

	AGENDA Board of Health Wednesday, February 22, 2023 4:00 PM Health & Human Services Building Community Room 303 West Chapel Street Dodgeville, Wisconsin Zoom option https://us02web.zoom.us/j/84091335433?pwd=SDA0akVkUVBiU05Jb3RNSDhBdmR2dz09 Meeting ID: 840 9133 5433	Iowa County, Wisconsin
For information regarding access for the disabled, please call 935-0399		
Any subject on this agenda may become an action item		
1	Call to Order and Welcome	
2	Roll Call and Introductions Dody Cockeram, County Board Supervisor PHN Team: Leah Walrack, Carly Tibbits	
3	Approve the agenda for this meeting	
4	Approval of the minutes from the November 9, 2022 prior meeting	
5	Report from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.	
6	Appreciation of Service to the Board of Health; Lay Member Linda Pittz	
7	<u>Program Updates:</u> COVID-19: thank you AD; CDC Infrastructure Funds; Pharmaceutical grade refrigerator/freezer; LTC boosters Program/Service Partnerships: Food Pantry, Free Clinic, Family Resource Center, Health Care Partner Coalition (childhood vaccinations; updated requirements), Lead Testing, Radon Campaign Students: Nursing (BSN) and Master of Public Health (MPH) Community Health Improvement Plan (CHIP) Planning Process: Community Health Needs Assessment 140 Audit: May 31, 2023 9am-noon (<i>assurance meeting statutory requirements as Level II health dept</i>) Budget (2022 Year-end update)	
8	Opioid Needs Assessment; Report of Recommendations – Joan Davis, Chair	
9	Monthly report (programmatic stats)	
10	Next meeting date	
11	Adjournment	
Posting Verified by: Debbie Siegenthaler, Director/Health Officer/Joan Davis, Chair Date: <u>2.14.2023</u> Initials: <u>DS</u>		

Posted by County Clerks Office on 2/14/2022, MC



UNAPPROVED MINUTES
Board of Health
Wednesday, November 9, 2002 @ 4:00 PM
Health & Human Services Building – Community Room
303 West Chapel Street
Dodgeville, WI 53533

**Iowa
County
Wisconsin**

For information regarding zoom or access for the disabled, please call 935-0399

1 **Meeting was called to order** by Chairperson Joan Davis at 5:00 PM.

2 **Roll Call and Introductions:** Committee members present: Joan Davis, Tom Howard, Justin O'Brien, Gerald Galle. Excused: Linda Pittz, Sue Steudel. Others Present: Iowa County Board Chairman John Meyers, Iowa County Health Department Director Debbie Siegenthaler, Medical Advisor Dr. Peter Mullin. Participating via telephone: Troy Moris, Environmental Health Regional Program Coordinator. Others attending: Bruce Paull.

3 **Approve the agenda for this meeting:** O'Brien moved to approve the agenda for this November 9, 2022 meeting. Galle seconded the motion. Motion passed unanimously.

4 **Approval of the minutes from the September 14, 2022 meeting:** O'Brien identified a typographical error in the draft minutes which was corrected. Galle moved to approve the minutes for the September 14, 2022 meeting. Howard seconded the motion. Motion passed unanimously.

5 **Report from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.** No reports or addresses.

Program Updates:

COVID-19; CDC infrastructure funds: Director Siegenthaler stated that COVID is still considered a category I disease and as such is reportable. The Health Department is still doing outreach, outbreak management and surveillance at long term care facilities. She stated that COVID activity is dropping off but is still a concern going into this winter. Other Health department concerns include RSV and seasonal influenza (the "season" lasts through April). Dr. Mullin briefly explained the care/treatment protocol regarding RSV patients. Director Siegenthaler stated that the Health Department is still giving COVID vaccination at clinics each Thursday and that approximately 50 people attend each clinic. She gave a brief overview of funding sources related to COVID and general plans by the Health Department regarding expenditure of these funds (some of which have a timeline for expenditure).

6 *Monkey Pox:* Director Siegenthaler reported that there have been 87 cases of monkey pox in Wisconsin (none in Iowa Co) thus far and that cases apparently peaked in May. The Health Department has administered 36 vaccinations for Monkey Pox and continues to receive inquiries/interest from other counties, as it is operating as a regional resource.

Pharmaceutical grade refrigerator, freezer: Director Siegenthaler stated that ARPA money will fund cost of these items, that cost estimates are \$7,800 for refrigerator, \$6,200 for a medical grade freezer, and that there is a need to replace the alarm system for these items (approximately \$1,100). Bids have been solicited. Approval sought and gotten from County Administrator Bierke as well as confirmation from DHS that these are allowable expenses under the ARPA funds. Lastly, Debbie did reach out to local businesses (Ford Appliance and Bob's Electric) to assure they are unable to secure these purchase, both confirmed they cannot. The Health department is proceeding with the purchases. Chairman Davis questioned whether there was an emergency generator already in place for these items. Siegenthaler stated that there was (for the entire building's emergency electrical needs). Siegenthaler also stated that Hometown Pharmacy would serve as a back-up for cold storage, if necessary.

Resiliency and recovery: Director Siegenthaler stated that the Health Department is in a continuous process of on boarding and acclimating staff, as it takes significant time. She stated that burnout from

	COVID is a real concern, pointing to the turnover rate of approximately 50% of Wisconsin public health officers during the past two years. <i>Community Health Needs Assessment:</i> The 2022-2024 Community Health Needs Assessment is a collaboration by Upland Hills health, Community Connections Free Clinic, SWCAP, Iowa County Health Department, and ADRC. Director Siegenthaler stated that the assessment statistically profiles county demographics, health rankings, health concerns, and the results of online community health surveys. She briefly described the various sections of the assessment and suggested deferring the full discussion of this assessment for a future meeting. She further stated that the next step in this process (which is done every five years) would be the creation of an improvement plan as a second part of the Needs Assessment and that a good start would be to identify and inventory the groups and coalitions that are related to the concerns identified in the Needs Assessment. <i>140 Audit (review to assure meeting statutory requirements as a level II health department):</i> Director Siegenthaler described the 140 Audit as statutorily required at least every five years and that the last review was in 2016. An abbreviated review (due to COVID) was conducted last November 2021. The upcoming full three-hour 140 review is scheduled for May 31 of 2023.
7	Environmental Health program Update: Troy Moris, RS, Environmental Health Regional Program Coordinator: Moris described the program as a five-county consortium that has operated for 38 years. He has been the program's coordinator for 25 years. The program addresses such items as landlord/tenant disputes, evictions, back pay of rent, radon, mold, residential lead contamination, and others. Moris stated that our consortium counties have the state's second highest incidence of lead issues in homes. Moris described his role as an inspector for the LSHP (Lead Space Housing Program) grant, administered by SWCAP who receives referrals from the Health Department. Moris described his role in the Radon program – Our consortium has the best return rate in Wisconsin (64-68%) for free radon test kits and is recognized nationally for this good work. He stated that NE Wisconsin has the highest incidence of radon issues. We are concerned about radon as it is the second leading cause of lung cancer. Approximately 550 test kits have been distributed in the five county consortium (these test kits are available at the Iowa County Health Department). Moris stated that if a radon reading of 4.0 is found, it is at the action level – a letter is sent (from Moris) to the homeowner suggesting remediation. He stated that Radon mitigation contractors in Wisconsin are not licensed but are certified and that a list of certified contractors is provided by him to homeowners (although he makes no recommendations).
8	Next Meeting Date: Chairperson Joan Davis suggested February 22 at 4:00 PM as the date and time for the next quarterly BOH meeting. Director Siegenthaler would notify members if there is any change in this proposed next meeting time/date.
9	Adjournment: Obrien moved to adjourn; Davis seconded the motion. Meeting adjourned at 5:37 PM.

Minutes submitted by Tom Howard, Iowa County Board of Health secretary

Childhood Vaccine Updates



Tdap

What's new with Tdap Vaccine?

Before: Tdap was required prior to entering 6th grade.

Now: Tdap is required prior to entering 7th grade.

Why the change? A Tdap booster should be given at 11 years of age. This will eliminate difficulties for families with children who don't turn 11 until the beginning of 7th grade.

What's new with Meningococcal Vaccine?

Meningococcal

Before: Meningococcal was not previously a required school immunization.

Now: Meningococcal vaccine will be required for students entering the 7th grade and a booster for students entering the 12th grade.

Why the change? Many reasons, but most importantly- keeping our children safe from severe disease and preventing outbreaks in our school systems.

What's new with Varicella Vaccine?

Varicella

Before: Varicella was already a school required vaccine. Reporting past varicella infection was allowed from parents/guardians.

Now: Reporting past varicella infection must come from a qualified health care provider.

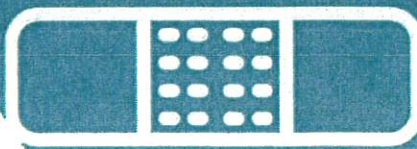
Why the change? Chickenpox is highly contagious. This change aligns with ACIP's recommendation for evidence of varicella immunity.

Questions? Call us!

608-930-9870



HEALTH
DEPARTMENT





HEALTHY IOWA COUNTY

*Every person, family and community in
Iowa County experiencing lifelong health
and well-being.*

Community Health Needs Assessment

2022-2024

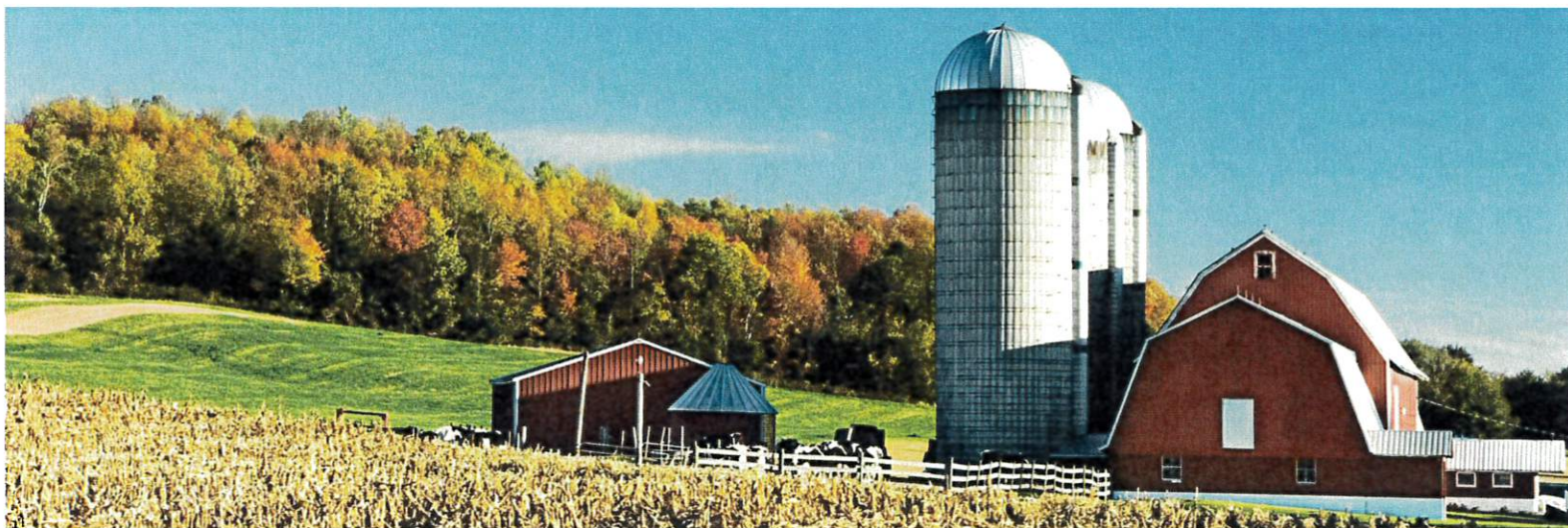


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Executive Summary

Local health departments are required to complete a Community Health Needs Assessment (CHNA) every five years. It is a process to identify the most critical things impacting the health of a local community. Our local health system, Upland Hills Health, is required to complete a CHNA every three years. In a long standing commitment to work together, the Iowa County Health Department has determined it makes good sense to complete its CHNA every three years, on the same cycle as Upland Hills Health.

In 2022, Upland Hills Health, the Iowa County Health Department, along with several community partners listed below convened several meetings to plan and implement a CHNA as well as review progress collectively made on the previous Community Improvement Plan (CHIP).

Collaborating community partners include:

- Upland Hills Health Hospital and Clinics
- Iowa County Health Department
- Aging and Disability Resource Center (ADRC) of Southwest Wisconsin
- Southwestern Wisconsin Community Action Program (SWCAP)
- Community Connections Free Clinic

Each three-year cycle, the CHNA provides an important opportunity to review secondary data which profiles key demographic data as well as the statistical health of Iowa County via review of national, state and local data sources. In addition, the CHNA is a critical opportunity to gather the voices of our community through primary data collection, accomplished through a community survey to learn about residents' concerns. Approximately 327 stakeholders contributed their responses and ideas to the community survey disseminated in 2022. Community health needs were identified and prioritized based on: available data, input from community members regarding perceived importance of health concerns via a community survey, and our ability to make a significant impact.

Four priorities will be the focus in our 2022-2024 Community Health Improvement Plan.

- ✓ **Mental Health and Alcohol/ Drug Abuse/Misuse**
- ✓ **Access to Transportation**
- ✓ **Healthy Eating/ Weight Loss and Exercise (Healthy Living)**
- ✓ **Aging Concerns**

The Community Health Improvement Plan: *Healthy Iowa County*

The next step after identifying priority needs is to make a plan to address these needs; a Community Health Improvement Plan (CHIP). A series of community meetings will convene in 2023 to assemble the CHIP.

- A large ***Healthy Iowa County Community Stakeholder Meeting*** is convening in early 2023. This group will have several goals:

2022 Community Health Needs Assessment

- One important goal is to lay the foundation for all working for a *Healthy Iowa County* to be connected to a similar mission. There are dozens of coalitions, organizations, and individuals doing good and important work in Iowa County. An essential task is to inventory and connect the amazing work that is happening, identify strengths as well as gaps. It's very possible that some coalitions may have no idea that other coalitions exist, and perhaps the work they are accomplishing. Bringing awareness regarding all this good work benefits everyone: lessens duplication, and may help re-focus efforts.
- A second goal is to convey the four priority areas and the data supporting these needs.
- Finally, participants will self-select which priority area(s) they are most suited to work in.
- From the large stakeholder group, four subgroups or task forces will convene and meet in each of the priority areas in the first half of 2023 to: inventory work occurring in Iowa County to address each priority need, identify the root causes of issues/needs, and define specific goals and objectives as well as a plan to measure progress.

Iowa County has an incredibly strong network of partners and caring individuals and organizations working towards a stronger, more vibrant future. We are excited for a continued collaborative process that works to achieve a vision of every person, family and community in Iowa County experiencing lifelong health and well-being.

***Visit the Iowa County Health Department website to view the complete
[Iowa County Community Health Needs Assessment \(2022-2024\)](#)***



Iowa County by the Numbers

- Population (2020): 23,756 Male = 50.7% Female = 49.3%
- Population increase (2020-2025) of 0.2%
- Lower per capita income than USA as a whole
- Lower rate of unemployment (2.3%) than Wisconsin (2.9%) and the US (3.7%)
- Disparities:
 - *Income* Non-Caucasian populations have lower per capita incomes
 - *Education* Non-Caucasian populations are less likely to have high school or college diploma
- Overall, higher percentage of Caucasian residents than Wisconsin
- 20.3% of people in Iowa County are over the age of 65
- 28.8% of Iowa County residents over the age of 65 live alone
- 11% of Iowa County residents over the age of 65 are in poverty
- 16.2% of Iowa County residents over the age of 65 are still employed
- Mean travel time to work for workers age 16 years+ is 25.4 minutes

Source: U.S. Census Bureau V2021: U.S. Census Bureau Quick Facts: Iowa County, Wisconsin
Iowa County, WI - Profile data - Census Reporter
Aging: Demographics in Wisconsin | Wisconsin Department of Health Services



The Health of Our Community

County Health Rankings 2022 (www.countyhealthrankings.com)

Iowa County is ranked among the healthiest counties in Wisconsin with an 8th overall ranking for all Health Outcomes. Iowa County is ranked in the higher middle range of counties in Wisconsin with a 23rd overall ranking in Health Factors.

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Iowa (IO) is ranked among the healthiest counties in Wisconsin (Highest 75%-100%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Iowa (IO) is ranked in the higher middle range of counties in Wisconsin (Higher 50%-75%).



