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

LEAGUE OF WOMEN VOTERS

The League of Women Voters is a nonpartisan, political organization that encourages informed and active citizen participation in government. Its membership is open to men and women, 18 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 US 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 was organized in Manitowoc in the 1940s. League members explore issues from all points of view before arriving at a consensus and developing a position from which to act on legislation.

League of Women Voters of Manitowoc County Mental Health Study Committee

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Table of Contents

Abstract

The goal of the League of Women Voters Mental Health Study was to identify the strengths and gaps in mental health services in Manitowoc County. The committee members interviewed a cross section of local community members including consumers, mental health practitioners, law enforcement personnel, and other stakeholders to learn their opinions on local services and their recommendations to enhance these services. Additional county residents were contacted via two surveys, and agencies in neighboring counties were also contacted to learn what was working well in their communities. From the information gathered, the League of Women Voters arrived at a consensus on action to be taken to address top concerns.

Introduction

League of Women Voters Mental Health Study Report

At the May 2010 annual meeting, the League of Women Voters of Manitowoc County voted to begin a study of mental health services in Manitowoc County. This document is the result of that three year effort to collect and analyze information about mental health services focusing on the strengths and gaps in Manitowoc County by the League Mental Health Committee.

No single study can capture all the complex issues surrounding mental health diagnosis and treatment, therefore the current report is not meant to be inclusive of all mental health issues in Manitowoc County.

Information was gathered and a wide range of individuals connected to the mental system were interviewed over a two and a half year period with the information provided reflecting the current conditions.

All League studies begin with study of the issue, followed by a presentation by the study committee to other League members and the public. The next step is to discuss the issues and come to a membership consensus and develop a position for action to improve the problem; in this case the delivery of mental health services in Manitowoc County. The consensus process involves asking questions in areas where concerns exist in order to seek solutions to problems. Because these studies concern public services, solutions may require legislative or administrative action. Membership consensus means substantial, not necessarily unanimous, agreement. It might be seen as "the sense of the group." Minority opinions are welcomed, respected, and included in the report.

A position on mental health services in Manitowoc County has come about as a result of this study and the consensus results. The Manitowoc County League of Women Voters Board will next decide what action should be taken. Possibilities include further public meetings related to our findings, information

being sent to public officials, press releases, speaking at public hearings, petitioning and meeting with public officials, and writing letters to the media. In considering when to act on a position, timeliness, public support, members' understanding of the issue, support of other groups, and the effectiveness of the action are taken into account.

Brief History of Mental Health Services in Wisconsin

Serious mental illness is the leading medical problem in the United States. It affects one in four families; however, funding for research has not matched the prevalence of the problem.

A 2012 national survey by the Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 20 percent of American adults, or 45.9 million people, experienced some mental disorder in 2011. It also found that five percent of the adult population suffered from serious mental illness in 2011 (11.4 million adults). Serious mental illness means that the person has substantial functional impairment, resulting in limited major life activities. In 2010, among the 45.9 million adults with any mental illness, almost 40% received mental health services, and for those with a serious mental illness, only 60.8 % received mental health services (SAMHSA, 2010). The Centers for Disease Control and Prevention (2012) have data showing that only half (50.6 percent) of children with mental disorders received treatment in 2011. The resulting cost from lack of access to treatment for individuals, taxpayers, and society in general is enormous. Many adults and adolescents with mental illness are likely to have contact with police officers, and instead of receiving appropriate help, jails and prisons often replace treatment facilities. Thirty percent of Wisconsin prison inmates, or over 7,000 inmates, required treatment for mental disorders, according to State Representative Sandy Pasch and Wisconsin Senator Dave Hanson (2009).

Historically, Wisconsin has been recognized as a leader in mental health services. In 1986, it was regarded as first in the nation, a model for other states because of its strong commitment to community-based care for the mentally ill (Olson, 1989). Wisconsin's mental health system has evolved into a highly decentralized system with responsibility at the county level, a low number of hospital beds, protection of citizens' rights, and services in the least restrictive environment with a strong network of advocacy groups instrumental in developing policy and services.

The Wisconsin Mental Health Statute (Chapter 51) was passed in 1971 and placed the primary responsibility for both providing and funding services at the county level. The state would supervise and partially fund county operations. Chapter 51 required the establishment of single or multi-county boards responsible for providing services. These services were to include inpatient and outpatient care and treatment, hospitalization, emergency care, transitional services, and community support services. Community Aids, a combination of state and federal money, was allocated to counties by the State Department of Health and Human Services for two purposes:

- for low income persons and children in need of protective services
- for services related to mental illness, alcohol and other drug abuse, and mental disabilities.

In 1988, Community Aids in Manitowoc County constituted 25% of mental health funding but has since steadily declined in relation to need. The balance of mandated mental health services is funded by private insurance, county tax levy funds, medical assistance, and client fees.

Chapter 51 also stated that civil commitment was seen as a last resort because psychotropic medications had been developed to control the most serious symptoms of mental illness. In 1972, in a landmark decision (Lessard v. Schmidt), a federal court ruled that a person had to be dangerous to themselves or others in order to be involuntarily committed and that treatment must be in the least restrictive environment for the person's needs. Chapter 51 further mandated the right to appropriate treatment, rehabilitation, and educational services as well as the right of patients to their records, their privacy, to be paid for work in a care facility, and to have a periodic reexamination of their commitment to assure the least restrictive environment. In Wisconsin, mentally ill patients (unless deemed incompetent) retain their full civil rights to vote, hold public office, and marry.

State-operated facilities then included Winnebago and Mendota State hospitals for acute care. In 1972, county hospitals cared for chronic mentally ill patients. In 1975, there were 847 psychiatric beds in general hospitals, which made up 30% of all psychiatric beds. When the 1972 Programs of Assertive Community Treatment Act was passed, it was an internationally acclaimed model of shifting from inpatient to community-based care (Community Support Systems), with services to be delivered in the homes and group settings in the community. In 1974, county mental hospitals were converted to nursing homes to care for the elderly, long-term mentally ill patients, and developmentally disabled individuals. When Community Support Programs (CSP) were mandated, state money was provided to counties to develop community-based programs promoting mental wellness, sometimes in group settings with a wide range of social and recreational services, including medication supervision.

Both Wisconsin and the federal government have embraced recovery as the essential goal of mental health care.

Both Wisconsin and the federal government have embraced recovery as the essential goal of mental health care; i.e., persons with mental disorders can lead meaningful lives in the community while striving to meet their full potential. One barrier is a particular combination of diagnoses: Nationally, the numbers of people who have both mental disorders and substance dependence or abuse are disturbing. Since the 1990s, Wisconsin has been engaged in initiatives to transform the way services are provided. These new initiatives include recovery concepts, training and hiring of peer specialists, and evidence-based practices. A number of counties have been using peer specialists for several years with good results. One of Wisconsin's newest initiatives is Trauma Informed Care, which takes into account and seeks to understand the impact of past trauma on current functioning. Research in Wisconsin has shown that 89% of women who received mental health treatment in Dane County had histories of physical or sexual abuse, and for those women with mental illness and substance abuse, the number was 95% (Greenley, 2009).

Given Wisconsin's history of innovative initiatives and legislative acts aimed at improving mental health care, the Manitowoc County League of Women Voters was concerned about the current state of mental health services here as budget cuts and allocation of public monies are debated.

Mental Health Parity

After years of hard work by mental health organizations and the League of Women Voters to have mental illness accepted on a par with physical illness for insurance purposes, parity is now the law of the land at both the state and federal level. However, state and federal laws aren't necessarily consistent with what should be included in parity, so there may be confusion. According to Mental Health America of Wisconsin, the laws must be implemented as envisioned by Congress and the Wisconsin State Legislature for people living with mental illness or addictions to get the full benefits of the law.

The Mental Health America of Wisconsin website has information on the interaction of state and federal laws, consumer rights and expectations, and what to do if someone is not receiving services to which they are entitled. Resources for employers to implement the laws in their health plans are also available.

The federal 2008 Wellstone-Domenici Mental Health Parity and Addiction Equity Act went into effect in health plans on October 3, 2009. This Act controls employer health plans of 50 or more employees including those that self-insure.

The 2009 Wisconsin Parity Act 218 starting April 30, 2010 increased benefits and filled in some of the coverage gaps of the federal act. For instance, now companies with as few as ten employees, unless the company is self-insured, must provide mental health/substance abuse coverage. These changes made the Wisconsin law one of the nation's strongest parity laws.

Impact of Mental Health Concerns on Manitowoc County

Manitowoc County has a population of approximately 81,000 which includes 63,200 adults and 17,800 children. According to the National Institute for Mental Health website (2012), about one in four persons are in need of mental health services at any given time. This would correspond to approximately 15,759 persons in Manitowoc County who may need mental health services.

The Manitowoc County Human Service Department (MCHSD) Mental Health Division is the agency responsible for local mental health services. Their budget for 2012 is divided into two major categories. The first category is for mental health; that section includes inpatient hospitalizations, Winnebago Institute for Mental Disease placements, the Comprehensive Community Services program (CCS), as well as all County Human Services staff salaries, totaling $1,402,310. The budget for the second category, Chronic Mental Health Services, includes Community Based Residential Facilities (CBRF), adult family homes, crisis beds, and Trempeleau County Health Care Center, totaling $2,917,967.

MCHSD is responsible for emergency detentions under Chapter 51 of the Wisconsin Statutes. In 2010 and 2011, the number of these detentions per year was 173. In 2012, the number of detentions was estimated to be 194. An emergency detention allows a person to be detained for up to 72 hours in a hospital setting if the person is a danger to himself or others. If the court then finds probable cause, the person can be court-ordered to treatment, which could include hospitalization or services in the

community. A small number of individuals are actually committed to hospitalization. It is MCHSD's responsibility to monitor these commitments.

It is also MCHSD's responsibility to provide services to persons with alcohol and/or drug (AODA) issues. In 2012, as of November, 39 individuals had been hospitalized for detoxification, three were referred to a 28 day treatment center, and 54 individuals had received halfway house services at Marco Services. In addition, 323 OWI (operating while intoxicated) assessments had been completed and the agency handled 291 crisis contacts for AODA issues.

A further statistic of concern is the number of suicides in Manitowoc County. In the five years between 2001 and 2005, there were 48 suicide deaths in the county and 55 suicides in the years 2006-2010, an average of almost 11 per year. In just two years, from January, 2010 until July 2012, there were 32 suicides, according to the Manitowoc County Coroner's Office. Based on the figure to date, the estimate would be for a small increase in the number of suicides in the current five year period.

League of Women Voters Mental Health Study Committee

The committee began by reviewing professional literature on mental health including a December 2009 special edition of the Wisconsin Counties Magazine which focused on mental health issues in Wisconsin. On November 18, 2010, the League hosted a forum featuring Jeff Jenswold of the Manitowoc County Human Services Department (MCHSD) and Molly Cisco of the Grassroots Empowerment Project. After this well-attended event, citizen attendees decided to form a planning committee to begin a separate mental health task force in the county. This task force began in 2011 with the League participating within its structure as a subgroup while working independently to finish its ongoing study.

Manitowoc County Mental Health Task Force

> *The Task Force mission is to facilitate "improved awareness of and access to mental health services, ensuring that consumers and families have a strong voice, reducing stigma and implementing person-centered recovery care."*

In February of 2011, Martha Rasmus, a community advocate, and June Schultz, the director of Painting Pathways, convened a planning committee to start a mental health task force in Manitowoc County. After that public meeting in September of 2011, and with the additional help and support of the United Way, UW Extension, Healthiest Manitowoc County 2020, and the League of Women Voters Manitowoc County, the Task Force became a reality.

A steering committee was formed and four subcommittees were established based on the priorities identified at the community meeting. According to the Task Force's mission statement, it is dedicated to "facilitating improved awareness of and access to mental health services, ensuring that consumers and families have a strong voice, reducing stigma and implementing person-centered recovery care." The

four subcommittees are Advocacy, Education and Awareness, Access, and the League of Women Voters Mental Health Study Committee. These subcommittees have been meeting on a regular basis and the co-chairs of the subcommittees meet monthly as part of the Steering Committee to report progress and concerns. Each is described below.

Advocacy Subcommittee. The goal of this committee is to be a strong voice for consumers by investigating funding and service needs and issues in the community. The Advocacy Committee has been researching county funding and programs available to address mental health needs. Representatives from the committee have interviewed Manitowoc County Human Services personnel to determine which programs are available and how people can access those programs. They have also studied budgets to understand how and where money is allocated for mental health services, and how we may be able to use our funds more efficiently without requesting more money. One of the committee chairs also presented information to the Human Services Board regarding the history and purpose of the Task Force.

Education and Awareness Subcommittee. The Education and Awareness Committee is dedicated to improving knowledge of mental health services and supports in the community, and addressing the stigma that interferes with individuals getting the help and respect they deserve. This subcommittee has been focusing on a public awareness campaign to educate community members on mental illness and its impact on the community. They are also looking to put together a campaign for public service announcements that will help reduce the stigma of mental illness and encourage people to get help early.

Access Subcommittee. The Access Committee is dedicated to improving the ability of county residents to receive the mental health care they need. The members of this committee have been working on streamlining and validating the list of resources that are available in Manitowoc County to support individuals and families with mental health concerns. This list will help others to find appropriate services in an organized and timely manner. They have also been working with the judicial system to discuss the possible need for a mental health court in the community.

The League of Women Voters Mental Health Study Subcommittee. This is currently the fourth committee, and until its work completing the research on mental health services in the county is finished, its members are present on all the other subcommittees in order to stay current with all activity. The League's completed study report was released to the local League members in January of 2013. The results of the consensus and their completed study were released to the public at the Task Force's quarterly meeting in March, 2013.

The Mental Health Task Force partnered with the Northeastern Wisconsin Area Health Educational Center (NEWAHEC) to secure the services of three Public Health graduate students for one semester--two from UW Madison and one from UW Milwaukee, who aided the subcommittees by researching the current state of mental health in Wisconsin and assisting with interviewing and information gathering. The students presented their research and findings to the Mental Health Task Force at the May 2012 quarterly meeting.

The Mental Health Task Force continues to sponsor periodic public meetings to update the community on its progress and to provide speakers and information on mental health issues.

Mental Health Study Methodology

While the committee began with reviewing publications, the heart of our study was extensive interviews with local stakeholders. We began by interviewing a large cross section of local outpatient mental health providers. In addition, we interviewed a large group of local governmental staff such as Police Department personnel, Human Services Department managers, Public Health nurses, District Attorney Office personnel, and others. We also interviewed community members such as consumers who have had first-hand experience with mental health services. We were interested in the interviewees' impressions of the strengths of local mental health services as well as any gaps or barriers they saw. We looked for their suggestions to further enhance service delivery which we will summarize in this report.

In addition to our local interviews, we traveled to neighboring counties to observe and learn from successful programs. These programs were recommended to us for study by the Department of Health Services Area Administrator as well as by management staff at other county Human Services Departments. We will describe each of these programs in detail in this report.

To supplement the interviews, two surveys were conducted to reach a larger local audience. A survey of local mental health providers was undertaken by the League committee. In addition, a broader survey which targeted many of the stakeholder groups mentioned above was undertaken by the Mental Health Task Force (See Appendix A for the results of the Task Force survey).

League of Women Voters Survey of Providers

The League of Women Voters, as part of their Mental Health Study, surveyed 43 mental health providers in Manitowoc County in July 2011. They received 21 responses for a return rate of 49%. The providers were asked to identify strengths in services, gaps in services, and to respond to an open ended question where they could comment on anything related to mental health services such as what they would like to see implemented in the county.

Mental health providers in the community identified these top four strengths in our community: (The percentages reflect the number of providers who mentioned this strength.)

