Reflecting on the Continuum of Care:

Mental Health and AODA Service Gap Analysis

Sheboygan County | 2020

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PURPOSE

This report is a summary of various sources of data. It summaries community survey, community stakeholder interviews, and secondary data. It meets the first three goals laid out by an ad hoc committee.

The purpose of this report is to provide a comprehensive overview so that the ad hoc committee may create recommendations and prioritize the Access to Care committee's agenda and workplan. It is the hope that this report also provides a deeper understanding for the organizations, community leaders and policy makers that see this issue within their purview.

ACKNOWLEDGMENTS

List organizations and people that were supportive of completing this planning and implementation. Acknowledge any funding that was create it.

INTRODUCTION

The Substance Abuse and Mental Health Administration states that substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. The Mayo Clinic adds that drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication.

In Wisconsin, **alcohol is the most frequently consumed substance of use and misuse**, contributing to consequences that affect all of the state residents. The State reports that in Sheboygan County in 2013, the economic burden resulting from excessive alcohol consumption was $1,669 per resident or $192.8 million dollars. This includes costs for healthcare and loss of productivity. These costs fall on taxpayers, families and our society. (WI DHS)

Alcohol is not the only substance affecting our residents. Opiates, cocaine and marijuana all contribute to treatment admissions in Wisconsin. The opioid crisis sweeping communities is the current substance of headlines but the root causes driving substance use are even more pervasive. **Mental health problems are unfortunately common.** In 2016 in the US, 44.7 million adults had a mental illness; 16.2 million adults had a major depressive episode and 3.1 million youth (age 12-17) had a major depressive episode. But 6 in 10 youth with a major depressive episode did not receive treatment for their depression. More than half of the adults with any mental illness did not receive mental health services and a third of adults with serious mental illness did not receive mental health services. Moreover, over 90% of adults with both a mental illness and substance use disorder did not receive treatment. (SAMSHA)

Mental Health and Addictions are the fourth highest reason for calling 211in Sheboygan County. 10.6% of calls over the past year were to request resources regarding mental health and addiction concerns. Of these calls, two-thirds were specifically regarding substance use, about one-fifth were for mental health services. (211 Report)

The County Health Rankings reports that Sheboygan ranks 13th out of 72 counties for health behaviors. Included in this score are a number of indicators including Excessive Drinking and Alcohol -impaired driving deaths. Sheboygan County experiences these at 25% and 30% respectively, both at or a little below the state average.

The 2020 Sheboygan County Community Health Survey found that illegal drug use ranked the top health issue facing the county. Over 50% ranked it the number one issue in 2020, up from 48% in 2017. In fact substance use and mental health related issues ranked the top health issues the past two survey cycles. See table below for a summary.

Top County Health Issues	Ranking	2017	2020
Illegal Drug Use	1	48%	52%
Access to Health Care	2	20%	23%
Alcohol Use or Abuse	3	28%	22%
Mental Health or Depression	4	12%	15%
Prescription or OTC Drug Abuse	6	12%	11%

PROCESS

On April 8th, 2019 an Ad Hoc meeting was held at the Sheboygan County Health and Human Services building. The meeting agenda consisted of defining the issue and outline the goals of the gap analysis. Stakeholders were in attendance and actively participated in the planning of this report.

During this initial meeting the group identified the goals of the gap analysis, defined access to care and created a map of the sectors/organizations involved in the continuum of care for Sheboygan residents who experience complications of substance use and substance use disorder.

The ad hoc group created these main goals:

- Understand what the experience is for residents who are seeking support.
- Name existing resources for those seeking support.
- Name gaps in service and satisfaction.
- Make recommendations to close gaps.

The ad hoc group also defined access to care during the initial meeting.

Access to care, defined broadly to include availability, accessibility, and acceptability (cost and quality) of mental health and AODA care from diagnosis to home care.

The Center for Urban Population Health performed a literature and web-based review of substance use and mental health gap analysis reports. Questions were pulled from these sources and shared with the ad hoc group. During a subsequent meeting, the ad hoc group reviewed the goals of the gap analysis, reviewed the questions and prioritized the questions that would be used for the community survey and for the key stakeholder interviews.

The following tables provide a summary from that meeting.

Top Questions Identified by Sheboygan Stakeholders

1. How accessible are the services to people who don't speak English or their language skills are limited?

2. What is the average wait for a person to see a mental health provider?

3. If a person lacks insurance, what services/type of assistance are available to them?

4. How can we communicate better with other agencies for warm handoff to services?

5. What is the number one need for those struggling with mental health and AODA?

6. What services are available?

7. What will short term and long term solutions be? Phases?

8. What measurement do we use to analyze success in closing the gaps?

Gap Analysis Questions for Stakeholders

1. What barriers are most often seen with not getting access to care?

2. What should a strong continuum of care look like?

3. How do we increase social connectedness?

4. How can we provide services to rural communities?

5. How can we improve communication between Sheboygan County organizations/businesses?

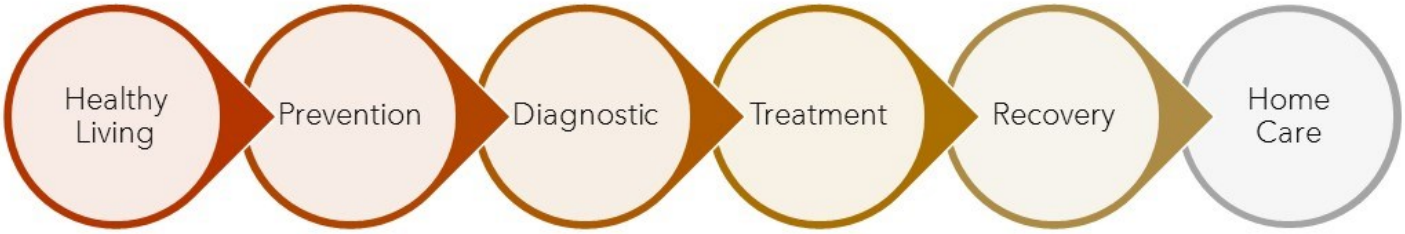
6. Is there an access issue or is it a navigation issue?

7. Is there a better way to coordinate care for families/individuals needing mental health and AODA services?

8. How can our community support the entire family vs individuals?

9. What is something that we could do if we had unlimited funds?

SUBSTANCE USE AND MENTAL HEALTH CONTINUUM OF CARE



At the Table

Need at the Table

Chamber of Commerce / Business

Sargento

United Way

United Way

Schools

Insurance

SBIRT in Schools

Higher Education

St Nicholas

Emergency Department

More Providers (Mental Health/AODA)

Mobile Crisis Team

Sheriff

Detention Center

Navigation

Lake Shore CAP

Police

Mental Health America

Love in the Name of Christ/Faith Community

Pathways to a Better Life

Health and Human Services

Real Life Experience

Politicians

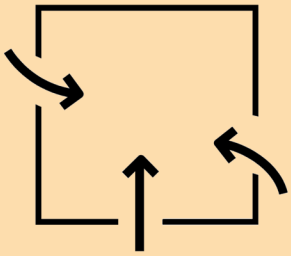
EXECUTIVE SUMMARY

Mental Health and AODA Service Gap Analysis

Overview: Mental health and Alcohol and Other Drug Abuse (AODA) are both issues that impact the health of communities. The World Health Organization states "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An individual may have a diagnosed mental illness, but be able to manage this illness. Additionally, an individual may struggle with their mental health, but not have a mental illness. As the WHO describes, health and also mental health is not the absence of disease, but *complete well-being*.

Information Gathering: Through this gap analysis, Sheboygan County leaders interviewed key informants and community members across the county about mental health and substance use challenges as well as assets in the community and opportunities for improvement.

Major themes: From community and county leader surveys across Sheboygan County, responses were organized into themes surrounding system navigation, capacity, affordability, and community culture.



System is difficult to navigate. The system is comprehensive and includes the organizations that provide direct diagnosis, treatment and recovery services as well as the social and supportive services within the community.

Respondents mentioned lack of awareness of the actual system including: resources available, specialty providers in the area, and what insurance coverers. Additionally, there is also lack of awareness about the issue which is also known as mental health literacy. A lack of awareness within the system may include: referral processes, coordination of care, disconnect between health care and social services/supportive services.

Subpopulations called out that are affected by system navigation include: older adults, dual diagnosed, youth, individuals experiencing homelessness, LGBT, and veterans.

MAJOR THEMES

Capacity. Capacity relates to the human and financial capacity to cover the needs of the community. Informants identify a lack of capacity in Sheboygan County including: a lack of providers and lack of providers in the area (within 30 minutes); long wait times (weeks or months); longer wait times for those on Medicaid or those without insurance than those with insurance; lack of available providers when patients are not working (time of day); and lack of provider choices.

Additionally, surveyors report lack of insurance types accepted; lack of inpatient services as a means of prevention or to reduce need for crisis care; lack of resources or social services such as stable housing; and transportation, coverage or provision.

"Individuals that need preventative help are being missed and slipping through the cracks and then fall into crisis"

Affordability. Once the system is figured out and a provider is identified, affordability of the treatment can stand in the way. Respondents mention examples of affordability, including: out of pocket costs are high; insurance doesn't cover all services; low Medicaid reimbursement for therapists; insurance does not cover the cost of care; and prescription costs are high.

Community Culture. The beliefs and values regarding mental health and substance use, perceived or real, is an additional barrier to a thriving community. Informants mention stigma exists, related to talking about it in the community, at work and with and individual's primary care provider.

Additionally, respondents stated there is a lack of trust related to mental health among patients and health care, employees and their employers, community and law enforcement, students and their schools.

Finally, as described by surveyors, certain communities such as first responders or care givers (individuals who provide care) may not seek mental health care for themselves due to stigma.

"We need to provide broader marketing to asking for help and at the beginning stages of needing health. Language and policy need to occur from workplaces to schools. We all need to speak the language of mental wellness in our community."

COMMUNITY INPUT SURVEY ANALYSIS

Sheboygan County Community Input Survey Summary

The Sheboygan County Access to Community Mental Health Care survey consisted of 26 questions. A convivence method of data collection was used. The survey was advertised to community members through various means in order to collect a diverse pool of community member perspectives.

The community survey was started by 507 community members and each question had varying levels of completion.

Where Respondents Live

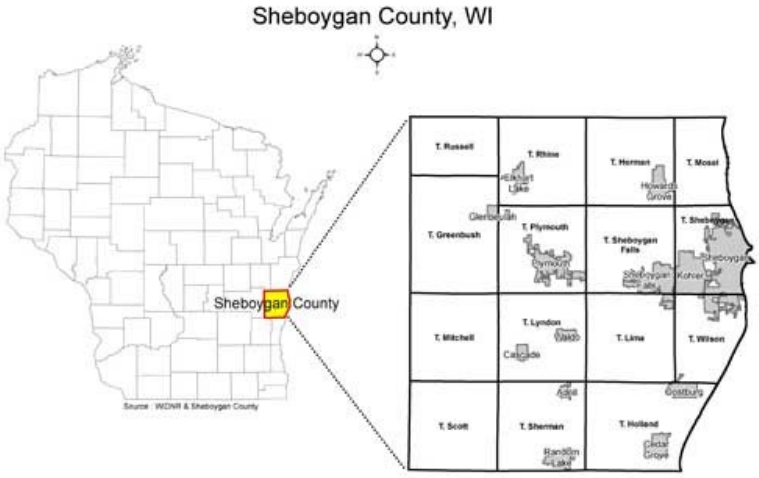
Community members were asked to identify the city, township, or village in Sheboygan County that they live in. 507 individuals answered this question. For the purposes of data analysis, the responses "Sheboygan", "Sheboygan (city)", "Northside of Sheboygan", and "City of Sheboygan" were placed in the same category, City of Sheboygan. "Town of Sheboygan" is a separate category. "Town of Sheboygan Falls" and "City of Sheboygan Falls" are also separate categories. Villages and towns were identified by their first name.

