Marathon County
Substance Use Disorder Gap Analysis

Prepared for:
Marathon County, Wisconsin

Prepared by:
Third Horizon

THIRD HORIZON

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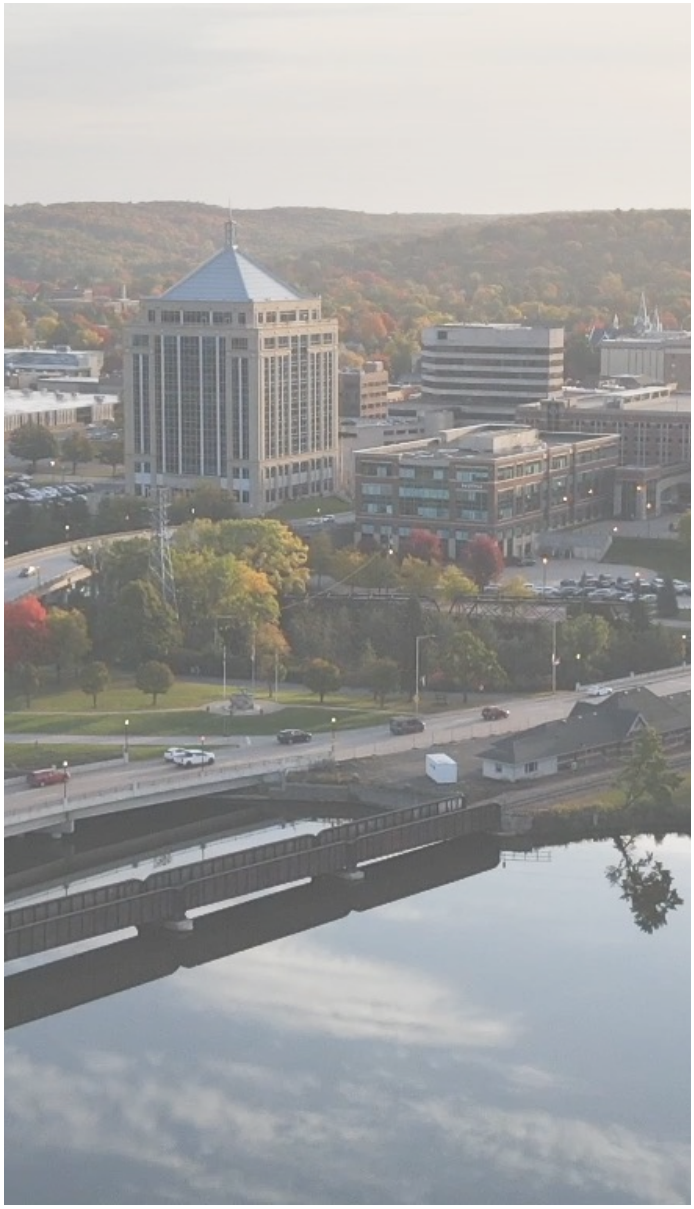
TABLE OF CONTENTS



EXECUTIVE SUMMARY

The impact of opioid overdoses and substance use has had a significant public health impact on Marathon County, Wisconsin. Data shows that the rates of opioid overdose emergency department (ED) visits related to opioid overdoses have been steadily increasing since 2018 and that rates of adult alcohol-related mortality are significantly higher than in the United States, the state of Wisconsin, and the counties adjacent to Marathon County. Despite the availability of evidence-based treatments, there is a substantial treatment gap, with most individuals living with a substance use disorder (SUD) not receiving necessary care. This gap is exacerbated by stigma and the lack of trained health care providers, which impede efforts to reduce the prevalence and impacts of SUD. SUD carries high levels of comorbidity with other Mental Health (MH) disorders, which complicates both diagnosis and treatment. This is compounded by the economic and social costs of SUD, including the associated health care burdens and loss of productivity. Marathon County needs a unified approach to capacity building that involves training health care providers, engaging community stakeholders, and implementing sustainable models of care that are culturally adaptable. Taking this approach will ideally close the treatment gap and improve health outcomes related to SUD.[1]

Marathon County has implemented various initiatives to combat the opioid overdose and substance use crisis, including increased access to substance use treatment and support services. However, the changing landscape of prevention, treatment, and recovery requires an in-depth analysis of the current capabilities of Marathon County and a strategic plan to fill gaps in care.

Consequently, in the summer of 2024, Marathon County Health Department, on behalf of the Marathon County Board of Supervisors, contracted with Third Horizon Strategies (THS), a strategic health care advisory firm with deep behavioral health expertise, to conduct a comprehensive gap analysis of substance use treatment and prevention services within the county culminating in the development of recommendations to the Marathon County Board when leveraging opioid litigation funding.

THS was tasked with doing the following:

- Conduct research determining the needs for opioid and substance use treatment within Marathon County.
- Identify gaps in SUD treatment and prevention services gaps.
- Identify evidenced-based programming and best practices related to opioid and substance use treatment.
- Make recommendations to the Marathon County Board based on the impact related to the gaps in treatment or prevention services.

THS used a mixed methods approach to this research, including secondary quantitative data analysis, qualitative research through a series of fourteen key informant interviews, and regular meetings with the project director from Marathon County Health Department.

Key Findings

- Rates of opioid overdose-related ED visits and subsequent hospitalizations exceed neighboring counties as well as the state of Wisconsin.
- High rates of alcohol-related mortality for adults and high rates of alcohol use prior to the age of 13 amongst Marathon County youth.
- A need for enhanced SUD treatment services, particularly with respect to non-medical detoxification (withdrawal management) services.
- A need for increased availability of Medication Assisted Treatment (MAT)
- A need for increased availability of culturally sensitive services for individuals for whom English is a second language.
- A need for enhanced Marathon County citizen involvement with decisions pertaining to SUD-related services
- A need for increased public health capacity and infrastructure to assist with strategies related to the prevention, treatment, and recovery services enhancements for Marathon County.