Strengths:

- number of providers serving adults 53.3%
- number of social workers 53.3%
- number of psychiatrists 46.6%
- number of psychologists 40.0%

Some of the additional comments under the strengths section, copied verbatim, were:

- The Manitowoc County Human Services Department's Community Support Program helps people to live in the community who would otherwise be living in specialized facilities or institutions. This ultimately saves the county a lot of money, and perhaps more importantly, it allows these clients to live more fulfilling lives by participating in the community and contributing to society. The Community Support Program, as well as some of the therapy groups at Manitowoc County Human Services Department, provides an invaluable service to the community by supporting individuals who may otherwise pose a bigger financial burden or even a potential physical threat to the community. One of the newer programs is a Coping & Behavioral Skills group that is based on the Dialectical Behavior Therapy model. There is also a Dual Diagnosis group for people with mental illness and addictions.
- It has been my experience however that there appears to be a lack of providers and mental health services in general. An exception to this is Painting Pathways Clubhouse for the mentally ill. It has one of the finest programs that I have encountered.
- Painting Pathways is new and a good support
- I wish I knew of more resources available to mental health so I would be able to refer to them.
- One of the strengths in Manitowoc County regarding mental health services is that there is a good choice between both private independent clinics and those connected with the local hospitals. Existing programs that support adult clients: Painting Pathways; AMI
- Painting Pathways Clubhouse, and Manitowoc County Comprehensive Charter School for children in grades 1-8.
- The supportive apartment program at the Manitowoc County Human Service Department is innovative and effective in helping clients transition to the community.
- There are probably county funded programs I don't know about. Recently did get help getting a patient into Marco. However, never knew about that until last month. It was the first time I had gotten help from MCHSD. I am not sure if there are enough providers or how many there are. Often times the numbers, although, important aren't as important as the quality of care provided and other business/office practices/policies**.**

When asked to identify the gaps in services, the top four responses were as follows, with percentages indicating the number of respondents mentioning this gap:

Gaps:

- Number of providers who accept Medical Assistance 95%
- Number of providers who serve children 70%
- Number of psychiatrists 70% (note this was also listed as a strength)
- Support groups for adults 63.2%

Some additional comments under the gaps section included:

- The number of practitioners accepting Medical Assistance is very limited and the practitioners who do accept it generally have long waiting lists. There are not enough child psychiatrists in

this community. There are not very many support groups for children and families. This community would benefit from divorce support groups for children. This community would also benefit from a support group for adults struggling with sexual addiction.

- We could use a Depression/Bi-Polar support group (Community supported)
- No local psychiatric inpatient facility
- Recent budget cuts in county programming have seriously hindered efforts to provide adequate services. Some of the services I mentioned in the first section are now barely meeting the needs of consumers. In fact, state law requires the county to provide a certain level of services, and to observe a maximum caseload limit. Some caseloads are currently in excess of state limits, and the services that are provided are therefore not always sufficient. Crisis management then becomes priority, and as services become increasingly insufficient, crisis situations increase. This ends up costing the county more money in long run than it ever saved to begin with, while at the same time making life more difficult for clients and less pleasant for the broader community.
- This community could use additional support groups for people with mental illnesses. It could also use services for people with medical assistance. The county has had to cut back on its programming and this has had a negative impact of the poor and people with medical assistance.
- There do not seem to be many support groups in the community for either adults or children. It does seem, however, that it is difficult to start up such a group. I know that numerous attempts have been made to start adult support groups and there is typically little to no success in recruiting members. Though support groups may be a more efficient and cost effective way to serve people I have found that most people prefer individual services. I believe making individual services (including counseling, transportation to appointments, etc.) more readily available to adults and children regardless of their insurance status would help to fill a glaring gap.
- Everything is slashed. There are no prevention programs per the County.
- Providers that may serve dually diagnosed AODA and mental health clients.
- Outpatient services for children with T-19 (Medicaid)-counseling and psychiatry.
- The MCHSD sees a limited number of clients. Customer satisfaction for their services is poor per the many consumers who have been sent elsewhere. There is limited access to all mental health services at the MCHSD, but especially for psychiatry. People with MA are generally not served by the MCHSD. The consumer is told that they have insurance (MA) and that they should seek services at Tamarack. They will only provide crisis intervention services and stabilize the consumer.
- Reimbursement rates for providers. Costly to be in network plans.
- Persons are to be trained to be mentors for those with chronic mental illness (Peer to Peer)
- Providers accepting Medicare, waitlists for Medicare and Medicaid, and the Ease/Ability to access psychiatric care with the County

The additional comment section included the following:

- Though Manitowoc County is certainly not unique, mental health care in this county is woefully inadequate. Any type of mental illness is mostly likely to go untreated. Costs are too high for people to pay privately for services and most people with insurance can't even afford the co-pays. Often insurance plans only cover a limited number of sessions for diagnoses that require

ongoing treatment. Insurance companies reimburse private providers less each year for the same services, while MA and Medicare reimburse at rates that are unsustainable for private clinics. Finding mental health care for children in Manitowoc is nearly impossible, especially if the only insurance a person carries is Medical Assistance. County funded mental health services have been reduced to crisis intervention. There have been so many cuts and layoffs that the remaining staff is rendered nearly impotent by the mounting workload. The state of Wisconsin, including Manitowoc County, is at a crisis point in terms of need for mental health services.

- Certain children in the community could benefit from a sexual assault support group.
- I would like to see community outreach efforts that seek to educate the voting public about the importance of mental health issues, and about how budget cuts in certain areas can actually end up costing the public more in the long run, not only financially, but also in terms of overall quality of life. I would like to see an emphasis placed on mental health services so that the mental health needs of the community are adequately met, and we can all enjoy a healthy, safe community.
- Restore at least some funding for county services.
- I would like to see a free clinic for both physical/mental health where people with no insurance could come for help to get their needs met.
- Painting Pathways seems to be a successful program and fills a gap for adults with mental illness.
- Few choices for services especially for dual diagnosed. Few people have insurance that need help or co-pays are so high they cannot afford treatment. Psychiatrists order the expensive meds. At county level it is bare bones. There is not a single prevention program.
- Better "customer service" from Manitowoc County HSD, returned calls, more patient-friendly. I would like to know how many hours the MCHSD psychiatrists are paid to work and how busy they are. Might there be a way to utilize them more efficiently for better patient coverage. Patients get various push back from Manitowoc Co. HSD when they try to access psychiatry. "You aren't sick enough." "Our psychiatrists don't like to prescribe meds" In the past several weeks this is information I hear back from patients. Room for improvement increased awareness of programs available in the county and how to access. Access should be easy for patients. Many cannot tolerate a lot of obstacles to get into treatment. Patients often terminated for missing 1 or 2 appointments regardless of length of treatment, reasons, needs etc. This is a significant issue, I feel. Person wonders if County could bill for seeing Medicare and Medicaid patients and generate funds. Is Manitowoc County listed as an underserved area and are the two recent hires at Holy Family receiving Federal funds to help pay off their loans because of this? If this is happening shouldn't they be seeing more clients with Medicaid and Medicare?

Community Perspectives

The League of Women Voters' Mental Health Study Committee made the conscious decision to look at mental health issues from as many perspectives as possible to provide a well-rounded picture of mental health services available in Manitowoc County. Perhaps the most important perspective is from consumers, therefore theirs is the first perspective discussed.

Consumers

Painting Pathways

The mission of Painting Pathways is to empower adults with diagnosed mental illness by building community, supporting recovery, and changing lives.

We met with a group of individuals who are members of Painting Pathways, a clubhouse run by and for individuals with diagnosed mental illnesses. The purpose of the meeting was to get consumers' perspectives on what is working well in services for people with mental illness in Manitowoc as well as identifying the gaps in services.

Painting Pathways was described by the members as a strength in the community, a supportive place with people who understand. It helps people who have been isolated to find friends and support. We discussed the importance of this peer support. An example was a member's friend who had not felt safe and how he got help from her to access the services he needed. She called the Crisis Line, went to the ER with him, and made sure he had something to eat. He ended up being medically cleared, (i.e., he didn't need medical intervention), and went to a crisis bed.

The need for more options other than hospitalization outside the county was discussed. One member described hospitalization as the worst experience she'd had, where patients were treated like children. It also isn't pleasant to be transported by the police. It was noted that after hospitalization, people have to find their own care and they may not have access to medication.

Housing was also identified as an issue in our community, and the members of Painting Pathways would like to be able to help with this in the future.

The members interviewed also felt that there was a need for education and awareness to reduce the stigma of mental illness.

A mental illness diagnosis is a "label that lasts forever."

The members indicated that the legal system is not necessarily following a recovery model, and that it would be beneficial to have an advocate when going through the court process, similar to a Court-Appointed Special Advocate for children (CASA) procedure. They also felt that if there were a Mental Health Court, this could save a lot of money and provide better services to people in the court system.

Many felt that dual diagnosis is a problem because people often self-medicate with alcohol or drugs. Yet they are supposed to be substance-free before they can be treated and assessed for psychotropic

medication. They expressed a concern about some issues with medication, from not being able to get it to consumers forgetting to take it.

Painting Pathways members made positive comments about the current psychiatrist at Human Services, but also indicated that sometimes there are no staff members available to help with a crisis. They also were concerned over the process that's in place at Human Services in order to be seen by a therapist. To see a therapist, consumers have to attend two weeks of introductory group sessions to demonstrate a serious commitment to getting help before they can even make an appointment; a subsequent appointment with a psychiatrist is needed in order to get medication.

There was general consensus that law enforcement officers have been helpful, but in their opinion, the police management doesn't seem committed to provide crisis intervention training to officers.

Some of those at Painting Pathways are interested in being peer counselors, but money for the training is a barrier. They mentioned that a "warm line" (i.e., a phone number where a supportive listener would be available) would be helpful as well as having information readily available such as crisis numbers.

Members identified two positives in the community as the Survivors of Suicide Group, and the Prison AfterCare Project at the Salvation Army. The new Salvation Army leadership was described as interested in innovative activities. They also thought the staff at ADRC was helpful.

"As for me, you must know I shouldn't precisely have chosen madness if there had been any choice. What consoles me is that I am beginning to consider madness as an illness like any other, and that I accept as such." Vincent Van Gogh - 1889

National Alliance on Mental Illness (NAMI)

The very reason for NAMI's existence is because mental illness doesn't only affect the person with symptoms.

The LWV Mental Health Study Committee members interviewed Kathy Protsman, President of the local NAMI chapter, to get her perspective on mental health services in the county. The mission of NAMI, National Alliance on Mental Illness, Manitowoc, is to improve the quality of life of people affected by mental illness and to promote recovery. Ms. Protsman talked about the very reason for NAMI's existence is because mental illness doesn't only affect the person with symptoms. Those close to the person often experience guilt, grief, anger, and financial crisis. They struggle to understand what causes the illness and how they can help. She said one in five persons and over 3 million children are affected in any given year. Without local NAMI affiliates, the parent or loved one who just heard the word

schizophrenia or bipolar for the first time may not have a place to turn for information or support. NAMI wants consumers and their families to know they are not alone.

Their goals are to educate consumers, families, and the general public about mental illness and to advocate for and emotionally support them.

The Alliance on Mental Illness (AMI) Wisconsin chapter began in 1977 by a family whose child was diagnosed with schizophrenia. AMI of Dane County, with the help of the University of Wisconsin, held a 1979 conference of 59 local groups from 29 states. The first Manitowoc AMI chapter, for parents only, began in 1979 with the current local group formed in 1995. In 1998 all chapters adopted the name NAMI with the Wisconsin office in Madison and the national office in Virginia.

The Wisconsin Iris, a bimonthly newsletter, and the Advocate, the national newsletter, are mailed to all NAMI members with information on new research, medications, treatment, legislation, and programs. Locally, NAMI offers a monthly drop-in group, holiday events, and a candlelight vigil in observance of Mental Health Awareness Week.

NAMI Manitowoc meets the first Monday of each month at 6:30 PM at Lakeshore United Methodist church on Reed Ave with discussions led by professionals on a wide range of topics. The seven board members, including the four officers, are all volunteers.

Family

The family wanted to share their story and concerns with the committee so they could help others.

We interviewed a family regarding their experiences with the mental health system as they were trying to find help for their adult child. The family shared their story that spanned ten years of trying to find appropriate services for their child. They had many calls from police in different states and communities to come and pick up their child when she was found wandering and not able to take care of herself. They would be able to get her stabilized for a period of time and then she would run away again. The problems were compounded because she was an adult and the parents didn't have access to medical records or the right to make medical decisions. The lack of direct interaction with the medical community meant that all their information came through their child who was in crisis. They were very complimentary of the police and medical professionals they had dealt with during the variety of crisis events; with their help, they were guided to obtain the necessary powers of attorney. However, it took many different events and many years for all of that to fall into place. With help and support from the police and medical community, they were encouraged to get temporary guardianship, a power of attorney for medical decisions, and a power of attorney for finances.

The main theme of their story was the feeling of helplessness when dealing with the mental health system and not knowing the laws and the available resources. As parents of an adult child they had no rights until they navigated the court system and were granted powers of attorney. After dealing with these issues for over ten years, they are finally seeing some light at the end of the tunnel. They had many positive comments about Painting Pathways and the support and opportunities that have come

about for their daughter as a result of working there. They were also very thankful for the help they received along the way from police, courts, nurses etc.

They had several suggestions about how to help families and individuals who are struggling with mental health issues. They would like to see a central point of entry into, and explanation of, the mental health system. This would be a place where people could go and get help regarding their rights and how to obtain powers of attorney and financial help when dealing with mental illness. They suggested someplace where people could be directed toward mental health services and facilities, where they could have their questions answered (even if they're afraid to ask or don't know what questions to ask). They would like to see a local facility for 72 hour detention of adults with mental illness and a place with additional resources for alternative treatments.

General Conclusions from Consumers' Perspectives

It appears from talking to people who have first-hand knowledge of the mental health services in the county that there are several things that would improve the system; these are as follows:

- Peer support services
- A "warm line," or other supports to help navigate the system
- A larger role for Painting Pathways in the mental health system
- Implementation of a more consumer-friendly system of accessing services, e.g., obtaining help at Human Services, rules regarding missed appointments
- Possible addition of a Mental Health Court
- Information that they can easily access to learn about their mental illness
- Advocacy for services.

Manitowoc County Human Service Department

Mental Health Division

Members of the LWV Mental Health Study Committee interviewed Jeff Jenswold, Co-Director and Division Manager, as well as other MCHSD staff to learn about the services currently provided by the department. In the recent past, the Mental Health Division lost six positions due to budget cuts. Currently the staff consists of 1.5 FTE psychiatrists, a division supervisor, three full time mental health therapists, one of whom is a bilingual Hmong therapist, a court liaison and crisis after-hour workers supervisor, one Alcohol and Other Drug Abuse (AODA) counselor, and one Operating While Intoxicated (OWI) assessor. There are also three staff members who work with the chronically mentally ill in the Community Support Program (CSP) and 3.5 FTE crisis after-hours on-call workers. They would like to add a part time nurse practitioner to the staff.

Because of the staff reduction,
the current staff primarily responds to crisis situations.

Because of the staff reduction, the current staff primarily responds to crisis situations. There is no waiting list and a person in an emergency situation can be seen the same day. If that person has insurance, he or she will be referred to private providers. If the person isn't in an emergency situation and has no insurance, he or she must attend a group for two sequential weeks to show a commitment to treatment before being scheduled for an appointment with a therapist. All new clients must be seen by a therapist and referred by that therapist before having an appointment scheduled with a psychiatrist for any prescription medication.

The county is responsible for providing inpatient services as well as crisis services. However, there is no inpatient facility in the county. Consequently, MCHSD contracts with two facilities in Green Bay, one in Fond du Lac, and one in Sheboygan. Mr. Jenswold speculated that people may not seek services they need until it is a crisis situation because of the lack of an in-county resource. If clients are detained on an emergency basis because they have been determined to be a danger to themselves or others, they are transported to an inpatient option by law enforcement. If the person wants to be voluntarily admitted, he or she is responsible for the transportation.

The county does have six crisis beds available in a local group home which can be used either as a way to stabilize a person in crisis and prevent a hospitalization, or as an interim step to reduce the length of an inpatient stay. The average emergency detentions are 15 per month, with the largest group caused by suicidal threats or attempts. Inpatient stays are very costly. If a person goes to an Institute of Mental Disease (IMD) such as Winnebago, Medical Assistance does not cover the cost for individuals between the ages of 18 and 64 and pays only half the cost for a child's admission. Medical Assistance (MA) does cover some cost of a stay in a psychiatric unit in a general hospital.

There are two designations for the mentally ill--chronic and acute. The chronically mentally ill are served by the Community Support Program (CSP). There were approximately 58 people in the program at the time of our interview. Many services are provided such as medication management, supported apartments, supported employment, control of the person's finances and bill payments, adult family homes, and various in-county and out-of-county group homes. There are another 30 to 40 county residents who do not meet the criteria for the CSP program, but who need supportive services. These include people with personality disorders or who have problems with the law.

Many individuals served by either MCHSD or private providers have dual diagnoses, usually a mental health diagnosis and an Alcohol and Drug (AODA) diagnosis. It is the opinion of the HSD staff that the client should be drug or alcohol free before dealing with the mental health issues or considering medication. The problem is that some people self-medicate with drugs or alcohol and some substances still remain in the body quite a while after use is discontinued. Mr. Jenswold's opinion is that there is a need for talk therapy, not just medication. However, clients come in wanting pills rather than to deal with the issue.

Another program has been implemented in recent years called Comprehensive Community Services (CCS) which provides an array of services that can be billed to MA. At the time of our interview, this program served approximately 20 county residents.

