility, primarily focusing on heroin detox, although alcoholics and users of other drugs also can be treated. Residents stay three to seven days during the detoxification process. According to their policy, Methadone and Suboxone are not used because patients can become addicted to those Medically-Assisted Therapies. Referrals can come from county Human Services Departments, hospitals, law enforcement, and loved ones. A counselor arranges for after-care, and patients can go to

Pathways or other residential treatment facilities. Staff members are trained as recovery coaches, and graduates of Pathways treatment program are invited to apply for employment as peer specialists.

Pathways has Sober Living transitional houses in Kiel as well as in Plymouth, and soon in Manitowoc, Beattie reported in August 2018. Residents can stay two months to two years and pay by the week or month. For those Sober Living residents who have not had the opportunity of participating in the Residential Treatment program, the Adult Day Treatment Intensive Outpatient Program (IOP) is available and may be covered by Medicaid. Transportation is arranged between the Sober Living houses and the IOP location.

Pathways trains and mentors recovery coaches who provide guidance to individuals dealing with stressful life situations. Recovery coaches assist people in setting goals and connecting with community resources. They receive 30 hours of training to support those in long-term recovery. In the jail, Pathways counselors hold weekly treatment groups, and recovery coach coordinators assist inmates to make positive release plans. Upon release, an inmate is picked up at the jail, shares a meal with the recovery coach, is given his own AA or NA book and is accompanied to a recovery meeting. Recovery coach mentoring continues for 12 - 18 months to support individuals in developing a healthy long-term recovery lifestyle (S. Beattie, August 15, 2018).

Beattie reported on recent exciting updates in federal funding of Medicaid coverage for residential treatment centers. Until recently, Medicaid funds for inpatient or residential treatment of Substance Use Disorder (SUD) were restricted by a federal law prohibition against federal participation for individuals aged 21 to 64 in an institution for mental diseases (IMD). The Medicaid program is funded through shared state and federal funding. In July 2015, the Centers for Medicare and Medicaid Services (CMS) issued a State Medicaid Director Letter (SMD #15-003) to offer states the opportunity to develop demonstration projects of design systems that tie physical health and mental health services, expand access to SUD treatment, and use quality metrics to measure success of the demonstration. CMS approved demonstration for some states, including California, Massachusetts, Maryland, Virginia, and West Virginia.

When President Trump declared the opioid crisis a national public health emergency in October 2017, CMS issued a new demonstration project for states to replace the 2015 SMD with SMD #17-003. States were invited to work on demonstration projects to improve access to Medicaid beneficiaries to combat the opioid crisis. Federal matching funds may be available for SUD treatment in residential treatment facilities through waiver of the IMD exclusion. CMS approved demonstration projects for New Jersey and Utah, and other states working on applications include Arizona, Minnesota, and Pennsylvania.

On November 1, 2017, the President's Commission on Combating Drug Addiction and Opioid Crisis recommended that the U.S. Department of Health and Human Services grant each of the 50 states a waiver to the IMD restriction. The executive action was unfunded, however, and no legislation was enacted to support it.

However, Congress has proposals to eliminate the IMD exclusion through the "Road to Recovery Act" and the "Medicaid Coverage for Addiction Recovery Expansion Act." Both acts would amend the IMD exclusion and allow Medicaid coverage in residential treatment facilities with up to 40 beds for up to 60 days, and other medical services would be covered in the facility.

The bills are expected to remain a legislative priority of the Bi-Partisan Heroin Task Force despite the estimated cost of between 40 and 60 billion dollars.

The K & L Gates' Public Policy and Law practice which advocates for stakeholders responding to the opioid crisis stated that "Congress now understands that they need to address the IMD exclusion because of the barrier to treatment and for residential treatment providers hoping to provide appropriate services for the Medicaid recipients falling in the prohibited age range" (Granfors, Lawless, & Perry, 2018).

In August 2018, The Road to Recovery Act (H.R. 2938) was in the first stage of legislation. It was introduced in the House of Representatives on June 20, 2017 and remains in the House Energy and Commerce Committee. The Medicaid Coverage for Addiction Recovery Expansion Act (S. 1169) was introduced in the Senate May 17, 2017. The latest action was that it was read twice and referred to the Committee on Finance.

Painting Pathways Clubhouse

Painting Pathways Clubhouse in Manitowoc opened in 2008 with the mission to empower adults with diagnosed mental illness through building community, supporting recovery and changing lives. As part of Clubhouse International, which governs 320 Clubhouses worldwide (five in Wisconsin), the Clubhouse provides the opportunity for members to grow in social skills, relationships, personal goal development, employment, education, and ability to access needed services. Jennifer Schmoldt, Executive Director, reported in February 2017, that about 29 members attend daily. Most individuals are in financial hardship, with approximately 85 percent below poverty level even though many are employed. Sixty percent of members have a dual diagnosis of mental illness and addiction.

Painting Pathways networks with Lakeshore CAP, Human Services Department, Manitowoc Public School District, Hope House, The Haven and other agencies to reach out to the mentally ill in the community, including high school students turning 18. Schmoldt said the gap in services is particularly critical for those aged 18-25, and she would like to get students involved before they age out of the school system. The Clubhouse wants to increase services and opportunities for members. People on parole or with prior felonies are welcome at the Clubhouse. Several participants from the Manitowoc Drug Court are volunteers completing community service hours. Schmoldt values the work of the Drug Court and would like to see a mental health court develop in the future. She said, *"The mental health/addiction connection is clearly evident,"* emphasizing the interconnectedness of mental illness and self-medication with drugs to treat extreme mood symptoms. She explained that substance use and mental illness often lead to poverty and incarceration. Alleviation of poverty concerns for people who struggle with both mental illness and substance use disorder is important, and housing support especially is crucial. Schmoldt said, "I believe that until an individual has secured some type of stable housing, it is extremely difficult to focus on recovery, whether it be mental health or addiction recovery."

Painting Pathways has a peer-led dual recovery support group for members. Schmoldt reported it is not a formal Twelve Step group, but the principles of the program are discussed. When peer leaders experience personal mental health setbacks or relapse, the group tends to go on hiatus until another member can assume the responsibility or the former leader feels stronger. The difficulty in consistency for the recovery support group comes back to the cycle of addiction and

mental health, she said (J. Schmoldt, personal communication, February 6, 2017; August 4, 27, 2018).

> *"I believe that until an individual has secured some type of stable housing, it is extremely difficult to focus on recovery, whether it be mental health or addiction recovery."*
> *—Jennifer Schmoldt*

The evidence-based drug treatment court movement in Wisconsin has led to creation of mental health courts and veterans' courts to provide appropriate interventions when these special populations are involved with the criminal justice system. In 2018, the League of Women Voters Mental Health Subcommittee undertook the project of researching the feasibility of a mental health court in Manitowoc County. The committee previously had researched and published the comprehensive and impactful *League of Women Voters of Manitowoc County Mental Health Study Report – March 2013: A Study of Manitowoc County Mental Health Services with a Focus on Strengths and Gaps*.

Susan Lind, LWV Mental Health Subcommittee member and Painting Pathways Board Treasurer, reported that funding for the Clubhouse comes from local community support, private foundations, and fundraising. Each Clubhouse has to find its own funding sources, she said. Clubhouses in other counties in Wisconsin bill the local Comprehensive Community Services Unit (CCS) for services that members eligible for CCS services receive. Painting Pathways in Manitowoc has submitted a proposal to CCS to bill for the services they provide to CCS-eligible members. Executive Director Schmoldt reported that a contract is not in place yet with CCS, and they do not have the required staffing to bill for services though that is a future goal. Lind reported that funding support from the county has been pursued but that no movement on the part of the county has been made (S. Lind, personal communication, August 21, 2018).

Salvation Army

Nationally Salvation Army provides extensive service to adults struggling with addiction and poverty. In Manitowoc County, the local prison after-care project Celebrate Freedom provides weekly group meetings and mentoring to support the transition of former detainees back into the community. Nearly all participants have diagnosed mental health problems as well as substance abuse issues. Some individuals receive additional jail time for breaking parole stipulations (such as alcohol or drug use or fighting) but then do return to the support group upon release. Some are in long-term recovery from alcohol addiction. The local program began about 15 years ago.

The Twelve Step Biblical-based Celebrate Recovery support program for individuals with addictions was discontinued in 2018. The weekly program provided dinner, worship, teaching, a group meeting, and fellowship. All individuals struggling with gambling, divorce, anger, depression, alcohol, drugs, sexual addiction and related challenges were welcome.