Sheboygan = City of Sheboygan

Sheboygan Falls = City of Sheboygan Falls

Where Respondents Work

507 respondents identified the city, township or village in Sheboygan county that they live in.

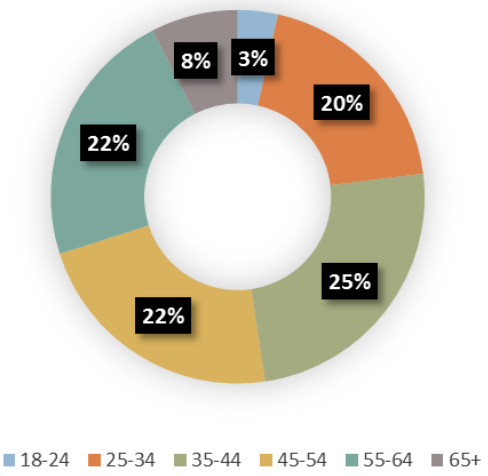


Map: Sheboygan County Economic Development Corporation.

Age of Respondents

491 respondents identified their age in the community survey and 16 respondents skipped this question. Surveyors had six age ranges to choose from including: 18-24, 25-34, 35-44, 45-54,55-64, and 65+.

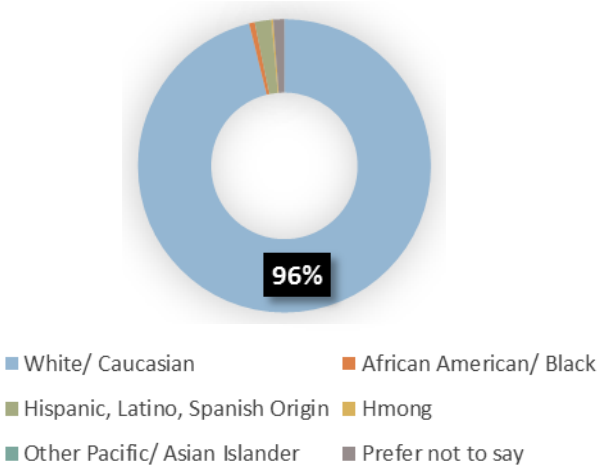
The survey respondents were split fairly evenly across the age groups 25-34, 35-44, 45-54, and 55-64 at about 20-35% per group. The 18-24 was the smallest age group at 3% and the 65+ was the second smallest age group at 8%.



Race, Ethnicity of Respondents

419 individuals responded to this question while 16 respondents skipped this question. Surveyors were told to choose only one choice that best describes them and had six answer choices (White/ Caucasian, African American/ Black, Hispanic, Latino, Spanish Origin, Hmong, Other Pacific/ Asian Islander, or prefer not to say.

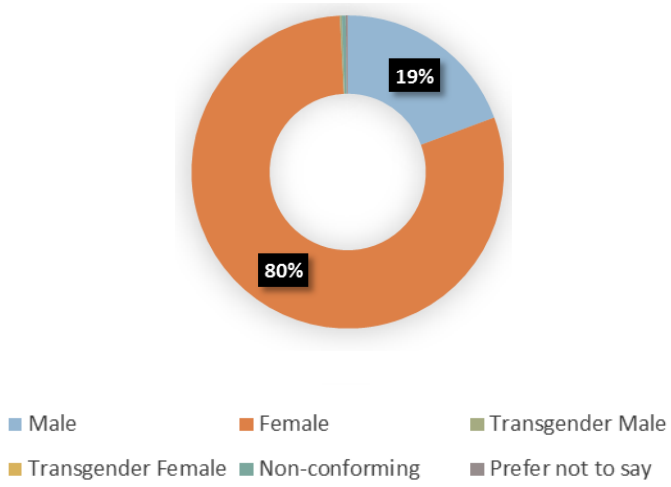
About 96% of respondents identified as white/Caucasian; 2% as Hispanic, Latino, Spanish Origin; 1% preferred not to say; less than 1% as African American/black; less than 1% as Hmong; and no one identified as other pacific/ Asian islander.



Gender Identify of Respondents

491 community members responded and 16 respondents skipped this question. Participants were provided with six answer choices which were: male, female, transgender male, transgender female, non-conforming, or prefer not to say.

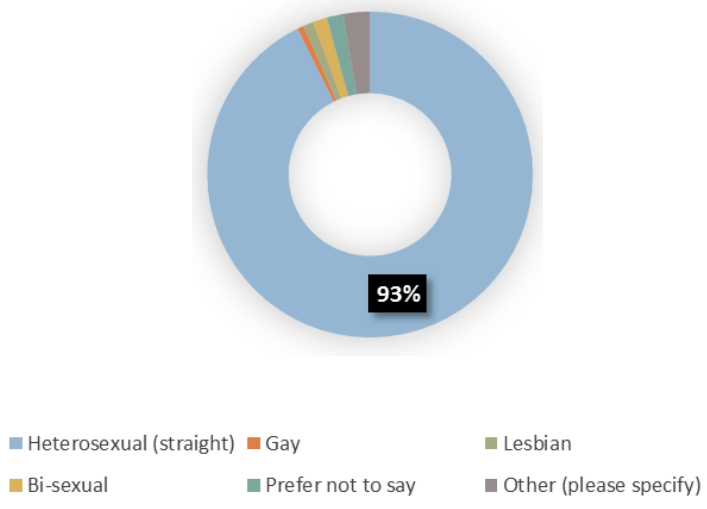
80% of respondents identified as female, 19% as male, less than 1% as non-conforming, less than 1% as transgender male, less than 1% preferred not to say, and no respondent identified as transgender female.



Sexual Orientation of Respondents

491 individuals answered the question about their sexual orientation and 16 individuals skipped this question. Respondents had six answer choices which were heterosexual (straight), gay, lesbian, bi-sexual, prefer not to say, or Other (please specify)

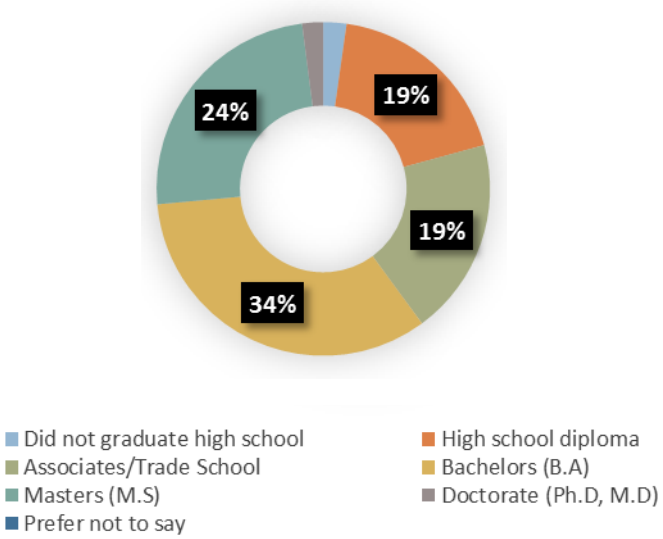
93% of respondents identified as heterosexual. About 3% responded as other (please specify), 2% preferred not to say, 1% as bi-sexual, 1% as lesbian, and less than 1% of individuals identified as gay. Some individuals who identified as other did not specify while others said no, normal, metrosexual, whatever I feel like, heterosexual polyamorous, straight, married, and asexual.



Education of Respondents

491 respondents identified the level of education they have completed and 16 individuals skilled this question. They had seven answer choices which were: did not graduate high school, high school diploma, associates/ trade school, bachelors (B.A), masters (M.S), doctorate (Ph.D, M.D), or prefer not to say.

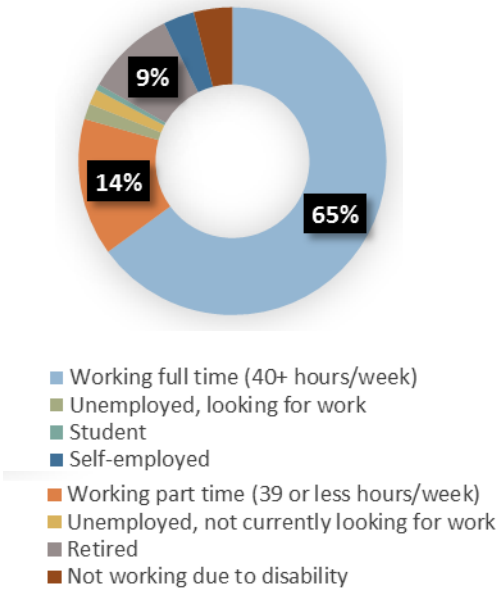
The majority of participants completed a bachelor's degree (B.A) (about 34%). 24% finished a masters (M.S.), 19% completed associates/trade school, 19% had a high school diploma, 2% did not graduate from high school, 2% had a doctorate (Ph.D, M.D), and no one preferred not to say.



Employment of Respondents

491 individuals skipped this question and 16 respondents skipped this question. Surveyors had eight choices which were: working full time (40+ hours/week); working part time (39 or less hours/week); unemployed, looking for work; unemployed, not currently looking for work; student; retired; self-employed; or not working due to disability.

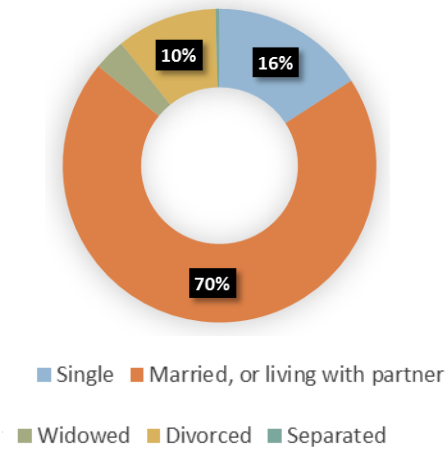
About 65% of community members were working full time (40+ hours/week) at the time of the survey; 15% were working part time (39 or less hours/week); 9% were retired; 4% were not working due to disability; 3% were self-employed; 2% were unemployed, looking for work; 2% were unemployed, not currently looking for work; and less than 1% were students.



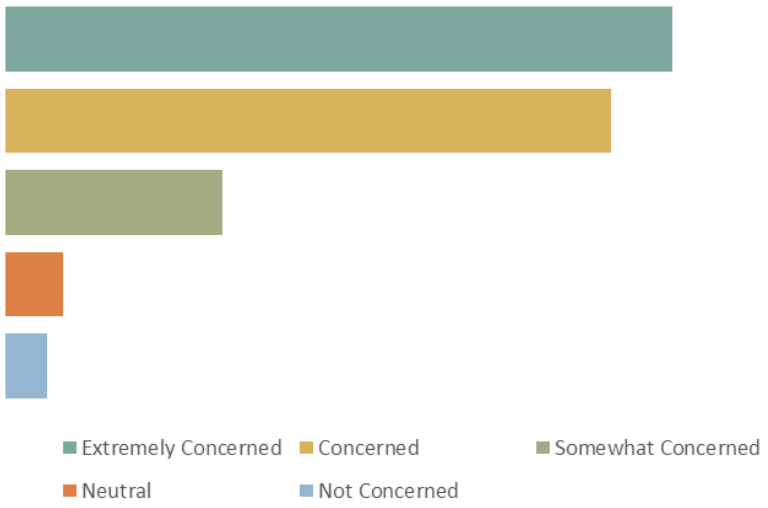
Marital Status of Respondents

491 respondents identified their marital status from one of five choices: single; married, or living with partner; widowed; divorced; or separated. 16 respondents skilled this question.

About 70% of respondents were married, or living with partner; 16% were single; 10% were divorced; 3% were widowed; and less than 1% were separated.



80% of respondents are extremely concerned or concerned about mental health and/or substance abuse in their community.



How concerned are you about mental health and/or substance use in your community?

491 Responded
16 Skipped

About 42% of respondents were extremely concerned about mental health and or substance use in their community. About 38% were concerned, 14% were somewhat concern, 4% were neutral and 3% were not concerned.