The Mental Health Division staff does not provide many services for children as it is very time-consuming because not just the child, but the whole family should be seen. MCHSD does have a

contract with one area provider to see children referred by the agency's Child and Family Division. However, this agency does not have an in-house psychiatrist and the MCHSD psychiatrists do not treat the children served by the Child and Family Services Division, even those in court-ordered foster care placements. There are also no good inpatient options available for children in the surrounding counties.

In addition to the limited services to children, Mr. Jenswold sees a need for more alcohol and drug services for adolescents. He also notes the lack of prevention services. In addition, there would be a benefit, in his opinion, for more collaboration between public and private providers as well as more understanding and support at the state level for mental health services.

Child and Family Services Division

An interview was also held with Nancy Randolph, Co-Director and Manager of the Child and Family Services Division, who described the services available in her division which serves both children in need of protection and services as well as delinquent youth and their families. The social workers in these units use a Comprehensive Services Team (CST) approach which involves building a team with the family who has a voice in their goals and services. There are between 50 and 60 children in alternate care at any given time, and an effort is made to keep these children in foster homes in the county, rather than using expensive out-of-county resources.

There is a focus on using evidence-based interventions which have been proven to be effective such as Functional Family Therapy, Multisystemic Family Therapy and Multi-dimensional Treatment Foster Care. The Department also contracts for an excellent juvenile sex offender program. Efforts are made to use less restrictive alternatives to secure detention, as frequent use of secure detention as a consequence has actually been shown to increase delinquent behavior, according to Ms. Randolph. One of these services is the Youth Wellness Center (YWC) which opened in January of 2011 and provides supervision for youth after school and focuses on life skill training. The county closed its Juvenile Secure Detention facility in 2013 and it is expected that some of the savings will be transferred to the Department for alternative services, such as electronic monitors and crisis respite care. Savings could also be used to defray transportation costs for families who would have to travel out of the county if their child were ordered to secure detention. The Department contracts with Lakeshore Community Action Program (CAP) to provide intervention for families who are at risk of abuse or neglect as a preventive service.

A concern was noted that many children are prescribed psychotropic medication by their general practitioners rather than by a mental health professional. In addition, the lack of a clubhouse type program for children such as the Boys and Girls Club was noted as a gap in the community.

Lastly, members of the League Mental Health Study Committee interviewed Lane Kinzel, Supervisor of the Child and Family Services Unit. This unit provides services to families in which abuse or neglect has occurred. This unit has also experienced cuts in staff from ten to eight social workers. The number of parent aides, i.e., paraprofessionals who supervise visitation, provide parenting education, etc., has also been reduced. At the same time, the behaviors of the children and problems of the families they serve have become more complex.

The need for psychiatric care for children in the county, especially children in foster care, was identified as a major gap in health care services. Mr. Kinzel stated that children in foster care are known to be on more medications than the population of children not in placement. According to Wisconsin Department of Children and Families data, children are staying in foster care, which is temporary, longer than in the past. Delinquency rates are also going up. There is no inpatient option for children in the county.

On the positive side, the MCHSD contracts with an outpatient agency to provide counseling services to their children and families. Dynamic Family Solutions provides individual and family treatment as well as AODA and trauma informed services.

Another program that is available for working with juveniles is the Juvenile Detention Alternatives Initiative (JDAI) supported by an Annie E. Casey Foundation grant. Stacy Ledvina, Youth and Family Services Unit Supervisor, is the contact person from the Human Services Department for this initiative. The vision behind this program that encourages alternatives to juvenile detention is: "Youth involved in the juvenile justice system will have opportunities to develop into healthy, productive adults…" The JDAI objectives are to:

- Reduce number of youth unnecessarily or inappropriately detained
- Minimize number of youth who fail to appear in court or re-offend pending court appearance
- Redirect public funds toward successful reform strategies
- Improve conditions of confinement
- Reduce racial, ethnic and gender disparities

This program works with community partners to better serve the juveniles in our community.

It should be noted in conclusion that MCHSD does have an online resource directory which is located on the county's website. It is currently being maintained by MCHSD staff, but has not always been updated regularly in the past. Although the directory exists, which is good, it wasn't mentioned as a resource used by any provider or consumer we interviewed.

Providers

Holy Family Memorial Behavioral Health

Committee members met with Brian Boomgarden, Clinic Manager at Holy Family Memorial (HFM) Behavioral Health (formerly known as Tamarack Behavioral Health Center) to learn about the services offered by the clinic. The staff consists of two psychiatrists, a psychiatric nurse practitioner and seven therapists, two of whom are psychologists. The staff sees adults and children with adults making up 70% of the clinic's caseload.

In addition to individual and family therapy and medication management, the clinic also offers several groups; some are offered in collaboration with the Sexual Assault Resource Center and the Manitowoc County Comprehensive Charter School, and others for mandated alcohol and drug clients. In addition, several groups are offered for adolescents such as an anger management group, with another group functioning as an open-ended format for people on the waiting list to see a therapist or psychiatrist.

The waiting list has been a problem that is being addressed. Since adding a psychiatrist in 2010, more than 200 adults have been taken off the waiting list and served. More recently, the waiting list for adults is about two weeks. However, this is still an issue for children; the future plan is for the nurse practitioner to see these children. A group is also being developed for them. There was also a plan to form a group for parents run in conjunction with the Family Resource Center, but lack of attendance has put this group on hold. Children who are referred by their pediatrician and/or who have insurance are seen more quickly than those with Medical Assistance or without insurance.

Because of the low payment rate for Medical Assistance (MA) reimbursement, only about 27 to 30% of the clinic population is on MA. Holy Family Memorial provides additional subsidizing for the cost of these clients. Additional in-house fund raisers have been held to finance this help. Uninsured persons will be seen but must pay something toward their cost of care at each appointment.

The clinic has a strict no-show policy for all clients regardless of type of payment. New clients are advised of the policy and given reminder calls. However, if they do not call to cancel or come for their appointment, they will not be scheduled for another appointment for one year. Ongoing clients must not miss two appointments in six months, or they will not be rescheduled for one year. This does not apply if the person does call to cancel.

HFM Behavioral Health collaborates with other community agencies. Members of our committee learned that the clinic staff reaches out to see how they can meet the needs of other agencies' clients including those on probation or parole.

Currently, the main concerns noted in our interview pertained to access to services for children with MA and for uninsured adults. Even those with health insurance often face very large deductibles which make the cost of care unaffordable.

Aurora Behavioral Health Services

Dr. Arnold, psychiatrist, and Director Joy Mead-Meucci were interviewed by committee members. Aurora Behavioral Health Services of Manitowoc, WI is the mental health provider component of the Aurora Health Care System. In Manitowoc, Aurora has one Board Certified child, adolescent and adult psychiatrist, a full time therapist, and one part time therapist who both provide individual, couples, and family counseling. Group counseling is being investigated as an option. Currently, there are no AODA services, though they are looking for approval to add an AODA therapist. Aurora's philosophy is that the chemical use should be stopped first, and then mental health issues may be addressed. Manitowoc County has a contract with Aurora Sheboygan Memorial Hospital for inpatient and detox services.

The Aurora psychiatrist in Manitowoc has an approximate 60/40 percent mix of child and adolescent to adult patient load. Aurora Behavioral Health Services of Manitowoc offers hospital-based services to Manitowoc area clients at its Sheboygan location, Aurora Sheboygan Memorial Medical Center, with two other hospital-based service locations at Aurora Psychiatric Hospital, Wauwatosa, WI, and Aurora St. Luke's South Shore, Cudahy, WI. An integrated approach utilizing wellness, nutrition, physical, and mental health was offered as a psychiatric model of treatment. Aurora accepts most insurance plans, including Medicare with an Aurora physician referral, private pay, and it contracts with most of the Title19 HMOs.

The Aurora primary care provider referral establishes the initial contact with the behavioral health component, and in Manitowoc this is often the prescribing physician. The Aurora psychiatrist is also available to the primary care provider for consultation. There is a considerable waiting list to see the psychiatrist with a shorter wait time for seeing the therapist. Once a patient is referred to the clinic, the Aurora protocol is for them to be seen by a therapist first, evaluated, and then referred to the psychiatrist if needed.

Aurora staff noted the following strengths in the Manitowoc community: Painting Pathways and Manitowoc County Human Services (MCHSD) programs and experienced, competent staff. They also felt that there is not as much stigma related to mental health issues locally as in some other communities. Law enforcement's respectful relationship with mental health patients was also listed as a strength.

Needs were described as: Lack of availability of a community resource manual, both electronic and in booklet form for provider and client use; lack of a crisis resource center available on a walk-in basis; and lack of AODA services. Additional or increased services for intense in-home therapy, additional crisis intervention training for law enforcement personnel, community support programs for children as well as adults such as wraparound services, and peer resources to prevent inpatient placement were also described as needs.

Bellin Health

Members of the LWV Mental Health Study Committee met with Ann Marie Verlare, LCSW and Amy Schwarzenbart, Psychiatric Nurse Practitioner at the Manitowoc branch of Bellin Health. The clinic provides outpatient counseling and medication management. One of its strengths is its close association with mental health providers and primary care physicians. A psychiatrist is also available to consult on a regular basis with local staff.

In addition, they have access to the resources of Bellin Health's main offices and hospital in Green Bay. Drug samples and vouchers from drug companies are available to clients in need. They accept most insurance and most Medical Assistance (MA) plans and provide services to children and adults.

Because of their close association with Bellin Health in Green Bay, local clinic staff members are in a unique position to observe similarities and differences in services in the two counties. Painting Pathways was noted as a local strength that has helped many of their clients.

It was noted that there seemed to be more information about resources readily available in Green Bay and that there are more opportunities for collaboration among providers there.

Manitowoc County's lack of any inpatient option presents barriers to some clients in need of more intensive assistance. Even suicidal persons need to be evaluated at a local hospital and then transported out of the county. If clients are willing to go to an inpatient facility voluntarily, they are responsible for their own transportation. Thus there is a sense that people fall between the cracks.

Private Practice

Committee members met with Drs. Carducci (psychiatrist) and Burbach (psychologist), two local mental health providers who work in the same office. They were asked for their impressions of the strengths and opportunities for mental health services in Manitowoc County. They talked about their concerns:

Timeliness of care. They believe there are five full time and one part time psychiatrists in Manitowoc County and most are employed by either Aurora or Holy Family and providers refer within their network. This sometimes results in waiting lists and patients waiting to be served. They wonder if there have ever been any efficiency studies done and/or if services could be more efficient so that patients could be seen sooner.

Accessibility of care. Accessing mental health treatment is particularly difficult for those who are uninsured, or on Medical Assistance. Even for those who are insured, there are barriers to service such as high deductibles. There is a lack of parity for payment of mental health services compared to other medical services.

It is difficult to see the psychiatrists at the Human Services Department because there are rules about seeing a social worker first or being in a group before seeing a psychiatrist. They noted that approximately 70% of psychotropic medications are prescribed by non-psychiatric physicians and that clinical psychologists are unable to prescribe medications. Patients with established providers are often terminated for missing two scheduled appointments. It is hard for even a bright competent person to navigate the system and to know where and how to get the help they need. Some patients have said that Dr. Carducci's and Dr. Burbach's office manager was the most helpful person they had talked to in their efforts to get services. In order to understand the challenges and difficulties faced, they wondered what it would be like to be a Medicare or Badger Care client who has to access and navigate through the system.

Information Sharing. Professionals are not always aware of what other providers are available, what resources are available in the community, and what opportunities exist for patients. The system feels fragmented and there is not a lot of accountability or transparency regarding what services agencies are providing.

Lack of inpatient care. Most psychiatry is outpatient in nature, but the community needs more inpatient beds. Patients, even children, must go out of county if they need that level of care. One alternative they know of is used in Eau Claire County where each hospital has a few designated beds for mental health issues. Another option might be to have a home that is staffed like a small mental health ward. In Manitowoc, there are six crisis beds in an area adult group home that can potentially be accessed through the MCHSD on-call crisis worker. Dr. Burbach said he enjoys working with kids and their families, but that there is nowhere to admit a child locally to inpatient care if that is needed, and there are problems accessing child psychiatrists if medication is needed.

Informal Support for Patients Needed. The community needs more peer counselors/advocates such as those at Painting Pathways. NAMI is also a good community resource.

Public awareness. The community needs more awareness and education about mental health issues and what services are available to the citizens.

Fragmented medical care. Because of third party interference, such as insurance company's rules and restrictions, the doctor-patient relationship has eroded and medical care is more fragmented. A recent Wall Street Journal article discussed a new insurance model in which more emphasis would be placed on the primary care physician as a coordinator of all of the patient's services. Such coordination would be helpful to both the service providers and the consumers.

Strengths. Drs. Carducci and Burbach also discussed strengths and possible opportunities. They wondered if Manitowoc County could be designated an underserved area. This would result in the ability to recruit potential physicians to the area who could have their education loans partially repaid. However, based on information gained in other interviews, this option isn't possible. In addition, the possibility of Medicare reimbursement exists. They also mentioned that Painting Pathways is a very positive addition to the community for mental health consumers.

Marco Services

Seventy percent of Marco's population also has mental health issues along with their addictions.

League committee members interviewed Mark Stevens, a counselor at Marco, which is a halfway house for people recovering from alcohol or drug addiction. All referrals to the program come through the Human Service Department and can include mandatory clients involved with Probation and Parole as well as voluntary clients and those who are on commitments through the court. Marco can accommodate up to 12 residents. The Human Services Department provides 90% of Marco's funding with the remainder from United Way and private donations.

The demographics of typical residents have changed in recent years. Clients used to be mainly middle aged males, but now the population is younger. There is also more addiction to drugs, both prescription and street, as well as to alcohol. The average stay is four months, although there is flexibility if a person is working to obtain housing. There is a high relapse rate in the first year and some people need to try more than once to conquer addition.

Marco employs two counselors and has four peer counselors. Programming consists of many group activities focusing on life skills and relapse prevention as well as individual counseling and recreational activities. There is an aftercare group for alumni and Marco relies heavily on the community's 12 step groups.

Seventy percent of Marco's population also has mental health issues along with their addictions. Mr. Stevens feels that Marco staff members do a good job of stabilizing the addiction issue, but they are not mental health counselors. Both addiction and mental health issues need to be addressed to give the individual the best chance of staying relapse-free. If the resident has Medical Assistance (MA), he or she can go to HFM Behavioral Health or Sheboygan outpatient clinics with a reasonable waiting list time. It is more of a challenge for the uninsured to access counseling and/or psychiatric care. Marco

staff members have seen more success for their residents in the last two years. Some of this success is attributed to the evidence-based treatment used such as the Matrix Model and the mind/body/spirit approach.

When asked to identify strengths and gaps in local services, the strong 12 step community was noted as a strength. For gaps, the lack of AODA services for adolescents was mentioned. In addition, there is a lack of "wraparound services" which would include both AODA and mental health counseling as well as aftercare and medication management. Right now it is difficult for individuals to navigate the system and access the help they need. The county could also benefit from an affordable clinic where uninsured and underinsured individuals could obtain their medical and mental health treatment.

Mental Health Services for the Elderly in Manitowoc County

Family Living Education

The elderly population is exploding worldwide and poses a significant challenge as we deal with mental health needs in our community.

Faye Malek, family living educator with the Manitowoc County University of Wisconsin-Extension, spoke to the Chamber Café in the fall of 2012 and her presentation was reported in the local paper (Hodgson, 2012). In 2010, Manitowoc County had between 15 and 18 percent of its residents in the 65 and older age group, according to Ms. Malek, She said that in 2035, those aged 65 and older will make up 24 to 27 percent of the county's population. Approximately 8,000 to 10,000 baby boomers reach age 65 every day now and this trend will continue for twenty years. With 78 million baby boomers, "the big question, of course, is how prepared are we?" Ms. Malek said. The population is aging at every level, from global to county. "Within the next 10 years, for the first time in recorded human history, the percentage of persons age 65+ in the world will be greater than those age 5 and younger," she cited in her presentation. "Older people now constitute 15 percent of the combined population of developed nations, but they will account for 26 percent by 2050."

In the United States, life expectancy increased from 47.3 years in 1900 to 78.3 in 2010, according to Ms. Malek. By 2050, it will rise to 79.7 years for men and 84.3 for women. As recently as 1940, only seven percent of Americans aged 65 years old were expected to live to age 90. By 2000 that seven percent had risen to 28 percent and it is predicted that by 2050, 42 percent of 65-year-olds are expected to live to the age of 90.

Manitowoc County Human Services Division

Jeff Jenswold, Co-Director of the MCHSD, clarified issues related to services for the elderly. He thought the biggest hole in the mental health area was in services to the elderly. One of the concerns he sees is AODA and prescription drug abuse with the elderly. It is also difficult to differentiate between dementia and other mental health conditions in this population. We need to have different levels of

interventions available, including detention. The regulations won't allow detention of anyone with dementia and are targeted at nursing homes in order to prevent them from handling troublesome clients this way. In Mr. Jenswold's opinion, it would be ideal to have a specialized Community Based Residential Facility (CBRF) which would have a locked unit, but that's not allowed under CBRF regulations.