Another program of the local Salvation Army is the Red Shield Free Medical Clinic, open one evening during the week. A volunteer doctor and nurse team see patients for general medical needs, but medical support of detox or AODA counseling is available at the *Adult Rehab Centers (ARC).* Salvation Army has several ARC facilities around the country, and local individuals are referred to the centers in Milwaukee, Grand Rapids, and the Chicago area. Those with dual-

diagnosis are referred to Painting Pathways. Persons who wish to enter a residential rehabilitation treatment program are given a bus ticket to the ARC treatment center chosen.

Addicts must have 72 hours of detox to be approved for admission. Services are free and include individual and group counseling, chemical dependency education, AA, NA, anger management, GED assistance, basic computer literacy training, shelter, clothing, and three meals daily—all as part of the one-year program. However, residents must be employed to earn money for personal needs. Thrift stores are connected to all ARC facilities, and residents are employed there. Former leader Lt. Terri Olson emphasized they must work themselves up an achievement ladder to increasingly responsible positions. She said it is a big decision to go away for a year, and over the past five years only four to five people from Manitowoc County have gone to ARC. "They have to hit bottom to realize the need to get away from family and friends and their environment," she explained. Upon completion of the program, they are supported in finding suitable employment and housing. Those on psychiatric medication are referred for recovery support to the Salvation Army treatment center in Detroit (L. Strickland, personal communication, August 10, 2017, and August 27, 2018).

Lisa Antonissen, Business Administrator of the Manitowoc office, said more poverty cases that require AODA services were seen in 2016 than in the past—more phone calls and walk-in requests were received at their office. People come asking for help after 72 hours of detox, but often they are not ready to take the step to go to ARC in Milwaukee. They also are serving more new clients in the food pantry, she reported (S. Antonissen, personal communication, October 17, 2016). Lisa Strickland, Program and Outreach Director, reported at the annual Human Resource Council Resource Fair in September 2018 that over 400 individuals have been coming to the pantry every month.

Two Salvation Army Celebrate Recovery volunteers, Cyndie Rhodes and Bonnie Ullman, are starting a residential recovery center in Manitowoc for young women ages 18-30. *Freedom's Gate* is a nonprofit Christian residential home for women desiring to break free from drug abuse and who have no financial resources or support. The program primarily will focus on accommodating women released from jail. However, those individuals prescribed and using Suboxone or Methadone as Medically-Assisted Therapy will not be accepted. The project is modeled on Mercy Multiplied sober living houses, an international program. All services will be free, and fundraising began in 2016. The program initially will accommodate five residents as soon as private funding for completion of the facility is obtained (C. Rhodes, personal communication, October 20, 2016).

The Haven of Manitowoc County

The Haven provides shelter for homeless men for up to 90 days and offers a program to help them regain their independence. A zero-tolerance policy is maintained toward use of addictive substances, but Michael Etheridge, Director, explains that cases of relapse are considered on an individual basis. If a resident's record indicates that abstinence may be regained and maintained, the person may be given another chance for successful recovery and allowed to remain in the shelter. Addicts, however, who are prescribed Suboxone or Methadone to maintain sobriety are not allowed. Etheridge's solution to the homeless crisis in the County would be *"more drug and treatment centers"* (League of Women Voters Forum: Panel Discussion on Housing, City Hall, January 19, 2017).

Aurora Behavioral Health Center

Aurora Behavioral Health Center in Two Rivers provides psychiatry and psychotherapy services for adults and youth. Treatment providers include a psychiatrist, two therapists, and a nurse practitioner able to prescribe medication. However, services for substance abuse are not available because the clinic is not AODA certified. If therapists do have AODA certification, they are not able to see clients because the clinic does not have that certification yet. Patients with addictions are referred to local treatment programs at the Human Services Department or Holy Family Behavioral Health where Medical Assistance recipients are accepted. Because these services are not available in Manitowoc County, individuals willing to seek help outside the county are sent to Aurora Behavioral Health Center in Sheboygan where detox and intensive out-patient treatment services are available. Medicaid recipients are accepted, but those without any insurance are referred to county health and human services departments. Aurora's Family Services Program aids behavioral health patients by removing barriers to access and decreasing no-shows.

Dr. Judith Arnold, staff psychiatrist at Aurora in Manitowoc, said future plans are to look at a detox and therapy tele-communication component to provide AODA treatment here. She said trauma is a huge problem, a significant contributor to mental illness. She emphasized the need for good day care/child care, commenting that children from struggling, traumatized families are often *"better out of the home"* (J. Arnold, personal communication, January 6, 2017, at monthly NAMI meeting).

Holy Family Memorial Behavioral Health Center

The Behavioral Health Center provides individual, family, and group therapy for those with alcohol and drug problems. Groups meet twice a week for 2.5 hours for approximately seven weeks depending upon the person's need. This is followed by a group that meets for 1.5 hours each week for 12 weeks. Upon completion of the entire AODA program, the participant may remain in the group for an additional eight weeks at no cost. Recipients of Medical Assistance who would be placed on a waiting list are referred to Lakeshore Community Health Care (LCHC). There is no waiting list for AODA patients receiving Medicaid. Dr. Mandelbaum, HFM psychiatrist, sees patients at the community clinic weekly through a contract with the hospital. He is the only doctor in the county who has taken the certification training to be able to prescribe Suboxone as part of Medically-Assisted Therapy (MAT).

Brian Boomgarden, Behavioral Health Clinic Manager, reported the staff of the clinic in 2017 included one board-certified child and adolescent psychiatrist and one adult board-certified psychiatrist, in addition to a board-certified psychiatric nurse practitioner who is licensed to prescribe medications. They have two psychologists and five clinical therapists, also.

Two clinical therapists newly added in 2017 gave a talk to the public in August on *Drug and Alcohol Addictions: How Family and Friends Can Help.* They cited data that 40 percent of adults in Manitowoc County self-reported binge drinking in the past month, as opposed to 22 percent statewide. In 2015, 59 percent of local driving deaths were alcohol-related vs. 38 percent for the state. The speakers highlighted the risk factors for addiction: limited parental supervision, lack of social skills, modeling of substance abuse, availability of substances, neglect, abuse, and trauma. These conditions confront many stressed low income families.

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Phoenix Behavioral Health provides both AODA assessments and counseling for medical assistance recipients. Dynamic Family Solutions requires a cash payment at the time of an AODA assessment ($225, spring 2017), but group and individual counseling services are available for those with Medical Assistance. Bellin Behavioral Health in Manitowoc had provided services for Medical Assistance patients, but the clinic closed in 2018. Other private mental health providers in the county may offer assessments and counseling, and the 2-1-1 call center can offer current information for those services.

National Alliance on Mental Illness (NAMI)

This organization provides education support, combats stigma, supports increased funding for research, and advocates for adequate health insurance, housing, rehabilitation, and jobs for people with mental illness. Local NAMI initiatives include monthly meetings for members and their families (held at Lakeshore United Methodist Church), with authoritative speakers providing information on services available in the county and helpful ideas for dealing with depression, anxiety, mood disorders, and other diagnosed conditions. Kathy Protsman, local NAMI leader, said there are 40 members currently (February 2017), many of whom experience financial hardship. Individuals with substance abuse issues along with mental illness (dual diagnosis) are referred to Painting Pathways for AODA support. She reported some members might sometimes drink too much, but no one presently was struggling with chronic abuse.

NAMI offers Crisis Intervention Training (CIT) to police departments. Protsman reported that CIT training is available to Manitowoc County law enforcement staff for free, and she is hoping to bring the NAMI program here, so our officers can be trained locally. The only expense to law enforcement is release time for the participants and the cost of gas for commuting to the sessions, usually held in Appleton. In 2017, four officers from the County Sheriff's Department went through the five-day CIT training given in Appleton. Protsman said the free program is open to Manitowoc city police as well.

Green Bay patrol officers started CIT training in 2005, and 37 had gone through the program by 2016. Officers there want to decriminalize behaviors caused by mental illness and not have those individuals sitting in jail ("Police Seek End to Cycle of Jailing Mentally Ill," 2016). In Appleton, now retired Sgt. John Wallschaeger brought CIT to the police department in 2004 and became the staff mental health officer. Lt. Mike Frisch, coordinator of the Department's CIT program, in 2015 reported that almost half of Appleton police officers had been trained, but the goal is to have all be trained eventually ("Appleton PD Crisis Intervention Team Sees Changes," 2015). As of May 2017, 49 officers had gone through the NAMI training program, according to the Appleton Police Department.