2022 Community Health Needs Assessment

Health Outcomes

Length of Life	Iowa (IO) County	Wisconsin
Premature Death 	4,800	6,600
Quality of Life	Iowa (IO) County	Wisconsin
Poor or Fair Health	13%	15%
Poor Physical Health Days	3.4	3.6
Poor Mental Health Days	4.3	4.4
Low Birthweight	7%	8%

Additional Health Outcomes (not included in overall ranking)

Health Factors

Health Behaviors	Iowa (IO) County	Wisconsin
Adult Smoking	17%	16%
Adult Obesity	35%	34%
Food Environment Index	9.0	8.7
Physical Inactivity	22%	22%
Access to Exercise Opportunities	33%	78%
Excessive Drinking	27%	25%
Alcohol-Impaired Driving Deaths 	19%	36%
Sexually Transmitted Infections 	185.8	499.4
Teen Births	8	14

2022 Community Health Needs Assessment

Clinical Care		Iowa (IO) County	Wisconsin
Uninsured	~	6%	7%
Primary Care Physicians	~	1,820:1	1,260:1
Dentists	~	1,690:1	1,390:1
Mental Health Providers		1,310:1	440:1
Preventable Hospital Stays	~	4,074	3,260
Mammography Screening	~	38%	49%
Flu Vaccinations	~	50%	53%

Source: County Health Rankings www.countyhealthrankings.com

Notable Iowa County Health Rankings Measures

- 22% of adults report no leisure-time physical activity (Wisconsin rate is 22%)
- 17% of Iowa County adults smoke every day or most days (Wisconsin rate is 16%)
- 35% of Iowa County adults report a Body Mass Index ≥ 30 which is classified as obese (Wisconsin rate is 34%)
- 38% of Iowa County workers who commute alone travel more than 30 minutes to get to work. (Wisconsin rate is 28%)
- 27% of adults reported binge or heavy drinking in the past 30 days. (Wisconsin rate is 25%)
- There is 1 mental healthcare provider for every 1,310 people in Iowa County. (Average for the state of Wisconsin is 1 for every 440 people.)
- 47% of the Iowa County population feel they have adequate access to locations for physical activity
- 74.1% of Iowa County residents have received a COVID-19 vaccination compared to Wisconsin's overall rate of 73.2%

Source: County Health Rankings www.countyhealthrankings.com



Voice of the Community

The CHNA process began in early 2022 during the ongoing COVID-19 pandemic response. Community partners in all sectors, including health, continue to respond to the pandemic. Partners were committed to the important implementation of this CHNA process in furthering the health of our community, especially on the heels of such an extraordinary event such as the pandemic. The pandemic provides an important window into some critical struggles and issues in Iowa County.

Community Forums and Surveys

In July of 2022, The CHNA partners developed and conducted a survey of community residents throughout the Upland Hills Health service area. The survey was available electronically at the Upland Hills Health website, the Iowa County Health Department website, as well as distributed through UHH and ICHD social media, and school email listserves in Barneveld, Dodgeville, Highland, Iowa Grant, and Mineral Point school districts. The ADRC provided the survey link to the ADRC Board. SWCAP provided the survey link to clients and staff. The Iowa County Health Department provided paper copies at COVID-19 vaccine clinics and Upland Hills Health Clinics provided paper copies to patients. Community members shared their insight and suggestions for improving healthcare services in each of their rural areas.

The survey included demographic indicators and these questions:

- *How would you rate our community as a healthy community?*
- *How would you rate your own personal health?*
- *What are the most important issues in our community?*
- *Behaviors that have the greatest impact on our community?*
- *Access to dental, mental, physical health services?*
- *Which services are difficult to access?*
- *Barriers to accessing dental, mental, and physical health services?*

The need for increased access to health services was the general theme, which included wellness/fitness, therapy, mental health, alcohol and drug abuse services, extended hours of business, access to transportation, medical specialists, and telemedicine.

Community Forum and Community Survey comments showed an increase in caregiver concerns that relate to mental health and aging.

Survey results for each question are on the following pages.

2022 Community Health Needs Assessment

2022 Community Survey Summary

Community Health Needs Assessment (CHNA) Survey Results

June-July 2022

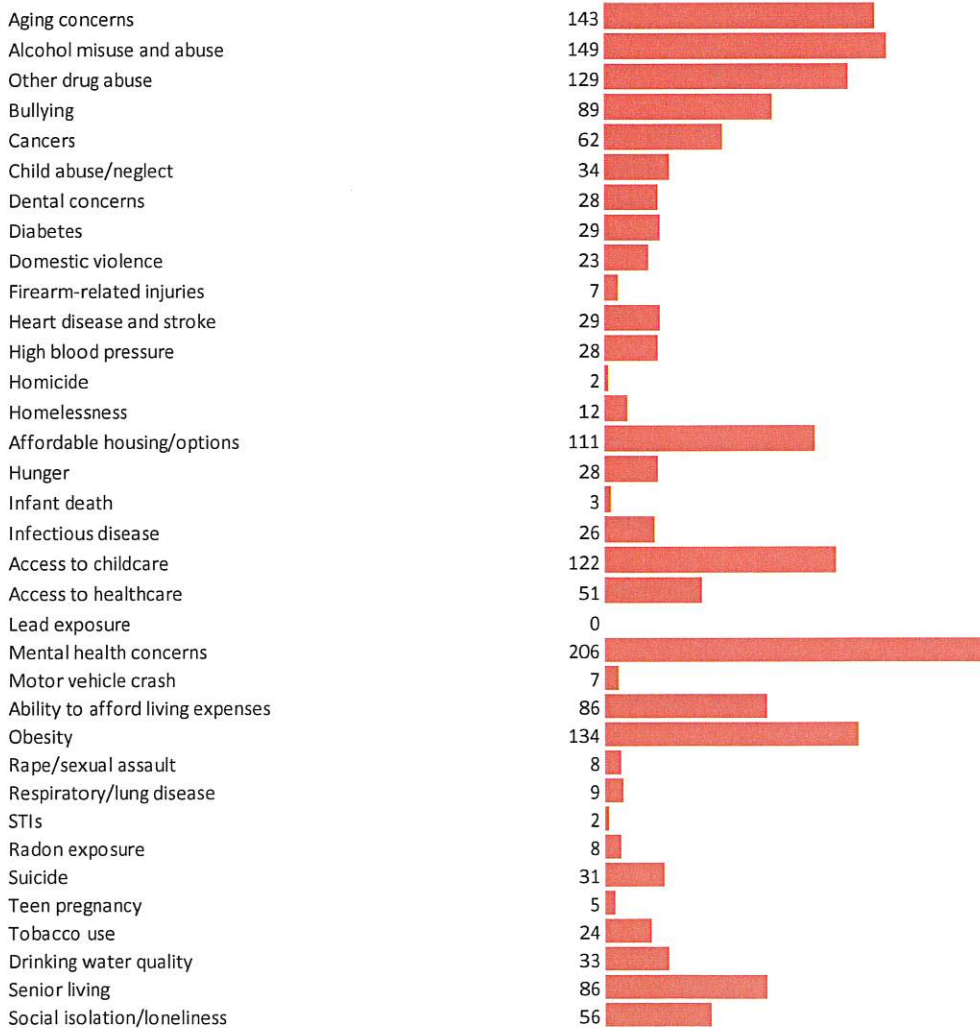
How would you rate our community as a Healthy Community? Counts Percentages



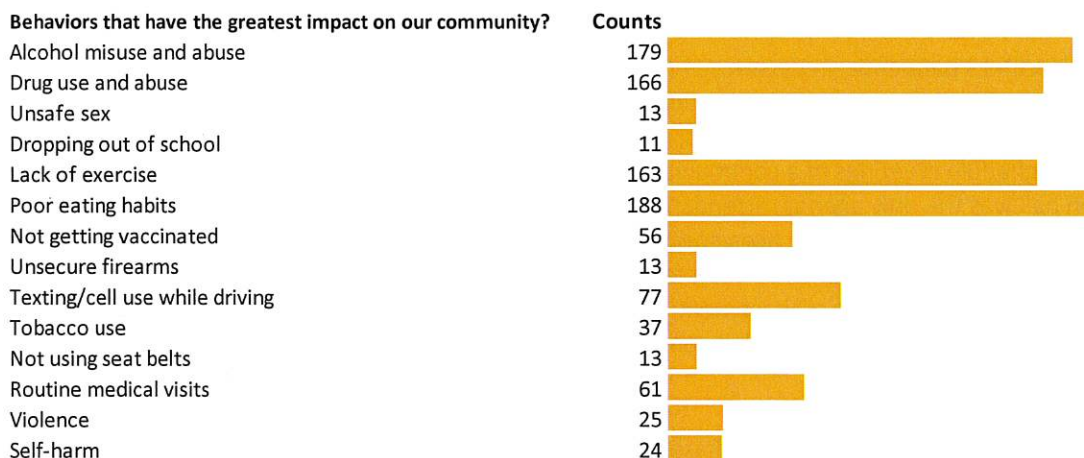
How would you rate your own personal health? Counts Percentages



What are the most important issues in our community? Counts



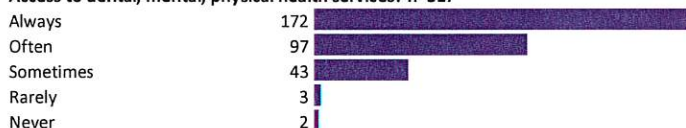
2022 Community Health Needs Assessment



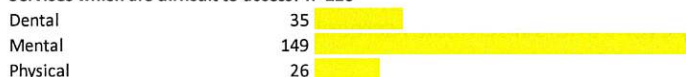
Community Health Needs Assessment (CHNA) Survey Results Health Care Access Questions

June-July 2022

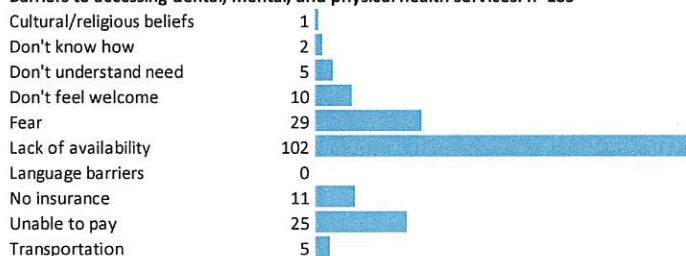
Access to dental, mental, physical health services? n=317



Services which are difficult to access? n=210



Barriers to accessing dental, mental, and physical health services. n=189



Other Barriers Listed

Lack of response from DHS with child abuse, neglect, parent bullying, etc.
Mental health stigma
Fatphobia and cost
Mental health providers only seem available for emergent issues
Personal schedule
Unwilling to admit we need medical care (not fear)
Insurance mandates Dane County providers
Lack of follow-up by health professionals and lack of clarity in discussing conditions
Doctors who are still practicing old school ways
Have to drive to Platteville or Madison for some specialists
The overall cost of a health plan and services it pays
Doctor not focused on aging issues - lack of experience in that area; feeling of lack of personal connection
Kids have trauma which is not recognized because of stigma
Timing, cannot get timely appointments which leads to medication to mask the problem and then addiction
Mental health and dental health are not covered by my insurance
Medical care around here seems to only be all about pushing medications, antibiotics and vaccinations



Collaboration with the Upland Hills Health Hospital and Clinics

Due to the COVID-19 pandemic, in person community forums (conducted in past CHNAs) were not possible. As part of its Strategic Planning process, Upland Hills Health led virtual Town Hall meetings in May and June 2022 with six groups and towns, with mixed results. Those forums that were a component of a regularly scheduled meetings of a community group (e.g., Lions Club) were well attended. When the virtual town hall was the only agenda, attendance was low. The top themes from these forums were expand mental/behavioral health services/specialists; offer drug/alcohol rehab services; provide access to more specialty care providers without driving to larger cities; offer health and fitness education, services, facilities; expand chronic disease management; provide long term care options; increase transportation options for medical appointments; develop community education/outreach.

Collaboration with County's Plan on Aging

Every three years, the Aging and Disability Resource Center (ADRC) located in Iowa County includes the input of older people to develop a County Plan on Aging. This is a mandate of the Older American's Act to secure funding. This plan outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County. In 2021, an environmental scan was completed to develop the Iowa County Plan on Aging for 2022-2024. This scan included group brainstorming and individual phone interviews with stakeholders and ADRC representatives, virtual public forums, and surveys.

The Aging and Disability Resource Center initiated a Health and Wellness EXPO in 2012. This annual event has continuously grown. In 2015, UHH became co-sponsor of the event. The most recent EXPO (2021) was a drive-through event, due to the pandemic. It drew approximately 200 participants and included over 20 community partners. This community event offers free health screenings and information about services that may benefit our aging population and their caregivers.

The Iowa County Plan on Aging focuses on health promotion. Workshops have been initiated in the community through the sponsorship and facilitation of the ADRC. As these programs have grown, UHH and the Iowa County Health Department and UW Extension have become strong partners in many of these programs. Efforts to increase community access to these evidence-based health promotion programs will continue. The Plan on Aging also includes a strong focus on caregiver support, transportation resources and dementia.

Collaboration with the Iowa County Health Department

The Iowa County Health Department (ICHHD) is the lead for the HeART Coalition whose last survey was referenced in this CHIP (see appendix). The Health Department assisted with CHNA survey development, dissemination and collation/analysis.

Local health departments are required to complete a Community Health Assessment (CHA) every five years. It is a process to help select the most important things impacting the health of a local community. The ultimate goal of a Community Health Assessment is to spark change in a community for the better! The process includes reviewing statistics and data as well as surveying the community on issues affecting them. From there, top priorities are identified along with a plan to figure out solutions and next steps in order to address these issues. The CHA process began in early 2022 in the midst of the ongoing COVID-19 pandemic response. Community partners in all sectors, including health, continue to respond to the

pandemic. Partners are committed to the important implementation of this CHA process in furthering the health of our community, especially on the heels of such an extraordinary event such as the pandemic.

Health Priorities for 2022-2024

A variety of data sources were used in the identification and determination of the priority needs. These data sources included the following:

- Feedback from residents of the area through a community survey conducted in 2022;
- Iowa County HeART survey (survey of senior residents and caregivers of Iowa County conducted by University of Wisconsin-Madison);
- The Aging and Resource Disability Resource Center client feedback through its 2022-2024 County Plan on Aging;
- Outside Data and Demographic sources including the State of Wisconsin County Health Rankings Data (2021), Wisconsin Immunization Registry, State Demographic Data (including census data) and projections;
- UHH patient usage data, patient feedback through various department surveys

Priority: Mental Health and Alcohol/Drug Abuse/Misuse

Mental health and addiction need for services escalated during the pandemic. Great strides were made since our last CHNA, especially as they relate to access to suboxone. However, there remains more work to do to address these health concerns.

Facts:

- Addiction/chemical dependency escalated during the pandemic.
- Before the pandemic, there was a shortage of services and providers to address these needs, locally, statewide, and nationally.
- The many lifestyle and societal changes that accompanied the pandemic – isolation, loss of jobs, school closures, and burnout compounded and dramatically increased the need for mental health and substance abuse services.
- The Upland Hills Health Emergency Department reports an escalation in patients requiring detoxification and in overdose cases.
- The Department of Health & Human Services combined Grant and Iowa County statistics for mental health services. For these two counties together in 2020, the top 5 services used for mental health were:
 1. Crisis Intervention (205)
 2. Outpatient Counseling (179)
 3. Medication Management (18)
 4. Community Support Program (10)
 5. Case Management (5)
- According to countyhealthrankings.org(2022):
 - ✓ 27% of Iowa County residents report excessive drinking
 - ✓ 19% of driving deaths were attributable to alcohol-impaired driving
 - ✓ The ratio of mental health providers to residents is 1:1,310

Available Resources:

- Unified Community Services (Behavioral Health and Crisis Services)
- The Iowa county 24-hour Crisis Help Line (1-800-362-5717)
- National Suicide Hotline (1-800-273-8255)
- Text HOPELINE to 74174.
- Wisconsin Region of Narcotics Anonymous

Priority: Access to Transportation

Rural communities have few options for public transportation. Rural residents often have issues in accessing health services due to the lack of transportation.

Facts:

- There are no taxi services in Iowa County.
- There are no Uber drivers in Iowa County.
- There is no public transportation in Iowa County.
- The issue of access to transportation has been identified in previous CHNAs.
- Strategies in the past have included a local taxi service and new Uber drivers in the area. However, those services shutdown during the pandemic.
- Volunteers in the community, due to concerns of exposure to COVID-19, stopped volunteering to drive for local service providers.
- Among adults surveyed in the 2019 Iowa County HeART Survey (University of Wisconsin):
 - 7.7% do not drive
 - 5.4% have missed an appointment or have been unable to shop in the previous six months due to lack of transportation
 - 5.9% have no one they can call in an emergency

Available Resources:

- The ADRC offers a CareAVan bus that transports Iowa County residents on a pre-determined schedule. A monetary donation is suggested for all trips.
- Southwest Wisconsin LIFT is available on select days.

Priority: Health Living: Healthy Eating/ Weight Loss and Exercise

Inadequate levels of physical activity contributes to obesity, one of the largest causes of preventative chronic disease. Unhealthy eating habits lead to obesity, which leads to chronic disease and premature death.

Facts:

- Physical activity can improve health.
- People who are physically active live longer and have lower risk of heart disease, strokes, Type 2 diabetes, depression, and certain types of cancer.
- Obesity is a serious, chronic disease. It can lead to other health problems including diabetes, heart disease and some cancers.
- According to the www.countyhealthrankings.org (2022):
 - 22% of Iowa County residents are inactive
 - 33% of Iowa County residents lack access to exercise opportunities

2022 Community Health Needs Assessment

- A survey of adults in Iowa County was conducted by the Healthy Aging in Rural Towns (HeART) Coalition from July to August 2018. HeART is a partnership of The Iowa County HeART Coalition, The University of Wisconsin-Madison School of Nursing and the Office of Rural Health and is supported by Margaret A. Cargill Philanthropies. A total of 254 participants responded to the survey with the majority of participants aged 70 to 79 years. Loneliness and social isolation were identified as gaps in the health and wellbeing of older adults. The geography of the rural communities is thought to negatively impact transportation options and access to social opportunities. In addition, the survey respondents identified the ADRC, libraries, and churches as strengths within local communities. Although the study data is dated, it is still relevant because the current pandemic has intensified these same issues.