Physician Perspective, Shady Lane Nursing Care Center

Dr. Mary Govier stated that the number of primary care physicians and psychiatrists is decreasing. A lot of care will be given by nurse practitioners and physician assistants in the future. When looking at the mental health needs of the elderly, Dr. Govier said there is a failure to recognize the need for care and to accept a mental health diagnosis among the elderly. With so many issues involved in treating the elderly, it is often difficult to diagnose depression and it is often seen as dementia. The chronically mental ill probably have better services because they are already in the system and the numbers aren't that large because they tend to die earlier. Dr. Govier thought that the county does a good job caring for this segment of the population. Most primary care physicians have a small number of psychotropic drugs that they prescribe and are familiar with their use and side effects. If the patients have a primary care doctor and they go to other doctors within the same system, the chance that they will have their medications effectively monitored is enhanced. If people go to multiple doctors and there isn't this monitoring, there is a risk for drug interactions. Pharmacists are very helpful in monitoring drug interactions when people are on a variety of drugs from different doctors.

She sees alcohol use and abuse as a potential problem among the elderly because of isolation, loneliness, and depression.

Many elderly don't want to go to a psychiatrist because of the stigma attached. Once people are in nursing homes, Dr. Laurie Garces, a psychiatrist from Sheboygan, covers the nursing home mental illness concerns and goes to all the nursing homes in the county. Dr. Govier said we are very lucky to have Dr. Garces in the community providing these needed services. When Dr. Govier makes referrals to psychiatrists, it's not difficult to get patients seen in a reasonable amount of time. Holy Family Behavioral Health has two psychiatrists and they are working hard to reduce the waiting lists and it's been working well from her point of view. She believes that the Human Services Department has been responsive as well, but she doesn't work with them a lot. She feels there is more of a problem with younger chronically mentally ill regarding medication compliance.

She identified Holy Family's Dr. Goetz, a psychologist, and Dr. Bhatt, a neurologist/psychiatrist, working together to evaluate dementia/memory concerns, as excellent resources in a program that's been underutilized in the county. The Aging Disabilities and Resource Center (ADRC) is also a good resource for the elderly community.

Lakeland Care District is a consortium of three counties which provides services to the elderly and disabled. The Lakeland Care District has quite a few people under their care and do provide good care, but it is hard to get approval to spend money. They prefer to have clients in the least restrictive setting which in turn, keeps cost lower.

When asked what the county could benefit from regarding services for the elderly, Dr. Govier identified the following areas:

- Day services for the elderly to provide respite for their caregivers and to provide socialization opportunities to reduce isolation and loneliness.
- More community wide education to help with recognizing the signs of depression and mental illness.
- Increased encouragement for primary care doctors to detect depression.

Aging and Disabilities Resource Center

An interview with Judy Rank, the Director of the Aging and Disabilities Resource Center (ADRC), yielded information from her perspective about seniors' mental health issues. Medical Assistance (MA) dollars pay for skilled care, but not case management. The ADRC staff uses IRIS (Include, Respect, I Self-direct) which provides self-directed care, focuses on respect, and helps the elderly identify resources. IRIS is a state funded self-directed long term care public benefits program. A person whose primary diagnosis is a mental disorder and there are no physical, frail elderly, or developmental disabilities associated with the person's mental illness, is not eligible for Family Care or IRIS. The only possible public benefits (other than Medicaid) would have to come through the Human Service Community Options Program managed by MCHSD's clinical services department.

Adult protective services for elderly clients are coordinated by Jeff Jenswold, Co-Director of MCHSD.

The Adult Day Care Center housed at HFM was closed in 2008. Since the interview with Ms. Rank, we have learned that there is a functioning Adult Care Center called Generations Elder Care that is open at 14th and Clark Streets.

Ms. Rank said we need to prioritize the needs or problems for the elderly that affect their mental health. These needs or problems are:

- More mental health providers who want to serve the elderly.
- Shorter wait time for appointments.
- Many people do not have insurance that will cover mental health.
- The elderly face isolation because they can't get around as easily and they are often alone at home and this can lead to alcohol abuse.
- The elderly who are alone and do not have family and friends need to have a system of support and mentors available to help them with day to day activities and needs.

Resident Services at Felician Village

> *Unidentified mental illness is a big concern when working with the elder population.*

Tracy Geenen, the (former) director of Resident Services at Felician Village, was interviewed and identified several concerns regarding mental health and the elderly. She stated that unidentified mental illness is a big concern when working with the elder population. Clients are coming with unidentified

and untreated anxiety and depression. The elderly have multiple doctors treating multiple health issues and there is the potential for no one to be monitoring and controlling the use of prescription drugs and their side effects. The current elderly population has a tendency to take drugs and then when they are feeling better they stop taking them and the problems return. There seems to be a stigma with the elderly regarding the taking of drugs. Medication isn't always taken appropriately; they miss taking the medication, or mix it with alcohol.

Elderly individuals are very independent and they don't want to be a burden to their children, but they do become very dependent when they need help. She believes that the baby-boomer population might be different because they are more open and have started having open discussions with their children regarding their care and overall needs.

Alcohol and drug dependency is a huge issue for the elderly. The family tends not to know about the problem until the person is hospitalized for some medical issue and then needs a detoxification program. The elderly are using alcohol and drugs to cope with loneliness, isolation, and depression.

Facilities that accept Medicare and Medicaid have had to make choices state wide because of managed care organizations and what they do and do not cover. There has been a decline in the last few years of reimbursement rates for Medicare and Medicaid. There was an 11.2% cut last year in Medicare reimbursement, and a 3% cut in Medicaid, with a possible 2% more this coming year. Reimbursement rates to group homes are so low that they end up losing money, so homes have been forced to make difficult decisions around accepting clients who qualify for these services. The concern is for those who qualify for Medicaid, but do not need skilled care. Felician Village has chosen not to accept Lakeland Care clients in their group homes, but will accept them in their apartments, condos, and nursing home units.

Another big concern is for clients with dual diagnoses. It is very difficult to diagnose whether or not a client has dementia alone, or if part of the diagnosis is related to alcohol, depression, or other mental health issues.

Dr. Garces, a psychiatrist, comes in from Sheboygan to the nursing homes but the waiting time may be several weeks before the client gets an appointment. This causes many nursing homes to contract for their own doctors so that they can put treatment plans in place more quickly. In addition to proper diagnoses, there is also a need for more prevention services for the elderly.

Other Underserved Populations

Challenges to receiving mental health services include language differences,
lack of providers who are bilingual,
lack of culturally sensitive service resources,
differences in views about the nature of mental illness,
traditional cultural problem-solving techniques,
attitudes toward seeking help outside of the family, and immigration status.

For purposes of the study, underserved populations refer to individuals and families who experience additional barriers to receiving mental health services due to ethnic and cultural differences from the majority population of Manitowoc County, specifically the Hmong and Hispanic residents. According to the 2010 Census, Manitowoc County has approximately 2,272 Hmong and 2,565 Hispanic residents. The Health Department has approximately 500 clients of each ethnic group. Some challenges to receiving services include language differences, lack of providers who are bilingual, lack of culturally sensitive service resources, differences in views about the nature of mental illness, traditional cultural problem-solving techniques, attitudes toward seeking help outside of the family, and immigration status. For example, limited English-speaking individuals with mental illness who seek services from MCHSD would find it especially difficult to attend two group meetings prior to receiving individual services because of the language barrier and the cultural norm of keeping problems within the family.

In interviewing both Hmong and Hispanic community leaders and paraprofessional service providers, including representatives from the Manitowoc County Health Department, UW Extension, Catholic Charities, and other local churches, the conclusion for the Hispanic population is that there are no bilingual mental health providers or culturally sensitive services or resources in Manitowoc County, and very limited resources for the Hmong community. Service providers are frustrated because of the lack of referral resources for families and individuals who present with mental health or AODA problems or ask for help dealing with mental illness and AODA. There is a certified Hmong bilingual therapist at MCHSD and the Health Department has both Hmong and Hispanic interpreters who also serve as bilingual health aides. Both report the lack of specific services for the populations they serve. Catholic Charities, Manitowoc, has a Hmong counselor who is limited by grant requirements to domestic violence issues, dealing with both victims and abusers, and an Immigration counselor who provides immigration services once a month in Manitowoc. Churches also assist families in terms of pastoral services, but do not provide specific culturally sensitive mental health services.

Local Agencies

Public Health

The No Wrong Door initiative is a client-centered approach that links the person to the right services no matter where in the system he or she tries to access help.

Amy Wergin and Carrie Redo from the Manitowoc County Public Health Department were interviewed by the UW Madison student volunteer and a representative from LWV Mental Health Study committee.

Ms. Wergin and Ms. Redo were very concerned regarding the availability of timely services available to people experiencing mental illness. They recounted the story of a young woman with bipolar disorder who recently moved to the area and was unable to refill her medications. She went from place to place and city to city in search of help. Ms. Redo described the woman's three day quest to receive needed

services before she could finally get an appointment, and that was with a strong advocate working with her. Ms. Wergin and Ms. Redo agreed that a client cannot accept "No" for an answer and must be very persistent to get an appointment. People need an advocate who will help them navigate the system and persist until someone sees them. Some of the people just need short term advocacy until they can be seen and treated. That is why they are interested in the No Wrong Door initiative, a client-centered approach that links the person to the right services no matter where in the system he or she tries to access help.

Uninsured individuals are the hardest to find services for, but even Medical Assistance clients have trouble being seen in a timely manner. People have to go to Human Services for two group sessions before they can be seen for an individual counseling appointment. At that time, they may be scheduled to see a psychiatrist. Those coming out of prison, who don't have their medications and are part of the uninsured, experience tremendous difficulties.

They believe that the health care agencies in our area are dedicated to bringing needed services, but these are costly and difficult to provide. The Manitowoc County Human Services Department (MCHSD) has a Community Support Program, but clients need to meet certain criteria before they can receive help and there aren't enough services available. Even people who are insured have high deductibles and limits on what will be paid. They stressed that mental health can also affect physical health and that many people with mental health issues have AODA issues. Mental illness isn't seen as part of general health by insurance providers, similar to dental coverage. In addition, they have seen a big increase in Hepatitis C cases because of drug use.

Northeastern Wisconsin Area Health Education Center

Members of the League of Women Voters Mental Health Study Committee met with Marty Schaller, Director of Northeastern Wisconsin Area Health Education Center (NEWAHEC).

Background and History

The national Area Health Education (AHEC) program was established by the U.S. Congress in 1971 to recruit, train, and retain a health professions workforce committed to rural and underserved populations. Federal funding is provided for program start-up, with state and local support expected to sustain the program. Wisconsin AHEC established a statewide program with four regional centers during the period of federal start-up funding from 1991 – 1999. In order to provide programming more responsive to local needs, the four center locations were reorganized into seven locations in 2007. Each center is a non-profit organization with a community board. NEWAHEC serves 11 counties and is headquartered in Manitowoc. The Wisconsin AHEC program is administered through the University of Wisconsin School of Medicine and Public Health.

Services

Our local NEWAHEC is building up a health force pipeline, starting with K-12 schools. There are 72 school districts, and they work primarily in high school to recruit and prepare students for health care professions. They have two summer camps for health care opportunities, a Health Department Internship program, dental clinic, and alcohol and drug prevention programming. They provide job shadowing opportunities, and work with Lakeshore Technical College to offer health career classes to high school students.

Mental Health Task Force Connection

The connection with the Wisconsin Center for Public Health Education and Training (WICPHET) began in the summer of 2011 as a result of the UW Director of Public Health getting a grant to do outreach into rural communities, and the Healthiest Manitowoc County 2020 Initiative which is focusing some attention on mental health services in the county. The group field placement was for two graduate students from the UW Madison School of Public Health, and one from UW Milwaukee. They were sent to Manitowoc County to study mental health services and needs. The students worked closely with the Mental Health Task Force and their three standing committees (Advocacy, Education, and Access) to complete needs assessments, asset mapping, a literature review, and to develop and deliver a plan with recommendations for implementation. They identified appropriate resources to sustain community-based mental health services and prepared a final report to the community. The spring 2012 project wrapped up in April and the final report was presented at a community meeting.

NEWAHEC, Aurora, Holy Family, and the Manitowoc Health Department were unsuccessful in obtaining funding from a grant to help establish a Qualified Medical Health Center in Manitowoc. If it had been funded, the Center would have had to provide medical, dental, and mental health services. The Center would have served those on Medical Assistance and the uninsured on a sliding fee scale. Sheboygan County did receive approval for funding their Health Center with a similar grant.

Conclusion

The NEWAHEC program has a great deal of potential to help with mental health services in the county. It is possible that Manitowoc County would become a satellite of Sheboygan's Center and have a clinic site in the future.

County Board and Human Services Board

The committee met with Ed Rappe, a former County Board Supervisor who served as chairperson and a long-time member of the Human Services Board (HSB). Mr. Rappe explained how the Human Services Department budget gets developed. Management and fiscal staff members look at history, actual experience in the current year, and potential expenses for the next year.

The budget is then reviewed by the Human Services Board who can make changes based on their knowledge of the department and how this budget request fits with the total county budget. With HSB approval, the budget is sent to the County Executive for inclusion in the full county budget document.

The important point here is that the budget can be approved by both the HSB and the County Board, but the County Executive does not have to spend the money.

Mr. Rappe also discussed the closing of the psychiatric unit at Holy Family Hospital. It is his opinion that the county needs some kind of inpatient option in the county. Transportation is a big expense for the Sheriff's Department because they have to transport people who have been hospitalized outside the county back and forth for court hearings.

The Justice System

City of Manitowoc Police Department

Members of the committee met with Lt. Paul Schermetzler (now retired) who gave a presentation of the data collected by the City of Manitowoc Police Department (MPD). The MPD has 60 officers, or 1.6 officers per 1,000 citizens. They share records with the Manitowoc County Sheriff's Department, Two Rivers Police Department, and the Kiel Police Department. When calls come in to the County Dispatch Center, staff personnel then type the requests and send them to the appropriate department. If an offense results in an arrest, it is considered a case.

The MPD handled a total of 18,000 incident calls in 2011 and many of them have a mental health component. Arrests were made on the basis of examination, observation, and statements made to give evidence that the person posed a threat to him or herself or others. In 2010, there were 165 drug arrests in the city of Manitowoc. A concern is the increased use of prescription drugs and heroin.

The MPD and Human Services staff members meet monthly, and Jeff Jenswold, co-director and MCHSD Mental Health Division Manager provides in-service training.

Two Rivers Police Department

In an interview with Captain Rob Kappelman of the Two Rivers Police Department, he described their procedures for dealing with a mental health crisis as well as the supports and obstacles they face in such circumstances. He estimated that the department averages one mental health related call per week.

Captain Kappelman explained that the police officer's first concern is for the safety of individuals in crisis and those around them. If the person is thought to be a danger to self or others, police must transport him or her to a hospital emergency room. Any determination to detain the person is made by the Manitowoc County Human Services Department (MCHSD) on-call social worker. If the person is detained, it is the responsibility of the police to transport the person to Brown County Mental Health Center. In the event that this facility is full, the person must be transported to another mental health facility. This is necessary because there is currently no inpatient facility in Manitowoc County.

Two police officers are required for a transport which can take several hours. If this event occurs in the evening or on a weekend, there may only be two officers on duty in Two Rivers. Additional staff members would have to be called in.

If the person is not detained, he or she may be released to family or friends. Sometimes, a crisis bed in a local group home is available and used on a short term basis. Otherwise, the person returns home, and subsequent calls for similar situations may occur. This can be time-intensive for the department and there are no local outpatient counseling services to stabilize the person available on an emergency or after-hours basis.

Captain Kappelman noted that jail is not a solution for mental health issues. However, he estimates that 75 to 80% of criminal acts are related to drugs--both illegal and misused prescription medications.

In the past, monthly meetings were held which included all local law enforcements units, the MCHSD, and hospital staffs. These meetings were helpful because everyone was kept up to date on recent crisis situations and concerns could be discussed. Although it appears that meetings still occur with Manitowoc City and County law enforcement, more county-wide meetings were discontinued several years ago when the local inpatient unit was closed and there is no such current opportunity for collaboration.

Manitowoc County Sheriff's Department

The League of Women Voters Mental Health Committee interviewed Sheriff Robert Hermann and asked about his department's experiences with those who have mental health issues. They transport about 50% of mental health emergency detentions and if they have to transport to Trempeleau County for a commitment it takes about six hours one way. Sometimes they can spend 20-30 hours a week transporting people. For the initial custody and emergency detention, the local jurisdiction is responsible for transportation for the 72 hour hold. Within 72 hours, the detainee needs to be transported back to appear before the court. They do hire retired staff to transport the individuals and prefer to use two people to transport, depending on the needs and distance.