In 2017, in response to the large numbers of overdose deaths and drug-related crimes in the Fox Valley area, the Appleton City Council, with the support of the mayor and chief of police, funded the position of a Behavioral Health Officer (BHO) in the Appleton Police Department. Sgt. Ignacio Enriquez Jr. currently serves as the BHO, and his role includes assisting individuals to connect to AODA and mental health services in the community. In addition, he is responsible

for participating in diversionary courts (drug court, mental health court, veteran's court, etc.). Enriquez also is actively involved in community presentations about Crisis Intervention, de-escalation techniques and Mental Health Wellness (Appleton Police Department, 2018). He spoke in Manitowoc on August 2018 at "Our Community in Crisis" lecture series on the status of our local addiction epidemic. The talk was sponsored by Manitowoc County Human Services Dept., Healthiest Manitowoc County, and other organizations (Appleton Police Department, 2018).

> *"When it comes to people with drug addictions, being in law enforcement can be tough. We as police need to not only enforce the rules and hold people accountable, but we also need to help knock down barriers for people who need help."*
> *—Appleton Police Chief Todd Thomas*

In 2017, the Appleton Police Department along with community partners created the Law Enforcement Addiction Assistance Program (L.E.A.A.P.). Police Chief Todd Thomas said "When it comes to people with drug addictions, being in law enforcement can be tough. We as police need to not only enforce the rules and hold people accountable, but we also need to help knock down barriers for people who need help." He said one of the biggest barriers is timely access to quality care. "We need to provide an immediate response to help those deal with painful withdrawals and give them quicker access to treatment and provide them and their families with guides to navigate the process," he reported. Voluntary participants in L.E.A.A.P. can hand over any drugs and paraphernalia in the beginning, and then get help determining treatment options. The Appleton program partners with local healthcare providers to provide detox and Medical-Assisted Treatment to those who request those services (*Appleton Police Roll Out L.E.A.A.P. to Help with Addiction*, 2017).

> *"Law enforcement training on interacting with mentally ill kids and adults and providing trauma informed interventions when possible is an immediate service need." —Nancy Randolph*

CIT is one of the recommendations of the Kids in Crisis series, and Nancy Randolph, Deputy Director of the Human Services Department, said "Law enforcement training on interacting with mentally ill kids and adults and providing trauma informed interventions when possible is an immediate service need" of our county. Regarding Sheboygan County's law enforcement initiatives, Sheboygan Sheriff Todd Priebe reported, in 2016, that his department was training recovery coaches to support inmates upon release and providing Vivitrol to prevent relapses. He said the jail nurse was taking Smart Recovery training to assist with detainees who were addicts. Priebe said he had related in a public talk on addiction about his own difficulty giving up prescribed painkiller Tramadol as an example of how addictive opioids can be (Healthiest Sheboygan County Mental Health & Substance Abuse Community Health Committee meeting, September 9, 2016).

Prevent Suicide Wisconsin – Manitowoc County (PSM)

Prevent Suicide Wisconsin – Manitowoc County is the local organization that offers community education, prevention strategies for supporting individuals showing signs of suicidal thinking,

and support groups for survivors. The group was organized in 2011 with the goal of attaining zero suicides in the county. The support group Survivors of Suicide (SOS) holds two monthly meetings for family and friends who have lost a loved one to suicide. Meetings are held on the second Wednesday at Aurora Medical Center and the third Tuesday at Manitowoc Health and Rehabilitation Center (chapel area). Donna Firman, PSM board member, reported that a third support group is being developed for individuals who have attempted suicide (D. Firman, announcement at 'Close to Home' community forum sponsored by Manitowoc Public Library, October 8, 2018).

Suicide impacts all age groups and economic levels. However, the opioid epidemic, the significant amount of alcohol abuse, and the stress of not earning enough to afford basic needs contribute to the high rate of suicides and premature deaths in Manitowoc County. For example, the growing suicide rate among U.S. farmers struggling to keep their livelihood shows the effect of economic pressures. When root causes of the high incidence of premature deaths in Manitowoc County are analyzed, it would be important to include the factors of poverty and substance abuse. Furthermore, a deeper examination of the individual and societal causes of poverty and addiction would lead to solutions that target those core problems.

Recovery Groups and Programs

Alcoholics Anonymous (AA)

More than 35 AA meetings are held every week in Manitowoc County.

More than 35 Alcoholics Anonymous group meetings are held every week in Manitowoc County. "The only requirement for membership in AA is a desire to stop drinking" states *ALCOHOLICS ANONYMOUS— "The Big Book"* basic text of AA. The first AA group was co-founded in 1935 by Bill W., New York stockbroker, and Dr. Bob, M.D. in Akron, Ohio. There were 100 members in early 1939, and by the end of that year there were 800. In 2016, group leaders reported that AA had 1,348,072 members nation-wide, with 35,710 of those members in correctional facilities. The *Big Book* first printed in 1939 states "We, of Alcoholics Anonymous, are more than one hundred men and women who have recovered from a seemingly hopeless state of mind and body. To show other alcoholics precisely how we have recovered is the main purpose of this book." Local meetings are listed at www.area75.org.

Narcotics Anonymous (NA), Gamblers Anonymous, and Overeaters Anonymous (OA)

There are seven Narcotics Anonymous recovery support groups that meet weekly in the county (Spring 2017). Meetings are listed at www.na.org. A Gamblers Anonymous meeting is available for those who gamble compulsively. See www.gamblersanonymous.org for local meetings. In 2017, the helpline at the Wisconsin Council on Problem Gambling received 12,674 calls. The callers' reports showed that "on average, they are $34,078 in debt by the time they seek assistance." Compulsive gambling disrupts lives because it can lead individuals to seek payday loans, steal from employers, write bad checks, max-out credit cards, drain savings, bank accounts, borrow from relatives and friends, and on rare occasions rob banks (*Average Debt of Problem Gamblers in Wisconsin*, 2018).

Two Overeaters Anonymous (OA) groups (https://oa.org/) are held weekly, as well. The OA website states "No matter what your problem with food—compulsive overeating, under-eating, food addiction, anorexia, bulimia, binge eating, or over-exercising—we have a solution." *The behavioral addictions of gambling and overeating show the same brain changes that psychoactive drugs cause, with the same behavior patterns of tolerance, dependence, aversion to the physical pain of withdrawal, and cravings.* Online and telephone meetings are available for all Twelve Step programs for people who do not wish to or cannot attend groups in person.

Wellbriety

A Wellbriety recovery group started in Manitowoc in 2014. The Wellbriety Movement which began in 1994 combines the Twelve Step program and Native American spirituality to empower all people in recovery. The mission developed by the founding elders is to "disseminate culturally based principles, values, and teaching to support healthy community development and servant leadership, and to support healing from alcohol, substance abuse, co-occurring disorders and intergenerational trauma." Wellbriety treatment centers have been established in other areas of the country. The local recovery support group meets weekly at the Lakeshore United Methodist Church (Wellbriety Movement, 2018).

Women in Recovery

Women in Recovery Step Study Group started in 2003 by a local woman in a Twelve Step Program. The peer-support group setting provides a safe place for women in treatment and recovery outside of a mixed meeting. Al-Anon members are welcome, and the group is not affiliated with AA. Meetings are held weekly at First Presbyterian Church, and childcare is available. The participants use the *Women's Way Twelve Step Book.*

Adult Children of Alcoholics (ACA)

A new Adult Children of Alcoholics (ACA) group began in Manitowoc in 2016. The term "adult child" is used to describe adults who grew up in alcoholic or dysfunctional homes. The ACA program was founded on the belief that family dysfunction is a disease that infects people when they are children and continues to affect them as adults. Membership also includes adults from homes where alcohol or drugs were not present, but where abuse, neglect, or unhealthy behavior was experienced regularly. Meetings are held Wednesday evenings at The Haven. Other regional meetings are listed at www.adultchildren.org.