Recommendations

NEAR TERM RECOMMENDATIONS

Enhance the Availability of Non-Medical Detoxification Specialty Services

Enhance the Availability of Medication Assisted Treatment Services

Enhance the Availability of Culturally Specific Services, Including Those Who Speak English as a Second Language

Promote School-Based Prevention

Formulate a County-Wide SUD Response Advisory Committee

Finance a Public Health Support Position focused on SUD

LONG TERM RECOMMENDATIONS

Enhance the Availability of Recovery Supportive Housing

Promote the Recruitment and Retainment of Emerging SUD Treatment Professionals

Marathon County has a unique opportunity to leverage available resources, including opioid abatement funds, to make significant strides in addressing concerns with opioid overdose and SUD-related issues. By focusing on the identified key areas and working collaboratively, the county can build a more resilient and supportive community, ultimately reducing the impact of SUD and improving the overall health and well-being of its residents.

INTRODUCTION

Like many communities nationwide, Marathon County, Wisconsin, is grappling with a significant public health challenge: the serious consequences of the opioid overdose epidemic and issues pertaining to substance use and misuse. This surge in opioid overdoses and other substance use-related incidents has placed immense pressure on health care resources, public health infrastructure, law enforcement, social services, and the community at large.

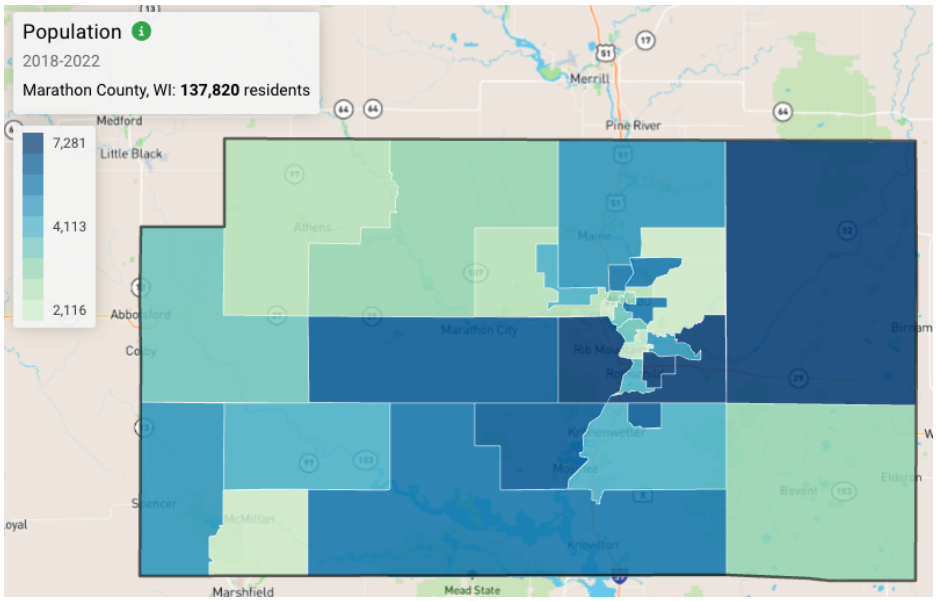
Marathon County is geographically the largest of Wisconsin's 72 counties. Its approximate population is 136,000, including the Wausau metropolitan area, with about 70,000 residents (see Figure 1).[2] This means that efforts to remediate the opioid epidemic and substance use issues must consider reaching people in rural and remote areas.

Marathon County has implemented various initiatives to combat the opioid overdose and substance use crisis, including increased access to substance use treatment and support services. However, the changing landscape of prevention, treatment, and recovery requires an in-depth analysis of the current capabilities of Marathon County and the development of a strategic action plan to address gaps in care.

To date, local government, health care providers, and community organizations have been collaborating to combat the consequences of substance use and the opioid overdose epidemic, striving toward the creation of a safer and healthier environment for residents in Marathon County through accessible prevention and treatment services using available opioid abatement resources as outlined in the Wisconsin Local Government Memorandum of Understanding (MOU).[3] Specifically, this MOU outlines the allowable uses of funds for opioid abatement stemming from settlement agreements with several pharmaceutical companies, including McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, and their subsidiaries. The settlement agreements, still pending approval from Wisconsin, local governments, and other plaintiffs, stipulate that a minimum of 80 percent of the proceeds designated for local governments must be allocated to their segregated Opioid Abatement Accounts. These funds can only be used for approved opioid abatement activities as specified in the agreements and supporting documents. Marathon County is set to receive 1.26 percent of Wisconsin's total share, amounting to $3.5 million, for its opioid abatement efforts.

Despite these efforts, the evolving nature of SUD prevention, treatment, and recovery necessitates a robust analysis of the current substance use prevention, treatment, and recovery landscape to not only address the opioid overdose epidemic but also to create new avenues for accessible treatment and prevention strategies.

Figure 1: Marathon County Population by Census Tract, Five-Year Rolling Average (2018 – 2022)



In response, the Marathon County Department of Health partnered with Third Horizon Strategies (THS), a strategic health care advisory firm with deep behavioral health expertise, to conduct a comprehensive gap analysis and needs assessment and to make recommendations relative to the substance use and opioid overdose epidemic in Marathon County. This report is the culmination of that work and provides a thorough analysis of best practices in prevention, treatment, and recovery from SUD, highlights current services available in the county, identifies populations that are disproportionately affected by substance use, and makes recommendations to address needs and gaps in Marathon County.