The types of calls they get are suicide, and alcohol and drug related. When asked about trends, Sheriff Hermann said the city is having a larger percentage of mental health calls. Domestic violence calls are easier to handle now since they have mandatory arrest. He feels they have a good relationship with MCHSD. If they get an alcohol-related call they can't take the individual to jail to sleep it off, but intoxicated drivers do go to jail for a 12 hour hold. He does see the need for a local inpatient facility. The sheriff believes that a mental health advocate in the jail would be very helpful. The sheriff department staff has some support and training, but could use more on a regular basis.

Deputy Inspector Todd Hermann meets monthly with Holy Family staff and Jeff Jenswold. There are two nurses on staff at the jail and they contract with HFM for a doctor to provide services weekly. The nurse practitioner comes once a week. Inmates can be charged for nursing services and medications if not indigent. The county will bring in mental health counselors as needed to assess the inmates.

The budget is a concern and has resulted in fewer officers; however, they just got approval to add some officers. The Juvenile Detention Center is not funded in the 2013 county budget and will be closed.

District Attorney's Office

Committee members met with Michael Griesbach, Assistant District Attorney for Manitowoc about the issues related to individuals with mental disorders who are involved in the criminal justice system. In the past, felony charges and prison sentences have been imposed on those who may have committed a crime while not being completely responsible for their behavior, e.g., while in the manic phase of a bipolar mood disorder. We were interested in discussing ideas that might improve services for such citizens. At the present time, the District Attorneys and judges are leaning away from felony charges and prison time if at all possible.

Current Procedures. The civil commitment process is handled by the Corporation Counsel's Office and the Court Commissioner, along with a MCHSD social worker. It is necessary to file a petition that can be contested and it must be determined that the individuals are a threat to themselves or others for them to be involuntarily placed or given treatment.

For criminal court, in cases of severe mental illness, it must be shown that the defendant did not understand what he or she was doing, in which case a psychiatric evaluation is ordered. In serious cases, before sentencing, a pre-sentence evaluation is ordered.

Possible Solutions. The possibility of a Drug and Mental Health Treatment Court was discussed, and there is new interest in this. Mr. Griesbach felt a deferred prosecution program for some offenders having mental health and drug/alcohol problems would be ideal. However, there would need to be a community group of advocates that would mentor the offender. There needs to be a central clearinghouse to access treatment or necessary drugs as well.

There is a local group working to open The Haven, a homeless shelter for men that could help with housing and services. An active interfaith group would be a possibility to help and advocate for the mentally ill and those with drug and alcohol problems going through the court system. The Salvation Army has a Prison Aftercare Program, and many of those in the program have mental disorders. Finally, more peer counselors are needed. Painting Pathways has one fully trained peer counselor and others may be going through the training. Some could be trained to be peer advocates and defendants could call them as witnesses.

Conclusion. Those in the justice system are interested in helping defendants who are mentally ill avoid more serious charges and prison time, but need some way of identifying those who might benefit from a deferred prosecution program and the services that would accompany such a program.

Manitowoc County Corporation Counsel

A member of the LWV Mental Health Study Committee met with Corporation Counsel Steve Rollins to discuss issues related to mental health and the court system.

Mr. Rollins focused primarily on the conflict between Chapter 51 and Chapter 55 of the Wisconsin Statutes. Chapter 51 deals with mental health and treatable issues. Chapter 55 deals with long term care and conditions it deems untreatable. The two statutes were written by two different legislative committees and do not cover all situations well.

Problems come up in emergency detentions where decisions have to be made in 72 hours. There is a historic case in the interest of Helen F. that went to the WI Supreme Court. This woman had dementia and was determined to be "untreatable" and thus was dealt with under Chapter 55. Although dementia is incurable, it can be treated and ameliorated so she wasn't well served to be considered a Chapter 55 case.

The Wisconsin Association of County Corporation Counsels has requested that these chapters of the code be looked at and revised by the legislature.

Probation and Parole

> *Seventy percent of offenders, both those who are incarcerated, and those in the community, have dual diagnoses of mental health disorders and alcohol and other drug abuse or addictions.*

Members of the committee interviewed Kevin Mueller of Probation and Parole about the issues they deal with relating to mental health. In May 2012, Manitowoc County had 13 parole agents responsible for supervision of 964 individuals--829 in the community and 135 in prison/jail resulting in case loads for each between 70-80 clients. Manitowoc County probation numbers are due to the increase of drug dealing in our region of the state which includes 11-12 geographical units extending west to Waupaca. In 1995, Manitowoc County had only six or seven agents.

Manitowoc County judges work closely with agents and often withhold sentences and place individuals on probation, giving agents a lot of input into consequences. Confinement in county facilities (jail) is used for noncompliance to parole conditions. The county pays for stays in jail unless someone is waiting in jail to get into a specific Wisconsin state facility (prison) program, in which case the state may pay. The details of this procedure are not clear enough, however.

Our region has one psychologist located in Oshkosh who does evaluations and is responsive despite his big territory. If individuals go to prison, they are assessed and diagnosed at the Dodge County Reception Center. The County contracts with Attic Corrections for groups which include AODA, Thinking for a Change (a cognitive behavioral approach), and there is a group for sex offenders run at the Probation office. They also refer to Bridgepoint in Sheboygan. Locally, Holy Family Behavioral Health has tried to be responsive and people can get in for AODA counseling there relatively quickly. There is a longer wait for mental health services if the person has MA. There is currently no domestic violence offenders group in Manitowoc County.

Some newer initiatives include a prerelease planning process. Six months before the person is released from prison, planning for their discharge is started. The agents are also trying to start SSI applications while the person is still in prison. There is a newer risks and needs assessment process that is being used to gain more offender buy-in, increase positive reinforcement, and target resources to people more motivated to use them and effect change. The goal is to reduce recidivism.

Needs and gaps in current services. Offenders, released with a 30 day supply of prescribed medications, find it very difficult to be seen by a professional to extend their prescription. They also have difficulty paying for the medication even if they are able to be seen. Seventy percent of offenders, both those in prison and those already in the community, have dual diagnoses with AODA addiction or abuse, along with their mental health issues. This is a major concern for Mr. Mueller, as he would prefer that these two issues be treated simultaneously. Some providers want the client to be sober before starting mental health counseling. Marijuana stays in one's system for 30 days and thus that person isn't getting help for the underlying issues and may turn to self-medicating.

Access to care is a challenge, especially for offenders on Medical Assistance (MA) or for those who are uninsured. They have difficulty getting seen at MCHSD.

Knowledge of resources is also an issue. Community groups/services such as the Mental Health Task Force, Veteran Affairs Office, and Salvation Army Circle of Support Program do their best to fill in, but there is a need for more buy-in from the community and more mental health and AODA services.

The Veterans Services Office

Jane Babcock, the Veterans Services Officer, provided information about this office. It is mandated by the state and funded through the county budget. Manitowoc is the 17th highest in the state for veteran population with nearly 7,000 veterans, or 14% of the county's adult population. Over 65% of those are age 45 and older. Manitowoc County has the fifth highest growth rate for veterans' services in the state. In 2007, the county received $14 million in VA benefits and in 2011, the county received $29 million. These benefits cover education, health care, surviving spouses' pensions, burial benefits and compensations for war veterans.

A veteran can seek services at the Veteran Services Office, any emergency room, the Cleveland Veterans Clinic, or a VA hospital. They can also go to the Green Bay Veterans Counseling Center. The veteran's primary VA doctor can make a referral to an outside provider for as many as five counseling sessions per week. There are also resident programs at all the VA hospitals and on the grounds of the two state veterans' homes. The Veterans Services Officer is interested in assisting the families of veterans locally, but there is only limited help for them at the Veterans Centers.

There is no charge for transportation to Milwaukee facilities on a van run by the Disabled American Veterans (DAV). The van drivers are volunteers who provide van service five days a week. There is also a county grant that can cover the cost of transportation to the Cleveland Clinic at $6 per round trip. Holy Family Memorial has also provided funding for approximately 200 round trips.

Presumptive disabilities from Agent Orange include heart disease, Parkinson's disease, Type II diabetes, prostate cancer and 27 other soft tissue abnormalities that can lead to cancer. Posttraumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) are the two biggest research projects at the VA Centers. There is also a new spinal cord injury center in Milwaukee.

The book *Tears of a Veteran*, which contains veterans' stories, was recommended.

There is a backlog in processing claims from 3 to 12 months for pension claims, and compensation claims can take up to 10 years for appeals. A hardship claim can be processed more quickly but the veteran must show eviction and disconnect notices and back due bills. There is a three member Veterans Commission which oversees a relief fund of $12,000 to help veterans with utility bills, groceries, rent, etc. The Veterans Services Officer assisted 6 homeless veterans in 2010 and 4 in 2011.

There is a veteran's court that serves northeast Wisconsin. A Veterans Services Officer from Milwaukee serves both Manitowoc and Sheboygan. A treatment program can be set up, and depending on the veteran's cooperation, the offense can be expunged from his or her record. A new court will be located in Sheboygan.

Gaps in local services for veterans are transportation, services for families of veterans, a domestic abuse program for veterans, awareness of the presence and needs of homeless veterans, and general awareness of the programs available to veterans. A directory of local services for veterans would also be beneficial.

Public School Personnel Interviews

Members of the League of Women Voters Mental Health Study Committee interviewed personnel from the Manitowoc Public Schools, The Two Rivers Schools, and Head Start to get their thoughts on strengths and gaps in mental health services in Manitowoc County.

Manitowoc Public Schools

Committee members interviewed Dawn LeLou-Matte, Director of Pupil Services for the Manitowoc County Public School District (MPSD). She has oversight over special education, homeless students, nurses, and all other educational areas except English Language Learners (ELL) and the curriculum for the district.

Two years ago Ms. LeLou-Matte organized a group of community people to look at mental health services for children in the area because of the needs that have been identified with children attending the Manitowoc County Comprehensive Charter School (MCCCS) and other children served throughout the district. The group was working to brainstorm issues around mental health services when they heard about the Mental Health Task Force and decided that they would join that group to address their concerns. There is a need to educate families and staff about mental illness. Our schools reflect the community as a whole and there is a general reluctance to seek treatment. One of the first steps is to get children and families to acknowledge that there is a problem. Because children with mental health issues are the least likely to be employed as adults and more often underemployed, addressing these issues early may improve the odds of their having a productive adult life.

The charter initial grant was submitted by Jan Sinor, former Pupil Services Director, because she had a student who committed suicide and she saw a need for early intervention. She started collaboration among the school districts in the county focusing on behavior and academic achievement of students with significant mental health issues. The idea was to develop a local program rather than send the children out of the community. They used social workers in addition to classroom staff and

incorporated a CST (Coordinated Service Team) approach. The school districts provide transportation and all the school districts in the county are members of the charter school. The school is autonomous in a number of ways and their hours are 9-2 daily with one Friday a month off for staff training.

The first year's implementation was funded by a $150,000 grant from the state Department of Public Instruction. The Manitowoc School District is the fiscal agent for the school.

MCCCS opened its doors in September 2007. It is a small, specialized school for a small group of children in grades 1-8 with significant emotional/behavioral disabilities. It is a collaborative effort between the MPSD and other school districts in Manitowoc County. Next year Denmark will also join the consortium of schools covered by the MCCCS.

True to its status as a charter school, the MCCCS has an independent Board of Directors. It is a public school created via a contract or "charter" between the MCCCS board and the sponsoring Manitowoc County school boards. The Wisconsin charter school law gives charter schools freedom from most state rules and regulations in exchange for greater accountability for results. The charter defines the missions and methods of the charter school; the chartering authority holds the school accountable to its charter. MCCCS leaders may experiment with different instructional theories, site-based management techniques, and other innovations. They may learn, perhaps by trial and error, what works best for their student population.

At MCCCS, instruction and supportive services are provided by two full time teachers, two paraprofessionals, and a number of collaborative partners including HFM Behavioral Health and Manitowoc County Department of Human Services. The school has a strong mental health component and provides an alternative to expensive residential treatment center placement. For the 2011-2012 academic year they had 10 students enrolled in grades 4-7 with two teachers and three aides.

The first year saw numerous successes, including increased attendance, increased student compliance based on a teacher point system, and a marked drop in negative behaviors. Several students developed friendships and the entire group developed a family-like connection.

Four of the children who were enrolled in the school this year had a diagnosis of Reactive Attachment Disorder; three out of the four had recent abandonment issues. Despite these difficulties, they have seen positive changes in the children and families that have attended the school. They use cognitive behavioral therapy with the children.

In 2008-09 they started collecting their own data from school districts in the county on the number of children who were taking medication at school and found the number smaller than they had anticipated. This wasn't a clear indication of the number of children taking medications, however, because many children take their medications at home instead of at school, or aren't on medication even though that might be beneficial. There are many children who haven't been diagnosed and for a while there weren't child psychiatrists in the county. Now we have a child psychiatrist at Holy Family Memorial Behavioral Health. One of the psychiatrists at MCHSD does see a limited number of children. One of the concerns identified was the problem with missed appointments and then they would lose their opportunity for treatment. In response to this, the MCCCS formed a partnership with HFM to come to the school to

provide group counseling services. They also have been doing fundraising to provide scholarships for students to go to individual counseling with HFM staff.

The charter school's main focus is education. The therapists learn a lot about the educational piece and how it fits with the counseling. Mental health problems can affect attendance and learning therefore we need to use other strategies when working with children with mental health problems. The charter school staff provides support to students and former school staff as students transition back to their home schools and into the classroom setting.

The general rule is that children are not sent home for misbehaving, rather they stay at school and the problems are dealt with there. Attendance had been a problem in the past with some children missing 50 or more days of school in a year. The school works collaboratively with the police department and Nancy Randolph and other staff from the Department of Human Services. The county directors, along with MCHSD staff, will be working to do more police training so that they understand what kids are going through and the need to bring students back to school rather than going through official police procedures. The police system just adds to the anxiety of the children and families.

> *The message that the charter school tries to convey to children and families is "we care, we want you here," and that "there will be natural consequences and not punishment for misbehavior."*

Children are referred by their local school districts and by families themselves. The local school district identifies potential students, talks with parents about the option, and if the family agrees, they apply to the school. The director reviews all applications. Children can't have cognitive disabilities; several have high IQs and are gifted. They have used the Wisconsin Knowledge and Concept Exam (WKCE) for all children and although all of the students have been at or above grade level, math scores remain a challenge. This past year art therapy was included in their curriculum for part of the year and they are looking to add music therapy. Funding for these additional opportunities is a challenge and fundraising is ongoing. They also have had an opportunity to go to the Sunrise horse farm for activities. So far the students have come from diverse backgrounds, but all have been boys. They need to teach the appropriate behaviors to the children; they can't assume students know what those behaviors are.

The district special education staff develops plans or IEPs (Individual Education Plan) for students. Accelify, a medical assistance (MA) billing company looks at those plans to determine what students and what services meet the MA billing criteria. The records are kept online and are completed by various staff providing the billable service. The money from MA goes into the general fund.

Ms. Dawn LeLou-Matte identified the following community strengths she sees in her role as Pupil Services Director:

Strengths

- Child psychiatrist at Holy Family hospital.
- Good collaborations have been developing in the community.

- ❖ Very active and diverse Head Start program.
- ❖ Painting Pathways is a good resource for those over 18.

She also identified the following gaps:

Gaps

- ❖ A lot of the children do not have school readiness skills.
- ❖ Appropriate behaviors need to be taught to children.
- ❖ Teachers and police need to be trained in mental health issues and how to accept and handle children with mental disorders as well as what strategies are the most effective.
- ❖ CST model is one of the most successful HSD programs, but it doesn't exist anymore as a distinct program; it used to coordinate and pull resources together.
- ❖ There is only one social worker left in the school district; students are going to guidance counselors in each elementary school building instead. There has been some talk of housing a social worker from MCHSD at Lincoln and paying for the position using school district and county funds.

Two Rivers Public Schools

Members of the committee interviewed Linda Luedtke, James Dahl, and Jim Boehlke of the Two Rivers School System. There are two full time guidance counselors, one part time counselor, an intern, and a prevention coordinator. The last position is funded through Healthiest Manitowoc 2020. They also have a Police Liaison Officer. Because the school system does not have school social workers, the counselors also fill that role.

The counselors mentioned Lutheran Social Services Runaway and Youth Services program as a strength because they deal with homeless students each year. They were also pleased that Hope House, a resource for homeless families, is available and hope to see The Haven, a shelter for men, become operational soon.