Al-Anon

> *Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope to solve their common problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery.*

Al-Anon was co-founded by the wives of AA founders Bill W. and Dr. Bob in 1951. Lois W. and Anne B. found they had been affected negatively by their husbands' alcoholism and knew they needed help to recover, too. It has grown to be an international organization of peer-support groups. According to the Preamble, "Al-Anon Family Groups are a fellowship of relatives and friends of alcoholics who share their experience, strength, and hope to solve their common

problems. We believe alcoholism is a family illness and that changed attitudes can aid recovery…Al-Anon has but one purpose: to help families of alcoholics. We do this by practicing the Twelve Steps, by welcoming and giving comfort to families of alcoholics, and by giving understanding and encouragement to the alcoholic."

The 2015 survey of the worldwide groups showed 40 percent had joined because a person with a drug problem was negatively affecting their lives. Abuses noted were emotional (95 percent), verbal (94 percent), and sexual (21 percent). Forty-eight percent also reported fearing for their physical safety in the presence of the problem user. There are four Al-Anon groups in Manitowoc County.

Alateen is a part of the Al-Anon fellowship designated for the younger relatives and friends of alcoholics, through the teen years, ages 13-18. An Alateen group can be started by an Al-Anon member who has taken special AMIAS (Al-Anon Member in Alateen Service) training and cleared a background check. Though Manitowoc County does not have an Alateen group, chat meetings and online meetings are available at www.area61afg.org. There is a group in Sheboygan County.

Nar-Anon

A weekly Nar-Anon peer-support group was started in Manitowoc in January 2018. Meetings are held at Connections Church on Rapids Road. Like Al-Anon, it is a worldwide organization of those affected by someone else's drug addiction. The program of recovery is adapted from NA and uses the Twelve Step model. It is a non-professional group whose members share their experience, strength, and hope to solve their common problems (www.nar-anon.org).

New Developments in the Recovery Movement

Wisconsin Voices for Recovery (WIFVR) and Wisconsin Recovery Community Organization (WIRCO)

In 2017, Wisconsin was awarded a one-year federal grant of $12 million under the State Targeted Response to the Opioid Crisis Grant (STR). As part of that funding, the WI Department of Health Services awarded a $1.4 million grant to Wisconsin Voices for Recovery (WIFVR) to implement the Hospital-based Recovery Coach Program. Voices for Recovery is a statewide program housed at University of Wisconsin-Madison Division of Continuing Studies that oversees the state's network of peer and Recovery Community Organizations (RCOs). RCOs emphasize open advocacy of recovery in contrast to the Twelve Step tradition of anonymity. Following recommendations from the Governor's Task Force on Opioid Abuse, WIVFR has created a "recovery coaching" model around the state. "The goal is to expand access to treatment and recovery support services, cut back on emergency department recidivism, and reduce opioid-related overdose deaths," said Caroline Miller, Director of WIVFR (*Wisconsin Voices for Recovery Receives $1.4 Million Grant to Combat Opioid Abuse*, 2017).

WIVFR awarded a $75,000 grant from the federal grant of $12 million to Wisconsin Recovery Community Organization (WIRCO), its affiliate Recovery Community Organization (RCO) based in Sheboygan, to develop the Hospital-based Recovery Coach Program, called ED2Recovery. WIRCO extended ED2Recovery into Manitowoc County in December 2017. WIRCO hired and trained recovery coaches and certified peer support specialists who are professionals with lived experience in recovery. Local participating hospitals are Aurora Medical

Center in Two Rivers and Holy Family Memorial. Once a patient is admitted to an emergency room, recovery coaches meet with them and their families to discuss peer support groups, treatment options, and additional education to reduce future readmissions. "The program capitalizes on the power of the peer-to-peer mentoring and brings the peer recovery movement into the Lakeshore community," said Shelby Kuhn, manager of Behavioral Health at Aurora Sheboygan. ED2Recovery is an evidence-based program, and pilot programs are showing engagement rates (engaged in recovery supports) as high as 83 percent after the first year of operation (*Manitowoc Opioid Epidemic: Aurora ER Offers Recovery Coaches*, 2018).

Local recovery coach trainer Christma Rusch reported the ED2Recovery grant has been extended to provide coaching support for anyone who has an opioid addiction, whether self-reported or recorded by hospital staff. Those individuals with co-occurring addictions may participate in the service, and they do not have to be experiencing an overdose (C. Rusch, personal communication, September 4, 2018).

The documentary film *"Anonymous People"* has been shown at public information events in Manitowoc several times. The film and its accompanying book *MANY FACES, ONE VOICE: SECRETS FROM THE ANONYMOUS PEOPLE* chronicles the history and work of The New Recovery Advocacy Movement. WIRCO seeks to connect recovery resources through the area and statewide, and its goals are to:

- insure access to recovery resources
- mobilize the recovery community and its allies to advocate for removing barriers and opening new pathways to recovery
- offer peer-to-peer services
- ensure that all people seeking or in recovery be treated with dignity and respect
- eliminate stigma by emphasizing recovery success and putting a 'face and voice' to recovery

Future program goals of WIRCO—Sheboygan are to expand the services of a community-based recovery coach program to people referred by police departments, jails, schools, medical clinics, treatment centers, sober living homes, social workers, and personal referrals. The goal is to establish a recovery community drop-in center that will be open daily to support those in recovery. The center would be staffed by recovery coaches who would assist with individual recovery plans, make referrals to treatment services, housing and social services, and employability and life skills training. Community meetings that support multiple pathways to recovery would be offered at the center (www.wirco-sheboygan.org).

Prevention and treatment programs have become institutionalized in the state, and Wisconsin Voices for Recovery and its affiliates are working to have recovery programs established statewide as part of the continuum of addiction services. David (Mac) Macmaster, Vice President of WIRCO, Coordinator of the National Tobacco Integration Advocacy Council, and member of the State Council of Alcohol & Substance Abuse (SCAODA) presented an overview summary of the fundamental importance of recovery services in a community endeavoring to surmount the challenges of widespread addiction:

…It helps to understand Wisconsin addiction services as a continuum. For years that continuum had prevention and treatment as two separate but connected components. This arrangement existed for funding and mission parameters. But addiction is a chronic condition needing services that support lifelong recovery to prevent relapse and respond to the challenges of sustaining abstinent and/or harm reduction recovery. Abstinent recovery is preferred given the nature of addiction pathology.

About 20 years ago the federal government realized the model of prevention/treatment needed to be improved to produce long term recovery and developed the concept of 'recovery oriented systems of care' that would provide the assistance and support services required to improve outcomes. Wisconsin and other states agreed to expand their addiction continuum by adding the separate but connected addiction continuum of 'recovery.' They named this new continuum …the Bureau of Prevention, Treatment and Recovery [within the Division of Care and Treatment, under the auspices of the Department of Health Services].

The recovery component is emerging as a separate but equal component of Wisconsin addiction services continuum. Some of the issues in 'recovery' are recovery coaches or Certified Peer Specialists, sober living housing, drug courts and other support programs that address the chronic nature of addiction. These are not 'quick fix' treatments that are effective when they get recovery started but do not assure the desired long term recovery.

This approach is similar to medical treatment of chronic disease that takes as many interventions as necessary to 'manage' the recovery process. So 'recovery management' describes the intent of the recovery component in the addiction management continuum.…Recovery is not only an individual challenge, but one for the family and the community….Addiction recovery [is improved] by providing the housing, employment, human services, criminal justice solutions, professional and volunteer services and other support that make addiction recovery with all its related problems more achievable.

(D. Macmaster, personal communication, April 7, 2017)

In 2011, the federal Substance Abuse Mental Health Services Administration (SAMHSA), announced a new working definition of recovery from mental disorders and substance use disorders. SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Its mission is to reduce the impact of substance abuse and mental illness on America's communities. The working definition was rewritten to "enable policy makers, providers, and others to better design, deliver, and measure integrated and holistic services to those in need." Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." Four major dimensions are delineated in the definition that supports a life in recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally health way

- Home: a stable and safe place to live

- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

- Community: relationships and social networks that provide support, friendship, love, and hope

(*SAMHSA Announces a Working Definition of 'Recovery'*, 2011).

Successful counties that are overcoming the challenges of addiction support a continuum of prevention, treatment, and recovery programs. Individuals with substance use disorders and mental illness who receive comprehensive assistance for their long-term recovery needs can become assets in their communities. Many people in our county are recovering successfully. They are living examples that recovery works. Creating a recovery community here would increase the quality of life for everyone, especially for low-income individuals whose recovery challenges are even greater.