Available Resources:

- The ADRC offers a program “Stepping On” for fall prevention.
- Upland Hills Health operates two fitness centers in Iowa County.
- Anytime Fitness offers a facility in Dodgeville, WI the Iowa County Seat.
- Second Harvest Food Bank: Established a partnership with Second Harvest Food Bank to provide healthy food and recipes for the Diabetes Wellness Program.
- Community Connections Free Clinic: Collaborate with the Community Connections Free Clinic to identify patients who would benefit from being enrolled in the program.
- Southwest Wisconsin Community Action Program: The Southwestern Wisconsin Community Action Program Food Pantry pick-up unused food to be distributed in their Dodgeville location.

Priority: Aging Concerns

Iowa County residents are aging. There are health implications to an older community including the need for more health care services, senior living options, and programs and services that address social isolation and loneliness. Those over the age of 65 have a higher rate of utilization of health services. As residents age, their need for housing options (assisted living, long-term care, memory care) increase. Older adults in many cases do not drive, limiting access to services. Older adults have a higher rate of social isolation and loneliness due to the death of friends, families leaving the community (especially in rural areas), and limited transportation services. There are fewer social opportunities in most rural communities. (See detailed HeART Survey Results and U.S. Bureau of the Census, American Community Survey statistics in Appendices)

Facts:

- According to the www.countyhealthrankings.org (2022):
 - 20.1 % of Iowa County residents are over the age of 65.
- 30.7% of Iowa County households have one or more people over the age of 65.
- 28.2% of Iowa County residents age 65+ are living alone.
- Loneliness and social isolation were identified as gaps in the health and well-being of older adults. (2018 Iowa county HeART survey)
- Iowa County lost 65 licensed nursing home beds in 2022 when the county nursing home closed.
- Among older adults surveyed in the 2018 Iowa County HeART survey (University of Wisconsin):

2022 Community Health Needs Assessment

- 7.7% do not drive
- 5.4% have missed an appointment or have been unable to shop in the previous six months due to the lack of transportation
- 5.9% have no one they could call in an emergency
- 21% of Iowa County residents age 65+ are still actively employed.
- The majority of caregivers are between ages 60-69. (2018 Iowa county HeART survey)
 - 43.1% care for individuals that live with the caregiver
 - 43.1% care for individuals that live on their own
 - 40.6% care for a parent or parent-in-law
 - 37.5% care for a spouse
 - 60.8% struggle with managing their emotions
 - 58.1% struggle with meeting their personal needs such as personal time, exercise or sleep

Available Resources:

- The ADRC offers multiple programs and services to the aging and disabled residents of Iowa County.
- UW-Extension and a Prevention Coordinator and Regional Dementia Care Specialist co-facilitate Powerful Tools for Caregivers class.
- Boost Your Brain and Memory, co-facilitated by Regional Dementia Care Specialist.
- The ADRC offers a CareAVan bus that transports Iowa County residents on a pre-determined schedule. A monetary donation is suggested for all trips.
- Southwest Wisconsin LIFT Ride is available on select days

APPENDIX

Demographics Information

	Iowa County	Wisconsin
Population	23,640	5,832,655
% below 18 years of age	22.0%	21.6%
% 65 and older	20.1%	18.0%
% Non-Hispanic Black	0.9%	6.4%
% American Indian & Alaska Native	0.3%	1.2%
% Asian	0.8%	3.1%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.0%	7.3%
% Non-Hispanic White	94.8%	80.5%
% non proficient in English	0%	1%
% Females	49.6%	50.2%
% Rural	79.9%	29.8%

Source: County Health Rankings www.countyhealthrankings.com

Healthy Aging in Rural Towns (HeART) Survey Results

The Healthy Aging in Rural Towns (HeART) Coalition was a grant funded position, lasting through September of 2021. The 2018 survey was a one-time component of the initial planning phases of the grant period. Although the coalition still meets monthly for partner networking and sharing, the coalition is no longer actively working towards specific objectives and some of the initial strategies to address the objectives were not addressed or had to be modified due to the pandemic. This HeART Coalition survey data was still considered during the 2022 – 2024 CHNA evaluation.

Preventative Health and Wellness

ADULT – HeART Survey: July to August 2018, 254 participants between ages 70-79

Companionship:

- Loneliness and social isolation were identified as gaps in the health and well-being of older adults
- 89.9% of those surveyed selected that they did not utilize the companionship or visiting program because they did not need it
- Some individuals wished there was a companionship program
- Some individuals wished there was a hobby networking program/a group that played cards together

Services available:

- 70.6% of individuals are unsure of the services available that respond to the needs of people with Alzheimer's disease or other dementias
 - 58.6% of those surveyed have not utilized information from the Aging and Disability Resource Center (ADRC)

Of those:

- o 78.4% said this was due to not needing the programs available
- o 13.5% of those said that it was due to lack of knowledge of the programs the ADRC provides

Self-care/physical activity:

- 31.9% have utilized health or exercise classes such as (Stepping On, Living Well with Diabetes, Tai Chi and Yoga)
- 24.7% utilized health fairs
- 22.3% utilized free preventative screenings (weight, blood pressure checks, etc.)
- 73.7% received their flu shot
- 9.3% attended support groups
- 21.4% received education regarding specific health concerns such as heart disease or diabetes

Community outings:

- 77.8% attend events such as festivals, school sports, parades, town hall meetings, etc.

Of those:

- o 67.5% do so for the opportunity to be active member in the community

2022 Community Health Needs Assessment

- o 50.8% for family-friendly environment
- o 42.9% for family involvement in the events
- Some do not attend community events due to language barriers and other social concerns

Assessment of home/community safety:

- 78.8% selected that they feel very safe in their community
- 35.8% live alone
- 54.5% have someone that regularly checks in with them (phone, text, email or visit)
- 93.6% have someone to call in an emergency other than 911

CAREGIVER (Majority between ages 60-69)

Category of caregiver:

- 43.1% care for individuals that live with the caregiver
- 43.1% care for individuals that live on their own
- 40.6% care for a parent or parent-in-law
- 37.5% care for a spouse

Self-care/self-management of caregiver:

- 60.8% struggle with managing their emotions
- 58.1% struggle with meeting their personal needs such as personal time, exercise or sleep
- 56.8% must adjust their work schedule in order to be a caregiver and an employee
- 34.1% have challenges with their work due to stress, feeling guilt and having to take off extra time for appointments for the one they are providing care
- 12.5% of caregivers have utilized spiritual and grief counseling in the past 12 months

Involvement of caregiver and individual receiving care:

- 52.5% of caregivers feel very comfortable managing socialization (getting to church, card group, or family outings)
- 46.4% of caregivers have utilized information regarding connection to services and resources in the past 12 months
- 26.8% of caregivers have used resources to assist with getting other family involved in the past 12 months
- 51.4% of the people that are being cared for by a caregiver attend events such as festivals, school sports, parades, etc.
- Some do not attend these events due to: Accessibility, Weather, Overwhelming environment, Excess walking, No one to go with, Too tired, Depression

Assistance that caregivers have access to and desire:

- Some caregivers would like to have responsible individuals play board games with their loved ones
- 88.89% of caregivers know that Seniors United for Nutrition (SUN) exists and provides meals on wheels
- 62.5% of those who provide care have not participated in the SUN program
- 32% of caregivers have attended educational opportunities regarding how to care for yourself

2022 Community Health Needs Assessment

while providing care for older adults

Utilization of the internet by caregivers:

- 25.8% of caregivers do not participate in educational opportunities due to the location and times not being convenient.
- 78.6% of caregivers use the internet as a way to learn about the illness or condition of the person they care for
- 31% of caregivers use the internet to find services in their community
- 21.4% of caregivers use the internet as a way to take a break from caregiving

Access to Transportation

ADULT – HeART Survey: July to August 2018, 254 participants

Current Transportation Statistics:

- 92.2% currently drive
- 97.1% have a dependable vehicle or other form of transportation
- 10.4% need transportation assistance
- 5.4% have missed appointments or been unable to shop due to transportation issues in the last 6 months
- 91.4% drive themselves to appointments, meetings, errands and events
- 24.1% have a friend or relative provide transportation
- 11.4% walk
- 6.1% use other form of transportation
- 2.9% utilize an agency or service van for older adults and people with a disability (like Southwest CAP Lift or Driver Escort Program)
- 1.6% use their bicycle
- 0.8% use a taxi
- Many individuals wish there were places for individuals to be dropped off in parking lots. Also, priority parking may be beneficial

Transportation Services Utilization and Desires:

- 19.4% of those in the HeART survey had used transportation services in the past 6 months.
- 87.2% of those surveyed selected that they did not need to utilize the Transportation services
- 14.4% utilized pharmacy deliveries to home
- 92.4% of those surveyed selected that they did not need to utilize the pharmacy home delivery service.
- Some individuals wished there was a grocery delivery system
- Some individuals wished there was a transportation service specifically for doctor's appointments
- Some individuals wished there was a transportation service available for non-emergent needs
- Some individuals wished there was an easier accessible taxi service
- Some individuals indicated the desire for there to be a bus system so individuals that are located out of town are able

Seniors United for Nutrition Program (SUN):



2022 Community Health Needs Assessment

- 91.5% selected that they knew of the Seniors United for Nutrition (SUN) Program that provides Meals-on-Wheels and Meal Sites.
- 80.2% selected that they have not utilized the Senior United for Nutrition (SUN) Program.
- 57.9% learned about SUN through the newspaper/agency newsletters
- 56.2% learned about SUN through the ADRC

Community Involvement:

- Reasons why individuals do not attend community events
 - o Some individuals stated that they do not attend community events due to the traffic and poor driving conditions
 - o Some individuals do not enjoy attending events for they do not want to go alone
 - o Accessibility to affordable, accommodating transportation
 - o Inadequate handicap parking
 - o Distance

CAREGIVER (Majority between ages 60-69)

- 53.8% of caregivers feel very comfortable dropping off the person at a building entrance while they park the care
- 52.6% of caregivers feel very comfortable transferring person to and from the care and or wheelchair
- 12.5% of caregivers have used transportation services in the past 12 months

IOWA COUNTY H_eART COALITION

Healthy Aging in Rural Towns

Questions Asked to Develop the County Plan on Aging

Every three years, the Aging and Disability Resource Center, or ADRC, located in Iowa County includes the input of older people to develop a County Plan on Aging. This is a mandate of the Older American's Act to secure funding. This plan also outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County. ADRC's first step in Community Engagement is surveying the residents of Iowa County. All community members were encouraged to provide feedback as it relates to services their parents, grandparents or elderly and disabled neighbors may need to remain independent and healthy as they age.

Below is the 2022 Survey:

Please circle the correct answer:

- | | |
|---|----------|
| Are you over the age of 60? | YES / NO |
| Are you a caregiver? | YES / NO |
| Have you ever used ADRC services in the past? | YES / NO |

What areas would you like to learn more about? (Select all that apply)

- | | |
|--|--|
| ☐ Technology | ☐ Brain Health |
| ☐ Caregiver Resources | ☐ Healthy Aging |
| ☐ Nutrition | ☐ Transportation |
| ☐ Health Equity | ☐ Scam Prevention |
| ☐ Other | |

List services or events you have seen or heard in other communities that you think would be helpful to seniors in Iowa County.

What are the most important issues facing older adults today? (Select all that apply)

- | | |
|---|--|
| ☐ Alzheimer's or Dementia/Memory Loss | ☐ Affordable Health Care |
| ☐ Being Able to Stay in My Own Home | ☐ Crime/Fraud/Abuse |
| ☐ Falling | ☐ Financial Security/Money to Live On |
| ☐ Not Being Able to Drive | ☐ Not Knowing Where to Turn for Help |
| ☐ Nursing Home Placement | ☐ Nutrition/Not Being Able to Cook |
| ☐ Chronic Diseases such as Diabetes, Arthritis, etc. | ☐ Other, Please List |

What are some of the biggest challenges to remaining in your home as you age?

What kind of resources do you think will be needed in the future (next 5-10 years) to help older adults and those with a disability remain as independent as possible? Think new and innovative or tried and true staple services.

List any examples of racial inequalities you have seen/heard in Iowa County.

Additional Data Resources

American Community Survey (ACS) <https://www.census.gov/programs-surveys/acs>
Data USA <https://datausa.io/profile/geo/iowa-county-wi>

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Planning Assistance Provided by:



SOUTHWESTERN WISCONSIN
REGIONAL PLANNING
COMMISSION

P.O. Box 262, Platteville WI 53818

p: 608.342.1636 • f: 608.342.1220

e: info@swwrpc.org, www.swwrpc.org

Introduction

Iowa County will receive approximately \$275,000 based upon action taken to partially securitize the opioid litigation settlement funds that have been awarded through November, 2022. These funds will start being received in 2022, with the projected last payment to be received in 2038 (Appendix A). There may be additional settlement funds as pending litigation gets settled. Current eligible uses include prevention, treatment, and recovery to address the opioid epidemic. This needs assessment defines activities tied to opioid prevention, treatment, and recovery and provides a current inventory of Iowa County assets and service gaps in each category. According to interviewees, this epidemic has affected the region for over 15 years; therefore, it is imperative that funds are used proactively to prevent the loss of any more lives or adverse impacts to people in the region. Iowa County decision makers may use this document as a guide to understanding the opportunities and priorities for spending the aforementioned litigation funds and identify opportunities for regional collaboration in addressing the epidemic and its impacts.

Figure 1. Substance Use Disorder Continuum of Care



Table 1: Iowa County current opioid litigation settlement funds

	Net Share (No Securitization)	Approximate Total Funds for Use (Partially Securitized)
Iowa County	\$ 626,854.00	\$ 492,071.00

Table 2: Opioid litigation settlement funds payment schedule non-Secure Vs. secure

Year of Distribution	Non-Secure	Secure
2022	\$ 70,493.00	\$ 323,251.00
2023	\$ 37,358.00	\$ 18,288.00
2024	\$ 50,867.00	\$ 26,999.00
2025	\$ 53,276.00	\$ 29,408.00
2026 & 2027	\$ 33,038.00 /year	\$ 9,170.00/year
2028	\$ 38,083.00	\$ 10,011.00
2029 & 2030	\$ 39,284.00 /year	\$ 11,212.00/year
2031	\$ 33,914.00	\$ 10,317.00
2032 - 2038	\$ 28,317.00 /year	\$ 4,719.00/year
Total Settlement	\$ 626,854.00	\$ 492,071.00

To inform the findings of this assessment, the Southwestern Wisconsin Regional Planning Commission (SWWRPC) conducted interviews with twenty-three Iowa County stakeholders and 8 regional and state stakeholders (Appendix B).

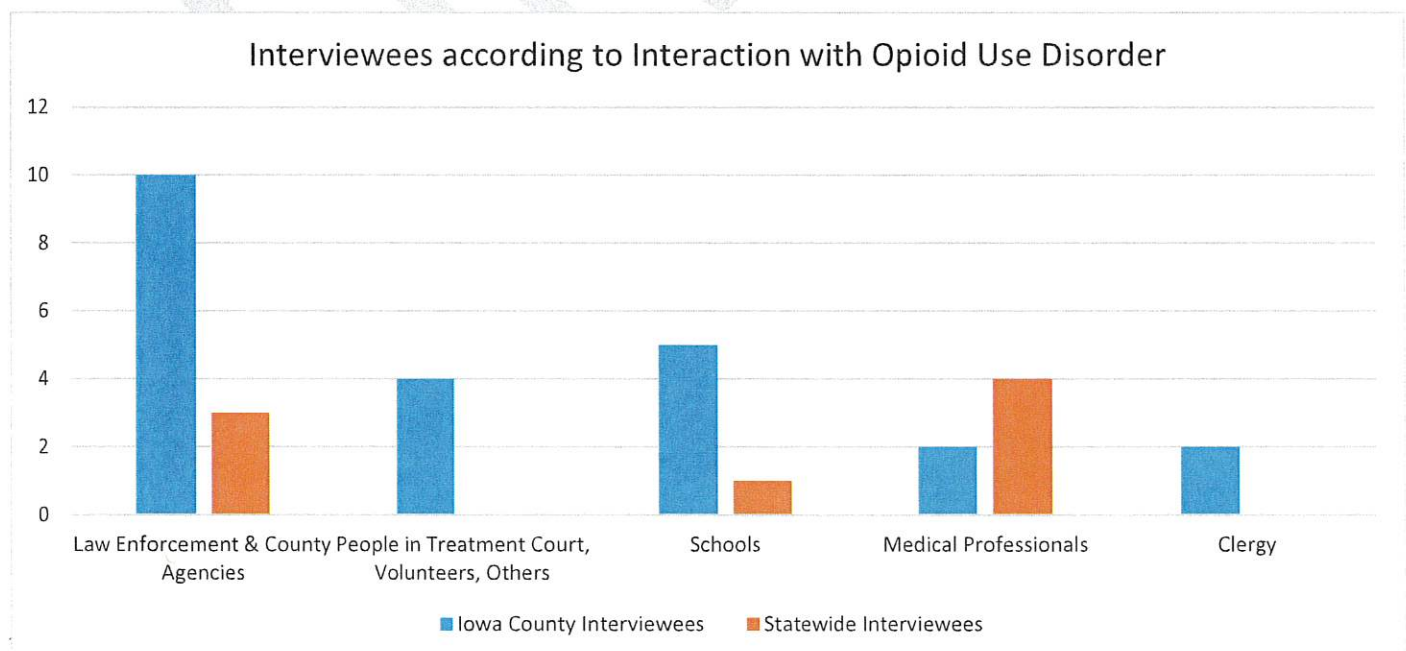
Iowa County interviewees:

- Law enforcement or other county officials: Mike Peterson, Iowa County Jail Administrator; Melissa Peterson, Iowa County Treatment Court Coordinator; Rick Severson, Iowa County Deputy; Joan Davis and Justin O'Brien, Iowa County Supervisors; Ruth Schriefer, Iowa County Extension; Debbie Siegenthaler, Iowa County Health Department; Matt Allan, Iowa County Judge; Tom Slaney, Iowa County Social Services Director; and Tim S., Iowa County Children and Family Unit Manager.
- People with Opioid Use Disorder (OUD) or family members of those with OUD: Treatment Court #1 and Treatment Court #2 (joint session at Unified Community Services (UCS) with Jessie Brogley).
- School counselors and administration: Ryan Bohnsack, Dodgeville High School Principal; Erika Brunson, Mineral Point Middle and High School Counselor, Dani Robb, Mineral Point School District Social/Emotional Learning Coach; Matt Austin, Mineral Point High School Principal; and Angela Schulting, Barneveld School Guidance Counselor.
- Medical professionals: Dr. Aaron Dunn at SSM Health and Nicole Vondrum, Emergency Room Nurse at Upland Hills.
- Clergy: Jim Droste, Pastor at Dodgeville United Methodist Church and Bill VanWagner, Reverend at St. Joseph Parish in Dodgeville.
- Community volunteers or others involved: Laura Blalock from Iowa County Family Resource Center and Bruce Paul, interested citizen.