They see the lack of AODA services for teens as a gap in services. Even Alateen isn't always in operation. They see several suicidal students a year. From their point of view, the lack of an adequate number of child psychiatrists is a problem which leads to long waiting lists.

The counselors commented that they are not as knowledgeable about local resources as they once were. This is the result of turnover in providers, information online not being up to date, and no resource directory booklets being available. They depend on a resource card which is three years old. In the past there seemed to be more opportunities to collaborate among community agencies which they feel is lacking now. Lastly, despite the homeless shelters, homeless adolescents who have left home or are not welcome at home, fall between the cracks for services due to their age.

Head Start

Members of the League Mental Health Study Committee also spoke to Head Start's Mental Health Advisor to learn about services for low income young children. A social/emotional questionnaire is completed on all Head Start and Early Head Start (EHS) children. The results are discussed with parents and follow up and referrals are made as needed.

In addition, the Edinburgh Depression Scale is offered to all parents starting during the mother's pregnancy for EHS parents, and parents are offered education about mental health issues and resources in the community.

The Mental Health Advisor also completes observations of children in the classroom and collaborates with the classroom team. Other mental health providers in the community may also be involved in this process. A social skills group has been offered to Head Start children in the summer in the past; however, it was unavailable this past year due to lack of funding.

Early Childhood staff members have received training in the field of infant mental health and would like the opportunity to collaborate with other providers working with young children in the community.

Out-of-County Wisconsin Programs

Jefferson County Human Services Department

The following section combines information from two telephone conferences with Kathi Cauley, Director of Jefferson County Human Services Department. At the graduate students' research presentation, the Jefferson County model was identified as the most efficient use of local public monies. The subsequent conference calls included members of Manitowoc County Human Services Department, the League of Women Voters Mental Health Study Committee, and the Mental Health Task Force.

Jefferson County has a population of 83,000, slightly more than Manitowoc County. The Mental Health staff at Jefferson County consists of seven outpatient therapists, one Alcohol and Drug Counselor, and a unit supervisor. There is also a Crisis Outreach Worker. In addition, their Comprehensive Community Services (CCS) section has six facilitators and two mental health crisis social workers. They have an eight bed Community Based Residential Facility (CBRF) which is staffed with six paraprofessionals and is used as a stabilization alternative to hospitalization and as a post hospitalization interim step. There are also two mental health technicians who are peer support specialists. There is no inpatient provider in the county. Lastly, their Community Support Program (CSP) has 13 employees and a supervisor. The director noted that the agency is very lean on management staff. Most of the above services are for adults with the exception that some children, approximately 12-15, are part of the CSP program. Otherwise, children with insurance or Medical Assistance are referred out. Some children are also on Severely Emotionally Disturbed (SED) waivers.

In general, the agency does not have contracted employees, except for one full time psychiatrist who services all the agency's clients in need of psychiatric services. CCS clients are funded through Medical Assistance (MA) and county levy. CSP clients are mostly funded through MA.

With their current staff, they see about 400 clients for clinical services at any given time, amounting to over 1200 clients per year and they respond to over 5000 crisis calls a year. These services are provided with the same staffing level that previously handled under 1000 crisis calls per year in the past.

Jefferson County was an early adaptor of new programs such as CCS and made an effort to educate their board to its advantages. They benefited from waivers and federal money available early on. They figured the average cost per client prior to CCS and determined that costs were reduced with the program. Inpatient stays and emergency detentions were also reduced by determining and implementing what was needed, such as additional services on the weekend and peer support. Thus the board was willing to provide the needed 40% match because they could see the benefit of these innovations in containing costs.

The Jefferson County staff is skilled at maximizing MA dollars with county dollars only funding one third of the cost of their services. They also access a third of their funding through state and federal sources. They have several strategies for accessing MA dollars. The first is that their clinical staff spends 80% of their time in direct services which are billable. Their time is carefully tracked and the county contracts with a clearinghouse to do its entire MA billing. They were fortunate to have a county programmer who was able to develop electronic timekeeping and billing. Their financial manager is constantly on top of the whole operation and attends training regularly to get new ideas on billing. For instance, she has learned how to bill MA for some bachelor degree level staff's time. They are very transparent in providing staff with budget information and financial statements which helps keep the staff informed and in compliance with MA requirements.

See Figure 1 on the next page, which shows how counties spend state/federal, county, Medicaid and other revenues. The source of this graph is the Human Services Revenue Report from the Wisconsin Department of Human Services. A significantly larger proportion of Manitowoc County mental health services expenditures comes from county revenue (blue shading) rather than outside sources when compared with comparable counties and this is particularly obvious when looking at Jefferson County. This could be because of the heavy use of deep end services like inpatient services, long term residential care, and institutional care. At the same time, Manitowoc appears to access other mental health revenue such as Medicaid and other federal dollars less than other counties.

Figure 2 shows expenditure by counties for community residential service, inpatient and institutional care services and other services programs for 2010. The source of this graph is also the Human Services Revenue Report obtained from the Wisconsin Department of Human Services. It shows that Manitowoc spends more than comparable counties on costly institutional care and less on community services.

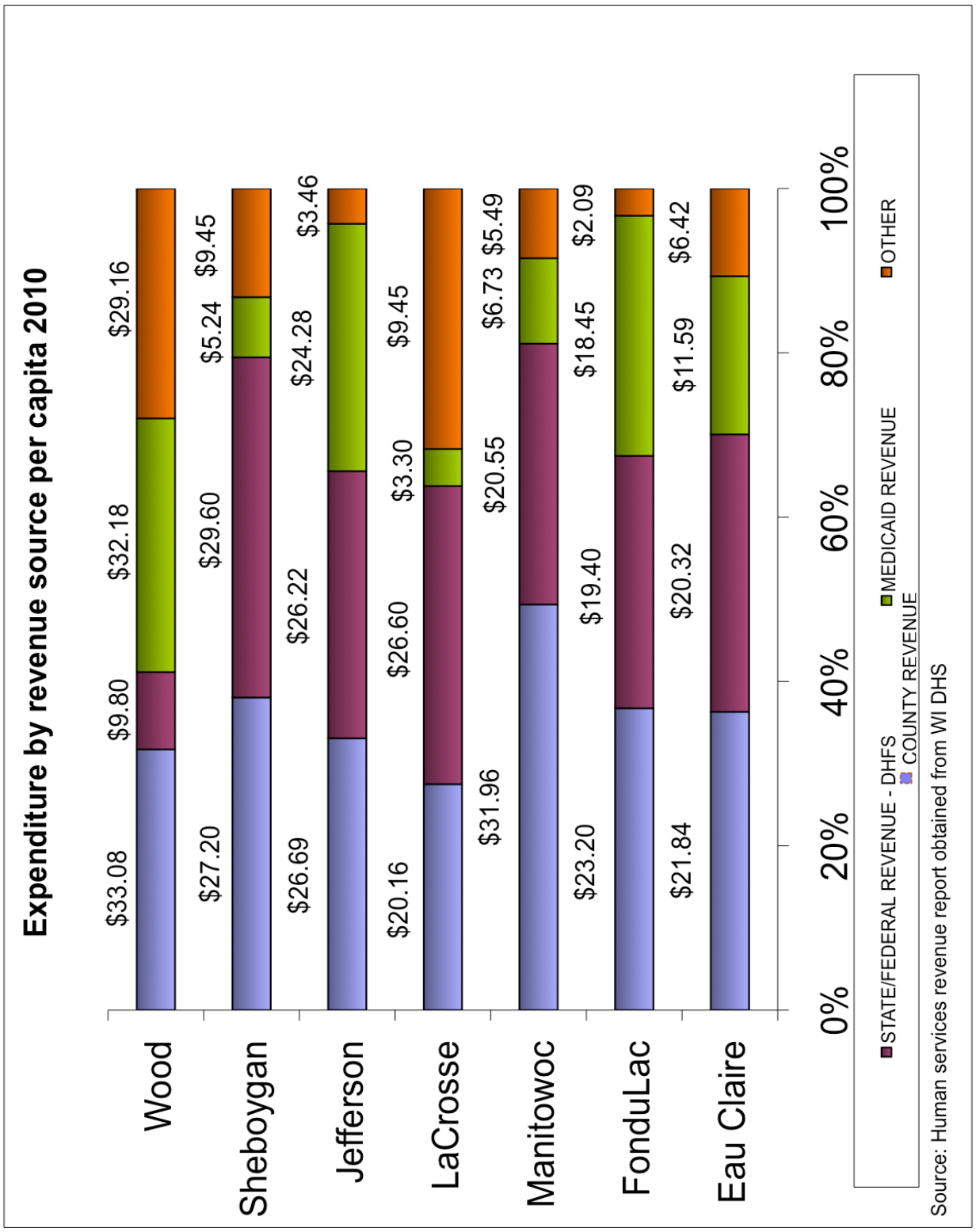
Expenditure by revenue source per capita 2010
$33.08
$9.80
$32.18
$29.16
$27.20
$29.60
$5.24
$9.45
$26.69
$26.22
$24.28
$3.46
$20.16
$26.60
$3.30
$9.45
$31.96
$20.55
$6.73
$5.49
$23.20
$19.40
$18.45
$2.09
$21.84
$20.32
$11.59
$6.42
Wood
Sheboygan
Jefferson
LaCrosse
Manitowoc
FonduLac
Eau Claire
0%
20%
40%
60%
80%
100%
STATE/FEDERAL REVENUE - DHFS
COUNTY REVENUE
MEDICAID REVENUE
OTHER
Source: Human services revenue report obtained from WI DHS

Figure 1

Figure 2

Source: Human service reporting system (F0942) report obtained from WI DHS

*Other service program clusters denotes access, outreach and prevention services,community support services,investigations and assessment services, community support program services, work related and day care services, supported employment services, community treatment services and juvenile corrections

Manitowoc has the highest expenditure for Community Residential Service and inpatient/institutional care per capita and the lowest expenditure for other or community services per capita. According to the Wisconsin Rate Schedule Mental Health Institutes October 1, 2011- September 30, 2012 document (see Appendix C), the daily rate for inpatient services is $984 or approximately $29,520/month. Wood County has significantly higher inpatient costs but it also has a hospital that provides a lot of inpatient mental health services for northern Wisconsin.

Secondly, the Jefferson County HSD put effort into establishing presumptive MA eligibility. If a person is hospitalized and not on MA, they determine their eligibility as soon as possible and follow up until the person is covered. They believe this has had a big impact on their ability to bill MA.

Third, through their CCS service array, they are able to bill MA for additional services that were not traditionally covered such as peer specialists. They also provide evidence-based programs including Dialectic Behavior Therapy, Motivational Interviewing, CST, Cognitive Behavioral Therapy, Functional Family Therapy, and Seeking Safety which is a substance abuse training program.

Current concerns include the number of children in alternate care and the high rate of hospital readmissions. They also have some issues with Family Care, feeling that the program provides limited coverage and reimbursement for mental health issues.

Eau Claire County Mental Health Services and Treatment Courts

Colleen Bates, Vice-Chair of the Eau Claire County Board and Chair of their Human Services Board, was contacted regarding that county's experience with the state's first Mental Health Court. This court was begun in 2008 with a capacity of 12 individuals. She was proud of the fact that they have four specialized courts. The other three include a Drug Treatment Court begun in 2004 with a capacity of 35, a Veterans Court begun in 2011 with a capacity of 25, and an AIM (Alternative to Incarcerating Mothers) court involving single mothers with minor children, with a capacity of 12. They are about to start a second Mental Health Court. Each judge is responsible for one court. While the judges were reluctant to start these courts, anticipating a greater work load, this has not occurred because the recidivism rate is lower and they feel good about the participants who are successful in changing their lives.

Several years ago the county formed a Criminal Justice Coordinating Council which brought together significant leaders in the Justice System to determine how they might handle these issues differently, using a treatment and accountability approach with a combination of rewards and sanctions for criminal behavior. The requirement of having a broad based Coordinating Council enabled the County to apply for and receive two significant federal grants of $300,000 and $400,000. Two key players in developing these courts have been the County Administrator and Human Services Director. Excellent records are kept on recidivism and they have found the courts are saving them money.

Ms. Bates was asked whether they have any inpatient hospital beds for acute care patients. She stated they have a Mobile Crisis Team (counselor and medical staff) that goes to the home to provide the person with medication if necessary and make sure they are stabilized. They stay as long as needed to bring the crisis under control and safe for all involved. This is a much cheaper solution than

hospitalization. They check back as necessary and may again need to address the mental health concerns.

According to the Eau Claire County Drug Court Report of 2012 obtained from the Eau Claire County website, "The mission of the Eau Claire County Mental Health Court is to increase safety and restore productive and law-abiding citizens to the community by breaking the cycle of criminal behavior through effective, long term behavioral health treatment with intensive court supervision." Costs and recidivism rates can be found on the Eau Claire County website (http://www.co.eau-claire.wi.us/HumanServices/index.htm).

The report further states that the Eau Claire County Mental Health Docket Program was developed to improve the response of their criminal justice system to people with mental illness. The MHC diverts from jail to treatment those people with serious mental disorders who are charged with misdemeanors and non-violent felonies. The court may require participants to comply with community programs for mental health and chemical dependency treatment. The court monitors participant compliance with the court's requirements and recommended treatment. The court works to improve a patient's recovery and to reduce his/her involvement in the criminal justice system.

Ms. Bates indicated their county staff is willing to travel in and out of state to provide assistance and advice on developing any of these specialized courts because they work and are cost effective for county taxpayers.

Fox Cities Community Health Center

Background

Members of the Mental Health Study Committee visited the Fox Cities Community Health Center, 1814 N. Appleton Road, Menasha, WI, 54952, and met with Kristene Stacker, the Executive Director (920-750-6611). The Center was founded as a free clinic in 1997 in the basement of the Salvation Army with one retired nurse and one doctor. It grew out of the work of an area task force that was responding to the end of General Assistance. Until it was taken over by Theda Clark Community Action Team in 1997, it was a faith-based partnership. Starting in 1997, Affinity and Theda Clark each funded $70,000 per year in a move to provide an alternative to emergency room visits. In the first year, they saw 300 patients, and in the fall of this year (2012) at the time of our interview they already had 20,000 patient visits. According to their website, they had over 21,000 total visits for 2012 (http://fcchc.org/).

Today the Center has 65 employees and is in need of another doctor. The mission of the Center is to provide quality, comprehensive primary care to all people in the community. It is a full service provider to the residents of Outagamie, Calumet, and Winnebago counties.

In the early years, the Center's primary population was the chronically poor and uninsured. The demographics have changed so that now they are seeing young families, some of whom have insurance through their employers, but who have such high deductibles ($10,000) that they can't afford the care they need. There is also a growing group of older retired adults without insurance. They don't require ID from any of their patients.

Services

Dental. The Center includes a 15 chair dental clinic located in Grand Chute, with five dentists and five hygienists.

Prescription assistance. The Center coordinates a program through the drug companies which served 2000 patients last year. People have to be patients of the clinic and keep appointments to be eligible. There is a website called needymeds.com where people can fill out a form for a card which gives them free or deeply discounted medications. They maintain a samples closet and have all the children's vaccines too. They also have an arrangement with a drug store for greatly reduced cost medications that saved the community $160,000, and with these savings they could hire another psychiatrist in the community. The average cost is $40/year per patient. They pay $13.64 for schizophrenic medications that otherwise would cost about $400 per month. They obtained a grant from J.J. Koeller Co. originally and this company is giving the Emergency Prescription Drug Fund $10,000 annually now.

They have been able to show that if people are kept stable on their medication(s), there is less chance of their getting into criminal activity. The Center works with Circles of Support and Jail Re-entry programs.

Medical. The Center has 12 examining rooms and a staff consisting of a family practitioner, an internist, two nurse practitioners, and two pediatricians who job share. They have been providing obstetric care for three years and delivered 75 babies last year, all full-term. There is a lab on site and tests can be done while the patient is there. There is also a room for minor procedures. All medical records are on a platform provided by Affinity and Theda Clark. A nurse practitioner works part time at a local homeless shelter. They provide urgent care every day with the nurse practitioner and 15% of the patients are new—they used to be able to have 40% of their patients be new, but had to cut back. Patients can be seen immediately at the shelter, even if not in their three county jurisdiction.

Mental Health. The Center has three licensed counselors who serve clients four years old and older. They also work with the homeless at the warming shelter and with those who have dual diagnoses. A nurse practitioner spends two evenings a week at the shelter. Any homeless individual can access clinic services.

Other programs. There is a juvenile sex offenders program for boys aged 12-17 years old, funded through a grant from the Office of Justice Assistance (OJA). It includes a 28-week group as well as individual and family counseling and the juveniles must be court-mandated. So far, there have been 37 graduates of the program and only one case of recidivism. They are looking to publish their curriculum as it has been very successful.