Lighthouse Recovery Community Center

The Lighthouse Recovery Community Center at 721 Park Street in Manitowoc is a local independent initiative established in 2018. The non-profit organization is based on the model of the *Toolkit for Building a Recovery-Oriented Community* developed by the national Faces & Voices of Recovery organization. Christma Rusch, Lighthouse Director and organizer, reported that trained recovery coaches with lived experience of addiction provide support to participants at the center. Participants receive individualized recovery support services for 12 to 18 months. Relapses can be minimized in those months after initial sobriety through peer to peer support in a safe and social atmosphere. Stigma reduction education is provided by the staff at local business sites to empower workers to come forward to get the help they need to get well. Employers are guided in developing recovery-oriented work places for their employees. The center offers classes in Budget Planning, Life Skills, and Addiction Management and hosts AA and NA meetings. Other free services the center provides include Yoga, meditation, art therapy, and a Community Closet for clothing needs. Rusch said a primary goal is to help people obtain access to treatment programs and recovery services (C. Rusch, personal communications, April and October 2018).

Beginning in 2018, the U.S. Department of Transportation (DOT) added four new opioids to its drug testing program: hydrocodone, hydromorphone, oxycodone, and oxymorphone. The Quest Diagnostics Drug Testing Index data over the past five years showed that positivity for the recently added opioids was higher than the rates for codeine, morphine, and heroin. "This additional data will enable employers in the safety-sensitive sector to monitor, better identify, and provide appropriate treatment to individuals identified as misusing these drugs, as their rampant use continues to raise public safety concerns," said Kim Samano, Scientific Director at Quest (*Federal Drug Testing Expanded Opiate Panel*, 2018).

The opioid epidemic impacts construction sites, factories, warehouses, offices, and other workplaces. The results of the 2017 National Safety Council survey showed that 70 percent of employers reported that their businesses had been affected by prescription drug abuse, including absenteeism, positive drug tests, injuries, accidents and overdoses. The Bureau of Labor Statistics reported that numbers of unintentional drug or alcohol overdose deaths had risen 32

percent between 2015 and 2016. In the construction industry, on-the-job injuries are common, and many workers are prescribed pain medications to help them get back to work. Construction workers have nearly twice the addiction rate of all working adults, according to the 2012-2014 National Survey on Drug Use and Health (*Workers Overdose on the Job, and Employers Struggle to Respond*, 2018).

Local employers are important stakeholders in improving the quality of life in Manitowoc County. Their participation in initiatives that support the health of their employees, including creating recovery-oriented workplaces, can impact the high rates of both poverty and addiction in the county. Encouraging employees to seek treatment and recovery support and providing a work environment that supports those in recovery will enable workers to be more productive, less at-risk for accidents, and dependent on pain medication. Workplace support is one of the five fundamental pillars of a community's effective response to widespread substance abuse; the other pillars are Prevention, Treatment, Harm Reduction, and Law Enforcement.

Tee Box Transitional Living Facility

Tee Box is a non-profit 501(c)(3) organization that provides a Transitional Living Facility for ex-offenders. The mission is to provide a home-like setting for men and women who have been released from jail/prison and have been devastated by alcohol, drugs, or poor decisions that led them to the consequences of incarceration. Tee Box utilizes Christian-based principles in providing its support. The primary goal is to reduce recidivism by 50 percent or more, as measured by court records and surveys. Chris Gilbert, Pastor of Connections Church, is the administrator of the local facility that opened in March 2018. He reported that participants initially go through Intensive Outpatient Therapy and Moral Reconative Therapy (evidence-based cognitive-behavioral program for substance abuse treatment for offender populations) to learn positive ways of thinking and behaving upon their admission to Tee Box. Gilbert works with the County Human Services Department, the Drug Court Coordinator, Jail Administrator, and probation officers to select participants who are motivated to succeed in the program. Two separate residential units house five women and five men, and each resident is provided with two mentors.

The first Tee Box was started in Sheboygan in 2010 and accommodated men only, as did the second facility located in Plymouth. Participants can stay for 60 to 90 days, and they can remain even if they experience a temporary relapse in substance use. Residents live rent-free but must buy and prepare their own food. They are helped to obtain jobs with companies that accept people with records, and the YMCA provides free memberships. Recovery goals that they work on daily involve the six categories of wellness identified by the Human Services Department (*Six Dimensions of the Wellness Wheel).* These dimensions are physical wellness, intellectual learning, occupational goals, emotional development, healthy social connections, and spiritual understanding of the meaning and purpose of life (C. Gilbert, personal communication, June 4, 2018).

Legislation and Policies to Address Addiction and Substance Abuse

Alcohol

Alcohol is far too accessible throughout Wisconsin in terms of availability and cost. The number of alcohol outlets per person is twice the national average. The state beer tax has not gone up since 1969. Manitowoc County's death rate from alcohol is twice that from other substances combined. It is generally accepted that alcohol is our culture: "The roots of Wisconsin's unhealthy and risky drinking are sunk deep in the state's history, its ethnic heritage, and the natural inclination of its residents to want to fit in," states the report *Healthiest Wisconsin 2020 Profile: Alcohol and Other Drug Use (July 2010).*

The early patterns of heavy drinking in the state are described in the 1854 letter of successful Fox River valley businessman John Mills Smith to his parents in England. He settled in Green Bay after looking for prime farm land in neighboring states and Wisconsin. Smith influenced the extension of scientific methods of farming in the state. His letter home described the culture of binge-drinking he encountered:

> *The amount of liquor drunk in the traveling community is absolutely amazing. If you are introduced to a company of gentlemen you must take a drink, if you get into conversation, and make a keen reply of speech, you must drink if you get treed. You must drink and treat the company to let you off. It has been no easy matter for me this summer with my natural love of it, and the many invitations to drink to let it alone, though I have done so. I have often thought if there is one thing above others for which I ought to thank my parents it is for keeping it entirely away from me in the days of my childhood. Had it been otherwise I scarcely dare think of the result; but probably my body would now have been moldering in the dark and sad abode of a drunkard's grave*
>
> (Wisconsin in 1854: A Letter Home by John Mills Smith to His Parents and Sister Sarah, Green Bay Historical Bulletin, 1929).

Our state laws and local codes—and what is left out of them—support the alcohol culture. "When it comes to strengthening laws governing drinking and drunken driving, Wisconsin stands alone in the nation in its failure to create strong laws." We are the only state to treat first-offense drunk- driving arrests as a traffic ticket. We do not consider drunk driving a felony until the fifth offense (*Healthiest Wisconsin 2020 Profile*, 2010).

"When it comes to strengthening laws governing drinking and drunken driving, Wisconsin stands alone in the nation in its failure to create strong laws."

One of the objectives of the Healthiest Wisconsin 2020 study applies to people in poverty. Low income, under-served, and socially disadvantaged populations are at higher risk for unhealthy and risky alcohol and other drug use. To reduce this disparity in risk and in AODA programs available to them, the 2020 goal is to assure that they have access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services.

The evidence- or science-based actions the state and local municipalities can take to accomplish these goals of decreasing risky behaviors and increasing services are:

- Raise the price of alcohol
- Increase the alcohol excise tax
- Restrict drink specials that encourage over-consumption (e.g., all-you-can-drink)
- Restrict the places and times in which alcohol can be consumed or purchased
- Reduce alcohol outlet density
- Use alcohol age compliance checks
- Establish limits on alcohol sales or use on public property
- Restrict alcohol sales at public events
- Implement school and community-based effective prevention programs
- Establish broad-based community coalitions to assess specific issues and recommend alternatives
- Create specific school-based programs

(from SAMHSA National Registry of Evidence-Based Programs and Policies).

The *Health Disparities* report drafted by the Wisconsin Center for Health Equity in 2014 for Healthiest Wisconsin 2020 also cited the evidence-based policy of increasing the alcohol excise tax to reduce binge drinking. The report cites the influence of product marketers on the choices people make: "Product marketers know that the choices people make can be influenced by carefully adjusting perception, price, placement, promotion, policies and other factors. Health behaviors are also influenced by policy, availability of social venues, and access." These marketing factors external to people's control often influence their health choices and make it difficult for many to maintain a healthy lifestyle (*Health Disparities*, 2014).

The Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016 (p. 95) reported on the red-flag characteristics that indicate risk of substance abuse problems taking over and reducing the overall quality of life of a community:

- *Community-level factors* that raise the risk of experiencing problems with alcohol and drug use include availability, accessibility, acceptability, and affordability of substances
- *Individual factors* include childhood victimization, PTSD, and other effects of trauma and depression (Adverse Children Experiences—ACEs)
- *Shared societal risk factors* are social norms and laws favorable to substance use, racism, lack of economic support

- *Shared community risk factors* include neighborhood poverty and violence

- *Shared relationship risk factors* are partner violence, parents who use or suffer from mental illness, child abuse and/or maltreatment, and inadequate supervision

- *Shared individual risk factors* include a person's genetic predisposition to addiction or exposure to alcohol prenatally

Lower suicide rates are associated with policies that restrict alcohol availability. Such policies include taxes on alcohol, minimum drinking age laws, restrictions on density of retail liquor sales, and "zero tolerance" laws that target minors who drink and drive. Researchers reviewed the scientific literature on the effects of alcohol policies as they relate to suicide data. They concluded that "these studies demonstrate the benefits of using universal population-based approaches to suicide prevention, which can affect the behavior of large numbers of people." Laws and policies that limit alcohol do lower suicide rates because alcohol is involved in many of these deaths. They found that other social conditions also may affect suicide rates (e.g. economic recession, divorce rate, firearm legislations) in addition to alcohol policies (*Alcohol Policies and Suicide*, 2017).

Binge-drinking for women amounts to four drinks and for men five drinks in succession. Many people do not know what quantity of different alcoholic beverages is considered one drink. Twelve ounces of beer, 5 ounces of most wines, and 1.5 ounces of whiskey are the serving sizes for a single drink. Drinking responsibly means limiting consumption to no more than one drink a day for women and two for men. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides a handy wallet-size card to indicate size and calorie count for a variety of beverages. This is part of their *Domino Strategy on How to Drink Responsibly* campaign.

An example of a community policy to limit underage drinking at public events is the ID scan program conducted at the Fond du Lac County Fair each summer. Volunteers scan the IDs of every person who wants to purchase alcohol, and beer tent servers do not sell a drink to anyone who does not have an identifying bracelet. Police on duty are able to spot the wrists of anyone drinking who appears underage. Fond du Lac's county substance abuse prevention coalition had worked for several years to gain support for implementation of this policy.

Healthiest Manitowoc County Substance Abuse Prevention Coalition in 2018 mailed toolkit packets to organizers of public festivals and events on how to prevent underage drinking. The policy of the Manitowoc County Fair organizers has been to give responsibility for controlling alcohol sales to the organizations that operate the beer tents. These organizations, such as the Ant Hill Mob, Shoto Conservation Club, and Newton Sno-Sports staff the beer tents with licensed bartenders who ask to see IDs of patrons who look underage. The coalition has ID scanners to lend to organizations for festivals and events.

Another example of what states and individual counties are doing to target drunk driving is asking specifically where the driver had the last drink. Washington, Minnesota, Massachusetts, and New Jersey collect this data as part of the *Place of Last Drink* initiative. In Wisconsin, Madison and Waukesha Counties have collected this information. Brown County adopted the program in 2018 because half their fatal crashes involved drugs or alcohol in the last several years. Drunk drivers are asked where they had been drinking, and if a pattern of reports point to a

particular place, police talk with the business owner to suggest the need to train staff to recognize operational issues. Police in Green Bay, De Pere and the surrounding area as well as the Brown County Tavern League are part of the initiative (*Cops Want to Know: Where Did Drunken Drivers Get Their Last Drink?* 2018).

The *Wisconsin Alcohol Policy Project* of the University of Wisconsin Law School (Madison) in 2018 released *"Ten Ways Your Community Can Create a Positive Alcohol Environment"* in a poster form to help counties address alcohol abuse. The policy project begun in 2010 provides training, tools and technical assistance to municipalities, law enforcement, public health and community groups working to improve the alcohol environment without inconveniencing moderate adult drinkers. The ten research-based ways that can prevent and reduce alcohol misuse are:

1. Limit the number of places that sell and serve alcohol
2. Reduce local youth exposure to alcohol advertising
3. Reduce youth access to alcohol
4. Support alcohol age compliance checks to increase compliance
5. Require responsible alcohol serving practices for festivals and events
6. Advise senior and their families about dangerous alcohol-drug interactions that can increase falls
7. Compile Place of Last Drink data to detect patterns of overserving
8. Raise awareness of the consequences of underage and childhood alcohol use
9. Limit alcohol use in public parks to specific areas, parks or shelters
10. Encourage local employers to offer Screening, Brief Intervention and Referral to Treatment (SBIRT) (Wisconsin Alcohol Policy Project, 2018).

Opioids Legislation

Gov. Walker on September 22, 2016, signed an executive order creating an opioid task force. The Wisconsin Department of Health Services issued a public health advisory about the epidemic and called for solutions, e.g. improving treatment programs, expanding access to naloxone, and addressing the ways doctors prescribe opioids (*The Substance Abuse Landscape around Wisconsin's Opioid Epidemic*, 2016).

On July 17, 2017, Walker signed 11 bills to combat the escalating opioid epidemic and overdose death rate. Rep. John Nygren of Marinette was instrumental in drafting the bills. Nygren reported in an interview on National Public Radio (June 12, 2017) that a culture of addiction was created in his county in the 2000s when a physician was selling prescriptions illegally. He said the problem grew because people did not see a stigma with using pills a doctor prescribed. He

originated and introduced the *Heroin, Opiate Prevention and Education (HOPE) Agenda* in the Assembly in 2015.

Those initial bills provided for funding for initiatives to support major treatment issues:

- School employees will be protected from lawsuits if they administer Narcan or other drugs to stop overdoses
- Continued state funding for current treatment and diversion programs and an additional $822,000 for new evidence-based treatment courts and pilot programs (Act 32)
- Those who overdose will be protected from prosecution when authorities help them provided they seek treatment
- Codeine and other over-the-counter addictive pain medications will require prescriptions
- The State's voluntary and involuntary commitment programs for alcoholics also will apply to habitual drug users
- A grant of $50,000 funded a position to facilitate seeking federal grants to operate a recovery pilot charter high school (Act 30)
- $126,000 grant available to hospitals seeking to develop a new addiction medicine: specialty fellowship (Act 26)
- Two or three new opiate and methamphetamine treatment centers will be added with the $2 million funded here (Act 27)
- $2 million funded from 2017-2019 for DHS to establish an addiction medicine consultation program for physicians (Act 28)
- Dept. of Justice will get funding to four hire special agents to investigate drug trafficking
- An additional $200,000 funding added to Screening, Brief Intervention and Referral to Treatment (SBIRT) training and support in 2017-2018 (Act 31)

Special Assembly Bills are listed at https://docs.legis.wisconsin.gov/2017/related/acts/.

By April 2018, Walker had signed a total of 30 bills into law addressing the opioid epidemic. All the bills were created as a part of the HOPE Agenda with bipartisan support (Walker, 2018).

Synthetic opioids such as fentanyl and carfentil are more powerful than heroin, and these illicit drugs are being found in our region. Fentanyl is 50 times stronger than heroin, and carfentil, a large-animal tranquilizer that can kill people in minute quantities, is 100 times more potent than fentanyl. Several doses of Narcan may be required to prevent overdose deaths. Heroin addicts

often are unaware these other more dangerous opioids have been added to what they have used (*Deadly Drug Carfentanil May Be Headed to Fox Cities*, 2017).

Dr. Catherine Best of the new Aurora Behavioral Health Center in Sheboygan spoke on the opioid epidemic at their open house in May 2017. She explained that the opioid crisis began in 1996 when the FDA approved oxycontin. In 1997, pain was made a "vital sign" that doctors were required to check, and they were told that research proved opioid painkillers did not cause addiction in long-term users. She said 85 percent of misuse started with prescription opioids, and 80 percent of heroin deaths began with prescribed pain pills. *"Those addicted are people with a bad problem—not bad people,"* she said. The new clinic treats opiate addiction, alcoholism, and combined mental health and substance use disorder. Manitowoc County residents can seek services there. 24-hour clinical care for detox, Intensive Outpatient (IOP) and Outpatient (OP) programs are available. Methadone, Suboxone, and Vivitrol are used in treatment. Average treatment can take two-three years. However, MAT does not work for individuals addicted to crystal meth, Best said.

"We know that individuals on Medicaid are more likely to be prescribed opioids and that lower-income individuals are less likely to have access to effective addiction treatment…Additionally, being poor and unemployed can be extremely stressful, which also contributes to drug use."