State and regional interviewees:

- Medical professionals: Jeff Lockhart, Unified Community Services (UCS) Director; Jessie Brogley, UCS AODA Counselor; Dr. Jillian Landeck from UW-Madison Health, Rebecca Steffes, Nurse Manager at Community Connections Free Clinic.
- Education: Melissa Stoner, Prevention and Education Coordinator at UW-Platteville.
- Others: Chris Frakes, Project Director at SWCAP; Ben Miller, Substance Use Diversion and Support Program Case Coordinator in Sauk County, WI; and Paul Krupski, Director of Opioid Initiatives at WI Department of Health Services (DHS).

Table 3: Interviewees by interaction with opioids / opioid use disorder (Iowa County and Statewide)



These interviews were complemented by an analysis of quantitative and qualitative data from established sources (Appendix C). Limited quantitative and qualitative data was applied to this local assessment considering relevance. Local law enforcement does not track number of arrests with opioids or other illegal drugs present, number of detainees with drugs present, number of calls where Narcan is used, number of repeat offenders, or how many calls resulted in death due to overdose. It is impossible to determine what measures are successful where local data is not available; therefore, Iowa County stakeholder interviews became the primary data source used for this needs assessment. This document provides information through the local close-up lens as identified in the scope of work. For a more in-depth recommendation, a medium and long-range plan identifying what has been successful at the state and federal level may be needed.

DRAFT

Recommendations

The recommendations below are drawn from the Iowa County interviews and data analysis conducted as part of this assessment. This identifies how Iowa County can most effectively use their settlement funds to combat the opioid epidemic and all fall within the eligible uses of settlement funds. They were developed to ensure county investments do not overlap with state uses of litigation funds in a way that would be unproductive or duplicate efforts. (See Appendix D for uses of State funding).

- **Prevention**

- Assist with implementation of evidence-based prevention efforts in the schools (adolescents through college).
- Expand existing resources provided to Southwestern Wisconsin Community Action Program (SWCAP) and Unified Community Services (UCS):
 - Transportation for educational and outreach events.
 - Coordinate and collaborate education and outreach efforts.
 - Stigma reduction efforts.
- Implement community events / programs that encourage positive habits and change social circles, including, but not limited to: exercise facilities, arts programs, educational outreach on “life” skills: cooking, budgeting and spending, stress management, how to find and use existing resources, and positive role model support.

By implementing core strategies, opioid settlement funds can be used to achieve the central goal of the litigation which is to combat the opioid epidemic.

Prevention
Treatment
Recovery

- **Treatment**

- Support, enhance, and expand current assets.
 - Transportation to treatment for individuals and families.
 - Coordination and collaboration of existing resources region-wide.
 - Ensure all-inclusive resource guide and website is up-to-date, locally and regionally if possible.
 - Implement an immediate/real-time treatment option: 24-hour hotline, website with trained professionals.
 - Drug Treatment Court and treatment while incarcerated.
 - Peer Support Recovery Groups.
 - Family member resources.
 - Positive role model programs (Big Brother / Big Sister), especially for children when parents are in treatment programs.
 - Sober Housing.
 - SWCAP and UCS.
- Remove or reduce barriers: financial (medical treatment, household expense help, budgeting assistance, etc.), housing (transitional and affordable), employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well), childcare (while working, during treatment and recovery meetings, and for respite) for those in treatment, and language (bilingual documents and resources as needed).

- **Recovery**

- Remove barriers to long-term recovery (as listed above under treatment category).
- Respite care / relief resources.
- Life skills education and guidance.

Prevention

Prevention activities educate and support individuals and communities to reduce the risk that individuals will begin using or misusing opioids, which often leads to the development of substance use disorders (SUD). According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), substance use and misuse “can make daily activities difficult and impair a person’s ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States.”¹ Consistent use of evidence-based prevention programs can help decrease the number of people suffering from OUD, save lives, and reduce costs of:

- Treatment Programs
- Recovery Options
- Crime
- Lost work productivity
- Healthcare
- Disability payments

Investment in proactive measures would greatly reduce the need for reactive measures. When asked what we need to do differently in fighting the Opioid Epidemic, Melissa Peterson stated, *“We need to form community connections and invest in education and prevention to get ahead of the epidemic. We need to ensure that kids never start using.”* Prevention should be used in systems and settings where people of all ages and all backgrounds can be reached. In addition to reaching the general population, specifically designed programs to reach those with higher risk of being affected by OUD are also imperative. According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *“Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in America.”*²

Of the 23 interviewees in Iowa County, 78% stated that we need to be more proactive in battling the epidemic.

Prevention Assets

While compiling the list of current assets, it became clear that Iowa County has invested in programs and has more proactive outreach than the other four counties in the region. Interviewees identified various prevention programs (Appendix E) throughout the County that include:

- Iowa County Sheriff’s Department partnership with the schools through the DARE program and resource officer
- Stigma reduction effort and educational outreach: Roads to Recovery videos
- Prescription drug safe keeping and disposal
- Adolescent programs including SWCAP Birth-3 home visits, and Mineral Point School Sources of Strength and Resiliency Program and therapy dog
- Peer Support Groups and Community Activities
 - Group meetings
 - Family Resource Center of Iowa County
 - Feeding Friends
- Health care industry has education and training for prescribers and prescription drug tracking through ePDMP

¹ <https://www.samhsa.gov/find-help/prevention>

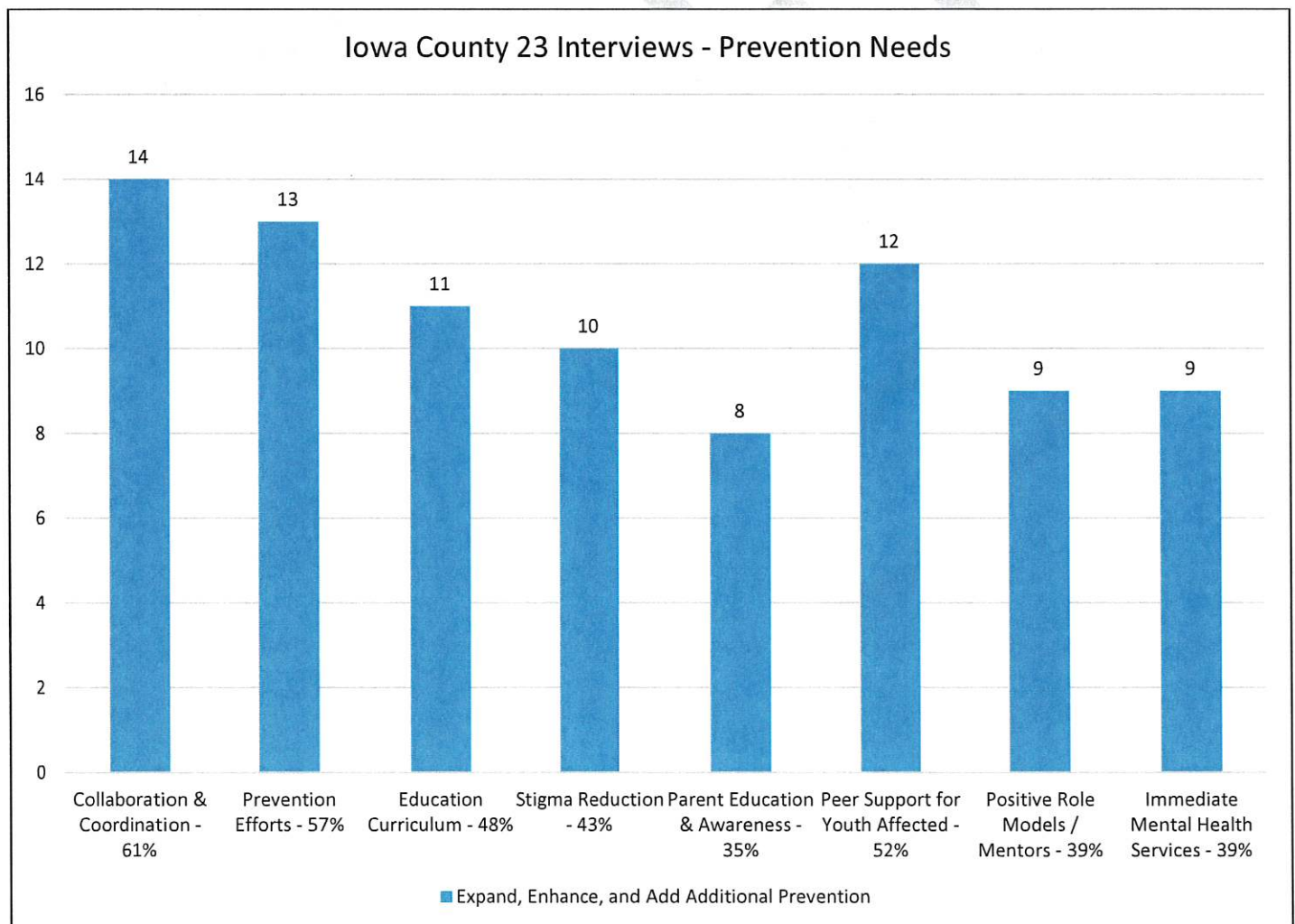
² <https://www.samhsa.gov/find-help/prevention>

Prevention Needs

While communicating with interviewees, we found that most of the evidence-based prevention programs in place were not as widely known or as accessible as they could be. As identified in our recommendation, coordination and collaboration of education and outreach efforts between the existing stakeholders, agencies, and organizations would be beneficial and a good use of the funds. Ryan Bohnsack, Dodgeville High School Principal, stated, *“we don’t currently have programs available like the larger communities, so we need to be communicating and collaborating more information on what we do have. We have kids in our high school who need service hours. With limited facilities and information on area organizations, it is difficult to find resources where they can help.”* According to 4 of the 5 school interviewees in Iowa County, lack of coordinated effort between agencies is causing loss of trust amongst school-aged children. Erika Brunson, Mineral Point School Counselor, stated, *“We need to have a plan for handling crisis situations. What happens when a child’s parents get arrested for drug abuse, and they have nowhere to go after school? The school lacks information and resources to help the child find where they are supposed to go, how to get there, or what immediate resources are available to them. There is often a 2–3-week lag in response from Child Protective Services, and a 3–4 week wait on an appointment with UCS.”*

“We need to pour our resources into the kids to get ahead of the epidemic.” - Matt Austin, Mineral Point Principal

Table 4: Iowa County interviewees who mentioned the need for support, enhancement, or additional prevention needs in the county. Twenty-three interviewees, some of which mentioned more than one need.



Prevention Recommendation

- Collaboration and Coordination of prevention efforts either by an individual or organization
 - Expand existing resources provided by Southwestern Wisconsin Community Action Program (SWCAP) and Unified Community Services (UCS):
 - Transportation for educational and outreach events.
 - Coordinate and collaborate education and outreach efforts including involvement of individuals who have been through OUD treatment and recovery.
 - Stigma reduction efforts through education and outreach.
 - Up-to-date resource guide, directory, or website where resources can be easily identified.
 - Facility where meetings can be held, resources can be accessible, safe events can take place (similar to YMCA).
 - More evidence-based prevention efforts in the schools (adolescents through college).
 - Parent education and awareness events.
 - Positive role models, mentors and peer support for youth (expand or create “big-brother/big-sister”).
 - Implement community events / programs that encourage positive habits and change social circles, including, but not limited to: exercise facilities, arts programs, educational outreach on “life” skills: cooking, budgeting and spending, stress management, how to find and use existing resources, and positive role model support.
 - Access to immediate mental health resources.
 - “Instant” talk therapy program or “Warmline”.
 - Universal access to health care, including mental health.

“It’s time to shift our focus from behaviors like harmful substance use to the root causes of those behaviors. When we work together to address the underlying, and often interconnected, causes of trauma and its related harms, we take another step closer to preventing public health’s toughest challenges before they can take root.” - WI DHS, Resilient, Moving Prevention Upstream

Treatment

Treatment includes measures to help individuals stop using opioids, stay drug-free, and be productive in the family, at work, and in society. Key principles for effective treatment include:

- Identification of effects on brain function and behavior
- Quick access to treatment
- Addressing all of the patient's needs

This means not only treating opioid use, but addressing mental disorders and recognizing that no single treatment plan is right for everyone. Evidence-based treatment options for OUD include a combination of therapies and/or services to meet the individual's needs, including:

- Behavioral counseling
- Evaluation and treatment for co-occurring disorders
- Mental health issues
- Medication Assisted Treatment (MAT)
- Continuing care
- Vocational services or skills training
- Educational services
- Family services
- Legal services

"There is a small window of time to catch people when they want treatment, and we must implement urgent action to take advantage of that period of time."
Dr. Aaron Dunn, SSM Health

Treatment Assets

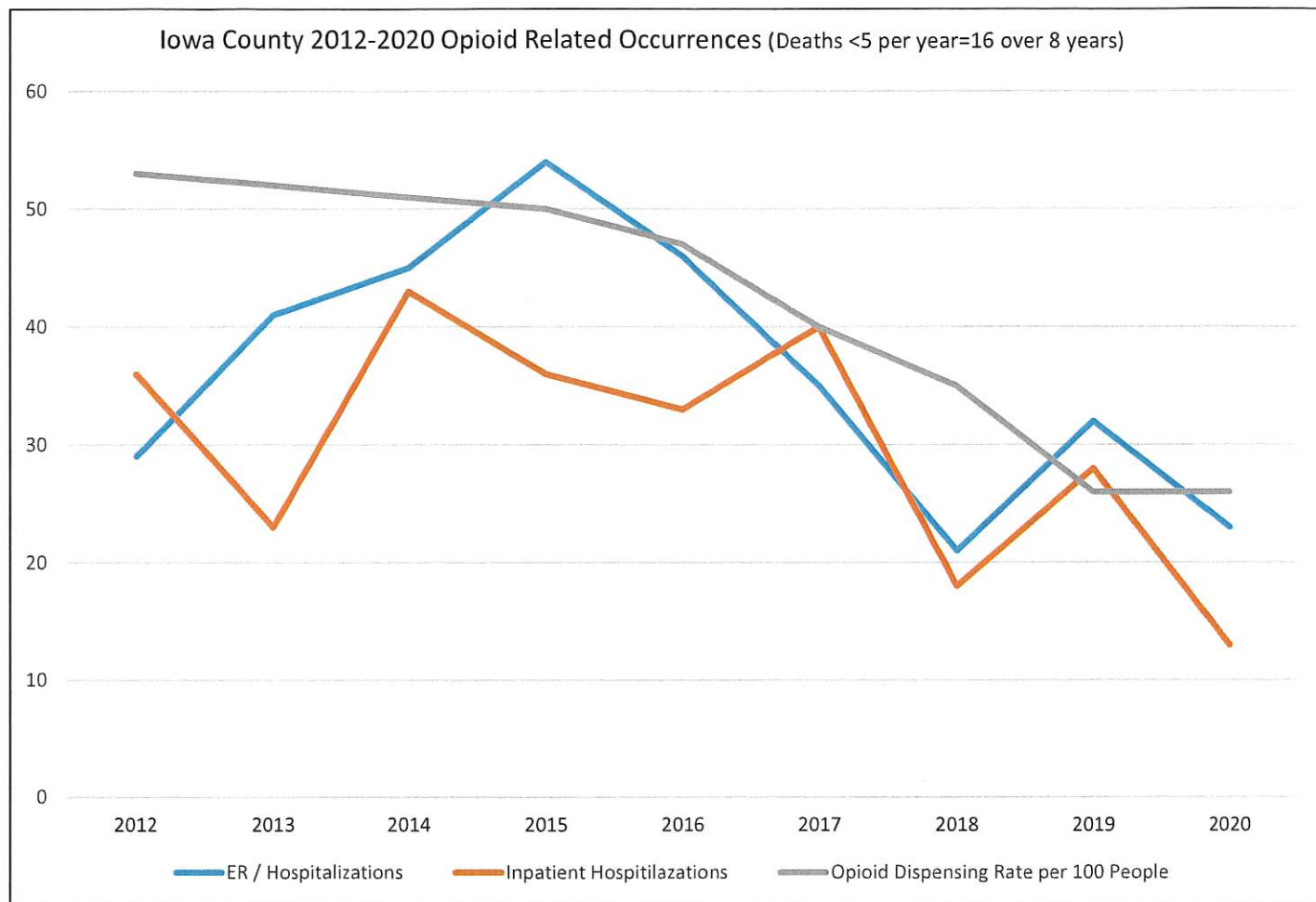
Iowa County stakeholders and interested citizens have worked together to offer a wide array of treatment options. These treatment options currently being offered include:

- Iowa County
 - MAT while incarcerated
 - Medical and mental health services while incarcerated
 - Narcan Direct
 - Drug take back boxes and locking storage
 - Drug Treatment Court
 - Accountability through probation and parole
 - Fentanyl test strip distribution
- UCS
 - Intensive Outpatient Treatment (IOP)
- SWCAP
 - Transportation options
- Others
 - Sober living, Opportunity House
 - Peer support groups
 - MAT providers
 - Free Clinic
 - Family Resource Center of Iowa County programs, i.e., Parent Café
 - Safe community events, i.e., Feeding Friends.