METHODOLOGY

THS sought to identify the root causes of SUD and overdose within Marathon County. To do this, THS obtained data from the Marathon County Health Department, inventoried available data sets, and identified additional data sets to benefit the project. Additionally, THS identified geographic areas with the most significant deficit of access to SUD treatment intervention services and supportive resources. This process included determining demographic populations experiencing high needs or behavioral health disparities, identifying opportunities for expansion of established services and cross-system collaboration, duplication of efforts, and resource gaps.

Additionally, THS synthesized information from previously conducted community assessments, such as from the Marathon County Health Department, local hospitals or federally qualified health centers, and the Wisconsin Department of Health Services. Also, THS obtained an analysis of current and historical data from the Marathon County officials supporting this project. THS made a concerted effort to obtain additional qualitative information through key informant interviews with Marathon County representatives ranging from school district officials, law enforcement, treatment providers, social services, non-profit organizations, and a person with first-hand lived and living experience with SUD.

THS addressed the remediation of the above-identified needs by identifying robust evidence-based programming, including population-specific interventions or outreach strategies, addressing the inclusion of the development of multi-functional infrastructure and mobile units and/or the lack of programmatic implementation, and addressing utilization of approved opioid abatement strategies outlined by the Wisconsin Local Government Memorandum of Understanding.

THS used a mixed methods approach, including secondary quantitative data collection and analysis from existing, publicly available state and local data and reports and qualitative data collection through a series of multiple key informant interviews.

This work culminated in the development of this report, which includes a needs assessment and recommendations for Marathon County to address identified needs.

Data Sources

THS pursued all publicly available data sets and reports at the local and state levels (and national if appropriate and/or necessary) that focused on behavioral health, social determinants of health, geographical regions, and specific subpopulations.

The data sets included:

- American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Medicare & Medicaid Services (CMS)
- Health Resources & Services Administration (HRSA)
- Marathon County Pulse
- Marathon County Youth Behavior Risk Survey
- National Center for Education Statistics: Common Core of Data (CCD)
- National Institute of Mental Health (NIMH)
- National Substance Use and Mental Health Services Survey (N-SUMHSS)
- National Vital Statistics System-Mortality (NVSS-M)
- PLACES (Centers for Disease Control and Prevention)
- Redfin Data Center
- US Department of Housing and Urban Development (HUD)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Wisconsin Department of Health Services

The reports included:

- 2019-2021 LIFE Report by Marathon County
- 2021 Community Needs Assessment by Marshfield Health
- 2022-2024 LIFE Report by Marathon County
- 2022-2025 Community Needs Health Assessments by Aspirus Health

Key Informant Interviews

THS conducted a total of fourteen key informant interviews with representatives of various sectors and systems, including:

- Public health departments and agencies
- Criminal justice departments and agencies
- Behavioral health and other health care organizations
- Behavioral health providers (clinicians and psychologists)
- Community-based organizations (Hmong American Association and Health Opportunities for Latin Americans (H2N and HOLA))
- Social and human services
- Education department and agencies (school superintendents and school counselors)
- County administrators
- Law enforcement (Police Department Chief, Marathon County Sheriff)
- A person with lived experience

Limitations to Data

Several limitations may have impacted THS' data analysis. THS used publicly available data for secondary analysis. While THS sought the most current data, some datasets may have been outdated, reducing reliability or leading to potential information gaps. Privacy concerns further restricted access to other sensitive data. In other instances, data was not available. For example, statistics on the peer workforce in Marathon County would have been helpful but were not publicly available or tracked locally.

Additionally, the COVID-19 pandemic significantly impacted data reporting and collection between 2019 and 2021, introducing challenges that may have affected the reliability of the findings. During the pandemic, many data collection efforts were disrupted, leading to delays, reduced sample sizes, and inconsistencies in data quality. Public health measures, such as social distancing and limited face-to-face interactions, altered the usual methods of gathering information, potentially introducing biases or gaps in the data. Also, during the pandemic, many outpatient services were disrupted or shifted to telehealth, and the focus on managing COVID-19 cases may have diverted resources from regular outpatient services, leading to a significant reduction in in-person visits. This shift may have resulted in underreporting of outpatient services, overdose rates, mortality due to substance consumption rates, and other referral data, as some patients may have delayed or foregone care entirely. These factors could have resulted in data accuracy and completeness variations, complicating the analysis and interpretation of trends over time. For the mixed methods approach, particularly key informant interviews, challenges included potential biases in responses, limited generalizability due to the subjective nature of qualitative data, and challenges in integrating quantitative and qualitative findings.

THS determined that the best source of data on youth in Marathon County was the Youth Behavior Risk Survey. The survey only polls high school-aged youth, whereas state and national data used for comparison represent all individuals under 18. While there is a difference between populations, the difference is not severe enough to omit analysis.