Dr. Lindsay Allen, Assistant Professor of Health Economics and Health Policy at West Virginia School of Public Health, commenting on the high epidemic in that state, said there needs to be *"a multi-faceted approach to prevention and treatment,"* as there is no single reason for the opioid epidemic. *"We know that individuals on Medicaid are more likely to be prescribed opioids and that lower-income individuals are less likely to have access to effective addiction treatment…Additionally, being poor and unemployed can be extremely stressful, which also contributes to drug use."* However, Allen said drug use can also affect one's chances of getting hired, negatively impact job performance, and/or increase the likelihood of sustaining injuries in manual labor jobs. *"This starts the cycle all over again,"* she said *(Chart: The U.S. Opioid Crisis Is Holding Back Certain States*, 2018).

Methamphetamine Challenge

In February, 2017, Attorney General Brad Schimel reported to the State Legislature's criminal justice committees that methamphetamine use had come to rival opioid abuse as Wisconsin's most serious drug problem. Meth use grew between 250-300% from 2011 to 2015.

In February 2017, Attorney General Brad Schimel reported to the State Legislature's criminal justice committees that methamphetamine use had come to rival opioid abuse as Wisconsin's most serious drug problem. Meth use grew between 250-300 percent from 2011 to 2015. Crime labs saw a 349 percent increase in meth cases, whereas heroin cases rose by 97 percent during that period. *"While public safety officials, health care personnel, and policy makers have been courageously battling opiate addiction, it's time we begin fighting on a second front: methamphetamine use."* He said tougher sentences will not deter addicts because the drug prevents them from thinking rationally. *A person can become addicted after one use.*

Distributors frequently will offer free amounts to create customers. He emphasized that public education is the best path, and the demand needs to be addressed.

Schimel reported that he will launch a meth awareness campaign like the Dose of Reality opioid awareness program. The Department of Justice has received grants to help fund local drug task forces, reimburse sheriffs' departments for overtime, and hire another state crime lab analyst (*Attorney General, FBI Warn Meth Threat Now Rivals Opioids*, 2017).

Part VIII. What Will Our Story Be—Death by a Thousand Cuts or How a County Recovered?

This report on poverty and addiction in Manitowoc County began with information on what addiction is, how poverty is measured, and the harmful impact poverty and addiction make on the lives of children and adults. The next sections highlighted the work of many of the social agencies and organizations in the county committed to reducing the hard effects of poverty and addiction evident across the life span of our residents—from newborns to seniors. Decreased public and private funding has limited or stopped the operation of several programs. Furthermore, when grant periods end, program initiatives often cannot be sustained afterward under diminished budgets. As a result, the gap between needs and services has grown.

The effects of the drug epidemic include more early deaths, higher incarceration rates, increasing mental health and substance abuse concerns among adolescents, more children needing foster homes, and growing poverty numbers. The gaps between available, accessible services and the needs of people in the community widened in many instances as the need for providers grew and budgets could not expand to accommodate hiring additional professional staff.

In October 2014, the community-wide program "It Doesn't Start with Heroin" drew over 300 people to a filled auditorium at Silver Lake College. The presenters emphasized the need to develop intervention strategies based on the five foundational pillars that address heroin use: Treatment, Prevention, Law Enforcement, Harm Reduction, and Workplace. The Manitowoc County Heroin Task Force of 25 members met afterward to begin a *"root cause analysis"* to identify effective intervention strategies. The featured speaker was Dorothy Chaney, president of the Wisconsin Community Health Alliance and former state director of Mothers Against Drunk Driving (MADD). She stated, *"All substance abuse is local…we need to get to the root causes…What are the specific, local, actionable conditions in Manitowoc we can address…what are the most important and the most changeable?"*

*"All substance abuse is local…we need to get to the root causes…
What are the specific, local, actionable conditions in Manitowoc we can address…what are the most important and the most changeable?"*

Task force member Two Rivers Police Chief Joe Collins said the problem of opioid addiction impacts the entire county: the jail, Department of Human Services, hospitals, businesses, law enforcement, and the taxpayers who sustain the costs of the epidemic. He said a broad-based collaborative approach involving all the stakeholders was needed to prevent agencies and organizations from staying in their separate silos. That happens when those responsible for working within a service area do not communicate with other resource providers having similar responsibilities. Working in isolation causes misunderstanding and often duplication of efforts. He said the local situation was changing with the formation of coalitions, task forces, and other organizations that *"have started to work together to identify the needs associated with this issue."* Marty Schaller, Director of NEWAHEC at the time and facilitator of the task force, said to the group, "Now the work has to begin" (*Exploring Root Causes of Heroin Use*, 2014).

In 2018, four years later, the problems that confronted the heroin task force have not subsided. Senator Devin LeMahieu, in his January newsletter, reported that Manitowoc County was designated as a high-need area, based on the number of people affected by opioids and the

distance that its residents must travel for help. However, some progress has begun in several areas.

The establishment of the Drug Court was the result of the collaboration and collective impact of all the agencies that make up the Criminal Justice Coordinating Council. New sober living houses and a recovery support center have opened. School districts are partnering with private mental health providers and participating in many research-based programs for students impacted by poverty, trauma, and the effects of addiction. Businesses are partnering with social service agencies and organizations in a united vision for improving the quality of life in Manitowoc County (Vision 2022). The six formerly separate coalitions of Healthiest Manitowoc County have reorganized to focus on specific health indicators identified through data analysis and collective strategic planning. For example, as a result, the Substance Abuse Prevention Coalition and Mental Health Coalition officially will combine in 2019 when the current Drug-Free Communities grant ends. More community stakeholders from diverse sectors are meeting at the same tables to do the work of analyzing root causes, studying research-based strategies, and putting success-proven action plans into operation.

Achieve Healthy 25 and Achieve Healthy 75 collective impact groups are using a *Results-Based Accountability* (RBA) framework to move from strategies to actions that *"turn the curve."* Turning the Curve thinking is getting away and staying away from the baseline of indicated problems. In the RBA planning process, root causes are analyzed and strategies are identified that are evidence-based, low cost/no cost, and outside the box (not what had been done before). Action plans are selected that address root causes, are attainable (reachable), are specific to the root problems, and are consistent with shared values of the community (Turn the Curve Thinking, 2016).

United Way of Manitowoc County is focused in 2018 on making a big impact by bringing together the county's six school districts, community agencies, and other service providers to form the Student Social & Emotional Wellbeing Consortium. This collaboration initiative is an example of efficient partnerships forming to make smart, effective impacts that use the combined resources of all who hold a stake in the healthy social and emotional development of all students in the county.

The United Way ALICE Report released in 2016, based on 2014 data, showed 34 percent of our county's households did not earn enough to pay for basic needs. The 2018 ALICE Report, using 2016 data, showed that again the numbers of *"working poor"* are still at 34 percent—despite the nation's general recovery from the Great Recession. The report brought our focus to the high level of poverty in large areas of the county. Significantly, 44 percent of households in Two Rivers, 43 percent in Manitowoc city, and 45 percent in Valders were "w*orking poor*" families and individuals. This means that 20,094 of the total of 34,234 households in the county in 2016—58.69 percent—did not have enough to make ends meet.

United Way's ALICE Report reminds us that poverty is a major factor which must be considered when analyzing root causes of social problems, including addiction.

People are continuing to find it difficult to lift themselves out of poverty. United Way's ALICE Report reminds us that *poverty is a major factor which must be considered when analyzing root*

causes of social problems, including addiction. Both carry a societal stigma, and the stigma can marginalize families and affect their children. Bias is decreased when root causes are examined and addressed. "*Why don't they get better jobs and save their money? Why don't they just stop drinking or smoking or using drugs? Why do they waste their money and don't try to do better? What's the matter with them?"*—such common biases become less prevalent when causal factors are understood and research-based programs that remedy them are implemented.

Tania Spofford, Manitowoc United Way Executive Director, said the new goal of the organization is *"to become a driving force of support behind positive change in community conditions…There are still issues that are chronic that haven't really changed, and just throwing money at it wasn't doing the work. What we want to do is have a more collective effort."* At their Rally for Change in August 2018, she announced the three issues that United Way of Manitowoc County is focusing on: filling the basic needs gap, early connection and literacy, and youth social and emotional well-being. United Way volunteer teams will continue to be instrumental in deciding how grants will be awarded to agencies and how progress will be measured in tackling the key issues. Because donations to United Way decreased significantly in 2017, new initiatives must be research-based and results-based to make the most strategic use of available funds (*Manitowoc United Way Focus on Issues: What It Means for Local Agencies*, 2018).