Specific Response: Of the 80% of respondents who are extremely concerns or concerned about mental health and/or substance abuse in their community, 89% have or know someone with mental illness; 79% have or know someone with a history of alcohol or other drug misuse; and 44% have either received and are still receiving treatment or care, discontinued treatment or care, or have not, but would like to seek treatment or care for mental health concerns and/or other drug misuse.

History of Mental Illness

84% of respondents have or know someone with a history of mental illness.

Respondents were asked if they or someone they know has a history of mental illness and could respond yes, no, or I don't know. 491 individuals answered while 16 individuals skipped this question.

When asked the question if they or someone they know has a history of mental illness, about 84% of community members responded with yes, 13% said no, and 4% said they didn't know.

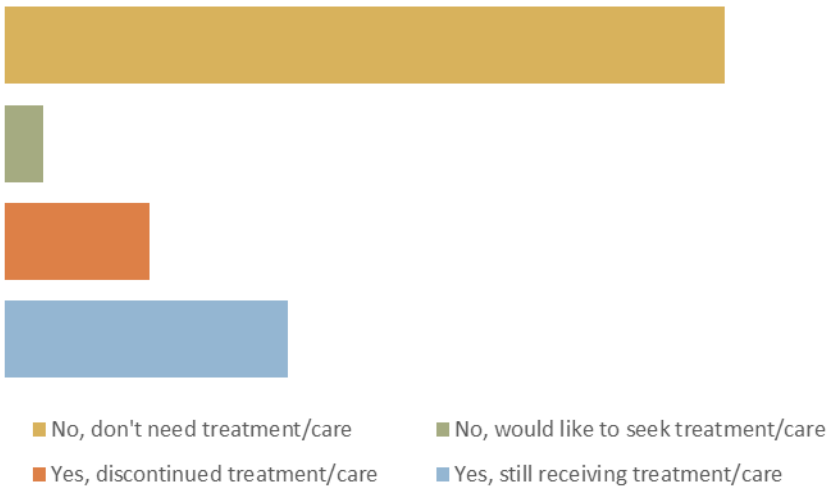
History of Alcohol or Other Drug Misuse

76% of respondents have or know someone with a history of alcohol or other drug misuse.

Respondents were asked if they or someone they know has a history of alcohol or other drug misuse with the answer choices of yes, no, or I don't know. 491 individuals responded and 16 community members skipped this question.

About 76% of respondents replied yes, 23% replied no, and 2% replied that they didn't know.

36% of respondents reported receiving treatment/care currently or in the past.

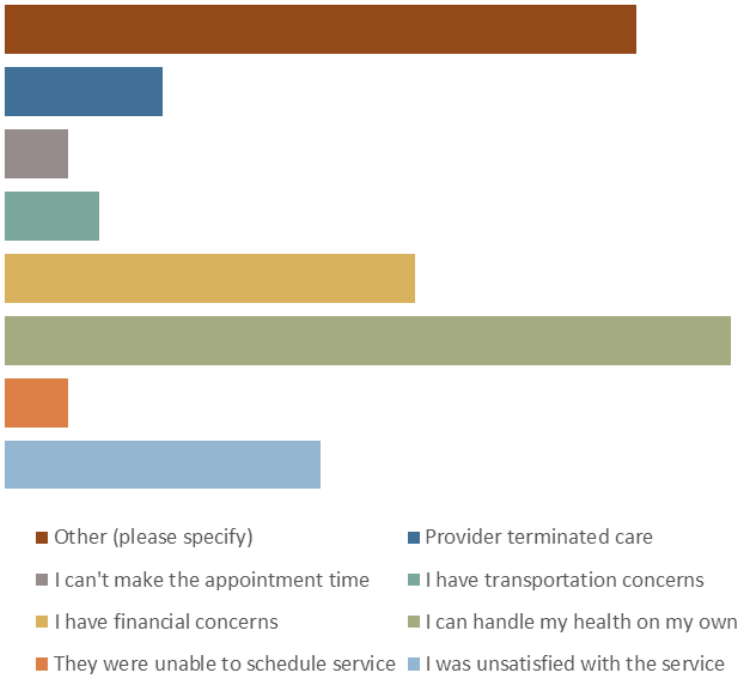


Have you been treated for mental health concerns and/or alcohol or other drug misuse in the past?

491 Responded
16 Skipped

About 61% of surveyors stated no, don't need treatment/care; 24% stated yes, still receiving treatment/care; 12% stated yes, discontinued treatment/ care; and 3% said no, would like to seek treatment/care.

39% of respondents said they discontinued treatment/care because they can handle their health on their own.



If you discontinued treatment/care, why did you discontinued treatment/care ?

59 Responded
448 Skipped

Participants were asked to select all that apply.

About 39% of respondents selected they can handle their health their own, 34% selected other (please specify), 22% selected they have financial concerns, 17% selected they were unsatisfied with the service, 9% selected their provider terminated care, 5% selected they had transportation concerns, 4% selected they were unable to schedule service, and 4% selected they could not make the appointment time.

In the other (please specify selection), participants wrote in N/A, completed requirement, that the treatment was a long time ago, that they did not connect with the available therapists, that they recovered, that their parent stopped their therapy and medications, that they thought they could handle their own health, that they completed their treatment and still use tools/medications as needed, that a holistic approach worked for them, and that care is no longer necessary.

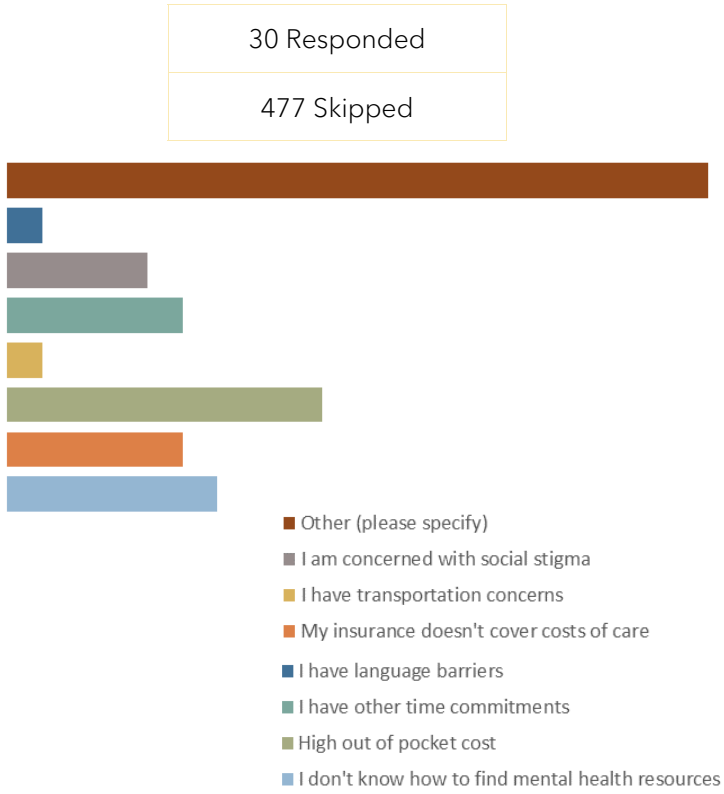
30% of respondents have been unable to seek treatment/care because of the high out of pocket cost.

Participants were asked to select all that apply.

About 67% of respondents selected other (please specify), 30% selected high out of pocket cost, 20% selected that they don't know how to find mental health resources, 17% said their insurance doesn't cover the cost of care, 17% selected that they have other time commitments, 13% said they are concerned with social stigma, 3% said they have transportation concern, and 3% said they have language barriers.

In the other (please specify), respondents did not answer or stated: they did not find insurance, they couldn't find a therapist that worked who is taking new patients, they couldn't find LGBTQ services, it took too long to get an appointment, it was hard to find a provider for children, they have not taken the initiative, there is a lack local resources, they do not need services, they don't feel like doctors listen to them, and they never said they could not find care.

Why haven't you been able to seek treatment/care?



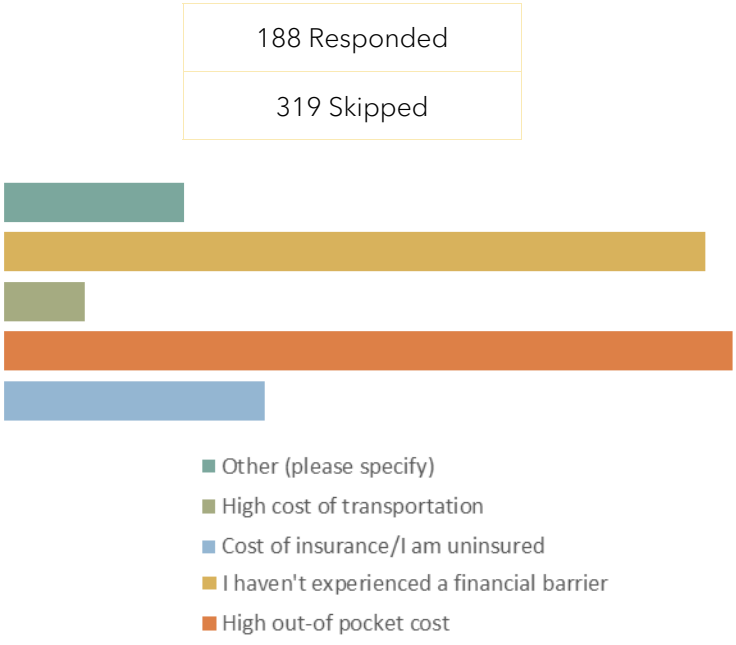
43% of respondents stated high out of pocket costs are a financial barrier.

Participants were instructed to select all that apply.

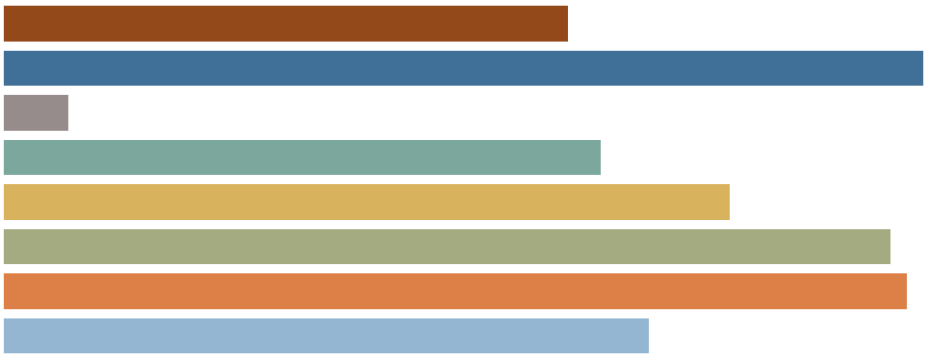
When asked about financial barriers, about 43% of respondents have a high out-of pocket cost, 42% of community members have not experienced a financial barrier, 15% selected cost of insurance/being uninsured as a barrier; 11% selected other (please specify), and 5% selected high cost of Transportation.

In the other (please specify) category, some respondents did not answer. Other respondents stated that their insurance was not accepted, the test was lengthy, doctors do not care, cost was huge, no facility in the area, therapists do not take Badgercare, long wait time for appointment, they don't know, no providers for children, no need for care, no local qualified providers, long drive to programs, lack of programs, and a lack of Christian therapists.

What financial experiences have prevented you from having mental health care?



30% of respondents stated that medical providers are not accepting new patients



What experiences with medical providers/therapists have prevented you from having mental health care?

188 Responded
319 Skipped

- Other (please specify)
- I have not experienced barriers with providers/therapists
- I have experienced language barriers
- I haven't felt listened to/felt stigmatized
- I felt I had limited control or choices in treatment
- Limited specialists within 30 minute travel time
- They are not accepting new patients
- They are not accepting my insurance

About 30% stated they have not experienced barriers with providers/therapists, 30% of surveyors stated that medical providers are not accepting new patients, 29% said there are limited specialists within 30 minute travel time, 24% said they felt like they have limited control or choices in treatment, 21% said they are not accepting their insurance, 20% said they haven't felt listed to/felt stigmatized, 19% said other (please specify) and 2% said they have experience language barriers.