"Need is greater than capacity." -
Chris Frakes, SW CAP
Behavioral Health

Reports of Iowa County opioid overdose occurrences have decreased between 2012 and 2020. WI DHS reported overdose deaths during this same period were 5 or less per year with a total of 16 over the 8-year timeframe (quantitative data for overdose deaths is not available in actual numbers due to privacy laws). This evidence suggests that continued investment in these programs will continue to be beneficial in not only saving lives, but also in reducing the number of occurrences recorded. Since no single treatment option is right for everyone, determining which assets are successful is nearly impossible; therefore, it is imperative to continue investment into existing resources.

Table 5: WI DHS number of reported occurrences from 2012 through 2020 in Iowa County, WI.

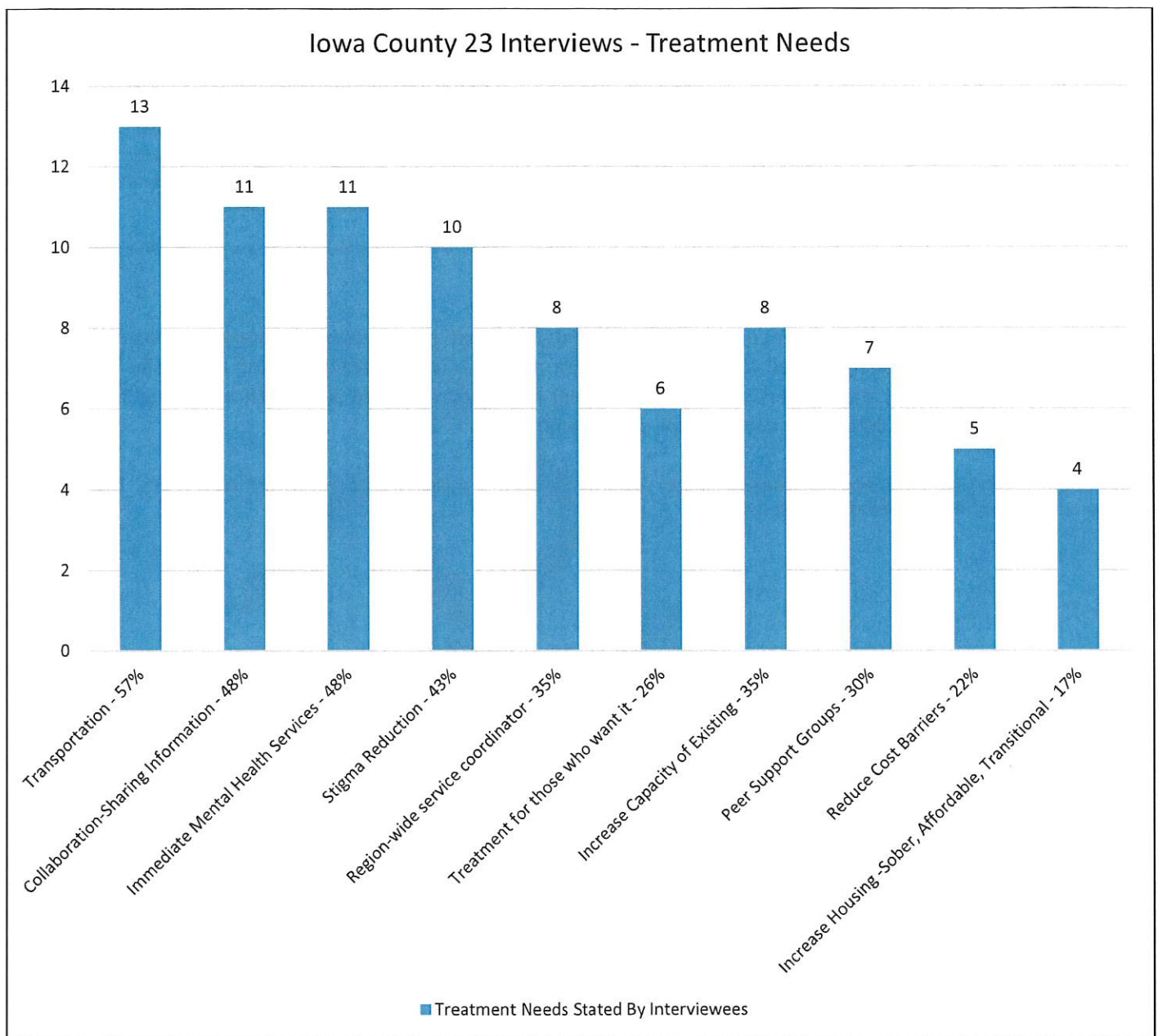


Treatment Needs

"I am in treatment court and meeting the mandatory requirements, like having a job, a place to live, and attending meetings in the middle of the day are nearly impossible, especially without a driver's license or vehicle. In order to meet these requirements, I need transportation, and there are many others like me, in the same boat."
Iowa County Treatment Court participant

While there is a wide array of treatment options in Iowa County, information gathered from interviews made it clear that not all populations are being served and services specific to Iowa County residents are not easily identifiable. Enhancement, investment, and support of existing treatment resources is needed along with an additional treatment service that would include detox beds or some type of inpatient facility.

Table 6: Iowa County interviewees who mentioned the need for support, enhancement, or additional treatment needs in the county. Twenty-three interviewees, some of who mentioned more than one need.



Treatment Recommendation

- Support, enhance, and expand current assets.
 - Coordination and collaboration of existing resources throughout Iowa County.
 - A person or position tasked with coordinating treatment efforts. Duties may include:
 - Coordination and collaboration of existing resources region-wide: keep updated contact information for resources, coordinate meeting times and locations, communicate information between stakeholders in various fields, ensure information is distributed, and additional efforts to be determined.
 - Up-to-date resource guide and/or website for existing Iowa County resources.
 - Coordinate efforts for treatment options, times, and locations.
 - Plan community wide education and outreach programs and coordinate transportation

efforts.

- Compile list of programs and services available and ensure the information is distributed (on paper and online) so people know what is available, when it is available, and how they can gain access.
- Search for treatment opportunities and funding sources.
- Mental health immediate needs.
 - 24-Hour hotline, or emergency number where people of all ages can call and talk to someone who can provide them with help or resources to help them.
 - Warmline with trained volunteers to listen.
 - Universal access to health care, including mental health for all.
 - Website for peer support.
 - Respite - Safe place to drop children off for immediate needs.
- Drug Treatment Court and treatment while incarcerated.
- Peer Support Resources.
 - Family member resources.
 - Positive role model programs (Big Brother / Big Sister), especially for children when parents are in treatment programs.
 - Facilities where meetings can be held.
- Sober Housing.
- SWCAP services.
 - Transportation to treatment, work, and support groups for individuals and families.
- UCS services.
 - Intensive outpatient.
 - MAT services both for incarcerated individuals and non-incarcerated.
 - Counseling and AODA services.
- Remove or reduce barriers
 - Financial (medical treatment, household expense help, budgeting assistance, etc.).
 - Housing (transitional and affordable).
 - Employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well).
 - Childcare (while working, during treatment and recovery meetings, and for respite) for those in treatment.
 - Language (bilingual documents and resources as needed).
- Life skills training.
 - Cooking.
 - Financial.
 - Job skills.
 - Child rearing.

For every dollar spent on substance use disorder treatment, \$4 in health care costs and \$7 in criminal justice system costs are saved.
- Surgeon General

Recovery

Returning people to lifestyles that are productive and functioning in their family, workplace, and communities is the key goal for recovery. The first steps to long-lasting recovery are preventing overdose deaths and finding treatment options. The recovery process happens slowly. Even with high quality treatment and medical care, it can take 8-years or longer.³ Evidence-based treatment approaches including combining behavioral therapies with medication in a recovery plan to increase the chance of success.

Recovery Assets

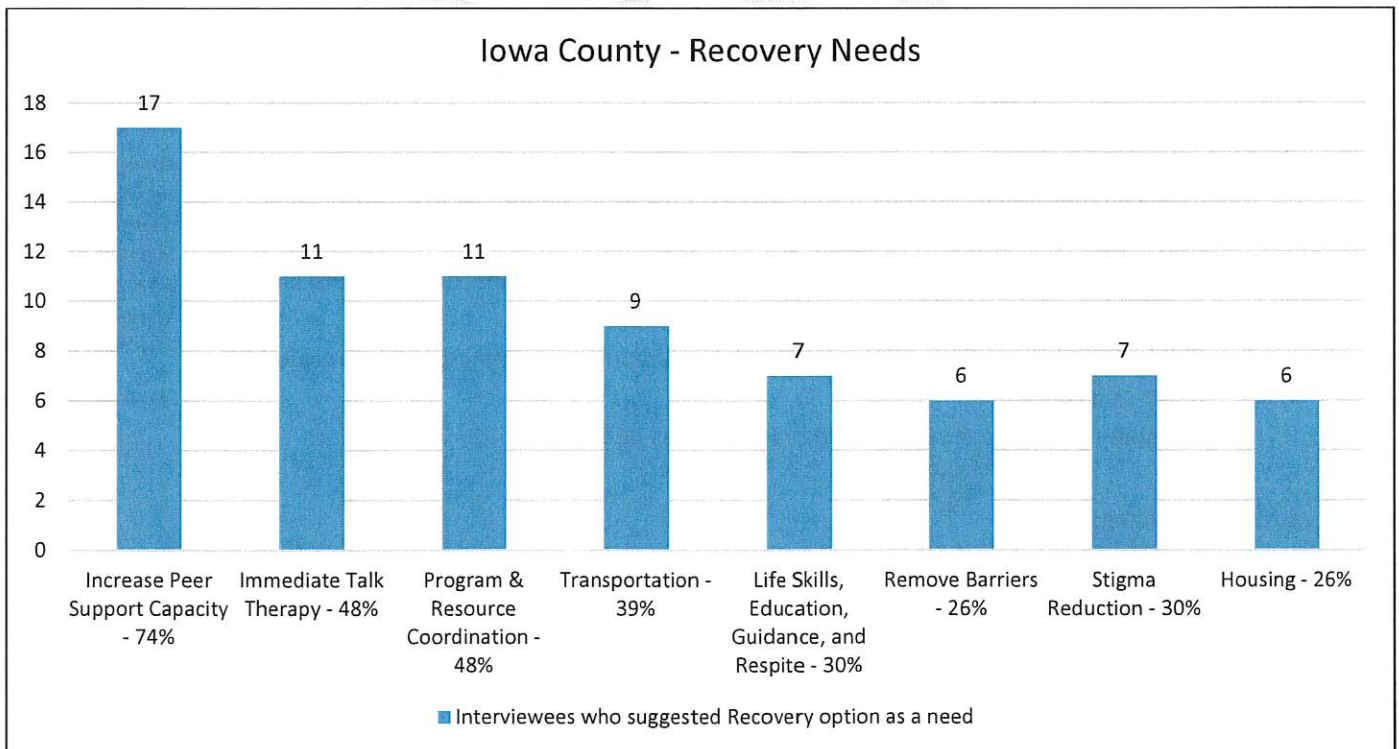
Recovery assistance opportunities are lacking throughout Iowa County and the region. Current Resources found in Iowa County are provided by regional providers

- SWCAP
 - LIFT program
 - Work 'n Wheels car loans
 - Parenting training
- UCS
 - Mental health services
 - SMART Recovery
- Family Resource Center of Iowa County

Recovery Needs

Recovery programs are not the same as treatment programs. It is important to consider long-term recovery programs ensure those who have been successful through treatment have options available to reduce the risk of relapse.

Table 7: Iowa County interviewees who mentioned the need for support, enhancement, or additional recovery needs in the county. Twenty-three interviewees, some of who mentioned more than one need.



³ <https://www.npr.org/2022/01/15/1071282194/addiction-substance-recovery-treatment>

Recovery Recommendation

- Remove barriers to long-term recovery
 - Financial (medical treatment, household expense help, budgeting assistance, etc.).
 - Housing (transitional and affordable).
 - Employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well).
 - Childcare (while working, during treatment and recovery meetings, and for respite) for those in recovery.
 - Improve transportation options.
 - Increase peer support capacity.
 - Mental health immediate needs.
 - 24-hour hotline, or emergency number where people of all ages can call and talk to someone who can provide them with help or resources to help them.
 - Warmline with trained volunteers to listen.
 - Universal access to health care, including mental health for all.
 - Website for peer support.
- Life skills education and guidance.
 - Cooking.
 - Financial.
 - Job skills.
 - Child rearing.
- Tasking an individual or a position with coordinating treatment efforts throughout Iowa County. These duties may include:
 - Coordination and collaboration of existing resources.
 - Up-to-date resource guide and/or website for existing Iowa County resources and ensure the information is distributed (on paper and online) so people know what is available, when it is available, and how they can gain access.
 - Coordination effort of recovery options times and locations.
 - Plan community wide education and outreach programs and coordinate transportation efforts.
 - Search for recovery opportunities and funding sources.

When someone is having a difficult time and they have to deal with life, for example: kids, bills, schoolwork, etc., and they feel like they can't manage without the drug, they need respite. We need to have somewhere for them to take their kids or a safe place for them to remove themselves from their current situation and access immediate help. - Jessie Brogley, Unified Community Services

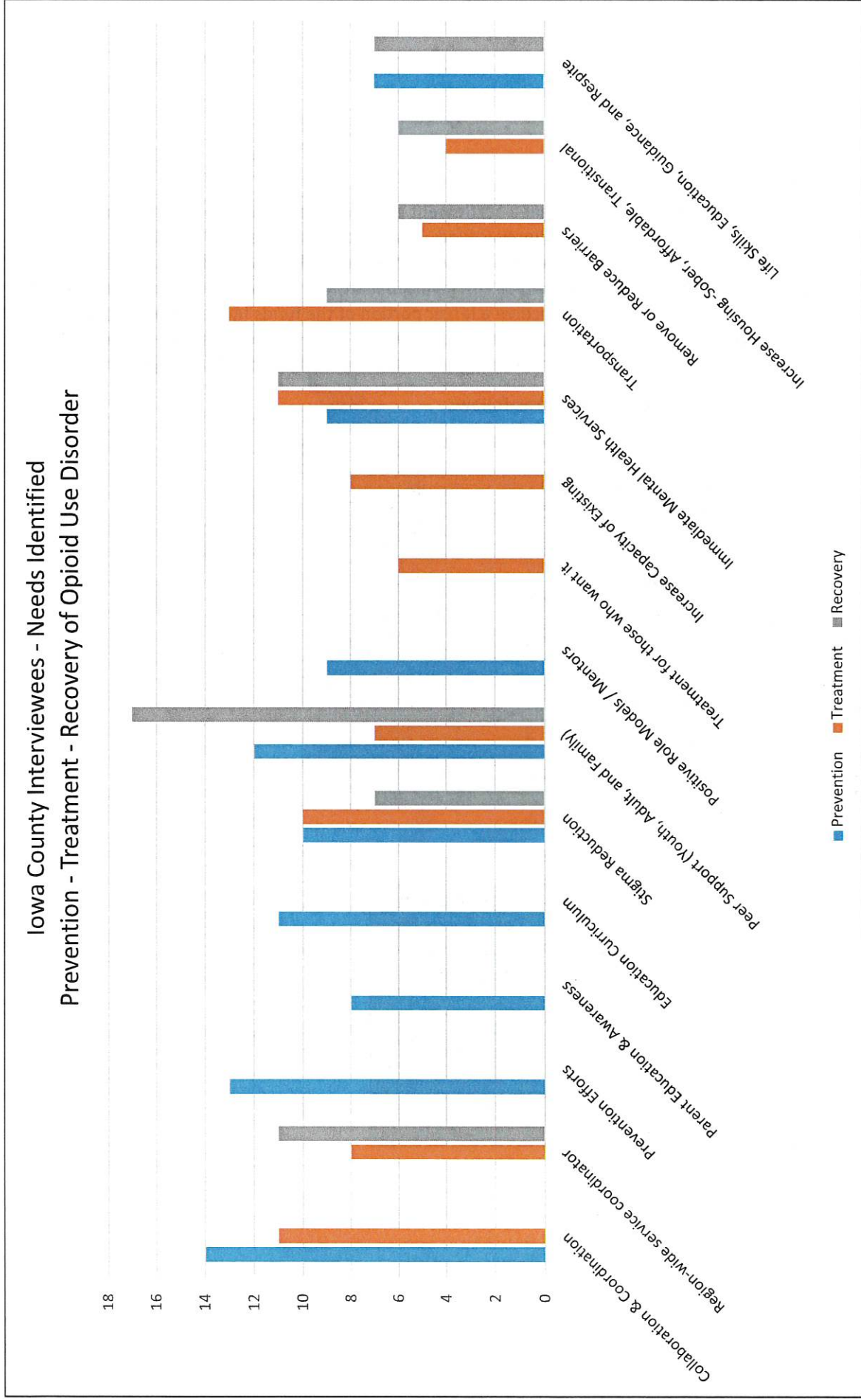
Summary of Community Consensus and Recommendation