QUANTITATIVE DATA – SECONDARY DATA ANALYSIS

Root Cause Analysis

Substance use, misuse, and addiction—encompassing alcohol and other drugs—arise from a complex mix of social, psychological, environmental, and genetic factors. Individuals who have faced physical, emotional, or sexual abuse may be at a heightened risk of developing alcohol use disorders. The 2024 State of Mental Health America revealed that 17.82 percent of U.S. adults, representing over 45 million people (about twice the population of New York), had an SUD in the past year.[4] Alarmingly, 77 percent of these individuals did not receive treatment. There has been a 130 percent increase in overdose deaths from 2015 to 2022. Substance use, including alcohol, prescription medications, and illicit drugs, also remains a significant issue in rural communities. The opioid crisis has led to high rates of opioid use disorder and overdose deaths, compounded by limited access to treatment and recovery services. percent of U.S. adults, representing over 45 million people, had an SUD in the past year. There has been a 130 percent increase in overdose deaths from 2015 to 2022.[5] The demand for behavioral health services has significantly increased, also partly due to the COVID-19 pandemic and the rising prevalence of behavioral health conditions such as anxiety, depression, SUD, and bipolar disorder. Since 2019, there have been notable increases in visit volumes for eating disorders (52.6 percent), anxiety (47.9 percent), alcohol and SUD (27.4 percent), depression (24.4 percent), and bipolar disorder (12.2 percent).[6] The treatment rate for major depressive episodes among adolescents rose from 41 percent in 2021 to 57 percent in 2022.[7]

In 2023, 55 percent of adults with a mental illness did not receive any treatment, representing over 28 million people (about the population of Texas).[8] In Wisconsin, there were almost 77 percent of adults with SUD who needed but did not receive treatment. In addition, in Wisconsin, there are 420 individuals for every mental health provider, which is generally higher than the national average (about 340:1).[9] This significant gap underscores the urgent need for more trained professionals and enhanced support for existing providers. The unmet needs in behavioral health are closely tied to social determinants of health and barriers to care, which impede individuals' access to necessary services.

THS compiled data on several contributing factors and other barriers that impact substance use challenges within Marathon County.

Social Drivers of Health

Social drivers of health, such as economic instability, access to housing, access to food, job loss, and financial stress, have intensified substance use. For example, although the housing cost burden is lower in Marathon County and the surrounding counties compared to Wisconsin and the United States, 22 percent of Marathon County households are cost-burdened regarding housing (see Figure 2). Households spending more than 30 percent of their income on housing are considered cost-burdened.[10] The data includes both renters and owners. For renters, costs include any utilities or fees that the renter must pay but do not include insurance or building fees. The final metric in this category, internet access, shows that there are households with access, such as Wisconsin and Marathon County.[11] However, the contiguous counties have about six percent fewer households with internet access than those geographies. There is a similarly low number of individuals in all three geographies with Housing Choice vouchers.[12] Although fewer households use Housing Choice vouchers in Marathon County than in the United States, use is about the same between Marathon County and Wisconsin. The contiguous counties use them less than all geographies.

The percentage of individuals with the Supplemental Nutrition Assistance Program (SNAP) is similar across the four geographies (see Figure 3).[13] For youth with free school lunch eligibility, the three Wisconsin geographies are nearly identical, around 86 percent. However, only 69 percent of youth are eligible for free school lunch across the United States.[14] The low food access metric is much lower in Marathon County and the surrounding counties (47 percent compared to 36 and 34 percent, respectively).[15] It is defined as the percentage of residents with low access to food, defined solely by distance: more than a half mile from the nearest supermarket in an urban area or more than 10 miles in a rural area. A reasonable assumption is that more individuals live in rural areas in Marathon County and the surrounding counties than the average across Wisconsin.

Marathon County and surrounding counties' median household income is lower than that of Wisconsin and the United States (see Figure 4).[16] Although Marathon County is within a few percent of Wisconsin's median household

Figure 2: Housing

	Marathon	Contiguous County Mean	Wisconsin	United States
Housing cost burden	22%	21%	27%	31%
Internet access	94%	87%	93%	94%
Housing Choice Vouchers	5%	3%	5%	7%

Figure 3: Food

	Marathon	Contiguous County Mean	Wisconsin	United States
Food stamps (SNAP)	11%	10%	12%	12%
Free school lunch eligibility	85%	86%	88%	69%
Low food access	36%	34%	47%	50%

Figure 4: Financial

	Marathon	Contiguous County Mean	Wisconsin	United States
Median household income	$63,946	$58,723	$65,098	$68,545
Poverty rate	12%	10%	11%	13%

Figure 5: Health Insurance

	Marathon	Contiguous County Mean	Wisconsin	United States
Private health insurance	73%	71%	73%	67%
Medicare coverage	21%	22%	20%	19%
Medicaid coverage	18%	19%	18%	21%
Uninsured rate	6%	8%	5%	8%

income, it is close to ten percent less than the national average. There is less discrepancy regarding the poverty rate or the percentage of individuals who make less than the Federal Poverty Level (FPL).[17]

The percentage of individuals with private insurance across the three Wisconsin geographies is similar (see Figure 5). However, the same figure for the United States is about six percent less than Marathon County. There is less difference across all geographies for Medicare, Medicaid, and the uninsured population. Broadly, there are slightly fewer individuals with Medicaid or no insurance in Marathon County compared to national data.[18]

As a dominant payer of behavioral health services, Medicaid can be a gateway to expand access to a range of behavioral health services, including treatment for SUD.[19] Wisconsin is one of ten states that did not expand Medicaid under the Affordable Care Act. Original Medicaid coverage in the state was limited to people who are blind, disabled, or older than 65.[20] However, the state implemented BadgerCarePlus through an 1115 waiver to cover certain populations, including pregnant women and children with household incomes up to 300 percent of poverty and adults earning up to 100 percent of poverty.[21] The waiver includes a SUD program that expands the benefits package to cover short-term residential services in facilities that qualify as "institutions for mental diseases" for all Medicaid enrollees. THS did not do a comprehensive analysis of how BadgerCarePlus compares with Medicaid expansion in terms of impact on people with SUD. This may warrant further investigation by Marathon County.