In the other (please specify category), some participants did not answer. Others mentioned limited hours, high cost, a lack of counseling, the times appointments are available, that they did not know they had much of a problem, long waitlists for services especially psychiatry, they haven't tried to seek care, they have other responsibilities, no new patients are accepted, no LGBTQ friendly services, not knowing how to work with individuals with autism, not feeling like they can open up without the hospital calling them, they don't like sharing their feelings, shame, finding time to attend sessions including time off work, not being ready to change, and it is hard to know who would be a good fit.

"I have not gotten the treatment necessary because as a grown adult my children, teenagers come first. marriage difficulties, job situations all are huge troubles"

"Biggest problems are that no one is accepting new patients and inability to find a LGBTQ friendly therapist or services."

"My therapist at Health & Human Services is wonderful, my only complaint is that I usually can't see her as frequently as I probably should."

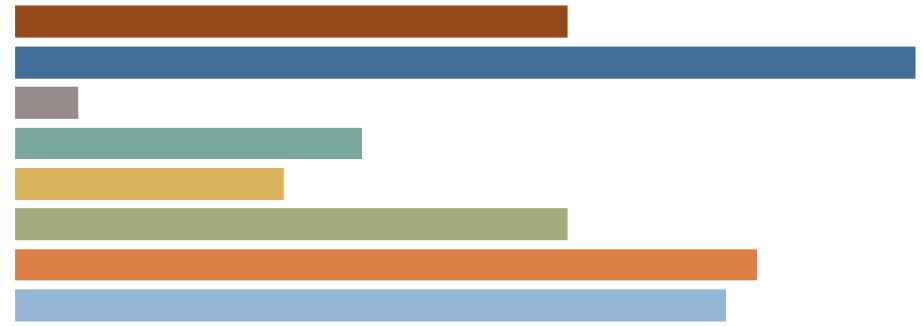
46% of respondents have concerns about resources that prevent them from accessing mental health care.

About 46% of community members have concerns about resources that prevented them from accessing mental health care. 54% did not have concerns.

Do you have concerns about resources that prevented you from accessing mental health care?

185 Responded
322 Skipped

55% of respondents do not know what resources are available for their needs.



What resource concerns do you have for accessing mental health care?

85 Responded
422 Skipped

- Other (please specify)
- I have not experienced barriers with providers/therapists
- I have experienced language barriers
- Other (please specify)
- Not knowing how to contact a provider
- Not knowing how to find a provider
- Not knowing what services are available for my needs
- Not knowing what services/ providers are available in my area

About 55% of community members do not know what resources are available for their needs, 53% do not know what services/providers are available in their area, 41% do not know how to find a provider, 26% selected other (please specify) and 20% do not know how to contact a provider.

In the other (please specify) category, respondents mention long wait times, cost, help for teenagers, marriage difficulty, limited providers in the area, language, availability of appointments, not finding effective treatment for PTSD or history of sexual abuse and trauma (specifically somatic therapy and brain mapping), finding the right specialist, not knowing who to meet with first, not knowing what providers take insurance, waiting for a call back, and not knowing what providers specialize in.

"Internet descriptions about provider's specialty all sound the same. I don't truly know who specialize in addiction, senior citizen needs, pediatric counseling, grief, aging, Descriptions of what Providers specialize in are simply laundry lists of everything."

"Contacting a provider to schedule an appointment and having to wait days/ weeks for a call back. No access to live person at the time of the call."

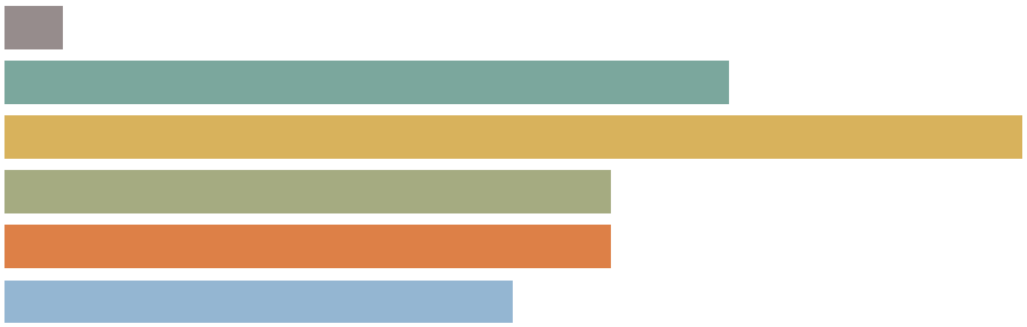
36% of community members stated social stigma prevented them from accessing mental health care.

About 36% of respondents responded yes, social stigma prevented them from accessing mental health care. 64% responded no.

Has social stigma prevented you from accessing mental health care?

185 Responded
322 Skipped

79% of respondents felt uncomfortable discussing mental health condition.



What concerns with social stigma do you have for accessing mental health care?

66 Responded
441 Skipped

When asked about social stigma concerns, 79% selected they felt uncomfortable discussing mental health condition, 56% selected they did not want to be seen as sick or disabled, 47% selected they felt unsupported by family/friends, 47% selected they felt unsupported in workplace/by employer, 39% selected they felt discriminated by their community and 5% selected other (please specify).

In the other (please specify response), participants wrote not applicable, pressure and family strains, and not wanting to feel weak.

"I am a person that doesn't like seeking help, because I don't like feeling weak and in need of help. I like doing things on my own, even though sometimes that is not the best way to do things."

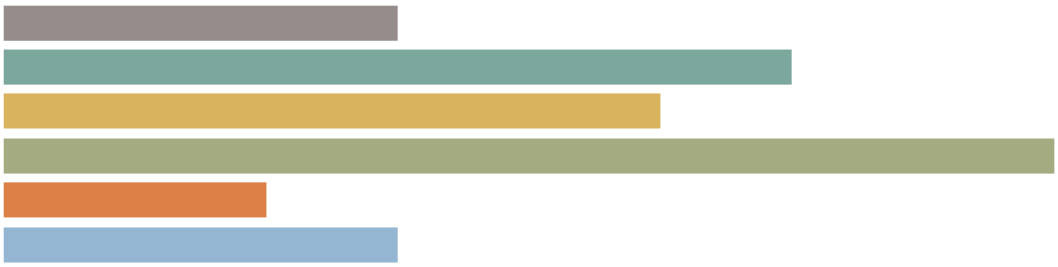
9% of respondents stated that transportation prevented them from accessing mental health care.

About 9% of respondents mentioned that transportation prevented them from accessing mental health care. 91% of respondents said no and no respondents selected other (please specify).

Has transportation prevented you from accessing mental health care?

185 Responded
325 Skipped

47% of respondents stated they do not own a personal vehicle.



What transportation concerns do you have for accessing mental health care?

17 Responded
490 Skipped

- Other (please specify)
- Not able to afford public/private transportation
- Unavailable at pick up and drop off times
- Not comfortable using public transportation
- Not owning a personal vehicle
- Public transportation is unavailable where I live

Of the transportation concerns listed, 47% of participants selected not owning a personal vehicle, 35% selected not comfortable using public transportation, 29% selected not able to afford public/private transportation, 18% selected public transportation is unavailable where I live, 18% selected other (please specify), and 12% selected unavailable at pick up and drop off times.

Respondents who selected other (please specify) stated Sheboygan public transit does not come around often enough without having to take time off work, distance of providers (meaning having to take more time off work), and distance of psychiatric care.

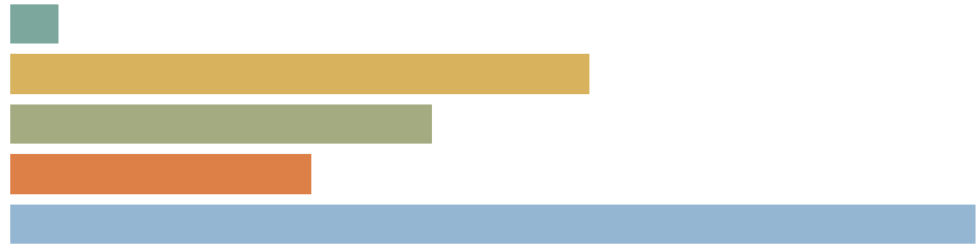
51% of respondents stated that other time commitments prevent them from accessing mental health care.

About 51% of surveyors selected yes, other time commitments prevent them from accessing mental health care. 49% selected no.

Do other time commitments prevent you from accessing mental health care?

183 Responded
324 Skipped

86% of respondents say they work during appointment times/unable to take off of work.



What time commitment concerns do you have for accessing mental health care?

93 Responded
414 Skipped

- Other (please specify)
- Commitment to child and other family care
- Working during appointment times/unable to take off of work
- Long waiting time for an appointment
- Having long travel times (more than 30 minutes)

When asked about time commitment concerns, 86% of respondents selected working during appointment times/unable to take off work, 52% selected long waiting time for an appointment, 38% selected commitment to child and other family care, 27% selected having long travel times (more than 30 minutes), and 4% selected other (please specify).

Respondents to selected other please specify stated they work 60 hours a week, they have to go far to get services, and they do not have the time or the money to seek treatment.

"I never have the time, I have to work otherwise I won't have enough money to pay my bills and than I will living on the street and that will make me even more depressed than I already am."

"I know I need the help. . .Its the thing of not being able to afford it and than not having the time to spare to take care of my mental health. . . I know it has gotten better and its not as bad as it used to be, but I am still getting the feelings of wanting to end it all and thinking that everybody will be better off without me. . . I KNOW I need help, but it is a thing of not being able to get it. Even with insurance, I can't make it work."

51 community members provided additional comments and 456 individuals had no additional comments.

Common themes found in participant additional comments were consistent with many of the survey results. They include:

Raising awareness

A respondent mentioned the importance of providing care to first responders who may be suffering from ptsd and giving them opportunities to talk about their experience rather than feel weak. One individual mentioned that people do not know where to go for help.

"Finally, we need to shed more light on Lakeshore Community Health Center. This healthcare system is largely unknown and it needs to be more visible."

Suicide

A respondent mentioned being concerned about the high number of suicides in the county and would like organizations to share real numbers. One other community member mentioned wanting to learn more about suicide awareness.

Lack of providers in the area

"There is a terrible shortage of doctors. I care for my sister with dementia, and we had to leave the county for treatment. There was NO ONE taking new patients"

Respondents mentioned the lack of providers in the county and a provider leaving the county. Another mentioned having to go 30 minutes to find care and that their partner has to go over 1 hour away. Some respondents have to One participant mentioned looking to their primary care provider after their psychiatrist left the area. Another respondent mentioned needing help and not just medication. One respondent mentioned being upset about how doctors treat people. Another community member mentioned that friends and families have challenges finding providers and an additional respondent found that getting an appointment in 6-8 months is not possible.

Care for children and families

Some respondents mentioned care for more specific population, like needing care including psychiatrists for children or teens and continuum of care for adolescents. An additional community member mentioned better family counseling for families with children who have mental health issues or other special needs. Another example mentioned by a respondent is the lack of availability for students involved in sports and how skipping school could increase stress. Participants also mentioned waitlists, provider shortages, family therapy not being covered by insurance, and a family member not qualifying for unemployment since they were never able to work.

"When a parent is ready to have their child work with a MH professional and is told there's a 9-12 month wait it's heartbreaking and frustrating. Precious time and willingness is wasted in this delay to services. Many times

"It can be difficult to identify the correct resource or best fit with each persons individual issues. This ends up being time consuming and costly. It is also difficult to understand all available options."

the parent gives up and services never happen, and/or the student's issues escalate and they end up in the juvenile justice or inpatient systems."

Care for specific communities

A respondent mentioned the need for more inpatient services since Memorial is the current option. Having a negative experience at this location may prevent patients from seeking care. Another community member mentioned having to seek hospitalization in other cities since the Sheboygan facility could not provide help.