Iowa County's existing programs and resources prove that leadership has taken opioid prevention, treatment, and recovery seriously; however, there were gaps identified as a result of the interviews. If these gaps were filled collaboratively, Iowa County could be successful in battling the epidemic both locally and regionally. During this study, it was realized that while there are key programs and services in place, it is imperative to invest these funds in a way that Iowa County will get ahead of the epidemic. SWWRPC's recommendation is based upon the knowledge, opinions, and background of the interviewees, complemented by research into evidence-based programs in all three categories from established sources. Investment of litigation dollars should include:

1. Task a person or a position with coordinating the existing resources either in Iowa County, or regionally so that information is more widely available and not in "silos". Coordination and communication with UCS and SWCAP may be necessary in these efforts. Tasks assigned could help accomplish bolstering and enhancing the already in process efforts being made in prevention, treatment and recovery of OUD and could consist of the following:
 - a. Keep resource guides and websites up-to-date with contact information, dates, and times of events, and any other pertinent information.
 - b. Communicate between agencies and follow-up so that all agencies are aware of what is out there, and can direct or guide those seeking help to the appropriate department or agency.
 - c. Look for and secure opportunities as well as funding sources.
 - d. Coordinate prevention efforts in the schools as well as incorporate some parent and family member awareness, education, and outreach efforts.
 - e. Assist with transportation needs by working with people who need transportation as well as agencies tasked with providing the service.
 - f. Incorporate positive role model support systems throughout the county and region.
 - g. Find ways to reduce stigma, i.e., advertising and marketing, outreach, etc.
2. Increase capacity of existing services within the designated agencies.
 - a. UCS – mental health services including immediate services, i.e., hotline, warmline, website for support services; intensive outpatient services; medication assisted treatment; add facility for inpatient treatment; increase peer support group resources, and others as may be identified as funding is available.
 - b. SWCAP – transportation, life skills education and guidance, housing, childcare or respite services, and others as may be identified as funding is secured.
 - c. Education or schools – evidence-based prevention programs, stigma reduction efforts, raise awareness, and help for those who want it.
3. Find ways to help remove or reduce barriers
 - a. Transportation – increase capacity throughout the county and region.
 - b. Housing – increase transitional, sober, affordable, and workforce housing in the county and region, and add inpatient facilities locally.
 - c. Cost – reduce treatment and recovery costs and assist with cost of living for those who need temporary supplemental resources.
 - d. Childcare – increase childcare resources while working, attending recovery appointments and meetings, and for respite.
 - e. Language – ensure that resources are bilingual as needed.

Investment of funds as listed above will comply with opioid litigation settlement requirements by not only using funds according to regulations, but also, by investing in all three categories, prevention – treatment – recovery, as the best way to get ahead of the opioid epidemic.

Table 8: Iowa County needs by category (prevention, treatment, and recovery) of OUD identified by Iowa County interviewees.



Appendix

Appendix A: Settlement funds

Whether securing funds or not, Iowa County will get a settlement payment each year through 2038 unless pharmaceutical loses the ability to pay, i.e., bankruptcy is filed. Any unpaid settlement dollars will be lost at time of bankruptcy. Non-securitized funds means that Iowa County will get more settlement funds in total (\$351,038.24) split more evenly over the 16-year period; however, there is risk involved if any of the parties file bankruptcy. Partially Securing the funds means that Iowa County will receive a larger portion of the funds in the 1st year from a company willing to take the risk, and will receive smaller payments over the next 16-years as long as pharmaceutical's have the ability to pay. Table 2 below shows how much of the settlement funds will be distributed each year in both scenarios.

Payments will be distributed over a 16-year period as follows:

Table 9: Opioid Litigation Settlement Funds Payment Schedule Non-Secure Vs. Secure

Year of Distribution	Non-Secure	Secure
2022	\$ 70,493.00	\$ 323,251.00
2023	\$ 37,358.00	\$ 18,288.00
2024	\$ 50,867.00	\$ 26,999.00
2025	\$ 53,276.00	\$ 29,408.00
2026 & 2027	\$ 33,038.00 /year	\$ 9,170.00/year
2028	\$ 38,083.00	\$ 10,011.00
2029 & 2030	\$ 39,284.00 /year	\$ 11,212.00/year
2031	\$ 33,914.00	\$ 10,317.00
2032 - 2038	\$ 28,317.00 /year	\$ 4,719.00/year
Total Settlement	\$ 626,854.00	\$ 492,071.00

Table 10: Opioid Litigation Settlement Funds Non-Secure Vs. Secure

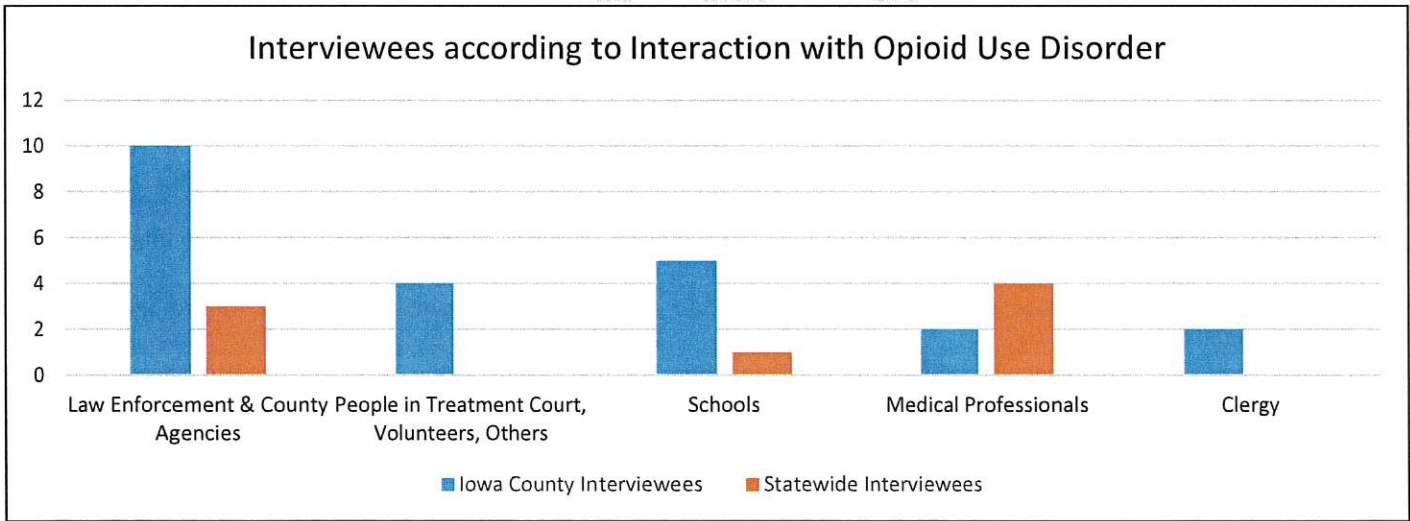
	Total Settlement Funds Awarded	Approximate Total Funds for Use (Partially Securitized)
State of WI	\$ 120,000,000.00	
Grant County	\$ 1,118,892.00	\$ 878,327.00
Green County	\$ 1,047,000.00	\$ 821,894.00
Iowa County	\$ 626,854.00	\$ 492,071.00
Lafayette County	\$ 301,068.00	\$ 236,339.00
Richland County	\$ 489,794.00	\$ 384,492.00

Appendix B: Interviewees, questions and answers

Interviews were conducted via telephone, virtual meeting, or in-person of twenty-three individuals throughout Iowa County as identified early on by members of the Opioid Task Force. Iowa County interviewees included:

- Law enforcement or other county officials: Mike Peterson, Iowa County Jail Administrator; Melissa Peterson, Iowa County Treatment Court Coordinator; Rick Severson, Iowa County Deputy; Joan Davis and Justin O’Brien, Iowa County Supervisors; Ruth Schriefer, Iowa County Extension; Debbie Siegenthaler, Iowa County Health Department; Matt Allan, Iowa County Judge; Tom Slaney, Iowa County Social Services Director; and Tim S., Iowa County Children and Family Unit Manager.
- People with Opioid Use Disorder (OUD) or family members of those with OUD: Treatment Court #1 and Treatment Court #2 (joint session at Unified Community Services (UCS) with Jessie Brogley).
- School counselors and administration: Ryan Bohnsack, Dodgeville High School Principal; Erika Brunson, Mineral Point Middle and High School Counselor, Dani Robb, Mineral Point School District Social/Emotional Learning Coach; Matt Austin, Mineral Point High School Principal; and Angela Schulting, Barneveld School Guidance Counselor.
- Medical professionals: Dr. Aaron Dunn at SSM Health and Nicole Vondrum, Emergency Room Nurse at Upland Hills.
- Clergy: Jim Droste, Pastor at Dodgeville United Methodist Church and Bill VanWagner, Reverend at St. Joseph Parish in Dodgeville.
- Community volunteers or others involved: Laura Blalock from Iowa County Family Resource Center and Bruce Paul, interested citizen.

Table 11: Interviewees according to interaction with Opioid Use Disorder – Iowa County and statewide.



Statewide and regional interviews were conducted with 8 individuals via telephone, virtual meeting, or in-person. State and regional interviewees include:

- Medical professionals: Jeff Lockhart, Unified Community Services (UCS) Director; Jessie Brogley, UCS AODA Counselor; Dr. Jillian Landeck from UW-Madison Health, Rebecca Steffes, Nurse Manager at Community Connections Free Clinic.
- Education: Melissa Stoner, Prevention and Education Coordinator at UW-Platteville.
- Others: Chris Frakes, Project Director at SWCAP; Ben Miller, Substance Use Diversion and Support Program Case Coordinator in Sauk County, WI; and Paul Krupski, Director of Opioid Initiatives at WI Department of Health Services (DHS).

Interviews lasted between 20 and 45 minutes. 7 open-ended questions were asked, and conversations varied based upon interviewees' interaction with opioids, OUD, or SUD.

Table 12: Interview Questions and Interviewee Answers

What is your interaction with opioids, people with OUD, or those suffering from other SUD?

I can think of about four Students who have significant use or are in a home with significant use of drugs of some kind. Opioids are sporadic, and it is difficult to determine exactly what is being used and when.
In Iowa County of the families we serve, 70% or more have some type of OUD or SUD in the family. These diseases usually tie directly to lack of appropriate child care, which is why we have to get involved, to protect the kids.
As a teacher, I interacted with children coming from homes where opioids were being used.
My career began when pain was the 5th vital sign. This is when opioids started being used as a tool to help patients control their pain. As more research was done, providers were given additional education and better data for chronic pain patients, which ultimately led to our realization that opioids were addictive and there needed to be some control over the prescriptions being issued. The prescribing database was created and shared amongst providers giving us more control over the management of opioid prescriptions. The main limiting factor is communication across state lines.
I have direct interaction with users through my task force interaction, I investigate OD cases resulting in death, and even those who are being saved using Narcan. My work is trying to find the source of the drugs.
I don't see it much in school, but know that it is in the community. I hear about it from students and others in the community.
I don't really see it much, but hear it is out there. I do financial coaching, get referrals, provide education and resources, and while there is an awareness in my department, we do not really have much interaction with those suffering from OUD.
I have been the Drug Treatment Court Program Director since 2015.
I see it in the workplace as an Emergency Room Nurse. Some patients come in during the withdrawal phase, but most have pain complaints and are medicine seeking. It is tracked better now, at least within state lines.
Most of the people I interact with have used opioids. It started prior to 2015 as this is when we began treatment court in Iowa County. Opioids used to be the culprit most the time, now methamphetamines have come back. The majority of cases are where prescription drug use led to other drug use. I would suggest that it almost always starts with pills or opioids.
I do not have a lot of interaction directly, but indirectly with budgeting for the agency and as overseer of what we are spending money on. There are a lot of financial resources tied to opioid use disorder as well as other drugs. It is costly to put kids in foster care and when parents are using, the kids could be in foster care for long periods of time.
I haven't seen much if any opioid issues in the school, we have more issues with alcohol and vaping.
I'm not really engaged in this at this time due to COVID and the number of resources and time that has been tied to that. There were some needs cited in the recent community health needs assessment related to opioid use and misuse.
I work for Iowa County Family Resource Center, run the Parent Café, and other community-based programs. Most of the programs we run are grant funded.
Personally, I had a family member who suffered from OUD and there was one member in the Parish who has also fallen prey to OUD.
There are prescription narcotic issues in both Dodgeville and Mineral Point schools; however, Dodgeville has more use than Mineral Point. In Mineral Point, we have no real concern with student use at this time and I believe it is primarily due to our current programs in place, including Sources of Strength. In Dodgeville, active student opioid use is an issue. Both districts have children whose parents are using; however, Mineral point has less than Dodgeville.
I received some with shoulder surgery about 4 years ago and did not like them. I was given plenty of information with them.
Through the jail, I am interacting with people who have been arrested and are on something. Often, they end up spending a portion of their time detoxing while incarcerated. We do not have the space or resources for detox beds, and it makes incarceration of these individuals tough.
I Used to be on the County Board, I started going to meetings at Upland Hills because I am passionate about helping people. I am part of or have been involved with the following: WI Youth Alliance, Roads to Recovery Videos, and I have a Granddaughter with mental health issues who was prescribed the wrong medications.
I work with people in need of assistance/help through my ministry with Iowa County Law Enforcement Center.

How has the epidemic impacted your position, department, or agency, and when did you first begin to see the impacts of opioids in your region?

During my tenure, I have noticed that kids growing up with parents who were using are now using.

Our programs are aiding people in treatment in recovery; however, it is difficult to pinpoint the best time to reach people for treatment.

Unified Community Services Board and Jeff Lockhart have been great sources of information and have made sure to keep the county board informed. I think we need more training for law enforcement including the use and administration of Narcan, as well as training on how to better handle those with OUD.

There needs to be more community awareness. Our church doesn't necessarily see it 1st hand; therefore, it is not as personalized among the congregation because drug abuse does not typically affect their everyday living. Now that I am more involved in the community and events, I am more aware of the impacts of OUD and the prevalence of substance abuse in the area.

The epidemic started in 2012 before I started my career here. Overdose deaths are usually a couple per year; however, over the last few years Narcan has helped to reduce the number of occurrences resulting in death. The impact I see is the strain on our resources and time. Any death investigation is treated like a homicide, which requires additional training, financial resources, and time to investigate.

No direct impact personally. The Drug Court creation is in response to the issue, and now there are 2 events for mental health awareness.

We see major impacts in our field, including: student impact, mental health needs, bullying, extra support services needed, children growing up in homes with addicts often develop mental health disorders, basic needs are being deprived, personal securities are in question, and children are traumatized. Kids are coming to school exhausted - socially, emotionally, physically, tired, unable to concentrate or focus.

There are challenges with how to properly and effectively handle children that are dealing with these issues at home. Drug use and abuse makes coming to school more challenging for kids. We have to remember that their life experiences are different, so school experience is also different for them. We have to be aware of this and learn new techniques to help them.

N/A

I first saw signs back in 2013. Opioid Use was the driving factor for when treatment court started in 2015.

N/A

The increase in heroin deaths sparked the realization that opioids were linked to addiction and heroin use about 10 years ago. At that time, medical assisted treatment or addiction treatment was for addiction clinics, not primary care physicians. Now that trend has changed, especially in rural areas where there are no addiction clinics, primary care physicians have to take on the role of treatment providers.

We have seen an increase in work load since the epidemic. In 2009 or so, the Opioid pain medication seekers started to come to the emergency rooms. Prior to that, alcohol was the drug of choice. People hop around; however, for those using EPIC and PDMP, it is tracked better, but the med seekers know which hospitals use which software and who will prescribe for them.

About 10 years ago, we realized an increase in child abuse referrals. This increase caused an influx in our case loads, ultimately affecting the annual expenditures of the agency. Cases are more complex when drugs are involved; therefore, they take more time and financial resources.

It is important to remember that the current drugs being used are debilitating and life changing; whereas, prior to opioids, heroin, methamphetamines, and now fentanyl, people could use drugs like alcohol, cocaine, marijuana, etc. and still function. Today's drugs actually change brain function; therefore, people are unable to function in daily life including jobs, taking care of their children, paying bills, etc.

There is definite impact on the children in society. What I wonder is that when their parents are in treatment, what is happening to the kids, where are they going, and what are they doing?

Opioid use costs us in the jail more time, more resources, and has a definite impact on staffs' mental health.

I have seen an effect on school aged children, they are academically behind due to lack of instability and structure at home. We had a home in town that was raided while child was getting ready for school, and the child was dropped off at school by police. The trauma suffered has had a real negative impact on the child.

My role was created to address epidemic through the court system. There was an increase in crimes including theft, burglary, bad checks, and forgery, and we knew we needed to get in front of the crime by addressing the cause.

I really do not have any interactions with opioid use disorder, and am not really seeing anything in the district at this time. Our latest Youth Risk Behavior Assessment (YRBS) showed 0 interactions with Opioids from students.

What programs and services are currently being offered? Of those, which ones do you feel are most useful and successful in prevention, treatment, and recovery of OUD?

What Programs / Services are being offered that you find most successful / useful in prevention, treatment, and recovery?

Nothing has been truly successful. The school resource officer is positive and helps build positive relationships. Building relationships is key, and having the school resource officer helps establish that. The DARE program has started recently, and hopefully that will have some impact. Programs and services that I am aware of currently include: Iowa County Substance Abuse Prevention Group, Drug Treatment Court, Road to Recovery Videos, and small group settings.