There is an Economic Support Specialist on the premises who helps people apply for benefits and to obtain prescription assistance and prenatal care. The specialist helps 70 patients per month.

Front desk staff members are bilingual (English and Spanish) as 40% of the patients in general are Hispanic, and Hispanics make up 85% of the prenatal visits.

Funding

The Center qualifies for federal funding through a Federal Torts Claim Act. This provides malpractice insurance through the federal government and saves $72,000 annually. It does not cover volunteers, so all medical staff must be employees. There are other volunteers at the Center who do not provide medical services. The Center is a 501 (3) (c) and receives a federal community health grant because of its service to low income people. This grant now accounts for 15% of the Center's budget. They also receive funding from United Way and a small state grant which has been reduced by 12%. They receive in-kind services from Affinity and ThedaCare and do fund-raising

Of the dental patients, 90% are covered by Medical Assistance (MA), 30% of the medical patients have MA, while for mental health services, 60% have MA and 40% are uninsured. The rest are self-pay.

Sheboygan County, Mental Health of America

Members of the LWV Mental Health Study Committee met with Bev Randall, director of Mental Health of America in Sheboygan County. This is one of only two chapters of Mental Health of America in Wisconsin, the other one being in Milwaukee County.

The group started as a Mental Health Association in 1963. At that time, 70 out of 72 counties in Wisconsin, including Manitowoc, had a Mental Health Association. In contrast to Wisconsin's current two counties, Indiana has a Mental Health Association in almost every county.

This organization serves as a resource hub for the Sheboygan community and has four main functions. The first is adult programming, including sponsoring four support groups. In addition to a NAMI group, these include a suicide survivors group, a group for adults with depression and one for parents who have experienced the death of a child. Community education events are also held such as a series on death and grief.

Another important function is information and referral. In addition to providing assistance to people calling in, they have a large library of books and DVDs on a variety of subjects related to mental health. They also do prevention programming in the schools on subjects such as bullying and healthy relationships.

The group is available to provide emergency medication to citizens without financial resources. They also serve as temporary emergency guardians in court proceedings.

Lastly, a resource directory is compiled for the community. It is thorough, updated regularly and available in print or on line. It was noted that because of a lack of a similar information and referral source in Manitowoc County, they receive many calls for help from Manitowoc residents.

Brown County, Mental Health Outreach Resource Expansion (MORE) Program

The Mental Health Outreach Resource Expansion (MORE) Program of Green Bay is a grant funded, collaborative effort of six agencies founded in 2008, to develop and provide mental health services to the homeless population and domestic violence victims. The American Foundation of Counseling Programs is the lead agency with Bellin Health, Golden House, a domestic violence program, House of Hope, a shelter for pregnant women, New Community Shelter, NEW Community Clinic, and St. John the Evangelist Homeless Shelter providing the preliminary assessments and referrals. Bob Johnson, Executive Director of the American Foundation Counseling Services and Bonnie Kuhr, Administrator of the N.E.W. Clinic were interviewed to learn about their successful program.

The MORE program is based on the belief that homeless individuals and domestic violence victims experience barriers to self-sufficiency and independence primarily because of untreated or under-treated mental illnesses and substance abuse.

The MORE program supports a part time Advanced Practice Nurse Prescriber (APNP) who provides on-site psychiatric evaluation and diagnosis, medication prescription, medication management and a full time masters or Ph.D. level outpatient psychotherapist who provides the individual on-site mental health counseling and consultation to the collaborator agencies. The on-site component eliminates the barriers to treatment otherwise experienced by homeless individuals attempting to access traditional mental health service providers. The overall goal of the MORE program is to stabilize individuals in order for their successful recovery to being contributors to community life.

MORE project staff members have reached several important conclusions based on their work with the homeless population. First, clients do better when they are served by a team of physical and mental health providers. They have also observed that clients who receive three counseling sessions and two or more medication management sessions are more likely to leave the shelter and obtain housing and income on their own.

One issue they struggle with is the cost of medication, which is approximately $1000 per month. Accessing regular prescription programs doesn't work with a transient population, so they try to use generic drugs, solicit donations, and work with drug company representatives.

Other concerns identified were the lack of services for children and their limited ability to follow up with past shelter residents. Referrals are made to community providers, but waiting lists exist. It was noted that there needs to be more buy-in from the community at large when it comes to the needs of the homeless population.

Providing mental health services to a homeless population is challenging due to the transient nature of their residency status, inability to access traditional mental health providers, and financial and transportation issues which makes providing continuity of care difficult. The on-site provision of services eliminates these challenges.

Strengths in Mental Health Services in Manitowoc County

During the course of our research and interviews, our League committee learned of many strengths in mental health resources here in the county. The following list is by no means meant to be inclusive of all such resources, but rather reflects the feedback we received during the course of our study.

One of the positives mentioned most often is Painting Pathways, the clubhouse by and for members with mental illnesses. Not only was it spoken highly of by area providers, but more importantly by consumers involved at Painting Pathways. It seems to be widely known in the community and supported by the community in terms of volunteers and contributions.

Three other important organizations that support mental health locally are NAMI, Prevent Suicide Wisconsin/Manitowoc County, and Survivors of Suicide. NAMI provides support for both the mentally ill and their families, provides education to the community, and advocates for the needs of consumers. Prevent Suicide Wisconsin/Manitowoc County and Survivors of Suicide support families and friends who have lost a loved one to suicide. They also provide intervention to potential suicide victims and education to the community regarding the signs indicating a person may be considering suicide and what to do to help.

Another positive recent addition to the community is the Manitowoc County Mental Health Task Force described on page 8 of this report. In addition to the work on improving awareness of mental health issues, access to services, and advocating for the needs of the mentally ill, the Task Force has provided an opportunity for networking and for increasing awareness of the resources that do exist in the community.

Although collaboration among local agencies has decreased over recent years, there are some positive examples of groups working together to improve and or add services in the county. Some examples are Healthiest Manitowoc 2020 and groups pulled together by the United Way and NEWAHEC.

There were two positive aspects of the Manitowoc County Human Services Department that were brought to the committee's attention. The first is its response to mental health crisis situations. Social workers are on call after hours seven days a week to deal with emergencies and staff is assigned to be available for emergencies during the day. The Department also has six crisis beds available at a local group home to use as an alternative to an inpatient stay or to shorten such a stay if deemed appropriate. However, they are not handicapped-accessible, resulting in those needing such accessibility to go out of county. In addition, there are some innovative interventions being used in the Children and Families Division, such as the Youth Wellness Center as an alternative to secure detention for juveniles, and a contracted counseling agency that uses evidence-based approaches. Services to juveniles will be further enhanced by new funding available since the closing of the county secure juvenile detention facility.

The excellent services provided by the Manitowoc County Public Health Department were noted as a positive for the community. The nurses at the department have extensive knowledge of the resources available both in our county and surrounding counties, have bilingual staff in both Hmong and Spanish, and do a wonderful job advocating for county residents in need.

We are fortunate to have 5.5 FTE psychiatrists in our community. In addition, two of them specialize in working with children and adolescents. One agency also has a nurse practitioner who can dispense medication under a psychiatrist's guidance. No doubt the county could benefit from more psychiatric access; however, the current number is an improvement over other times in the past.

Manitowoc County is also fortunate to have several residential programs that serve various populations in need. Some examples are Marco Services, a halfway house for recovering alcohol or drug users, the Domestic Violence Center which serves women and children who are survivors of violence in their homes, and HOPE House, a homeless shelter for families and single women.

The Manitowoc County Comprehensive Charter School is another resource in the community. It gives children who are not successful in the regular school setting a chance to learn and grow. The program includes group counseling for the children attending the school, and providers are looking at expanding these therapeutic services, such as adding music and art therapy.

There are some local programs that are worthy of note. The first is the Prison Aftercare Program sponsored by the Salvation Army which provides support to recently released prisoners to reduce recidivism. It provides Circles of Support which help them secure housing, medication, treatment, employment, and food in order to be successful in the community. Another program is Runaway Youth Services sponsored by Lutheran Social Services which provides a safe place to stay for a troubled teen as well as therapeutic intervention for the family. Lutheran Social Services also has a transitional program for older homeless youth.

On Tuesdays, the local newspaper, The Herald Times Reporter, lists the vast number of support groups that are available in our community. These include the traditional AA and NA community offerings as well as groups for survivors of domestic abuse, for survivors of sexual abuse, for parents of bipolar children or autistic children, and for individuals experiencing grief and loss. It is a credit to the community that so many groups exist to support county residents.

Manitowoc County has proactive churches that step in when needed. One example is the Lakeshore Interfaith Hospitality Network (LIHN), a consortium of churches that staffs Hope House with volunteers. Churches also provide community meals, host events which include haircuts and other free services, and in general help those in need. In addition, a new faith-based initiative, RUTH, (Responding with Understanding, Truth and Hope), has formed, working for justice through systemic changes, such as the establishment of a Drug Court, Mental Health Court, and an increase in treatment options for nonviolent offenders with alcohol and drug addictions, thereby reducing incarcerations.

As noted in this report, 17% of Manitowoc County residents are veterans. This is significant because they have access to services based on their service to the country. The Veterans' Services Officer is committed to reaching out to any veteran who needs help and linking him or her to needed services.

Gaps in Mental Health Services in Manitowoc County

As a result of interviews and surveys, the League of Women Voters Mental Health Study Committee members have identified the following gaps in mental health services offered in Manitowoc County. Of primary importance was the need for additional help and support to individuals and their families to access needed services for their mental health needs. Mental health professionals and consumers also stated the need for peer support programs and "warm lines" to help individuals in need of services. We heard many times during interviews and the survey responses that it was difficult to navigate the mental health services system in the community. Accessing the mental health system is complicated and requires searching for a provider who has time available; paying for services and maintaining a good attendance record at appointments to keep those services is difficult. People who have mental health issues often do not have the ability and/or resources needed to obtain and retain needed services. Some of the barriers are high deductibles, providers who don't accept Medical Assistance, lack of insurance, the cost of prescription drugs, legal issues facing families, missed appointments, and co-existing AODA issues.

The Painting Pathways clubhouse was praised over and over again by providers, consumers, community agencies, and families as being very helpful, but their funding is limited and dependent on private donations.

Painting Pathways is a successful program that has been praised by the community and it could benefit greatly from public funding. Some clubhouses are reimbursed by their county for services they provide. Public funding for supportive services could start to shift the money being spent to prevention and early intervention rather than expensive intensive treatments. This would also start to address the problem of not enough prevention services in our county. Some counties spend more of their funding on prevention and early intervention programs rather than the more costly inpatient programming.

The lack of inpatient services in the county, which results in high transportation costs and inconvenience and stress to clients and families, was mentioned by several respondents. Some questioned whether there could be creative solutions to this problem if the local hospitals would work together to come up with an alternative plan to replace the loss of Holy Family Memorial's inpatient facility. MCHSD currently does have six crisis beds available that they use when appropriate to replace or shorten inpatient care.

Many mental health issues also include an Alcohol and Other Drug Abuse (AODA) diagnosis. There are some concerns regarding treatment of individuals with dual diagnoses. Some people believe that the clients cannot be treated for the mental health concern unless they are off drugs and alcohol. Others believe that the AODA issue stems from the mental health issue and they need to be treated together. Our Human Services Department's philosophy is that individuals need to be free of alcohol or drugs before treatment, which leaves people struggling with their mental health issues. Marco Services, which serves AODA consumers, often has trouble getting the psychiatric care needed for their clients as a result of this philosophical choice.

A more effective 211 system was identified as a need. Users have found ours frustrating, confusing, and not useful to them as they look for answers to their questions and needs. It seems as though the current 211 system isn't complete and the data aren't always kept up to date and accurate. Over and over again providers, community agencies, and consumers identified a lack of knowledge regarding all the services and programs that are available in the county. An effective clearinghouse that maintains an up-to-date listing of programs and resources would be extremely useful to professionals and consumers. A system that would provide useable, concise information regarding available services similar to what the Sheboygan Mental Health Association distributes could be very helpful for consumers and providers alike.

Moreover, the county needs more opportunities for agencies to collaborate both formally and informally to address mental health needs in the community. The continual need for training within different agencies so that the staff has the skills and updated expertise to work with clients with mental health issues was also cited as a concern. The local chapter of Prevent Suicide Wisconsin has offered to go into the schools and do trainings, and the local NAMI chapter has offered training to law enforcement officials regarding mental health issues. Better participation by local agencies and groups in these trainings would help educate all and reduce the stigma attached to mental disorders.

Existing services for children and teens were listed as not being comprehensive enough in the county. There is a lack of AODA services such as AA, or NA programming available for teens. We are also in need of more therapeutic services and inpatient treatment options for younger children and teens. There is concern around what to do with juvenile offenders who have diagnosed mental health issues and what treatment options are available. Also, some school districts, as a result of reduced funding, have smaller counseling and social worker staff to deal with children with mental health issues. Programs such as Boys and Girls Clubs were identified as a potential support for children in the county.

Gaps in services and support for the elderly with mental health concerns have been identified in the section on elderly. Identified issues include isolation, depression, alcohol and prescription drug abuse, limited placement options for the elderly, acceptance of a mental health diagnosis among the elderly, consistent and ongoing follow-through on taking drugs when needed, difficulty diagnosing dementia vs. mental health issues, and the access to psychological services in the community.

Underserved populations discussed in this report include the Hmong and Hispanic communities and the difficulties they face receiving mental health services. These comprise a lack of referral resources, a need for culturally sensitive service resources, and bilingual mental health providers.

In addition to the gaps listed above, committee members have determined that there is a need for a full time Human Services Department Director in our county. The committee has identified this need as a result of looking at overall services and accountability by the Manitowoc County Human Services Department. Manitowoc County is the only county in Wisconsin that does not have a full time Human Services Director as required by state statutes. The County Board has recently named four co-directors to lead the agency. There is much that is working well at our local Human Services Department and we are extremely lucky to have outstanding directors and employees working for the county. That being said, one person with oversight over the whole department, who can focus on the needs of the whole system rather than individual pieces, seems optimal. We have identified some areas where greater coordination would be helpful, such as the juvenile/foster care divisions not being able to access the

county psychiatrists and the need for a county-wide approach to access more Medicaid dollars. There is also a concern over the process that is being used when clients try to access psychiatric care through the county system. The system in place is that clients need to come to a group meeting two times before they can schedule an appointment with a counselor, and then they need to see that person before they can see a psychiatrist for necessary prescription drugs. This has been identified as extremely difficult for people struggling with mental health issues and it results in long wait times before they are seen for individualized care. The number of clients that are seen by our county psychiatrists has been brought up by some local mental health providers as being a concern because the case loads are so small compared to private provider caseloads.

Other needs that require local or state support would be a mandated program for the disposal of prescription drugs and education for prescription drug providers regarding the need to limit the number of pills prescribed.

The study of whether to implement a Mental Health Court in the county to serve those with mental health issues was also identified as a need.

Many interviewees identified a lack of prevention services as a gap in mental health coverage. Prevention may save families and consumers pain and anguish, and ultimately saves money by avoiding detentions, commitments, and/or incarceration.

Recent Developments

Current initiatives from both the federal and state government to prioritize funding for mental health services corresponds to the initiative to study mental health services within Manitowoc County by The League of Women Voters. Though the emphasis from the federal and state bodies is driven by attempts to address gun violence, the result may be increased funding for prevention, early detection, and treatment of mental illness in youth and adults.

An $80 million mental health effort, part of a $500 million package of legislative proposals and executive orders to combat gun violence, was announced by President Obama on January 21, 2013. Few details of the six mental health plans are available.

MedScape News reported the plans as 1) committing to "finalize mental health parity regulations," 2) "launching a national dialogue to combat stigma," 3) releasing letters clarifying what Medicaid plans must cover, 4) clarifying that healthcare providers can report threats of violence from their patients, 5) calling for the creation of "mental health first aid" training programs for teachers and other adults who interact with students, and 6) proposing a $50 million plan to train more than 5000 additional mental health professionals.

Concerns from leading mental health providers and advocates included needing more substance and details in implementing the plans, foot-dragging by the federal administration in finalizing regulations of the 2008 Mental Health Parity and Addiction Equity Act, the Affordable Care Act and Medicaid,

duplication with other existing programs, and sustainability of the plans. Others cautioned that renewed emphasis on mental health and its possible association to gun violence may cause increased stigmatization of the mentally ill. Studies show that only 4-5% of violence is committed by the mentally ill (e.g. Swanson, 1994), and in fact, it is more likely that people with serious mental disorders are victims of violence. In a newspaper report on the latest legislative attempt to pass gun control laws, Renee Binder, a professor who has researched crime and mental health for two decades said, "I think it's important not to overreact and to stigmatize people with mental illness" because of the small percentage who are violent (Flinn, 2013).