Another community member mentioned that more LGBTQ resources or services are needed in Sheboygan. An additional respondent mentioned access to providers who speak other languages.

One respondent mentioned wanted to see support groups for mental health and not just for substance misuse. An additional community member mentioned more support for substance abuse instead of mental health such as depression and anxiety (though substance abuse support is needed).

An individual mentioned being court ordered to stay at a care center, which was not a positive experience. They had insurance and money to pay for treatment.

Provider follow-up

One respondent mentioned that they did not get returns on their calls to a clinic to seek care for a family member.

Time

"Just like many other medical situations, appointment times must happen during the day which can be tricky, especially when working and trying to avoid pulling my child out of school for an appointment. In a perfect world, there would be resources to allow for more evening or even weekend appointments, but my greater worry for our community is the lack of resources overall."

A community member noted that they did not have the time to seek care. As well as mentioning being unable to afford care, this participant outlined struggling with their thoughts for years. Community members also outlined the difficulty of accessing evening appointments, that daytime appointments conflict with work, there is also an identified need for walk-in appointments and finding counselors with after school hours is challenging.

Coordinating care

"Also, our county health care systems need to put their politics aside and work collectively on addressing mental illness and improving access to treatments."

Stigma

A respondent mentioned they have friends and family who have experienced stigma. A community member additionally mentioned that loved ones are not seeking AODA in patient treatment for fear of stigma at their employment (as well as loss of income or a job). One respondent mentioned that insurance brought up a therapy appointment they attended and that they do not need to discuss problems if they are labeled as having a mental health issue.

Affordability

Respondents mentioned that there are individuals who want care, but cannot afford it. Another mentioned that care is too costly to pay for regularly and if they attended Lakeshore Community Health, they would need to change their primary care provider and their insurance would not be used. A community member also stated that what is available may not be covered by insurance. Additional respondents mentioned that friends and family's insurance has not covered services; loved ones have not wanted to go to hospital, intensive outpatient programs, or partial hospitalization programs because of costs; and that though their insurance has coverage, it is not enough and they wish more mental health resources were available.

Positive feedback

"I greatly appreciate my therapist and psychiatrist and Health & Human Services, and a couple of the groups I've been able to take part in."

Some participants provided positive feedback including stating that mental health is important and they will do what it takes to seek treatment as well as mentioning that they only take medication and do not have more significant needs which may impact their responses to access questions.

Recommendations

One respondent recommended adding resources on the county website for families who have a child with autism and provide a list of treatment providers.

Other themes

One respondent asked for continued leadership in the community and another mentioned alienation from a family member. Another community member recommended updating the gender section in the survey and was appreciative of the effort to identify barriers. Additionally, a respondent mentioned seeing the survey when reading the Sheboygan Insider and was thankful for the opportunity while also stating that substance use is a community issue. One respondent asked why questions were being repeated. Another mentioned that it is nice to have mental illness taken seriously. Additionally, a community member mentioned seeing if others would complete the survey and how it can be used to see the barriers to mental health care.

Community Input Survey

What city, township, or village in Sheboygan County do you live in?

Answered: 507 Skipped: 0

What city, township, or village in Sheboygan County do you work or go to school in?

Answered: 507 Skipped: 0

What is your age?

Answered: 491 Skipped: 16

Answer choices:

18-24
25-34
35-44
45-54
55-64
65+

With what gender do you identify?

Answered: 491 Skipped: 16

Answer choices:

Male
Female
Transgender Male
Transgender Female
Non-conforming
Prefer not to say

Do you consider yourself to be:

Answered: 491 Skipped: 16

Answer choices:

Heterosexual (straight)
Gay
Lesbian
Bi-sexual
Prefer not to say
Other (please specify)

Which race/ethnicity best describes you? (Please choose only one)

Answered: 491 Skipped: 16

Answer choices:

White/ Caucasian
African American/ Black
Hispanic, Latino, Spanish Origin
Hmong
Other Pacific/ Asian Islander
Prefer not to say

What level of education have you completed?

Answered: 491 Skipped: 16

Answer choices:

Did not graduate high school
High school diploma
Associates/Trade School
Bachelors (B.A)
Masters (M.S)
Doctorate (Ph.D, M.D)
Prefer not to say

What is your current employment status?

Answered: 491 Skipped: 16

Answer choices:

Working full time (40+ hours/week)
Working part time (39 or less hours/week)
Unemployed, looking for work
Unemployed, not currently looking for work
Student
Retired
Self-employed
Not working due to disability

What is your marital status?

Answered: 491 Skipped: 16

Answer choices:

Single
Married, or living with partner
Widowed
Divorced
Separated

How concerned are you about mental health and/or substance use in your community?

Answered: 491 Skipped: 16

Answer choices:

- Not Concerned
- Neutral
- Somewhat Concerned
- Concerned
- Extremely Concerned

Do you or someone you know have a history of mental illness?

Answered: 491 Skipped: 16

Answer choices:

- Yes
- No
- I don't know

Do you or someone you know have a history of alcohol or other drug misuse?

Answered: 491 Skipped: 16

Answer choices:

- Yes
- No
- I don't know

Have you been treated for mental health concerns and/or alcohol or other drug misuse in the past?

Answered: 491 Skipped: 16

Answer choices:

- Yes, still receiving treatment/care
- Yes, discontinued treatment/care
- No, would like to seek treatment/care
- No, don't need treatment/care

Why have you discontinued treatment/care? (select all that apply)

Answered: 59 Skipped: 448

Answer choices:

- I was unsatisfied with the service
- They were unable to schedule service
- I can handle my health on my own
- I have financial concerns
- I have transportation concerns
- I can't make the appointment time
- Provider terminated care
- Other (please specify)

Why haven't you been able to seek treatment/care? (select all that apply)

Answered: 30 Skipped: 477

Answer choices:

- I don't know how to find mental health resources
- My insurance doesn't cover costs of care
- High out of pocket cost
- I have transportation concerns
- I have other time commitments
- I am concerned with social stigma
- I have language barriers
- Other (please specify)

What financial experiences have prevented you from having mental health care? (select all that apply)

Answered: 188 Skipped: 319

Answer choices:

- Cost of insurance/I am uninsured
- High out-of pocket cost
- High cost of transportation
- I haven't experienced a financial barrier
- Other (please specify)

What experiences with medical providers/therapists have prevented you from having mental health care? (select all that apply)

Answered: 188 Skipped: 319

Answer choices:

- They are not accepting my insurance
- They are not accepting new patients
- Limited specialists within 30 minute travel time
- I felt I had limited control or choices in treatment
- I haven't felt listened to/felt stigmatized
- I have experienced language barriers
- I have not experienced barriers with providers/ therapists
- Other (please specify)

Do you have concerns about resources that prevented you from accessing mental health care?

Answered: 185 Skipped: 322

Answer choices:

- Yes
- No

What resource concerns do you have for accessing mental health care? (select all that apply)

Answered: 85 Skipped: 422

Answer choices:

- Not knowing what services/ providers are available in my area
- Not knowing what services are available for my needs
- Not knowing how to find a provider
- Not knowing how to contact a provider
- Other (please specify)

Has social stigma prevented you from accessing mental health care?

Answered: 185 Skipped: 322

Answer choices:

- Yes
- No

What concerns with social stigma do you have for accessing mental health care? (select all that apply)

Answered: 66 Skipped: 441

Answer choices:

- Feeling discriminated by my community
- Feeling unsupported by family/friends
- Feeling unsupported in workplace/by employer
- Feeling uncomfortable discussing mental health condition
- Not wanting to be seen as sick or disabled
- Other (please specify)

Has transportation prevented you from accessing mental health care?

Answered: 182 Skipped: 325

Answer choices:

- Yes
- No
- Other (please specify)

What transportation concerns do you have for accessing mental health care? (select all that apply)

Answered: 17 Skipped: 490

Answer choices:

- Public transportation is unavailable where I live
- Unavailable at pick up and drop off times
- Not owning a personal vehicle
- Not able to afford public/private transportation
- Not comfortable using public transportation
- Other (please specify)

Do other time commitments prevent you from accessing mental health care?

Answered: 183 Skipped: 324

Answer choices:

- Yes
- No

What time commitment concerns do you have for accessing mental health care? (select all that apply)

Answered: 93 Skipped: 414

Answer choices:

- Working during appointment times/unable to take off of work
- Having long travel times (more than 30 minutes)
- Commitment to child and other family care
- Long waiting time for an appointment
- Other (please specify)

Additional Comments or Concerns

Answered: 51 Skipped: 456

KEY INFORMANT ANALYSIS

Methods

The Center for Urban Population Health performed a literature and web-based review of substance use and mental health gap analysis reports. Questions were pulled from these sources and shared with the ad hoc planning group. During a subsequent meeting, the ad hoc group reviewed the goals of the gap analysis, reviewed the questions and prioritized the questions that would be used for the community survey and for the key stakeholder interviews.

Key informant Interviews were conducted by members of Healthy Sheboygan County Access to Mental Health Services Coalition. The interview responses were collected in three ways: in person, over the phone and by a Google Forms survey. The method of response collection was dependent on what best suited the stakeholder.

There were 28 survey responses to the interview questions form key informants and 26 interviews, totaling information from 54 key informant interviews throughout Sheboygan County. The key informant interviews through google forms and in-person interviews were divided by question into groupings to determine major themes. Comments for certain questions were sometimes sorted into other categories depending on the theme of the response. This analysis was conducted by the Center for Urban Population Health.

Communities served in Sheboygan County

Information was gathered from key informant interviewees through surveys and interviews. Key informants were asked during the interviews what type of communities they target or serve. Informants had eight choices including: general, medically underserved, minority, low-income, county wide, city of Sheboygan, urban, and rural. Some respondents stated that they serve all of these populations while others noted they serve some of the categories.

Through the interviews and online surveys, various respondents noted other subcommunities they serve including: veterans, single parents, individuals with a duel diagnosis, individuals with a mental illness, children with psychiatric needs, the LGBTQ+ community, universities, refugees, immigrants, Hmong and Asian communities, families, young families, people with other abilities, church members of all ages, production employees, individuals with financial need, youth, diverse ethnic groups, minority groups, individuals who are under/uninsured, the elderly population, individuals who are homeless, inner city youth, adult learners, LGBTQ international students, individuals who are pregnant, people with substance use disorders, non-traditional students, high school students, caregivers, working adults, adults with disabilities, African American students, non or limited English speaking individuals, PK-12 students, individuals that don't believe in western medicine, students with incarcerated parents/siblings, and individuals leaving correctional facilities (the reentry population).

Barriers to Care

Key informant interviewees identified various barriers to care in survey and interview responses. Generally, one participant mentioned that there is more focus on Sheboygan city and not Sheboygan County. More specifically, these barriers to care can be divided into 18 broad categories that impact individuals and communities in Sheboygan County based on specific needs and assets.

Long wait times for appointments

Respondents highlighted long wait times as a barrier to mental health care for patients. Long wait times for appointments may be due to other barriers to care outlined throughout this report, but some of the reasons for wait times may include: enrolling a new client, insurance, wait lists, waiting on a specific treatment, providers not accepting new patients, not enough providers, not enough of a specific type of provider (like psychiatric providers), patients may want to see a different provider than the one they are currently seeing,

Interviewees highlighted that long wait times are problematic because individuals may need immediate care or may be in crisis. One respondent conveyed that sometimes wait times were six to eight weeks or more for a patient to receive treatment. Patients may then turn to the emergency room to receive services and also experience long wait times. Wait times for treatment may also overload mobile crisis care which patients may turn to when other care is not an option.

Lack of providers

One of the barriers to care identified by interviewees was lack of providers of mental health care including therapists, psychiatric providers, and pediatric psychiatrics. Participants have found that less people are going into the field of mental health and that there is less funding. In some cases, primary care providers are managing patient care. Finally, a respondent questions where patients should receive treatment for acute symptoms since primary does not address these symptoms.

"From 5pm-7am mental health or AODA situations fall on police."