Family Resource Center of Iowa County has programs like the Parent Café. SWCAP has home visits from Birth to 3, child development programs, the car seat program, WIC, and referrals to other agencies.

Some of the resources that I am aware of include: SWCAP, drug treatment court, safe houses, and the recovery committee.

I am aware of the drug treatment court, Opportunity House, Silver Lining Program, Grant County Homeless Program for Families, and Feeding Friends on Wednesday evenings.

The program that come to mind are Unified Counseling and Badgercare Insurance Coverage.

Resources currently being offered include: Community Connections, Ridgeway Community Center, Ridgeway Library, Dodgeville Library, Ridgeway AA, Opportunity House, Narcan Direct, and programs and services by Ruth Schriefer.

Successful prevention includes resiliency skill building, it teaches kids how to handle situations. The Sources of Strength program, DARE program, and School Liaison are valuable and successful also.

There are not enough prevention resources. For treatment, we have The Drug Treatment Court and the Recovery house, and some organizations from outside Iowa County that come in like Orion Family Services and Foundations, and the In-home family therapy out of Madison and Belleville. I'm not sure about recovery programs.

Currently there is the prevention task force; however, I am unsure how active they have been since COVID. We need more prevention resources. We have some family resources including Orion Family Services and Foundations and some in-home family out of Belleville and Madison. Also, there is the recovery house and treatment court in Iowa County.

In Iowa County, we have the drug treatment court, Parent Café, drug take back boxes and lock boxes, recovery house, roads to recovery videos, support groups, and others. Mike and Melissa Peterson do a lot with treatment programs.

Treatment court, Parent Café, drug take back boxes and lock boxes, recovery house, roads to recovery videos, support groups, and treatment while incarcerated including mental health services through Unified.

Our Health class provides some educational resources, the counseling team is available and have good connections with the kids. We have really spent time and energy on building relationships and are starting to share resources across the school districts for example the DARE Program. We have a school resource officer with a therapy dog. We have found that it really helps form connections and connect positively. It is paid for through fund 80.

Intensive Outpatient (IOP) services started at Unified as a group about 3-4 years ago, Opportunity House is a valuable resource; while there are no treatment options in the house, it connects people to resources. It was used for all female at 1st, and now is 4-female, 4-male. We also have sober living, the free clinic, and the Lift Program. Treatment court was selected as a proven program and funded through a grant opportunity.

Drug treatment court, prevention committee, intervention programs, Unified counseling is a great resource, they just need more capacity.

We need more prevention efforts. Currently there is effective education for prescribers, ability to track prescriptions, prescriber and pharmacy communication and collaboration, addiction counseling, sober houses, and medication assisted treatment options. The intent is good, and we are slowly making progress.

Pre-pandemic services were more available. The use of suboxone, Unified and AODA counseling are successful, but the wait times are long and there are not enough providers. We can get people in under psychiatric; however, this presents some challenges as well.

Drug treatment court, and drug and alcohol prevention programs.

SMART Recovery, MAT including Vivitrol, co-occurring disorder treatment, treatment court, IOP, relapse prevention group, HOPE Haven and ARC Program.

Oregon Mental Health comes into school for counseling services when needed.

What Programs and Services are needed in the area?

What Programs / Services are needed in the area?

We need more opportunities for students connecting with adults. The road to recovery videos affected some students negatively. We need youth peer groups and positive youth-adult relationships. Find ways to be preventative, and put the group together more by including the school, hospital, police, substance abuse, social services, and other prevention groups. Connect with kids and parents in 3-4-5th grade, older kids are too late to make the initial connections. Relationships should already be established by the time they are teenagers, at that time, we need to make sure the relationships continue. Programs in larger communities like Madison and Milwaukee are not available here, how can we establish programs like those here? I think we need more collaboration across the region and it has to be a coordinated effort.

We need more things like Parent Café, something for the kids while parents are in peer support groups, and more child/youth programs.

We need more law enforcement training and staff, recovery options, educational resources, medical resources. If we could find a way to reduce triggers and availability, perhaps by helping with mental illness and domestic issues. People need a place to go instead of going back to where they were using or their triggers are.

In our rural communities, what do we do for people transitioning in between jobs, homes, etc.? They have no place to go, and there are no services for single men. We really need opportunities for subsidized housing with accountability, and access to mental health resources.

People need to get in somewhere when they want it and need it, and there is no availability right away. We need baseline mental health help, education, and walk-in programs. Chapter 51 takes too many resources - time and money.

People need access to help sooner. We also need to increase capacity of peer support, counselors, and mental health workers. Al-ateen, youth peer support, kids need help transitioning from home to "normalcy" in the school. What they are seeing at home is "normal" to them, and they struggle with the difference in normal at home vs. normal at school. We need someone in the school for the education piece because our time is spent "putting out fires". There has to be an educational shift and we need to look at it from the academic perspective - Bottom of pyramid - education/instruction, 2nd level in pyramid is support, and the 3rd level is for the few that need 1 on 1 individual support.

We need more positive role models who can make a positive impact. It would be nice to have some type of kids' hotline, provide somewhere for kids to have peer support and address their mental health needs. Sometimes they need immediate help and there seems to be no resources for kids. We need to figure out what are common practices, and where are the places people should go. Some resources that help guide educators to get people the help they desire or need.

We need youth mental health services. SWCAP focus more on younger children, and we need something for school ages. We also need support for family or others involved, for example, grandparents, aunts, uncles, siblings.

Serenity House was started pre-COVID and then nothing has transpired, we need to get that going. We need more community support and peer support programs. We should invest in "Smart Recovery" programs, housing resources to address the limited affordable housing in the area, transportation, and something similar to "Mission Village".

There is limited access to mental health providers, direct care/treatment facilities, youth education, and suicide prevention. We need more help for people in crisis mode.

We need to have resources for urgent access to catch people in the small window of opportunity when they want help. They can get some Emergency Room Counseling, which is the same day, but that is limited and there should be somewhere for them to get immediate service because moments of clarity are very brief sometimes. We need more providers to do MAT, remove financial barriers to access to treatment, and reduce the cost of Vivitrol so that it is a feasible option.

We need rehabilitation facilities. Currently people have to get in trouble to get help, so we should find ways to get help to the ones who want it. Invest more resources into prevention. Push early in school and keep pushing beyond high school. Drug court is successful a small portion of the time; however, people have to get in trouble before they can receive services. Coming out of the pandemic, there are not as many services as there were pre-pandemic.

We need to be more proactive. On the front end, we need educational programs for youth prevention, youth peer support, and support for adults without worry of police intervention.

We need residential treatment, sober housing/living, affordable housing, job services, life skills training including financial training, money management, and job skills.

Invest in prevention efforts, and increase capacity of mental health to treat anxiety, stress, and depression.

We should put more resources into Unified Community Services. They are not as accessible as they were 10 years ago, which is likely caused by staffing shortages and funding. The need is greater than capacity. An updated resource guide would be great, not only in the county, but region wide for programs available, more transportation resources like LIFT, county taxi, and ADRC.

We need more options for AODA Therapy. Iowa County has the worst ratio of therapists per capita - like 1900 to 1. We need inpatient treatment, to increase capacity of intensive outpatient, more transportation resources, and child care or respite care for individuals suffering.

We need to invest in evidence-based prevention programs, youth peer support, and something for the kids to do that is positive while parents are going through treatment.

Increase capacity of existing resources.

What do we need to do differently in fighting the Opioid Epidemic?

What do we need to do differently?

Hold safe events for kids, keep the youth active, and establish healthy adult-youth relationships.

Easier access to treatment, reduce cost barriers to treatment, have safe community events, more in prevention and recovery, and better collaboration and communication between agencies. Parents who are using has to be reported right away, and services need to be brought in.

There are too few safe places, and all are for individuals only. What happens to the families or kids?

We need to help the ones who want help early on, and view the epidemic as a serious mental health issue. Currently, there is no autopsy requirement; therefore, actual data is impossible to get.

There is a disconnect between schools and Unified and counselors, we need to collaborate more. The Narcan implant is good or 2-3 months seems to be successful when used. I think we need to do DNA testing to match medications based upon our DNA and what is best for us as individuals.

We need to look at it from the educational model. We should be putting resources into the education piece and stigma reduction. People have to feel safe to admit they have a problem. They need access to good affordable health care. Collaboration and communication between various agencies would be beneficial. We need to know where to go, who to send people to, and how to get services for those that need immediate help. How can we support/serve our families? Youth CCS facilitators - cannot take 1-3 weeks for initial contact like it currently does.

We need to put resources into our kids, share community resources better, and establish more positive relationships. Better collaboration and communication are needed between agencies and stakeholders.

Not Sure

Education and prevention, community connections, more prevention in way of youth programs, resources for kids, and Mission Village.

Make prevention the priority, use evidence-based models, adequate housing, job placement, and help people in crisis mode. Need more information on who's engaged? Whose doing work? And who wants to be involved?

Coordinated effort of treatment, universal access to Narcan, needle exchange programs, invest in prevention and harm reduction, remove financial barriers to treatment and recovery, remove all barriers to get addicts to "Buy-in", treat all people with humanity and stop stereotyping, accept the fact that people are using, focus on harm reduction for those using, educate people to know their source, and help people channel addictive tendencies into something positive.

More education, more reality doses as a form of education and awareness, and more services to family of addicts.

Change stigma, be honest and vulnerable about the disease, education and awareness on the distinct categories - don't make it so broad or the same as alcohol education, stop production and import of manufactured and other drugs coming into country, and get to root of problem. Where is the access? Create a greater awareness, and educate on the effects of drugs and how they alter the brain.

More education - start with the schools. Difficult to undo what has been done, so let's prevent it from going any further.

Reducing prescriptions has helped a lot along with implementation of the ePDMP. We need to bring more public awareness to the forefront and reduce the stigma. People need to understand it is a disease, and a debilitating one!

I feel like there is something we are missing; we need to find that and focus on preventing any more.

A lot of what we are doing is working, it is just a slow process with very small success rates. Keep investing into existing.

Stigma reduction efforts, don't just lock people up, have treatment and recovery plans and options available for them, we are headed in the right direction, just need to keep moving forward and investing in it. Focus on health aspect versus the legal aspect.

Prevention and education based on today's world.

Do you have any data on Opioid Prevention, Treatment, or Recovery? And if yes, can you please share it with me?

Some interviewees shared leads that were followed up on and relative data is found throughout this document.

Is there anything else that you would like to add or discuss? Or if you could decide how decision makers utilize these funds, what would you want them to spend the monies on?

Is there anything I missed, or that you want to add?

How old do people have to be to purchase over the counter (OTC) Cannabis gummies? How are the kids getting synthetic THC, and others? If someone is willing to take something to "feel differently", even alcohol, then they are willing to try anything that is mind altering, we need to address this.

Lack of Medication Assisted Treatment Providers is not a cost issue, the training takes a few hours; however, there is no incentive for the additional responsibility and liability. Licensed providers can only provide treatment for up to 30 people per year, people receiving treatment require extra monitoring, the stereotypes of users deter some, and there are some logistics when dealing with people who are suffering, for example, they don't show up for appointments, they can be deceptive, manipulative, have other mental health issues which can be cause for concern of safety of staff. The doctor-patient relationship takes additional work.

Look at it from an academic perspective and use that model. The counselors are putting out fires rather than doing the 1 on 1's that they should be doing, and there is not enough time to do the education piece that gets to the larger group. We need a plan of what to do in crisis situations. We need someone in the schools for education and up to date information on the education and proven methods.

Mental health counselors and educators for prevention are the needs. Bill Ottoway and Tony Hoffman are two speakers who have really been influential here. We need to have more real-life stories from those who have walked in those shoes.

Make sure to speak with Melissa Peterson, Drug Treatment Court Coordinator, and find out information on play groups / parent cafes.

Talk to Jeff and Juanita Star XXX-XXX-XXXX, they have had some family experience with addiction.

Get people help when they want it, and ensure where children are being placed is a positive situation, don't just place them with "other family" members.

COVID has caused limited connections; therefore, we need to get new people up to speed, network more, and re-establish relationships.

We need to invest more money into treatment and recovery courts as they are proven to be beneficial and they change participants perception of the criminal justice system.

We need to address childcare and respite care. Our kids need positive role models and peer support.

Increase local treatment options.

Peer Support Programs - Who is the best / trustworthy person in their lives, who is someone who has walked in their shoes, what is their role, and how are they involved?

Appendix C: Sources

Quantitative and qualitative data was used from the following sources:

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Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/
WI Dept of Health Services, Moving Prevention Upstream. P-02695. June, 2020. Retrieved from https://www.dhs.wisconsin.gov/publications/p02695.pdf
WI Dept of Health Services. Dose of Reality: Opioids in Wisconsin. Retrieved from https://www.dhs.wisconsin.gov/opioids/index.htm

Appendix D: State of WI Intended spending

The State of Wisconsin will receive more than \$400 million in opioid litigation settlement funds, \$31 million of that should be received in 2022. WI DHS proposed a plan to spend those funds on July 29, 2022. The Joint Finance Committee revised that plan and approved the final on September 8, 2022. The following table represents the 2022-2023 approved spending of the funds.

Table 10: WI DHS Approved Spending

Amount	Purpose	Reference to Approve Uses	Description	Potential Local Impacts
\$ 3,000,000.00	Expansion of Narcan Direct Program	Core Strategy - A (1 & 2) & Prevention - Part 2 Harm Reduction	Narcan Direct Program	Free Narcan for Community Distribution - Co/Local Health Departments, Tribal Health Clinics, Syringe Access, Community Recovery Organizations, Opioid Treatment Programs, ER Induction Sites, and County Jails
\$ 2,000,000.00	Fentanyl Test Strip Distribution	Prevention - Part 2 - Harm Reduction	Prevent Overdose Deaths and Harm Reduction	Establish a program similar to Narcan Direct creating a mechanism to distribute fentanyl test strips to partner agencies statewide. Disseminate test strips to eligible providers offering preventative and harm reduction services.
\$ 10,000,000.00	Capital Projects - New & Updated Facilities	Core Strategy - B (1-4), Treatment Part 1, Other Strategies Part 3 - Leadership, Planning and Coordination	Ensure everyone has access to treatment and recovery. New & Updated Facilities.	Award 2 or 3 one-time funding grants (competitive), based on demonstrated need, expected number of people served annually, demographics to be served, project readiness & anticipated completion date, and scope of services to be provided. Regions lacking providers will be prioritized.
\$ 6,000,000.00	Tribal Nations Funding	Core Strategy - A (1 & 2) & Prevention - Part 2 Harm Reduction	Federally Recognized Tribes in WI	Grant Funding Opportunity for the continuum of prevention, harm reduction, treatment, and recovery.
\$ 500,000.00	DHS Overdose & Central Alert System	Other Strategies - Part 3 - L. - Research	Enhancing data collection systems	Expansion of the 15-county pilot program currently underway. Allow overdose data collection to be in real-time, and better information for driving data-driven responses.
\$ 250,000.00	K-12 Programs	Core Strategies - B 2, Part 2, Prevention - G-9 - School Based Programs	Aid dollars to LEA (Local Education Agencies) for evidence-based substance use prevention programming implementation	Evidence Based K-12 Curriculums and Programming - Substance Use Prevention Programming.