On the state level, Governor Walker proposed in his 2013-2015 budget a nearly $30 million increase in funding for mental health services. Assembly Speaker Robin Vos announced the creation of a bipartisan state assembly task force to address mental health care in Wisconsin with Erik Severson, an emergency room doctor, chairing the task force. Representative Severson noted that as an emergency doctor he has often observed the impact of mental illness on patients. Sandy Pasch, a psychiatric nurse, is the co-chair. She associates access to mental health services to the expansion of Medicaid and has been critical of Walker's refusal to accept federal funding. Local Representative Paul Tittl is also a member of the Task Force.

The 02/07/13 journaltimes.com reported that the task force's objectives are to 1) eliminate barriers to treatment, promote early and voluntary interventions for juveniles and adults in need of mental health services, 2) improve coordination of care among those who treat people with mental illness, 3) increase awareness and reduce stigma that often accompanies mental health diagnoses and acts as a barrier to care, 4) identify and promote best practices for addressing the link between mental illness and substance abuse or dependence, and 5) address mental illness in the prison population. The task force is scheduled to make recommendations by the end of May, 2013. (See Wisconsin Eye at www.wiseye.org/ for the audio/video of these task force meetings that began on February 27th, 2013 for the testimony of the mental health professionals and providers from around Wisconsin.)

The League of Woman Voters' of Wisconsin Education Network released a statement applauding the proposals and recommended "that the increased funding be applied to community support programs that provide quality health care services for people with mental illnesses in Wisconsin." The League is also urging Governor Walker to accept expansion of BadgerCare which would include increased dollars for mental health services to low income recipients.

Governor Walker acknowledged that his proposal is in part also a response to the recent wave of mass gun violence. According to the journaltimes.com article of 02/07/13, the governor's proposal would 1) expand Comprehensive Community Service community based care, 2) establish the Office of Children's Mental Health, 3) expand Coordinated Services Teams across multiple care systems, 4) develop peer-run respite centers to improve outcomes for individuals who are in crisis or struggling with mental illness, 5) fund in-home counseling services for Children under Medicaid, and 6) add a forensic unit at Mendota Health Institute for improved inpatient evaluation and treatment services for up to 16 patients at a cost of $6.25 million per year.

The Wisconsin Council on Mental Health (WCMH) and Mental Health America of Wisconsin, (formerly Mental Health Association) have both weighed in on the proposal from the Governor and the

task force, supporting the expansion of mental health services as well as expressing concern for the need for consumer input, adapting a principle from the disability community…"nothing about us without us."

League of Women Voters of Manitowoc County Position Paper and Recommendations

Based on the information compiled in this study, the League can conclude that there are many steps that can be taken, many of which are small and/or low cost, to enhance mental health services in Manitowoc County.

The first is to provide information to consumers and providers regarding the services available locally in an updated and easily accessible format. This could include building on what is already available by enhancing the 211 system, and/or maintaining a website that is current and promoted in the community, as well as by having simple written materials such as cards with key information widely available. League members would also support a proposed "No Wrong Door" initiative to enable a consumer to get needed information and referrals no matter which agency is initially contacted.

Although some collaboration occurs in the community, there is a need to provide more opportunities for providers to meet, learn about, and coordinate their services. This would prevent duplication and provide opportunities for private/public collaboration in service provision. One suggestion would be to have a concerted community collaborative focus on prevention and early intervention programming and services. It has been shown that money spent on quality, evidence based, prevention programming saves money down the road when more costly crisis care is needed. Currently, most county mental health dollars are spent on high cost crisis care. In addition, there are many underserved populations in our county, including children, ethnic minorities, the elderly, and adolescents, who need alcohol and drug treatment and mental health counseling services targeted to their individual needs; they could benefit from increased services that such collaboration could address.

There are several concerns regarding consumers being able to access services. Uninsured individuals have added barriers including having to attend several group sessions before seeing a therapist at the Human Services Department. Underinsured individuals face high deductibles and those with Medical Assistance face long waiting lists, although some agencies have tried to reduce these. Once seen, there seems to be some discrepancy among agencies in how individuals with dual diagnoses (i.e., both mental health and alcohol and drug diagnoses) are served. No inpatient option exists in the county. We are fortunate to have group home beds available to provide safety and supervision, but some counties designate a few hospital beds for mental health patients which reduces the cost of transporting patients to out-of-county facilities. These are all issues for a coordinated county initiative to evaluate and attempt to solve.

We have a very valuable resource in our community--Painting Pathways, which was mentioned over and over by those interviewed. Since this organization is effective, it would benefit the community to help it grow its funding and services. For instance, a warm line was mentioned as a nonthreatening way for people to reach out for help and might be a service that could fit with this organization's mission.

Along with the above item, the idea of peer counselors was widely supported. This is a low cost, but effective way to help individuals in crisis or who are dealing with law enforcement and/or the court system. Painting Pathways has some expertise and interest in this area which could be supported.

Access to psychotropic medications and the means to pay for them is a barrier that has been overcome by other communities with a combination of coordination, accessing free or low cost drug programs, and some additional private or public funding. Some of this is done here now, but not in a coordinated way or in one place which allows access to all in need.

Local mental health providers and consumers may want to support the efforts of the Wisconsin Association of County Corporation Counsels in advocating for revisions to Chapters 51 and 55 of the Wisconsin Statues to allow for treatment of individuals who may have long term cognitive impairment such as dementia but who could still benefit from therapeutic efforts. This is extremely timely with the recent formation of the Wisconsin Assembly's Mental Health Task Force. Local representative Paul Tittl is a member of this task force and its recommendations are expected in May, 2013.

In addition to these suggestions, there are some bigger steps that could be investigated. The first is the establishment of a community clinic which could serve uninsured and underinsured county residents. There is already a local organization, Community Clinics of Manitowoc County, Inc., which plans to expand the successful Healthy Teeth program to include primary medical care and eventually mental health care. This is a great beginning which needs support and funding.

As has been noted in this report, other counties such as Eau Claire have had great success with establishing drug treatment and mental health courts and are adding a second mental health court. This specialized court diverts individuals with mental health issues from the jail system by providing treatment, positive reinforcement, and supervision. Although this approach requires a time commitment from key players and some funding, it has proven to be cost effective as well as having a positive impact on the individuals who come before the court. The League of Women Voters plans to host a forum in the fall of 2013 featuring speakers from Eau Claire's Mental Health Court to provide an opportunity for our community to look at the feasibility of such a court which could reduce recidivism and cost to taxpayers.

The League would be remiss if we didn't recommend reconsideration of hiring a director for the Human Service Department. Manitowoc is the only county in the state without a full time director. Although the current four Co-Directors do their best to fill this role while attending to their regular full time job responsibilities, the county would benefit from the vision, leadership, and ability to look at the big picture that a director would provide. A director might also be successful at increasing funding sources as has been done in Jefferson County, which could increase the number of consumers obtaining services while lowering the amount of county tax dollars spent.

In conclusion, in our study, the League highlights several successful model programs which warrant consideration for implementation in Manitowoc County.

Glossary of Terms

AA	Alcoholics Anonymous
ADRC	Aging and Disabilities Resource Center
AMI	Alliance on Mental Illness
AODA	Alcohol and Other Drug Abuse
APNP	Advanced Practice Nurse Prescriber
CASA	Court-Appointed Special Advocate
CAP	Lakeshore Community Action Program?
CBRF	Community Based Residential Facilities
CCS	Comprehensive Community Services
CSP	Community Support Program
CST	Coordinated Service Team
DAV	Disabled American Veteran
DBT	Dialectical Behavioral Therapy
EHS	Early Head Start
ELL	English Language Learners
FTE	Full-Time Equivalent
HFM	Holy Family Memorial
HMO	Health Maintenance Organization
IEP	Individual Education Plan
IMD	Institutions for Mental Diseases
IMD	Institute of Mental Disease
IRIS	Include, Respect, I Self-direct, state-funded self-directed long-term care public benefits program
JDAI	Juvenile Detention Alternatives Initiative
LWV	League of Women Voters
MA	Medical Assistance, also known as Medicaid or Title 19 (T-19)
MCCCS	Manitowoc County Comprehensive Charter School
MCHSD	Manitowoc County Human Services Department
MPD	Manitowoc Police Department
NA	Narcotics Anonymous
NAMI	National Alliance on Mental Illness
NEWAHEC	Northeastern Wisconsin Area Health Education Center
OJA	Office of Justice Assistance
OWI	Operating While Intoxicated
PTSD	Post Traumatic Stress Disorder
RUTH	Responding with Understanding Truth and Hope, a faith-based initiative
SED	Severely Emotionally Disabled
TBI	Traumatic Brian Injury
UW	University of Wisconsin
VA	Veterans Administration
WICPHET	Wisconsin Center for Public Health Education and Training
WKCE	Wisconsin Knowledge and Concept Exam
YWC	Youth Wellness Center

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Appendix A

Mental Health Task Force of Manitowoc County Survey Results

The Mental Health Task Force did a mental health survey of providers, community representatives and consumers in September 2011. They sent out 100 surveys and had a response rate of just over 50%.

The survey asked a total of 11 questions related to community perceptions of mental health issues in the community and allowed for comments to clarify the information being shared through the survey questions. The questions were as follows:

1. **Do you see mental health issues impacting the lives of individuals/families you come in contact with in your professional role?**

   98.5% of the respondents answered yes to this question.

2. **If yes, please select up to three impacts to help us focus our future efforts.**

   The choices given were: housing, financial difficulties, school performance, work performance, domestic violence, substance use/abuse, misdemeanor/criminal activity, child neglect, child abuse, and an area to add their own ideas.

   The top 4 items chosen were: financial difficulties 68.7%, substance use/abuse 55.2%, work performance 40.3%, and housing 28.4%. Additional items that respondents listed included: depression, poor health care and follow through, no or poor insurance, and inaccurate public perceptions.

3. **Are there mental health services currently not provided in Manitowoc County that would be beneficial for people you come in contact with in your professional role?**

   Responded Yes 55.9%, responded No 8.8%, and 35.3% responded Don't Know

4. **If yes, please identify up to three services you think would be beneficial. (List in priority order with number 1 being most important.)**

   Items listed in this section included the following suggestions (* indicates item was mentioned by more than one individual):
   - Prescription financial support *
   - Inpatient mental health services and detoxification*
   - More effective and affordable counseling for low income individuals*
   - Behavioral Health Hospital
   - DBT Group
   - Bilingual services*
   - Emergency housing for adult males*
   - Mental health units in our hospitals*

- Children and Early Childhood counselors and Child Psychiatrist*
- Peer support*
- AODA services
- Improved access to services*
- Additional residential treatment facilities
- More preventive services
- Support groups
- Employment assistance*
- Better housing options
- Family to family education
- Crisis drop in center
- Case management services
- Support for parents who have loss a child
- Options for low cost or free services*
- Mentoring/Linking with support groups*
- Public education regarding mental illness
- Free informational clinics to educate and guide people
- Education of first responders in recognizing potential acute threats*
- Stop blacklisting people who miss appointments

5. Do you think there are barriers to individuals and families accessing mental health care?

94.1% responded Yes to this question.

6. If yes, please select up to three barriers to help us focus our future efforts.

The choices given were: lack of knowledge of mental illness, stigma, fear of ramifications-losing job, kids, personal, relationships, lack of insurance/financial, transportation, access, lack of mental health providers for children/teens, lack of providers for adults, lack of providers for older adults, and an additional area to add their own barriers.

The top 4 items chosen were: lack of insurance/financial resources 73.8%, stigma/not wanting to identify mental health issues 56.9%, lack of knowledge of mental illness 40%, and access/wait time for an appointment 29.2%. Additional items that people listed included: lack of mental health providers, system is slow to respond, refusal/resistance to providing services to certain categories of clients, fear of being reported for undocumented people, social culture dependent on alcohol/drugs, and long waiting lists.

7. Do you think there are obstacles within your workplace that make if difficult To serve individuals and families with mental health needs?

53.7% responded Yes, 29.9% responded No, and 16.4% responded Don't Know.

8. **If yes, please select up to three obstacles to help us focus our future efforts.**

   The choices given were: time constraints, limited staff, budget constraints, client caseload, wait time for an appointment, staff does not see as their responsibility, understanding of available community resources for referral, lack of understanding of the significance of mental health issues for families/individuals, and other.

   The top 4 choices were: limited staff 57.5%, budget constraints 55%, lack of understanding 42.5 %, and time constraints 30%. Additional responses included: understanding legal rights, lack of resources to implement identified needs, need for better communication, staff are not mental health specialists, own safety, dysfunctional family systems and missing appointments.

9. **Do you think that mental health outcomes for individuals and families could be improved with new or additional community partnerships?**

   67.6% responded Yes, 1.5% responded No, and 30.9% responded Don't Know.

10. **If yes, please identify specific community partnerships that would be beneficial**.

    Items listed in this section included the following suggestions (* indicates item was mentioned by more than one individual):

- Unsure of community resources and what's out there*
- We need to continue to connect and educate, including employers*
- Coordinated referral and follow up
- Painting Pathways
- Better collaboration between all providers and agencies*
- Legal support and help
- Partnership between HFM/ Aurora to provide mental health intervention and care
- Learning English helps immigrant populations access needed services. Need to partner with other agencies to provide support for this.
- Need inpatient care in the community
- Training and support for police, fire, EMTs
- Partnering with housing assistance
- Maximize more use of Clubhouse
- Mental health providers and community leaders working together to educate the public on mental health stigma
- DVD that shows all services available
- Coordinated systems of care for all ages*

11. As you reflect on the needs of the people you serve, is there anything Additional that would be important to address in the scope of mental health Issues in Manitowoc County?

98.5% responded Yes, 1.5% responded No. Additional items listed in this section included the following suggestions (* indicates item was mentioned by more than one individual):

- Fear that the needs will become greater
- Need on-going lobbying for true parity
- Funding for medications*
- Great concern over the number of suicides
- Education to reduce stigma*
- Additional funding to access services*
- Need to provide timely services
- Need to address those borderline people who are lost and don't have the means or knowledge to get help
- There are a lot of people falling through the cracks
- Resources should be aligned with services
- More budgeting services are needed
- Trying to find ways to identify mental illness early to avoid harm to others and criminal activity
- Local treatment facilities
- Focus on suicide prevention
- More access for Medicaid patients

Appendix B

History of the League of Women Voters of Manitowoc County Positions on Mental Health

In 1975, the LWV adopted a study of mental health services in Manitowoc County with a focus on acute care psychiatric and alcoholism services. It also addressed how to best provide state-mandated acute care services within the community.

In 1977, the LWV published a study titled *The Problems of Acute Care Services in Manitowoc County.* An ad hoc committee was established to study the recommendations of the League study.

In 1979, the LWV adopted the position that adequate care for psychiatric, chronically ill, and alcohol and drug dependent individuals be provided in appropriate available facilities.

In 1991, after a two year study, the LWV of Wisconsin adopted positions of mental health care which included support for expanding community-based services such as housing, and coordinated community-based services for children and adolescents with an emphasis on early treatment and prevention. The League also supported early identification and treatment of mentally ill persons incarcerated in jails. (See http://www.lwvwi.org/cms/content/view/28/58/.)

The current local position for the League is "support funding for treatment programs and adequate housing for the mentally ill."

Appendix C

STATE OF WISCONSIN
Department of Health Services, Division of Mental Health and Substance Abuse Services
DMHSAS Memo Series 2011-06
Date: September 6, 2011

Index Title: RATE INFORMATION FOR BILLING FOR SERVICES PROVIDED BY THE MENTAL HEALTH INSTITUTES
For: County Departments of Community Programs Directors
From: Linda A. Harris, Administrator

Document Summary

Each year, the Wisconsin Department of Health Services (DHS) reviews and revises the rates charged for services at the state mental health institutes. The mental health institute rates are effective October 1, 2011. Rates are based on the actual cost of providing these services and the availability of third party revenues such as Medicare and Medicaid.

The October 1, 2011 average daily inpatient room rate increase will be 1.6 percent for Mendota Mental Health Institute and Winnebago Mental Health Institute. The daily rates at both facilities are the same and considered system-wide rates (http://www.dhs.wisconsin.gov/dsl_info/numbered memos/DMHSAS/CY2009/nmemo200906.htm).

RATE SCHEDULE MENTAL HEALTH INSTITUTES October 1, 2011 - September 30, 2012
PER DAY INPATIENT RATE

	MENDOTA	WINNEBAGO
• Adult Psychiatric Services	$984	$984
• Geropsychiatric	$1,036	
• Child/Adolescent		$955
• Forensic – all security levels	$984	$984
• Emergency Detention Add-On for first three days of service (plus intervening weekends and legal holidays)	$200	$200
• Non-typical Services Add-On	$200	$200
• DAY SCHOOL – per hour		$30