Interactions with the criminal legal system

"Law enforcement can be a trigger to some individuals. Law enforcement not having full understanding or working knowledge of handling a mental health situation or AODA situation"

Participants identified interactions with the criminal legal system as a barrier to mental health care. Interactions with the criminal legal system could be defined as encounters with law enforcement, court dates, or jail time. A community leader also mentioned an increase of students with incarcerated family members.

As described by a respondent, an individual may need mental health care and instead may have an interaction with law enforcement and then be connected to mental health care.

Interviewees also mentioned Chapter 51 which under the law allows an individual to be civil committed. Some families may enter the criminal legal system as an alternative to mental health care if mental health care is not successful and they do not meet the requirements of Chapter 51. Respondents also discussed that various groups have different opinions on chaptering individuals when they are in crisis. If an individual is chaptered, police officers need to wait at the hospital until they are told they can go. One respondent stated that people may use 911 to access resources.

Individuals who have interactions with the criminal legal system may have other complex needs related to trauma or mental health and other AODA issues. Exposure to domestic violence or substance use may have impacts on families. There are not many options for mental health care when individuals are in jail. Additionally, an individual's mental health may change when in jail or they may stop taking their medication. Individuals also may not have access to their medication or treatment once they leave the criminal legal system. There is not a continuum of care for individuals who are involved in the criminal legal system and may have other needs such as housing. Individuals who are released from prison may not have shelter to stay in.

Even if a judge mandates care for an individual, they may not qualify for services or receive treatment for as long as they need. Also as mentioned by a respondent, treatment may not be lined up when an individual is released and the individual goes to jail. Individuals also might not receive help from their PP agent for fear of returning to jail. Offenders also may not qualify for services. Additionally, DC has limited providers and does not have regional mental health services that are contracted.

System is difficult to navigate for patients

Respondents highlighted that the mental health system may be difficult for patients to navigate. In some cases, individuals may need to make multiple calls to a clinic or may not know how to get connected to care or navigate health insurance. Provider's also may not follow-up with the patient.

"If clients do not continue service and then want to go back they get put back on the waiting list."

Knowledge of care (health literacy)

Interviewees described how the knowledge of care options can be a barrier to care. An individual may not know what mental health is or what resources are available. Understanding mental health laws can also be challenging and knowing when an individual can be committed to treatment. One respondent highlighted that veterans may not know what services are available.

Transportation

"People are deterred from self-committing due to transportation, not sure how they are going to get home."

As identified by key informants, Transporation can be a barrier to mental health care. Due to limited providers, individuals may need to travel outside of the county to receive care. The cost of transportation can be a barrier. In addition to the cost of transportation, individuals also may use Medicaid transportation. Individuals might not use public transit or live outside of the city of Sheboygan. Additionally, transportation options may run infrequently.

Insurance and affordability

Those surveyed described that mental health care may not be affordable both in cases where individuals have and do not have insurance. The individuals may be underinsured or uninsured and providers may not accept Medicaid. One respondent specifically mentioned affordability of care for students off campus. Individuals also may not have education about their insurance. Medicaid recipients may face long wait times if they can only receive care at select facilities. Additionally, Medicaid reimbursement for therapists is low and therapists cannot provide free services as this is fraud. One participant mentioned that individuals with insurance will receive services more quickly than individuals without insurance.

Scheduling barriers

Scheduling appointments can be a barrier to care, according to respondents. Community members may be unable to schedule care because of their work hours. Some individuals may also need childcare or be unable to get time off work. Evening appointments are not an option for individuals that work during the day.

Unable to follow-up with patients

If a provider sees a patient, but then is unable to follow-up with the patient, this can be a barrier to care. As a respondent described, patients may not be connected to primary care providers, meaning a patient cannot be provided follow-up treatment.

Community stigma

Interviewees discussed various forms of stigma which prevent individuals from seeking care. Some individuals may be afraid to talk about mental health and may not ask for help when looking for a provider. Additionally, this may be a new experience for individuals and they may be unsure what other community members will think of them. As a respondent identified, stigma may also come from employees or employers towards the individual seeking care. Employees or employers may not be empathetic to those who need to address their mental health. Stigma is also seen in the older population specifically the older farming community and this community faces high risks.

Homelessness

Respondents highlighted that a lack of stable housing could be a barrier to care. Specifically, there are not long-term housing plans for individuals who are unable to return home. Additionally, there is a lack of affordable housing options or a failed drug house may lead to housing denial for an individual.

Referral process for case management

As interviewees explained, there is currently not a referral process in place for case management and case management may be needed for individuals to access services. Some individuals may have mental health services, but not qualify for case management or are not experiencing a crisis.

"Youth seem to be on a crash course for crisis (drivers hear youth saying they don't want to go home, school, see friends, etc..)"

Lack of resources and care for specific patient populations

"There are limits on what a behavioral health unit can do medically so patients need to have a medical clearance prior to inpatient Behavioral Health treatment"

Respondents highlighted that there is a lack of mental health resources for specific populations which serves as a barrier to care. The specific populations that lack services include services for youth, specifically inpatient beds. Additionally, an interviewee mentioned that (VA) Veterans Affairs is not available for all because it's based on income. There is also a lack of trauma services and providers may not have an understanding of trauma or domestic violence. Resources for individuals after

hospitalization or for individuals dealing with depression are limited. Finally, individuals need to be a Sheboygan County resident to receive services, so this could be challenging for an individual experiencing homelessness and a respondent mentioned that younger children are not receiving services when older siblings are.

Challenges with diagnosis

"When someone with dementia is having challenging behavior there is no good place for them to go if family is not able to care for them"

Individuals with mental health issues may also face a challenging diagnosis or duel diagnosis. As respondents highlighted, duel diagnosis can be a barrier to care because there are limited resources. Specifically, there is a lack of mental and behavioral health resources for the older population or individuals with dementia. These patients may also get committed, but variations in the law mean they could get chapter 51 or chapter 55 treatment. Other diagnosis faced by individuals may include alcohol or other substance use and AODA (Alcohol and Other Drug Abuse) services do not address mental health. Overall, there are limited services for duel diagnosis. Patients may also be mislabeled and prescribed medications. They also may face being homeless or other mental health and/or AODA issues.

Barriers to mental health access for caregivers

"Family caregivers suffer from poor mental health due to caring for individual with dementia."

Respondents highlight that caregivers may struggle with their mental health because the job is demanding and wages are low. Caregivers may not acknowledge their stress or compassion fatigue all issues related to overall mental health.

Lack of culturally competent care

Throughout the surveys and interviews, lack of culturally competent care was mentioned as a theme. Some individuals throughout Sheboygan County face language barriers when seeking mental health care and need translators. Sometimes family is used as an interpreter and it is not clear if the right points are communicated. Respondents also identified that providers do not have an understanding of Hmong culture. Since mental health is not always seen, another cultural barrier may be the understanding of mental health.

"People wouldn't need inpatient care if there was more outpatient care."

Lack of Inpatient services

Respondents noted that in Sheboygan County, there are limited inpatient service options which may serve as a barrier to care. Specifically, there is a small inpatient behavioral health unit, meaning some individuals may need to seek care outside of the county. Additionally, the inpatient unit is not available for minors.

Coordination across services

Key informants explained that coordination between service providers poses some challenges. Hospitals do not share information, the emergency department is the only location for immediate care, and there is a disconnect between various systems. Respondents highlight a lack of corporation among organizations and that there are not clear standards if an individual commits themselves to an inpatient unit. Sometimes patients may get sent to various services.

Coordinating care for organizations and communities

Respondents outlined various methods for coordinating care in their organizations and communities. These responses were analyzed and organized into 13 themes highlighting how care is and could be coordinated across Sheboygan County.

Current care coordination efforts

"We also work to identify additional social needs and suggest connections to area support groups, fellowship meetings, county services, and social services."

Some examples of current care coordination efforts include scheduling appointments for patients which may include therapy, psych, or medication management appointments. In order to foster greater independence among patients, patients in intensive outpatient programs (IOP) are encouraged to schedule their own appointments. Respondents also noted that they make efforts to coordinate care with other health care providers and social services, including having social workers present as well as prescribers and therapists at a main location. Providers also make calls a week after a patient

is discharged to see if the patient has connected to services or has other needs.

Informants also noted other care coordination efforts such as: researching available facilities; Trauma informed Parenting Workshop; coordinating insurance access; internal daily huddles for team coordination; available pharmacy services at the facility; case managers discussing clients and creating an assessment based off of other providers; providing education to caregivers about the creation of a caregiver team; counseling; Crisis Intervention Team (CIT) training for employees; educating and providing referrals to community members as well as assisting them to advocate for themselves; referrals to behavioral health from primary care; mental health prescriptions from primary care; behavioral health consultations; working with behavioral and mental partners; referrals to all levels of care; and behavioral health consultation to primary. One participant mentioned a location that has a coffee shop, mental health services, and other resources for veterans. Another respondent mentioned an organization that is an ally.

Inpatient care coordination

An informant described the process of inpatient care coordination. In order to be admitted to an inpatient unit, patients need medical clearance which states that the patient's medical needs can be met on the inpatient unit. Reports from the ER to the inpatient unit are coordinated with a psychiatrist and discharge plans are made once the patient is admitted. This allows patients to be connected to follow-up care within 7 days of discharge from the inpatient unit. Patients are also called one day after discharge to confirm the patient can attend their next appointment.
Care coordination for employees/the workplace

Respondents discussed care coordination efforts for employees/the workplace including FMLA information for intermittent absenteeism; employee assistant program (EAP); trainings, meetings, and one on one meetings to address care confidentially; treating employees fairly when seeking treatment; and no cost behavioral health care.

Care coordination in congregations

Care coordination is also described in a congregation including a Board of Deacons to help the pastors with care.

Care coordination for youth

"Juvenile being differed to other cities/counties"

A respondent mentioned that students have access to the Providing Access to Healing (PATH) program which covers the cost of care if needed as well as providing care on-site during the school day. Additionally, as explained by a community leader school is a first entry point for children to connect with a counselor who can recommend services or send families to Lakeshore Community Health Care (LCHC) and there are counselors in the middle and high school depending on the district.

Primary care provider care coordination

A respondent describes care coordination through primary care providers and how they are referred to behavioral health. A nurse completes the intake form to determine if the patient should be referred internally or externally. When a patient needs behavioral health services, a "service to" order is entered into the electronic medical record system to notify behavioral health of the need.

Care coordination in the criminal legal system

A respondent described care coordination in the criminal legal system, specifically how probation can mandate an individual receives an assessment as well as counseling. Sometimes individuals do not follow-through with the mandate. Also explained was that families may not qualify for a charter and may instead move to criminal litigation to receive mental health care. Additionally, law enforcement does not get to follow-up about an individual after a charter.

One of the barriers to care coordination in the criminal legal system is stigma, according to a respondent. There is a concern from clients that they will not get off probation if they mention the need for mental health care. This may cause clients to miss necessary requirements of their program. Also mentioned is that though the court sends out appointment reminders, they should also offer help and/or transportation to get clients to their appointment. Additionally, a community leader stated that there are trainings offered to the courthouse on domestic violence, the probation program, and HHS services.

As a respondent highlighted, police also coordinate care by contacting Sheboygan County Health and Human Services, using an electronic format for a contact individual, working as mediators, and receiving training.

"Individuals that need preventative help are being missed and slipping through the cracks and then fall into crisis"

Gaps in care coordination

Key informants identified the inability to provide case management for a longer period of time. Frequently, patients may need supportive living services, but connecting these patients to county services is challenging. The challenge could be due to individual inability to follow through on this connection. Another respondent mentioned that follow-up appointments may be far out for inpatients discharged from care and that some behavioral health services need patients to have a

primary care provider in their organization. Additionally, as mentioned by a community leader, it can take days to get patient records when the patient is currently in treatment and patient records may be hand written making the notes difficult to read. Also mentioned was that individual cases are coordinated while the general population is not coordinated as well and that the role of the school is not clear. A respondent stated that there is not information sharing because it is unknown what can be shared. Additionally, mentioned is that not all data is collected at the same time, unavailable resources, and the need for services that are short term.