Service Gaps and Barriers to Treatment

Despite the growing demand for behavioral health services, there is a significant shortage of behavioral health professionals, leading to longer wait times and limited availability of services. According to April 2024 data released by the Health Resources and Services Administration (HRSA), over 50 percent of the U.S. population lives in a behavioral health workforce shortage area.[22] In Wisconsin, there are 420 individuals for every mental health provider, which is generally higher than the national average (about 340:1).[23] Rural counties, like Marathon County, are more likely than their urban counterparts to lack behavioral health providers and see more behavioral health services administered by primary care providers due to lack of access. This shortage is exacerbated by the difficulty in attracting and retaining health care professionals in these regions due to limited professional support, fewer educational and career advancement opportunities, and the rural lifestyle that may appeal to few practitioners.[24] Geographic isolation, limited transportation, and a lack of health care providers make accessing specialized SUD prevention, treatment, and recovery services challenging. Rural and remote areas

often experience difficulties due to fewer providers and greater distances to travel for care. Many residents must travel long distances to access services, which poses a significant barrier, particularly in the harsh weather conditions common in the Midwest.

In 2024, there were about 50 licensed clinical social workers per capita in Marathon County (see Figure 6). That is about 30 percent less than in Wisconsin, which has about 70 percent per capita.[25]

There are nearly 30 psychiatrists per capita in the United States and about 20 in Wisconsin (see Figure 7). However, there are about 18 per capita in Marathon County and only about three per capita in the contiguous counties.[26]

Marathon County has about triple, and the contiguous counties have about five times the number of MH facilities per capita compared to Wisconsin (see Figure 8). Facilities are included if they responded to the 2022 National Substance Use and Mental Health Services Survey (N-SUMHSS). Federal, state, and local government and private facilities providing mental health treatment services were eligible.[27]

There are many more SUD treatment facilities per capita in Marathon County (seven) and the contiguous counties (14) than in Wisconsin (four) (see Figure 9). Facilities are included if they are licensed, certified, or otherwise approved by their state substance use agencies and responded to the 2022 National Substance Use and Mental Health Services Survey (N-SUMHSS). Federal, state, and local government and private facilities providing substance use treatment services were eligible.[28]

Figure 6: Licensed Clinical Social Workers Per Capita, 2024

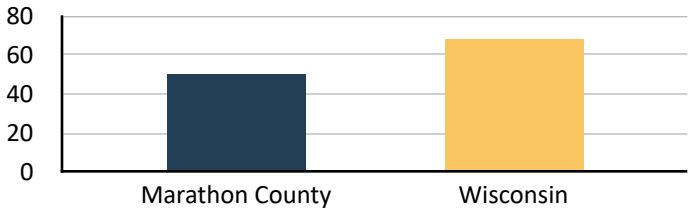


Figure 7: Psychiatrists Per Capita, 2023

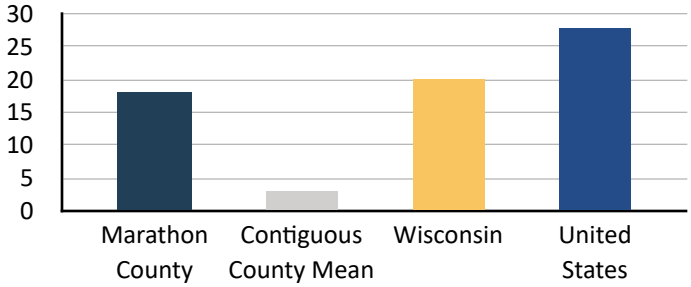


Figure 8: Mental Health Treatment Facilities Per Capita, 2023

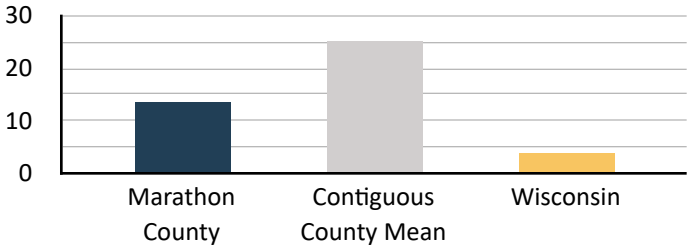
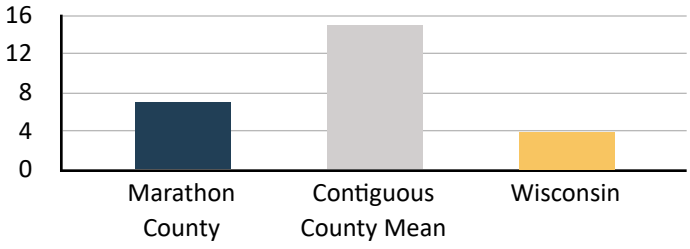


Figure 9: Substance Use Treatment Facilities Per Capita, 2024



Marathon County relies on three resources for SUD treatment: North Central Health Care, Bridge Community Health Clinic, and the Wausau Comprehensive Treatment Center (see Figure 10).