Starting in the 2018 tax year, the deduction for charitable contributions was capped, and the tax code revision will impact non-profit organizations nation-wide. Effects already are evident in the strained budgets of many of our county's non-profit social service organizations. Programs will be more dependent on grant writing and fundraising to sustain their budgets and to hire needed professional staff to serve the increasing numbers of people who come to them. Funding for the Human Services Department is mandated by federal and state statutes. The request for more staff to serve expanding caseloads of several units is presented regularly at the HSD Board monthly meetings, but past budget funding has not increased commensurate with the full need.

Economic distress for many people has resulted from other factors such as loss of pensions for employees of bankrupt companies, diminished health care coverage, and the need to change jobs frequently to attain a higher hourly wage. Often employees who remain on the job are expected to increase productivity with a wage gain to maintain profits for companies. A decrease in payroll deductions for charitable organizations like United Way has impacted social service agencies.

A summary review of the gaps in services covered in the preceding sections of this report includes these challenges:

- Substance Abuse Prevention Coalition: $125,000 Drug Free Communities Grant ends in 2019.

- Lakeshore Family Health Care (Federally Qualified Health Center): The 2019-2021 federal budget did not include continued funding for the health centers—which makes up 20% of the budget of the Sheboygan and Manitowoc clinics.

- Manitowoc Youth Diversion Program (Teen Court) and Teen Intervene lost funding.

- CASA lost funding for 22.9% of its annual budget.

- HSD Children and Family Services Unit need more out-of-home placements for children due to parents using drugs, and the parents addicted to drugs need access to treatment services. AODA services are needed for youth; there are no local inpatient treatment options for them. Often insurance barriers prevent families receiving Medical Assistance from getting service for their teens dependent on addictive substances. Manitowoc County has no long-term facilities for children who have severe mental health conditions despite the increase in need for this service.

- RAYS had to close the Manitowoc facility it rented and move operations to the building in Sheboygan owned by the organization because of budget constraints that limited them to work from one location.

- Lakeshore CAP: Smart Recovery at Lincoln High School for youth with addictive behaviors was discontinued due to termination of funding for Teen Court in 2017. LCAP emphasizes the need for greater expansion of mentoring programs for youth and young adults in financially-strapped homes to decrease risk of addiction. The LCAP Assessment cites the need for professional therapeutic and medical staff in our area.

- Human Services Department Clinical Services Division has staff shortages in all their units (except Intoxicated Driver Program)—Adult Protective Services, Community Support Program, Crisis Support, Comprehensive Community Services, AODA Services, and Mental Health Outpatient; all these programs have been impacted by the addiction epidemic as caseloads swelled.

- Needs for the jail as enumerated by individuals and community organizations:
  Fure (HSD): A case manager and therapist to provide outreach to jail inmates and to addicted parents to help end the cycle of addiction, poverty, and recidivism
  Larson (Public Defender): More treatment facilities and options along with far less incarceration for minor offenses; need for closer examination of jail sentencing—will it make an impact on the individual or the community; examination of the prohibitive cost of electronic monitoring for the indigent participant in the program.
  Brixius (Jail Administrator): More mental health hours budgeted for counselors and for the position of a Social Worker for inmates to help them enroll in BadgerCare and provide mental health counseling along with aftercare and support for transitioning back into the community.

  Jost (former Jail Administrator): Support workers to reduce recidivism by helping inmates set up required appointments, find housing, and transition back to the community; more intensive treatment programs for opioid users that are at least 90 days; need for organizations to bring recovery support information into the jail.
  Dewane (Circuit Court Judge): Mental health services for those in jail and on probation and parole.

  Wergin (Public Health Department Director, retired): Need to collect data on the numbers of low-income individuals who are incarcerated for violent and non-violent AODA issues.

- Pathways to a Better Life Treatment Center: Need for sober living houses for those at the bottom income levels; expansion of Medicaid to allow addicts in financial hardship to access all the programs offered by the center.

- Painting Pathways: Need for a mental health court—substance use and chronic mental illness often lead to poverty and incarceration; stable housing for those in recovery from addiction and mental illness.

- NAMI: Need for Crisis Intervention Training for law enforcement officers.

These agencies and organizations noted above are among many of the professional groups that struggle daily to meet the increasing needs of the people they serve who are affected by poverty and addiction. The public school districts must annually contend with budget constraints while facing the growing mental health issues of their students. Organizations such as Salvation Army, Tee Box Sober Living House, Lakeshore CAP, Boys & Girls Club, D.A.R.E., Lighthouse Recovery Community Center—all these non-profit service providers depend on donations, benefactors, and grants to help them meet the costs of their vital programs. When services that improve the quality of life of low-income residents are cut, there is the larger resultant drag on the overall quality of life in all sectors of the county. Data studies such as the ALICE Report, the data analysis done by Healthiest Manitowoc County, and Vision 2022 research show the curve of where we have been trending. However, when families and individuals struggling at the economic margins can move out of poverty, and when individuals are given access to treatment and recovery programs, the whole fabric of the county improves.

This report has not covered all the resources available for those in need. The churches provide a major network of charitable support to the community as well as groups such as Rotary and Lions Club, and we are fortunate to have these and many others in Manitowoc County. However, their contributions often are limited by the size of their budgets.

Part IX. Summary and Concerns

The League of Women Voters of Wisconsin in 2018 adopted the following position on Economic Equity: "*Support for legislation, policies, and programing to promote Economic Equity and support the democratic principle of common social good."* The LWV of the United States holds that the federal government has the primary financial responsibility for promoting the common social good; and that state, local, and the private sectors have the secondary role in financing health, housing, and other assistance programs:

> *The League of Women Voters believes that one of the goals of social policy in the United States should be to promote self-sufficiency for individuals and families and that the most effective social programs are those designed to prevent or reduce poverty….*
>
> *The federal government should set minimum, uniform standards and guidelines for social welfare programs and should bear primary responsibility for financing programs designed to help meet the basic needs of individuals and families. State and local governments, as well as the private sector, should have a secondary role in financing food, housing and health care programs. Income assistance programs should be financed primarily by the federal government with state governments assuming secondary responsibility* (Statement of Position on Meeting Basic Human Needs, 2016-2018).

> *The federal government should…bear primary responsibility for financing programs designed to help meet the basic needs of individuals and families. State and local governments, as well as the private sector, should have a secondary role….*
> *— The League of Women Voters of the United States*

Adequate funding at federal, state and local levels is essential. Programs that support families and individuals affected by poverty and addiction should be funded commensurate with the increased need for services. The number of county residents at the economic margins appears to be increasing, especially in the micro-cities of Two Rivers and Manitowoc. The number of people in jail for alcohol- and drug-related felony charges is increasing. The number of court cases is increasing without more criminal justice staff being added to accommodate the need. The caseloads of Human Service Department units are swelling, and more foster parents are needed for children removed from their homes and for infants with Neonatal Abstinence Syndrome. More certified therapists are needed in the schools. These and other crises are straining the limited financial resources of these agencies.

THE USA TODAY NETWORK – Wisconsin *Kids in Crisis* series has a primary goal of presenting state legislators with the data on the significant mental health crisis among children in our state. "*A main goal of the series, in addition to highlighting problems, is to keep officials accountable for the mental health needs of the children and youth in the counties they serve"* (Bill Laakso, Director of Clinical Services, Bellin Psychiatric Center, cited in Part I).

Legislative and policy reform at state and county levels to increase funding for critical social support programs is acknowledged as a fundamental part of the solution. Conversely, cutbacks in financial support to struggling families and understaffed municipal agencies are recognized as basic parts of the problem. In analyzing root causes and developing research-based action plans, it would be important to address the impact of current laws and policies and advocate for reform.

Hope lies in the coming together of all the sectors of our county to assess our serious problems, identify our strengths, and address significant gaps in service to residents. The role and responsibility of our government representatives to support the common social good is a crucial part of our solution.

The League of Women Voters of Manitowoc County advocates for and supports legislation and policy reforms at all levels of government that support the basic needs of individuals and families. We hope this report on poverty and addiction will contribute to the collective examination of root causes and possible solutions to the serious challenges we face. As the quality of life for people on the economic margins is improved, the quality of life in the whole county rises.

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Note: Manitowoc Public Library has book club kits for Hand to Mouth, Hillbilly Elegy, and Many Faces, One Voice (which includes the documentary DVD Anonymous People).

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