Improving care & care coordination

Respondents identified ways to improve care coordination including: providing system navigators; having the ability to transport patients to health and human services if they are unable to transfer themselves; hiring full time counselors who have on-going training; a free mental health clinic; making it known when patients need a primary care provider at the same organization to receive behavioral health care at that agency as well; providing mental health preparedness to individuals who may experience lifestyle changes due to another health condition; following up after a change in a medical condition; recruitment; space; behavioral health providers expanding services; bridge clinic; more groups; next day appointments or same week; working with county and case manages; using one assessment tool; improving partnerships; being informed; individuals knowing what mental health services are available at each stage of the process; outpatient treatment that is ongoing; supporting individuals not currently in crisis, but are going in that direction; working with individuals with multiple needs; providing a case manager; and connecting individuals with resources prior to a crisis.

Improving coordinated care in the criminal legal system

A community leader outlined ways to improve the criminal legal system including: implementing a Compass Assessment which will determine the level of supervision needed in probation and parole (determining who needs a treatment plan that is low-level). Additionally, supporting individuals in their transition from prison and decreasing the presence of law enforcement in safe situations since their presence can be triggering was also mentioned. A respondent also mentioned individuals being released soon meeting with mental health providers to create a plan for after release. Also having the option to talk to nonlaw enforcement. Another respondent mentioned courtesy calls instead of the alternative of swat call or chapters.

Improving coordinated care for veterans

A respondent mentioned various aspects of improving care for veterans including: improving care qualification for veterans; who to reach out to for care; placing veterans in a case site instead of with family; providing treatment for individuals who do not meet criteria, but are eligible; affordable housing; warming centers for the homeless; and housing (short term).

Improving inpatient coordinated care

A community leader described improving inpatient coordinated care by: getting a patient an appointment within 7 days of being discharged; enough space to recruit additional providers; increase in time for receiving patient records when a patient is in treatment; and legible patient records.

Improving care coordination for youth

Respondents mentioned: the need for more student mental health care access including transitioning services; preventive measures; more documentation/accountability; increased training for the guidance counselor and special education; and more training and education on crisis. Additionally, a participant was asked "What are specific things other systems can support schools with mental health and behavioral health?" The response mentioned coordinating available services with what the school offers and coordinating care with police including police communicating to schools when there has been a student incident prior to their return to school since this information is not shared.

Strong continuum of care

Community leaders were asked what a strong community continuum of care should look like. The continuum of care is treatment for patients from prevention to initial diagnosis to treatment to management and recovery. Responses were categorized into 15 major themes.

Case management

Participants mentioned case management as part of a strong continuum of care. They mentioned the need for case managers to check on individuals in their homes, help them with transitions, and have frequent contact with individuals to prevent the need for help in a crisis.

Prevention

"A strong continuum would begin with prevention, but also have shorter waits for access to child psychs and counselors to help prevent the need for inpatient and day treatment services; but also increasing the access to those."

Respondents discussed taking measures that are preventive including: encouraging community members

to reach out for mental health care; early treatment and detection; providing individuals with help before crisis; support for individuals who need advocacy on their behalf; and resources for individuals who need help to prevent them from reaching a crisis.

Timely services

Informants stressed the need for timely services including emergency evaluations that are immediate with follow up treatment, little wait time for care access, increasing access to services, and many care options.

Stigma

Respondents mentioned stigma and the need to reduce the stigma associated with mental health care. One participant noted that stigma around getting care is decreasing.

Community support

Key informants mentioned the need for community support including: understanding of culture; groups of support; support for caregivers; support programs in the community for adults; peer specialists; mental health trainings that change to stay interesting; increase in awareness and decrease in stigma when talking about mental health; parish visitors who have the maturity and time to counsel; individuals knowing who an organization serves; caregiver role education and how to help; knowledge of available resources; the need for an approach for families; creating a system of community support and working outside of silos; and knowing the outcome and feedback on how someone received care.

Affordability

A respondent mentioned affordability of care.

Policy

A respondent mentioned policy making that can lead to change as well as a specific policy, the bold act.

Patient care

Informants discussed aspects of patient care when considering the continuum of care. There were many mentions of patient care, including: supporting individuals who have not been admitted; individuals having a home base; a person who can help, check in, and knows the plan of treatment; individuals that can be checked on by a close connection, such as their landlord instead of the police; providing care at the appropriate level; contracts that are long term; providing support at each stage of treatment; have groups check on individuals; communicate the treatment/care plan and provide information to provider; see what the resources and needs are of the individual; if an individual experiences some type of life change, follow up; make sure each individual receives needed help; and more screenings for anxiety, depression, and AODA.

Another respondent described three types of care as acute, maintenance, and crisis care. Respondents also mentioned providing patients with preparedness around mental health if they may have another health condition; orders for checking on individuals who have been chaptered; keep decisions made (instead of making different decisions) even when there is a shift change in staff; and sending veterans to behavioral health even they are not eligible or do not qualify. An additional participant mentioned they are creating resources around suicide and self-harm for medical providers. Finally, a respondent mentioned looking at the outcome and feedback for how someone received care.

"Collaboration across systems. Streamlined referrals and sharing of basic information from treatment providers and DA's office."

Partnerships

"Our organization can be a place for information and referral to available services"

"Warm referrals to allow the continuum of treatment on all levels. Collaborating partners would talk to one another and relationships would exist to hand individuals to each service needed."

Individuals described the importance of partnerships and working together in a strong continuum of care including involving partners like teachers, lay people, principals, clergy, a hospital system, law enforcement, mobile crisis, DA's office, and everyone.

Additionally, respondents discussed creating feedback between systems; having others involved with the process; networking and breaking down silos; understanding the process; cross training across groups; communication between families and organizations; sharing information easily; communicating at all care

levels including inpatient, outpatient, and crisis; having an understanding of your partners including their limitations and strengths; working together when transitioning care to a different provider or level of care to get the best care for a patient; referrals grow exponentially; collaboration between systems including streamline referrals.

The challenges of information sharing between partners was also mentioned as partners are not clear on what can be shared or talked about. Also mentioned is that they do not get information once an individual is released. A respondent discussed HIPAA, knowing information when working with an individual, release forms to allow the discussion of an individual care, and accessing electronic health records. Finally, one participant mentioned that counselors refer to students to providers on campus.

Social services

When considering a strong continuum of care, key informants discussed social services including: transitional living; behavioral health navigators; in-home medication management; health insurance enrollment specialists for Medicaid enrollment; recovery coaches to provide support to individuals in the care process; safety nets for individuals who are not thought of first; transitional housing for individuals leaving jail; and RCS Empowers, Inc. for individuals leaving jail for with histories of AODA. Additionally, a respondent mentioned there is a need for services for individuals with acute ailments.

Providers

When asked about a strong continuum of care, many surveyors mentioned providers including: the ability to locate providers and specialists; connecting to resources; hiring diver providers (Black, Hispanic, Asian, LGBTQ, and others); having an individual who can triage; mobile crisis education, hiring more psychiatrics and increasing psychiatric services internally and externally for all; all providers having awareness of the patient/recent treatment and providing inpatients solutions or information on concerns; patients receiving treatment based on provider team; post appointments with care team within 7 days of discharge; providers have the goal of having patients live their best lives; an increase in staff to address mental health (currently there is a high burn out with few providers); and finally, feeling like the continuum is solid outside of limited counselors and waiting lists for students.

Employee Services

Respondents mentioned partnerships with employee assistance program (EAP) and community providers and workplace communication including the need for flyers.

Local Services

When asked about a strong continuum of care, some informants mentioned the need for AODA services in the county as well as access to care for rural populations and treatment in a location with easy access for schools such as the PATH program in schools.

"There is no continuum of care for youth currently."

Services for youth

As one respondent stated, *"There is no continuum of care for youth currently."* Some ideas for creating a strong continuum of care for youth include: seamless services from birth to age 3; transitions to adulthood for comprehensive community services (CCS) kids; a place such as youth calm harbor where youth can come down from a crisis; work – crisis youth; serving more youth than are currently being services; not missing kids after birth to three (they may show up in the juvenile justice system); a need for plans around reentry; staying on the same page; follow-up meetings and communication with the school once a student starts receiving car (schools may not currently know when a student receives inpatient care – keeping schools updated allows them to help with other needed services); kids are in school for 7-8 hours each day; and helping students to schedule and get to appointments as well as making appointments more accessible.

Reentry population

Informants discussed a strong continuum of care in the reentry population including: court orders and follow-up by agents; the level of independence of the client (their willingness to work with agent/accept help) and if the PP agent follows up; client is reliable for follow-up if these figure out insurance; clients may be sent to HHS to

determine the process; communication; change readiness; K1 services; no need for services when things are going well; and PP sends them to jail if they are a threat to themselves or others (but preferably they could go to a mental health hospital.

Providing better services for communities

Community leaders were asked how can we provide better services to all communities within Sheboygan County. These responses were organized into 9 major themes.

Translators

Respondents mentioned translators when asked about better services since language can be a barrier to services. Having providers that speak different languages was also mentioned and that there are translated services at a specific health center.

"We struggle to provide care to patients who fit more with a severe and persistent population, as well as those with personality disorders, who need DBT or those do not benefit from group intervention. Increasing access to "true" DBT programming and programming for more of the antisocial personality would be helpful."

Services, providers, and treatment

Informants mentioned improving services, providers and treatment and specifically stated: an increase in in-depth patient treatment; service providers checking on patients post hospital stay; options other than a hospital; increase in follow-up treatment; counseling after hours; mobile crisis guidance and change; an increase in therapists; mental health in the schools, trauma counselors working at all jails; for comorbidities, two credentials; adequate number of providers for access and availability; lower cost for higher education; being proactive at the county for individuals who repeat; having released individuals recognize their triggers; instead of friend or family, contact mental health service; help individuals serving their sentence know their future and be more comfortable; having a team to respond to an incident that are not law enforcement; a 24/7 mental health or AODA response team as an alternative to 911; immediate care needed for individuals facing addition; immediate and intermediate mental health care; individuals in crisis needing immediate care; resources and outreach; and consistent training for service providers.

Coordinated care

Informants discussed providing better care through coordinated care including: planning a transition after release; care and services 24/7; a local shop where individuals can see doctors, mental health professionals, get work, and enroll; the level of treatment is correct; improving care coordination; one referral form; individuals seeking care on their own after preventing chaptering; local care facility with full services; following through; invest in helping individuals find their identity; more mental health support; support independence while receiving help; documented mental health or homelessness; number of VA health care registrants; and create a multitiered mental health response that is 24/7 like the police department. Respondents also mentioned other services such as dental health, mental health and physician health.

Youth & Families

Respondents explained providing better care for youth and families including: join psychology services in schools as an alternative to individuals; having schools prescribe; school-based mental health; limited resources; out of county transport; only service for combative youth in Winnebago; intervening early; supports for parents; programs for new parents (Welcome baby program for first time families or at risk); parents recognizing when help is needed; early childhood education for parents that is not intimidating; and access programs for families.

"We need to provide broader marketing to asking for help and at the beginning stages of needing health. Language and policy need to occur from workplaces to schools. We all need to speak the language of mental wellness in our community."

Education

Leaders discussed the need for education to provide better care including: education for physicians, pastors, caregivers, community agencies, employees, employers, judges, lawyers, and additional criminal justice workers.

Additionally, respondents mentioned learning and knowing about available resources; appropriate training; education that is proactive; decreasing stigma; discussions such as with any other health issues; stopping retraumatizing mental health since people may associate mental health issues with unreliable or dangerous; education about the treatment of individuals in the criminal legal system (providing individuals their human rights; distrust in the system from families; and nonintimidating education/support.

Community support

Informants described community support as a means to provide better care including support for spouses, caregivers (family members), and veterans experiencing symptoms. Respondents also described strategies including caregiver support groups for the older generation; access for the diverse community; network with churches such as in the Hispanic/Latino community; having and individual to provide follow-up after a person in released; mixing different cultures; and community education for doctors and prescribers.