Figure 10: Marathon County SUD Treatment Resources

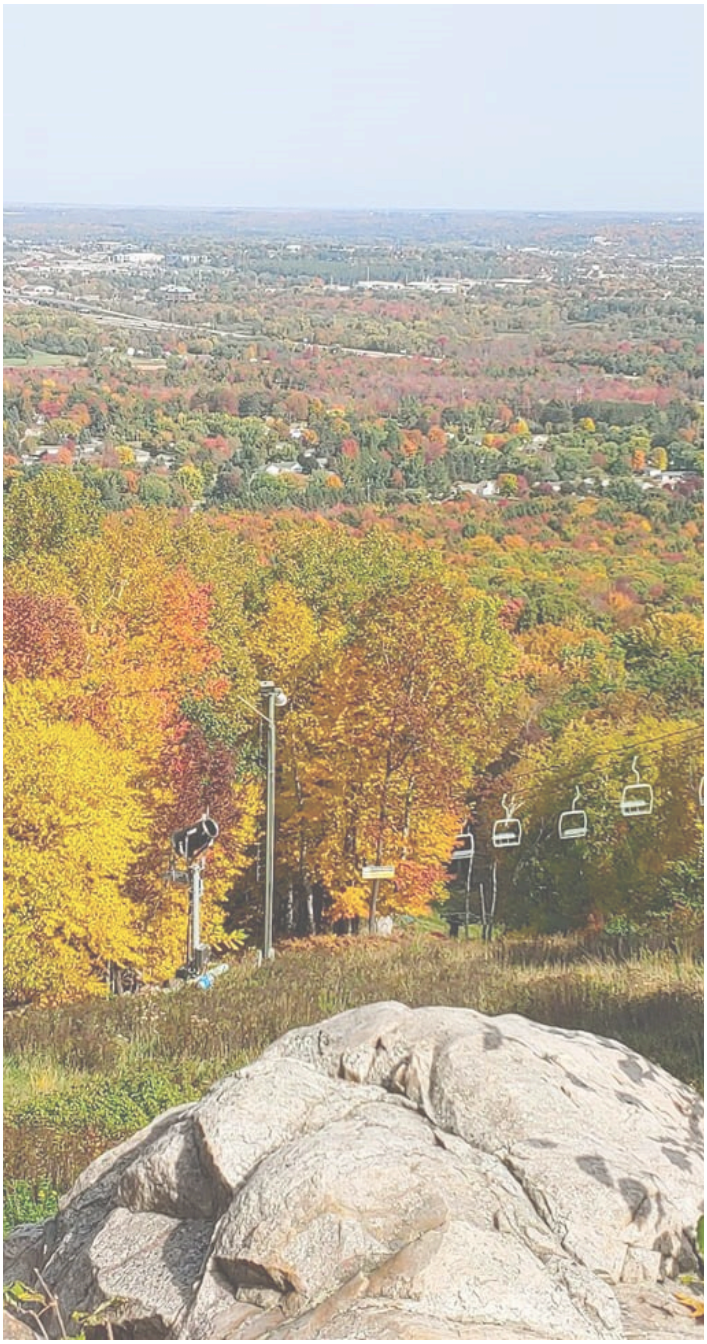
Name	Services Category	Service Gaps
North Central Health Care	Counseling and therapy (including group), intensive outpatient program (IOP), assessment services, and recovery housing.	Detox, Partial Hospitalization Program (PHP)
Bridge Community Health Clinic	Individual and family counseling, group therapy, school-based counseling services, psychological testing, psychological medication management, alcohol and drug counseling, domestic violence prevention and support programs, and referrals to specialists	Residential Treatment (RTC), Detox, PHP, IOP, Recovery Housing
Wausau Comprehensive Treatment Center	Methadone, Buprenorphine, Naltrexone maintenance, and counseling	Detox, RTC, PHP, IOP

Key Indicators of SUD

To understand how Marathon County's substance and opioid use needs compare to other areas, THS collected and analyzed publicly available data for four geographical regions when available: Marathon County, the contiguous county average, the state of Wisconsin, and the United States. The contiguous county average takes the average of the seven counties that share a border with Marathon County. Those counties are Clark, Langlade, Lincoln, Portage, Shawano, Taylor, and Wood. These averages aim to compare locally across the various data points rather than only comparing Marathon County data to state or national data. All charts in this section show data on Marathon County and Wisconsin. When possible, contiguous county averages and national data are included. Each geography is represented by the following colors: Marathon County (navy blue), contiguous counties (grey), Wisconsin (yellow), and United States (royal blue).

THS found that youth had high rates of alcohol use and mental health concerns. When compared to youth across Wisconsin and the United States, high school-aged youth in Marathon County were much more likely to have drunk more than a sip of alcohol before the age of 13. High schoolers were also much less likely to have used Marijuana or taken prescription medicine that was not theirs in Marathon County compared to Wisconsin and national data. Regarding mental health, data from youth surveyed in Marathon County were commensurate with state and national data. However, the percentage of youth answering yes to self-harm, suicide ideation, and suicide attempts increased between 2015 and 2021. Also, youth who identify as LGTBQ+ were significantly more likely to report poor mental health across all questions compared to youth who did not.

THS also found that adults have high rates of alcohol use and increasing concerns about opioid use. Marathon County had slightly higher percentages of residents who reported binge or excessive drinking compared to contiguous counties and state data. However, for both data points, Marathon County was about seven percent higher than national data, a key concern regarding SUD in the County. There are fewer ED visits because of opioids per capita in Marathon County than in the state. However, the rate of change for the County in ED visits due to opioid overdoses from 2018 to 2022 was just over 100 percent, while the rate of change in the contiguous counties was 62 percent and in Wisconsin three percent. However, the rate at which both data points are increasing in Marathon County is much higher than that for the contiguous counties and Wisconsin. Similarly, Marathon County had a much higher rate of change from 2018 to 2022 in opioid overdose mortalities compared to contiguous counties and Wisconsin, even though the number of mortalities per capita was less than the state. Marathon County experienced a 214 percent increase, while the contiguous counties average was a 97 percent increase, and Wisconsin had a 72 percent increase.