Amount	Purpose	Reference to Approve Uses	Description	Potential Local Impacts
\$ 2,000,000.00	MAT Expansion	Core Strategies - B - MAT Expansion (Medication-Assisted Treatment)	Support in underserved areas, additional permanent facilities, Further Expand statewide	New MAT providers in underserved areas and support MAT providers previously ineligible.
\$ 2,500,000.00	Substance Abuse Treatment Facilities	Core Strategies - B 4 - Treatment & Recovery support - residential, inpatient, intensive outpatient, ...	Room & Board Costs Coverage	Residential Treatment for SUD (substance use disorder) coverage for Medicaid members filling gap in existing SUD residential treatment.
\$ 3,000,000.00	Law Enforcement Grants (\$1 million for rural communities)	Core Strategies - Prevention Programs and Part 1 Treatment D - Address Needs of Criminal Justice Involved Persons.	Joint Finance Committee Implemented	WI Counties Assoc - \$1 million for communities with populations less than 70,000 for community drug disposal, treatment for inmates, training law enforcement, pre-arrest and pre-arraignment strategies.
\$ 750,000.00	Statewide Community Based Organization (Boys and Girls Club)	Core Strategies-B- Education to school-based and youth-focused programs	Joint Finance Committee Implemented	Implement and expand opioid prevention programs in partnership with law enforcement in an after-school setting.
\$ 1,000,000.00	Hub & Spoke Pilot Program	Core Strategies - Part 1 - Treatment	Integrated Recovery Support Services Benefit.	Create additional "hub" agencies that provide specialized substance use disorder treatment for Medical Assistance (MA) patients. DHS Collaboration with 3 sites - PILOT a new model to treat eligible Badger Care Plus and Medicaid Members with substance use disorders and at least one other health condition
<u>\$31,000,000.00</u>				

Appendix E: County & Regional Resources for Iowa Co. Residents

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
County Agency	Iowa County Aging & Disability Resource Center	303 W Chapel Street	Dodgeville, WI 53533	(608) 930-9835	adrcswwi.org/about/iowa-county		adrc@iowacounty.org	County agency dedicated to providing older adults and people with physical or developmental/intellectual disabilities with the resources needed to live with dignity and security, and achieve maximum independence and quality of life.	Iowa
County Agency	Iowa County Department of Social Services & Child Protective Services	303 W Chapel Street	Dodgeville, WI 53533	(608) 930-9801	iowacounty.org	Tom Slaney, Director		County agency that is committed to assisting individuals and families identify areas of need and equip them with necessary skills and tools to become safe, healthy, and self-sufficient.	Iowa
County Agency	Iowa County Probation and Parole	1109 Professional Drive	Dodgeville, WI 53533	(608) 935-3104	doj.state.wi.us/ocvs.safes-home			County agency tasked with monitoring people who have been released from jail or prison and are on extended supervision. Probation and Parole agents ensure individuals released meet conditions set forth by the judge.	Iowa

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
County Agency	Treatment Court - Iowa County	222 North Iowa Street	Dodgeville, WI 53533	(608) 935-0343	www.iowacounty.org	Melissa Peterson	dtc@iowacounty.org	Drug Treatment Court is specifically designed and staffed to handle cases involving drug offenses through an intensive judicially monitored program of substance abuse treatment, rehabilitation services, and community supervision.	Iowa
County Agency Program	Narcan Direct - Free	Grant County - Unified Community Services - (608)723-6357	Green County Human Services - (608) 328-9393	Iowa County Unified Community Services - (608)935-2776	Richland County Sheriffs Dept - (608)647-2103			Provide Free Narcan after a short training.	Regional
County Agency Program	Narcan Direct - Insurance Paid or Self Pay							Narcan available if prescribed by physician and covered under insurance.	Regional
Regional Agency	Southwestern Wisconsin Community Action Program (SWCAP)	149 N. Iowa Street	Dodgeville, WI 53533	(608) 935-2326	swcap.org		info@swcap.org	Mitigate the causes and conditions of poverty in Southwestern Wisconsin, building resilience and self-sufficiency by providing supportive services and programs, and by collaborating with partners.	Regional - Grant, Green, Iowa, Lafayette, and Richland

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Regional Agency	Southwestern Wisconsin Community Action Program (SWCAP) LIFT Program	138 S Iowa Street	Dodgeville, WI 53533	(877) 798-5438	swcap.org			Provides rides for people in Southwestern Wisconsin that may have temporary or permanent difficulties with transportation. Lift offers rides to and from locations within a day trip of the resident's home.	Regional - Grant, Green, Iowa, Lafayette, and Richland
Regional Agency	SWCAP Work 'n Wheels Program	149 N. Iowa Street	Dodgeville, WI 53533	(608) 935-2326 Ext. 220	swcap.org		wnw@swww.org wwwcap.org	0% loans for vehicles to get to and from your job if you have a valid driver's license, family meets income qualification requirements, and other conditions may apply.	Regional - Grant, Green, Iowa, Lafayette, and Richland
Regional Agency	Unified Community Services	200 W Alona Lane	Lancaster, WI 53813	(608) 723-6357 OR Crisis: (800)362-5717	unified.co.gr ant.wi.gov			Contributing to the development of healthier individuals, families and communities within Grant and Iowa Counties by providing mental health, substance abuse, and developmental disabilities services.	Grant
Regional Agency	Unified Community Services (UCS)	1122 Professional Drive	Dodgeville, WI 53533	(608) 935-2776 OR Crisis: (800) 362-5717	unified.co.gr ant.wi.gov			Contributing to the development of healthier individuals, families and communities within Grant and Iowa Counties by providing mental health, substance abuse, and developmental disabilities services.	Grant, Iowa, and Lafayette

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Health-care	Community Connections Free Clinic	101 E Fountain Street	Dodgeville, WI 53533	(608) 930-2232	ccfcwi.org	Aaron Dunn, Medical Director		Non-profit organization whose mission is to provide basic health care for those who cannot afford or access medical services in Iowa County and surrounding areas. We believe that together, we can eliminate the obstacles to health care in our community, one patient at a time.	Grant & Iowa
Health-care	Richland Hospital	333 E 2nd Street	Richland Center, WI 53581	(608) 647-6321	richlandhospital.com			Healthcare organization providing services: general family medicine, many specialties, therapy and wellness, and others found in detail on their website.	Iowa & Richland
Health-care	Southwest Health	1400 Eastside Road	Platteville, WI 53818	(608) 348-2331	southwesthealth.org			Not-for-profit community health care provider in Platteville and Cuba City.	Grant & Iowa
Health-care	Upland Hills Health	800 Compassion Way	Dodgeville, WI 53533	(608) 930-8000	uplandhillsealth.org			Health - Hospital & Clinics	Grant & Iowa
Mental Health	24 Hour Mental Health Crisis Line (UCS)			(800) 362-5717				Crisis line where someone answers 24-hours a day and can either listen, or direct someone to where they need to go for help if necessary.	Regional
Mental Health	CWM Counseling	530 S Water Street, Suite #3	Platteville, WI 53818	(608) 348-5088	cwmcounseling.com		cwmcounseling@gmail.com	Mental Health Clinic	Grant & Iowa

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Mental Health	Lutheran Counseling and Family Services of WI	3800 N Mayfair Road	Wauwatosa, WI 53213	(414) 536-8333	lcfswi.org	Carol F., CEO		Non-profit, state licensed outpatient mental health care agency. Services include: Counseling services, adoption services, in-school counseling, and alcohol and drug counseling.	Regional
Mental Health	NAMI Southwestern Wisconsin (National Alliance on Mental Health)	PO Box 274	Boscobel, WI 53805	(608) 485-1437 OR (608) 391-0794	southwesternwi.wix.com/nami		swwi.nami@gmail.com l.com	NAMI envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares. They provide advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives.	Grant & Iowa
Mental Health	Oregon Mental Health Services	101 E Fountain Street #2	Dodgeville, WI 53533	(608) 930-8181	oregonmentalhealthservices.com			Private mental health clinic located in Dodgeville. Mission is to provide effective, confidential treatment for children, teens, families, and adults.	Iowa
Mental Health	Platteville Family Resource Center	1075 N Elm Street	Platteville, WI 53818	(608) 348-4060	plattevillefamily.com			Counseling center committed to compassionate, confidential, and quality treatment of mental health challenges.	Regional - Grant, Iowa, and Lafayette

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Mental Health	Upland Counseling Associates	1118 Professional Drive	Dodgeville, WI 53533	(608) 935-2838	uplandscounseling.com		uca@uplandscounseling.com	Outpatient mental health clinic located in Dodgeville. Clinicians work with children, adolescents and adults in individual, family and group therapy.	Iowa
Mental Health	WKM Psychology Clinics	6058 S Chestnut Street, Suite #100	Platteville, WI 53818	(608) 342-4853	wkmpsychologyclinics.com			Mental Health Clinic	Grant & Iowa
Comm	Lutheran Social Services	414 S Iowa Street	Dodgeville, WI 53533	(608) 935-9235	lsswis.org			Wide range of services including alcohol and drug treatment, family preservation services, and counseling	Regional
Comm. Housing	Mission Village of Dodgeville, WI	200 Colin Drive	Dodgeville, WI 53533	(608) 341-6449	missionvillageofdodgeville.com			Spacious 2- & 3-bedroom cottage-style homes that promote a high-quality, relaxing lifestyle.	Iowa
Comm. Org	5-Door Recovery / Hope Haven	810 W Olin Avenue	Madison, WI 53715	(608) 827-9170	catholiccharitiesofmadison.org/5-door-recovery			Residential Treatment Program for adults living with substance use disorder.	Regional



Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Comm. Org	ARC Wisconsin	PO Box 824, 1715 Linnerud Drive	Sun Prairie, WI 53590	(608) 301-5336	arcwi.org			The Arc Wisconsin advocates for and with people with intellectual and development disabilities (I/DD) and their families to improve their quality of life; and to increase their full inclusion in all aspects of community throughout their lifetimes.	Regional
Comm. Org	Family Advocates	138 S Iowa Street	Dodgeville, WI 53533	(608) 778-8714	familyadv.org		800-924-2624 - 24 Hr. helpline	Prevention and intervention services for victims of domestic, child and elder abuse in Grant, Iowa, and Lafayette Counties.	Iowa
Comm. Org	Family Promise of Grant County	333 W Cherry Street	Lancaster, WI 53813	(608) 723-3355	facebook.com/familypromise		familypromisegrant.org tcogm@familypromisegrant.org familypromisegrant.org	Serving families who are experiencing or at risk of homelessness through a community-based approach.	Grant, Iowa, Lafayette, and Richland
Comm. Org	Family Resource Center of Iowa County	201 S. Iowa Street	Dodgeville, WI 53533	(608) 935-7300	facebook.com/partnerwithparents		partnerwithparents@gmail.com	A non-profit organization that provides a nurturing environment where families are strengthened by empowering parents and children through education and connection with the community. Parent Café, Community Baby Shower, etc.	Iowa

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Comm. Org	Feeding Friends	Dodgeville United Methodist Church, 327 N Iowa Street	Dodgeville, WI 53533	(608) 935-5451	dodgevilleumc.org			A safe community event that welcomes all to join us on Wednesday's starting at 4:00 pm, with meal served at 5:00 pm.	Iowa
Comm. Org	Neighborhood Health Partners	101 E Fountain Street	Dodgeville, WI 53533	(877) 449-7422	swcap.org		neighborhoodhealth@swcap.org	Community Health Case Management and Reproductive Healthcare Support	Grant, Green, Iowa, Lafayette, and Richland
Comm. Org	Suicide Prevention Corporation of Southwest Wisconsin			(800) 273-8255	www.suicideprevention.org		spcicwi@gmail.com	Prevent suicide through awareness, education, collaboration, and improved access to mental health care.	Regional - Grant, Iowa, Lafayette, and Richland
Comm. Org	Wisconsin Family Ties	16 N Carroll Street, Suite 640	Madison, WI 53703	(608) 267-6888	www.wifamilyties.org			Resource information for referrals, advocacy, support groups, and family services.	Regional
Peer Support	12 Steps Online Recovery Meetings							Global Recovery Community	Regional

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Peer Support	In the Rooms - Online Recovery				www.intherooms.com			Free online recovery tool that offers 130 weekly online meetings for those recovering from addiction and related issues. 12-Step, non-12-step, wellness and mental health modalities.	Regional
Peer Support	Narcotics Anonymous	401 N Union Street	Dodgeville, WI 53533	(920) 232-9615	wisconsinna.org		wrsc@wisconsinna.org	Narcotics Anonymous is a nonprofit fellowship or society of men and women for whom drugs had become a major problem.	Iowa
Peer Support	National Alliance on Mental Health - NAMI			(800) 950-6264		Chat: nami.org/help	helpline@nami.org	Free Nationwide peer-support service providing information, resource referrals, and support to people living with a mental health condition, their family members and caregivers, mental health providers and the public.	Regional
Peer Support	SMART Recovery			(608) 873-7838 ext. 6	www.smartrecovery.org			Free and available global recovery community	Regional
Peer Support	WI Region Narcotics Anonymous			(800) 240-0276	wisconsinna.org			Web resource for people interested in the fellowship of Narcotics Anonymous (NA) so that no addict seeking recovery need die from the horrors of addiction.	Regional

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Prevent	All-Star	4377 Federal Drive	Greensboro, NC 27410	(336) 601-9909	allstarsprevention.org	William B. Hansen	allstarsprevention1@gmail.com	Continuum of prevention programs, for grades 4-12, designed to delay the onset of risky behaviors with adolescents. Highly engaging, student-centered and fun approach, coupled with highly effective parent/adult component.	Regional
Prevent	Choose Love	PO Box 605	Newton, Connecticut 06470		chooselove.org		chooselove@movement.org	No-cost, next generation social and emotional learning (SEL) and character education program for Pre-K through 12th grades, designed to teach students, educators, and staff how to choose love in any circumstance thereby creating a safer, more connected school culture.	Regional
Prevent	CounterAct				https://www.hazelden.org/HAZ_MEDICAL/scopseq_counteract.pdf			6-Session curriculum designed to involve police officers, schools, and families in preventing children from using alcohol or other drugs and helping children avoid using violence as a means of solving problems.	Regional

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Prevent	Positive Behavior Intervention & Supports (PBIS)				pbis.org			Positive Behavioral Interventions and Supports is an evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student outcomes every day.	Regional
Prevent	SAEBERS				https://fastbridge.illuminateed.com			Social, Academic, and Emotional Behavior Risk Screener. Norm-referenced tool for screening all students to identify those at risk for social-emotional behavior problems.	Regional
Prevent	Second Step			(800) 634-4449 ext. 1	secondstep.org		support@secondstep.org	A holistic approach to building supportive communities for every child through social-emotional learning.	Regional
Prevent	Sources of Strength	PO Box 27032	Lakewood, CO 80227	(800) 273-8255	www.sourcesofstrength.org	jaymie@sourcesofstrength.org	cody@sourcesofstrength.org	Provide the highest quality evidence-based prevention for suicide, bullying, and substance abuse in schools.	Regional

Appendix F: Definitions

Name	Acronym	Definition
Benzodiazepines	Benzos	Drug that lowers brain activity acting as a sedative that is often used to treat anxiety, insomnia, and other conditions. Psychoactive drugs whose core chemical structure is the fusion of a benzene ring and a diazepine ring. Combining benzodiazepines with opioids increases a person's risk of overdose and death.
Drug Addiction / Opioid Addiction	OD	Occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid Addiction often comes after the person has developed opioid tolerance and dependents, making it physically challenging to stop opioid use and increasing the risk of withdrawal.
Drug Misuse		The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else's prescription.
Emergency Room	ER	A Hospital Room or area Staffed and Equipped for the Reception and Treatment of Persons requiring immediate medical care.
Fentanyl		Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illicit drug markets for its heroin-like effect, and it is often mixed with heroin or other drugs, such as cocaine, or pressed in to counterfeit prescription pills.
Fentanyl Test Strips		Small Strips of paper that can detect the presence of fentanyl in any drug batch - pills, powder, or injectables. Simple, inexpensive, and evidence-based method of averting drug overdose.
Heroin		An illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants.
Illicit Drugs		The nonmedical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy (MDMA).
Inpatient		A patient who stays in a hospital, receiving lodging and food while receiving treatment.
Medication Assisted Treatment	MAT	The use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to treatment of substance use disorders.
Naloxone	Narcan or Evzio	A drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.
Narcan Direct Program		State of WI Program administered by DHS that provides free NARCAN for community distribution. NARCAN is given to agencies that serve people who are using opioids or people who may witness an opioid overdose. Those receiving the free NARCAN must attend a training hosted by a trainer associated with the NARCAN Direct Program Agency. Who can participate: County or Municipal Health Departments, Tribal Health Clinics, Syringe Access Programs, Recovery Community Organizations, Opioid Treatment Programs, Emergency Department Induction Sites, County Jails, and Law Enforcement Agencies for use on calls for service.
Narcotic Drugs	Opioid	Originally referred to any substance that dulled the senses and relieved pain. Some people use the term to refer to all illegal drugs but technically, it refers only to opioids. Opioid is now the preferred term to avoid confusion.

Name	Acronym	Definition
Opioid		Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.
Opioid Use Disorder	OD	A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder is preferred over other terms with similar definitions, "opioid abuse or dependence" or "opioid addiction."
Outpatient		A patient who receives medical treatment without being admitted to a hospital.
Overdose		Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.
Physical Dependence		Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.
Prescription Drug Monitoring Programs	PDMPs	State or territorial-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, opioid use disorder, and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.
Substance Use Disorder	SUD	Complex condition in which there is uncontrolled use of a substance despite harmful consequences.
Tolerance		Reduced response to a drug with repeated use.

	Iowa County 2023							
	Comm	Covid-19 Cases probable+confirmed	Covid-19 Vaccinations	Animal Bites	(New) Lead Follow-ups	TB Treatment	TB Tests	TOTAL
	Dis Misc							
January	42	70	21	4	0	1 (pending 2022)	1	139
February								0
March								0
April								0
May								0
June								0
July								0
August								0
September								0
October								0
November								0
December								0
TOTAL-YTD	42	70	21	4	0	0	1	139

2023	Radon Tests	Water Tests	Antigen Tests	Masks	Childhood Vaccines	Adult Vaccines	Adult Flu Vaccines	Kids Flu Vaccines
Total	35	2	328	0	11	7	0	1

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	Iowa County 2022												
	Comm	Covid-19 Cases		Covid-19	Covid-19	Animal Bites			Monkeypox	(New) Lead		TB	TOTAL
	Dis Misc	Confirmed + Probable	Vaccinations	Testing					Vaccines	Follow-ups	Treatment	Tests	
January	14	1,249	232	592	1				N/A	0	0	2	2089
February	9	273	162	86	3				N/A	2	0	0	532
March	10	68	79	39	6				N/A	0	0	4	200
April	16	93	167	22	6				N/A	0	0	1	300
May	10	252	98	64	5				N/A	0	1	0	430
June	16	250	57	53	5				N/A	0	0	1	382
July	10	212	46	65	3				N/A	1	0	2	339
August	14	228	32	53	13				6	1	0	2	349
September	8	124	181	31	8				15	0	0	2	369
October	11	120	163	n/a	3				13	2	0	2	314
November	19	99	118	n/a	4				2	0	0	8	250
December	128	153	65	n/a	7				2	0	1 awaiting tx	1	356
TOTAL-YTD	265	3121	1400	1005	64				38	6	1	25	5910

as of 2/3/2023

2022	Radon Tests	Water Tests	Antigen Tests	Masks	Childhood Vaccines	Adult Vaccines	Adult Flu Vaccines	Kids Flu Vaccines	COVID CASES Confirmed
Total	21	19	3570	7600	86	23	239	575	2,926

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