Social services

"Services to provide-mental health, living, job, sobriety, health, counseling (abuse, substances, etc..)"

Social services were described by respondents as a path to better services. Specific social services that were mentioned include housing such as an affordable single room with supervision; transportation; day care; community-based location to access location for individuals who cannot afford medication or do not have insurance; various organizations such as non-profits, hospitals, and employers; job Transporation in Sheboygan county; transportation for individuals outside of the city and transportation to the city; hospital shuttle services; location for individuals to go in crisis outside of a hospital (if the individual is not in danger or chaptered; peer support specialists; health navigators public transportation; quality and affordable housing; local services for basic needs such as grocery stores; cost of day care; activity center after hours; job center; social worker based in the jail; and activity centers that are free.

Other strategies mentioned including having an individual who understands a person and have worked with veterans in the past as well as filing claims; employers learning how to work with veterans; and transitional living services with counseling and education around health care to reintegrate individuals.

Affordability

Respondents mention affordability including community-based location for affordable medications for individuals who cannot afford medications or do not have insurance; and Aging and Disability Resource Center (ADRC) or commissions cover appointment cost.

Partnerships

Informants described partnerships to provide better services including partnerships with minority groups, Office of refugees, and Mental Health America. Additionally, respondents described strategies including having a diverse team of individuals work with an individual and a center to receive all services.

Unlimited resources

Respondents were asked what could we do if we had unlimited resources. These answers were organized into 11 major themes.

Providers and resources

Informants frequently mentioned providers and resources when asked what could be done with unlimited resources. Some leaders stated more providers that are no cost or

low-cost including youth providers; providers who can support care; early detection as well as awareness; satellite clinics for high-need populations; more counselors; more psych providers; provider education specifically mental health education (treatment and medication for primary care providers; having a knowledge of services and who is served; increase in provider access; more providers outside of the city of Sheboygan; more provider diversity; a new building for Calm Harbor; expansion of CAT team and Mobile resources; share resources through the digital and county billboard; and stabilization facility.

Surveyors additionally mentioned alternative ways to stabilize outside of institutionalizing an individual; more access to immediate care and a psychiatrist; providers recognizing poor mental health; a clinic to diagnose dementia; providers are also required to go through the trainings EMS goes through; more provider recruitments specifically NPs; a bigger unit for inpatient; Trauma-informed care (TIC) and suicide assessment trainings for mental health providers; more specialists; help make individuals be comfortable in HHS; welcome people with soft skills and a cultural shift; more beds for treatment; more beds for individuals experiencing opioid withdrawal; a successful service system setup and those hired align with the population that is served.

Community support

When asked about unlimited resources, respondents mentioned various forms of community support including: community mental health education; local community peer support; awareness; wraparound service access such as medication services; resources for caregivers or monetary assistance as well as a support person for congregation or clergy staff; promotional material and marketing for mental health (that doesn't suggest an individual has a problem to prevent embarrassment; mentors and especially mentors for people of color; community training on mental wellness language; private areas for individuals to talk in-person; neighborhood services instead of individuals going to the services; community presence and model; higher caregiver pay and caregiver support; and peer supports/groups and recovery centers for various mental health issues.

Criminal legal system

Surveyors mentioned aspects of the criminal legal system when asked about unlimited resources including: the implementation of a compass (risk/needs) assessment to determine supervision level needed for individual treatment plan; mental health, AODA, domestic violence, and anger management screening assessment tool used to determine resources needed by individual such as community service options; create treatment provider list for assessment; a current tool may not exist due to capacity; Domestic Violence Court – Safe Harbor (need grant to support court); increase funds for early intervention programs like home visiting, birth to 3, parent education, school education on domestic violence and substance abuse as well as prevention; counselor training on domestic violence; and more communication and education for courts to raise awareness of resources.

Prevention and early intervention

Leaders mentioned prevention and early intervention including working with youth to reduce adult mental health issues; community activities as well as promotion of healthy habits; and better screening programs to identify individuals with mental health concerns prior to the need for inpatient treatment.

Affordable services

Respondents also mentioned affordable services for all especially increasing accessibility for low-income individuals and those without insurance. Additionally, surveyors discussed resources for low income individuals or those with bad credit as well as offering a free clinic and covering insurance costs with everyone having access to affordable mental health care.

Stigma and education

Leaders mentioned stigma and education when asked about unlimited resources including social media education; de-stigmatizing the issue through outreach; decrease mental health care stigma; more access to mentoring programs specifically decreasing youth mentorship stigma; and providing every individual with education.

Timely services

Informants mentioned that with unlimited resources, they would have services available at every point of day. Specifically, they discussed having walk-in mental health services and crisis 24/7; fast access and more appointment options in the mornings, evenings, and weekends; all of Sheboygan county would receive services and individuals would come from areas surrounding; providing treatment to any individual

needing services; better access to services; increasing substance abuse residential treatment access; and early service access.

Adolescent, student, and family support

"I would create an adolescent mental health facility in the county that provides counseling, day treatment, and inpatient care. These supports could include support eating disorders, trauma, and personality disorders."

Leaders discussed adolescent, student and family support options if given unlimited resources including wraparound services for students and families which has a clear continuum; expanding the Path program as well as social worker services; more mental health and AODA education to industry business; referral process in place between DA's office and schools given resources in the schools and to help connect parents to services; mental wellness training in school; preventative; change the children's system; focus on all of family from birth to age 3; make an effort to address generational trauma; and a place in the community to teach young parents about parenting.

Care coordination and continuum of care/ partnerships

Informants discussed improving care coordination, the continuum of care, and partnerships with unlimited resources. One respondent specifically discussed integrating care through data sharing such as access to patient records. Also, care coordination between "inpatient, outpatient, private practice, county" as well as having behavioral health services at each location to work with primary and urgent care. Other strategies mentioned include: having all systems function under the behavioral health consultant model; having a place to give out medication; providers give updates to the DA's office to ensure patient compliance and potentially lesson a charge or remove a charge from the individual's record; striving for the same goals; no suicides across the county and having everyone on the same page; having a team to address each part of life; working across sectors; care that is longer term; more locations with level of care like calm harbors; supports for individuals who may need assistance, but are not in crisis; continuum of care supports; and more services and triage options at community locations.

"One stop shop – no cost - clinic with providers, security, mental health providers, treatment groups, get insurance, get medicine, get initial assessment, basic life skills, help finding housing, hygiene, get individual stabilized and detoxed, employment opportunities, immediate access"

Social services

With unlimited resources, informants discussed various social services including: more housing, housing supports, affordable housing with case management, tiny homes, transitional housing, house for stabilization in crisis, and residential choices for individuals experiencing homelessness. Additionally, respondents discussed accessible transportation to other communities; education; case management that is long term and targeted; assistance program eligibility for more individuals like those single without children; services for working individuals who may have a hard time paying for other expenses like rent or food; language services; services and aid for individuals facing dementia; providers that can provide cultural services to the Hmong community; completely funded Meals On Wheels program; shelter without restrictions where individuals can work to receive help; and sponsors or coaches to work with daily similar to the AA model.

Employee support

With unlimited resources, respondents mentioned aspects of employee support including: outreach to representatives (HR, benefits team, or others) from organizations that interact frequently with employees; product seminars to learn for individuals that represent their organizations where they can implement networking and communication with local providers after; information on talking to employees about mental health openly; organizations not just adopting initiatives, but also having resources and keeping information confidential; workplace trainings on mental wellness language; and AODA and mental health education in industry businesses and schools.

Data collection

Community leaders were asked if their organization collects any data and if so, what type of data is being collected. Many organizations said no, they were not collecting data.

Other data collection mentioned by organizations includes: outside data found in community resources; youth serviced; family size, age, and make up as well as food bank needs; EAP and TPA data; health plan data collected through a data warehouse; number of students connecting to the organizations counselor; number of times an individual access the service; if counseling happens; each school year, collecting referrals to the crisis unit; inpatient treatment for students; number of students receiving counseling in PATH program; negative behaviors in middle school; social needs; screenings for mental health and AODA; drug or alcohol cases; number of interactions with residents; number of mental health screenings; discipline, attendance, social service and police referrals, IEP behavior goals. Number of incidents of restraint and seclusion for students; and data reflated to achievement, attendance, and referrals for students.

Another respondent mentioned that there is no mental health coding which may mean the numbers are not accurate. A community leader suggested interviewing the public defender's office; individuals who work on probation and parole and individual who works on alternatives to incarceration.

Other comments

Key informant interviewees were asked if they had other comments to share related to mental health gaps in Sheboygan County. Some respondents had no additional comments, but others mentioned a variety of topics including: mental health stigma; not enough available information for employee presentations; the importance of authentic outreach and treating individuals with respect; that it would be helpful to have a handbook of all the resources in the community regarding treatment, care, and specialization; that older individuals are underserved in the community; safe and clean low cost rental housing for single men; appreciation for addressing these gaps; a lack of mental health services for youth in Sheboygan County, meaning youth have to leave the area to receive service; mental health in the workplace and the need to break barriers to help mental health by potentially educating supervisors; a congregation which has individuals facing mental health issues; and complaints about difficulty accessing mental health services and insufficient mental health resources in psychiatry and neuropsychology (individuals have to leave the county for a diagnosis).

Additionally, participants mentioned other topics, including: guiding and counseling individuals who cannot afford services; gratitude toward an action-oriented community; waitlists for school programs; mention of a facility with 12 beds coming to Sheboygan County; more services needed for children and families; more help and support for schools and others in the community; the need for caregivers to be trained on multiple issues; more options for residential treatment; safe and sober places for individuals to recovery; more tolerant shelter; commonalities in crisis situations including substance use, relationship issues, mental health, social media, parenting, and only one perspective; issues with mobile crisis functioning; problem with hospital responsibility and patient care; data sharing with law enforcement since they have to make decisions without all of the information including communication blocks and safety plans; county problems with crisis services and the ability to transport; frustration with hospital admit process; proactive to situations and not reactive; an example of staying in contact with individuals; creating partnerships and sharing resources; the misconception that the VA cares for all veterans; and wondering about potential opportunities to offset fees for those studying counseling as a means to bring more providers to the county.

Participating stakeholders

Sheboygan County organizations interviewed for the mental health gap analysis:

Sheboygan Area SHRM	Oostburg School District
Gardner Denver Thomas	Lakeshore Community Health Care
AESSE Investments Ltd.	Hmong Mutual Assistance Association
Sartori Big Brothers Big Sisters of Sheboygan County	Aurora BH and Primary Care
First Cong Church	Outpatient behavioral health
St. John's UCC, Sheboygan	Aurora ED
Bemis Manufacturing Company	Aurora Inpatient
Orange Cross Ambulance	Aurora PHP/IOP
Old Wisconsin Sausage	Lakeland University
St. Paul's UCC	Mental Health America
First Congregational Church UCC Sheboygan	Sheboygan Police Department
Sheboygan HHS' Masters Gallery Foods, Inc.	Family Services – Sheboygan Mobile Crisis
Johnsonville – retired	Victim Witness Services – District Attorney's Office
Lakeshore Technical College	District Attorney's Office
Community churches	State Public Defender
HHS Aging and Disability Resource Center (ADRC) of Sheboygan County	Sheboygan Co. Faith Leaders
Health and Human Services	Prevea Sheboygan Health Center
Crafted Plastics	Calm Harbor
Kohler Public School District	Embrace Care Management LLC
Elkhart Lake-Glenbeula School District	Alzheimer's Association
Elkhart Lake-Glenbeula High School	Pine Haven Christian Communities
School District of Sheboygan Falls	Dementia Care Crisis Task Force (DCCTF)
HSHS/Prevea Sheboygan County Sheriff	City of Sheboygan Fire Department
Kohler Police Department	Plymouth Police Department
Sheboygan Falls Police Department	Shoreline Metro
	Sheboygan County