Youth Substance Use

The number of high school students who said they drank before age 13 doubled from 2015 and 2017 to 2019 and 2021 (about 15 to 30 percent) (see Figure 11). Wisconsin 2021 data is about 15 percent, much lower than Marathon County. The most recent U.S. data was from 2017, which mirrors 2017 Marathon County data. Over 50 percent of ninth graders surveyed answered yes, they had drunk alcohol before age 13 (not shown in Figure 11).[29]

The trend of drinking data among high school students in the last 30 days has been relatively steady, with an increase from 2017 to 2019 and a sharper-than-average decrease from 2019 to 2021 (see Figure 12). Wisconsin and U.S. 2021 data are both higher than the Marathon County percentage, albeit comparable. Over 30 percent of 12th graders surveyed drank in the last 30 days (not shown in Figure 12).[30]

Data among youth in Marathon County between 2015 and 2021 is consistent with the 2017 U.S. percentage (see Figure 13). However, the average during that time is just higher than the 2021 Wisconsin data. Eleventh and twelfth graders were more likely to binge drink than ninth and tenth graders (not shown in Figure 13).[31]

There are much fewer students reporting ever smoking marijuana in Marathon County than in Wisconsin or the United States (see Figure 14). Eleventh and twelfth graders were more likely to have ever used marijuana than ninth and tenth graders. Youth identifying as Latinx or "other" race/ethnicity were much more likely than Asian or White youth, and LGBTQ+ were much more likely than those not identifying as LGBTQ+ (not shown in Figure 14).[32]

In 2017, Marathon County high schoolers who had tried prescription drugs without a prescription were comparable to the Wisconsin and U.S. 2021 numbers (see Figure 15). However, there has been a steady decline in Marathon County data, resulting in a 2021 figure of about six percent less than the other geographies. Latinx or "other" race/ethnicity were much more likely than Asian or White. LGBTQ+ were more likely (not shown in Figure 15).[33]

Figure 11: Drank Alcohol Before Age 13

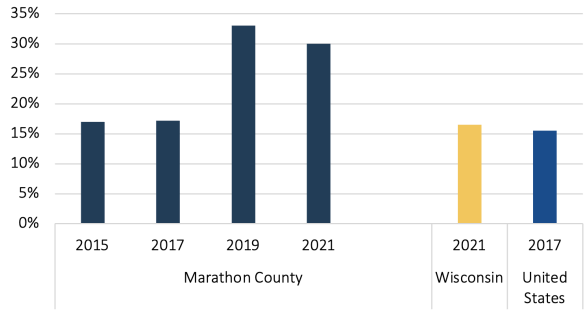


Figure 12: Drank Alcohol in the Past 30 Days

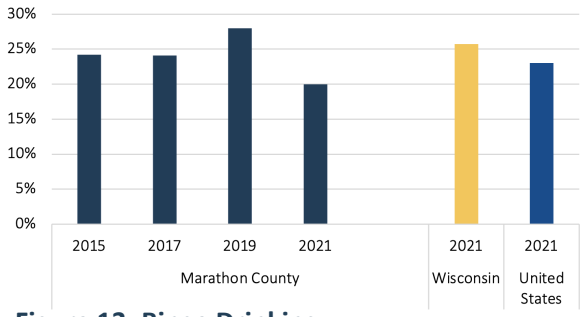


Figure 13: Binge Drinking

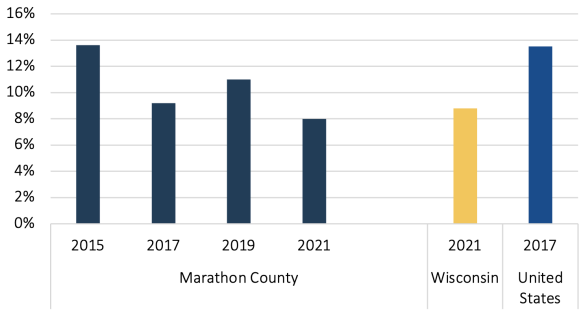


Figure 14: Ever Used Marijuana

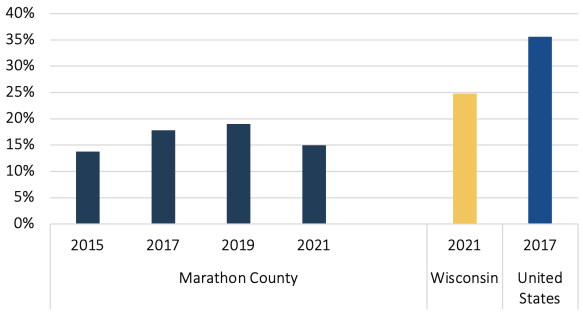
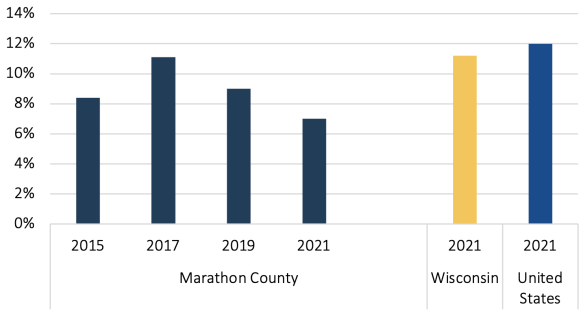


Figure 15: Ever Used Prescription Drugs without a Prescription



Adult Substance Use

The rate at which adults binge drink in Wisconsin, Marathon County, and contiguous counties is much higher than the United States rate (see Figure 16). Marathon County has the highest rate among the geographies at just over 25 percent.[34]

Like binge drinking, the United States was much lower than the other geographies researched (see Figure 17). The contiguous counties scored slightly lower in this question than in binge drinking, while Wisconsin and Marathon County stayed around 25 percent, with Marathon County showing the highest rates of binge drinking for adults.[35]

Drug overdose mortalities per capita in 2022 were higher in the United States and Wisconsin than in Marathon County or the contiguous counties (see Figure 18). The former had about 32, Marathon County had about 23, and the contiguous counties had about 14.[36]

The rate of opioid deaths per capita has steadily increased between 2018 and 2022 in Marathon County and Wisconsin (see Figure 19). The rate of opioid mortalities for contiguous counties increased until 2021 when there was a significant decrease. Broadly, Wisconsin had a higher per capita rate of opioid deaths than Marathon County between 2018 and 2022.[37]

While Marathon County had fewer opioid mortalities per capita than other counties, it saw a much greater rate of change from 2018 to 2022 than contiguous counties or Wisconsin (see Figure 20).[38]

In Marathon County, the rate of ED hospitalizations for opioid overdoses per capita steadily increased between 2018 and 2022 compared to other counties (see Figure 21). However, Marathon County and the surrounding counties have much lower per capita rates than Wisconsin.[39]

Between 2018 and 2022, there was more than a 100 percent increase in the rate of change in ED hospitalization for opioid overdoses in Marathon County, which is much higher than in other geographies (see Figure 22).[40]

Alcohol-related mortalities in Marathon County were much higher than in any of the other geographies (see Figure 23). There were nearly 30 per capita in 2022, while the other geographies had between 14 and 18.[41]

Figure 16: Binge Drinking, 2021

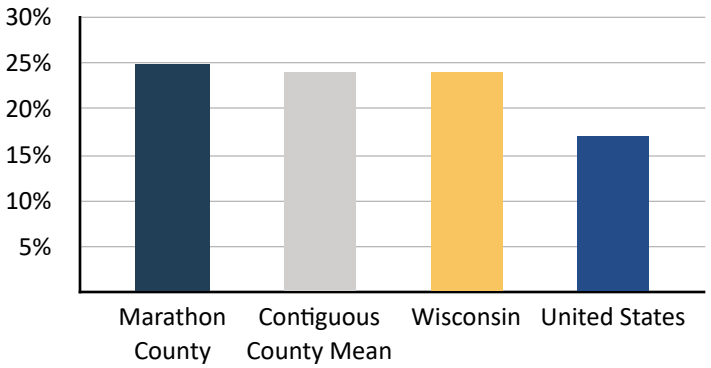


Figure 17: Excessive Drinking, 2021

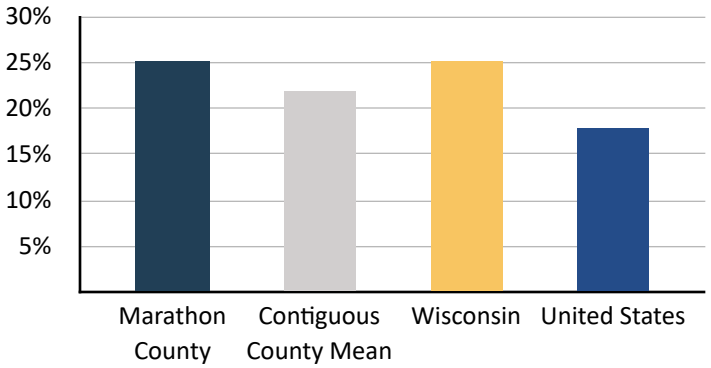


Figure 18: Drug Overdose Mortality Per Capita, 2022

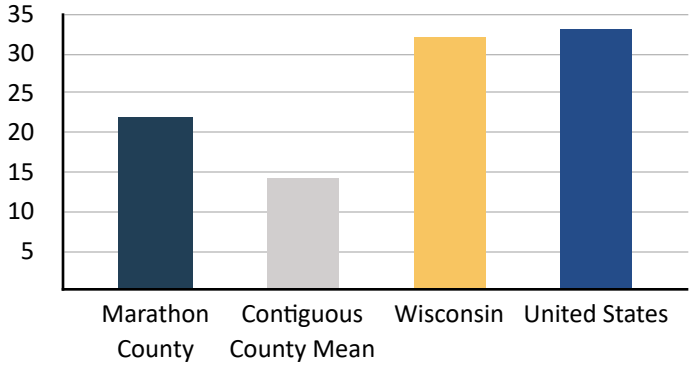


Figure 19: Rate of Opioid Deaths Per Capita

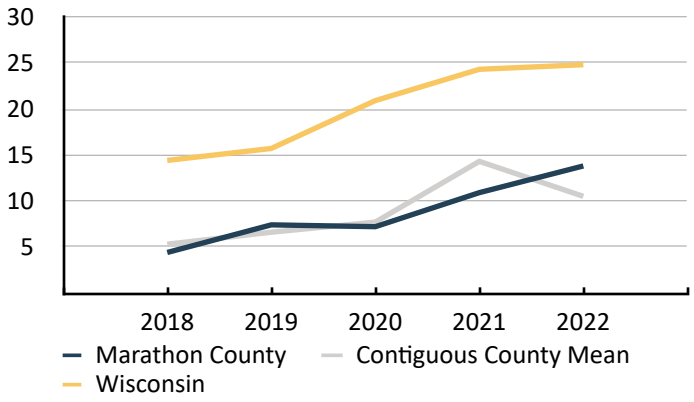


Figure 20: Rate of Change in Opioid Deaths Per Capita (Percent Change, 2018-2022)

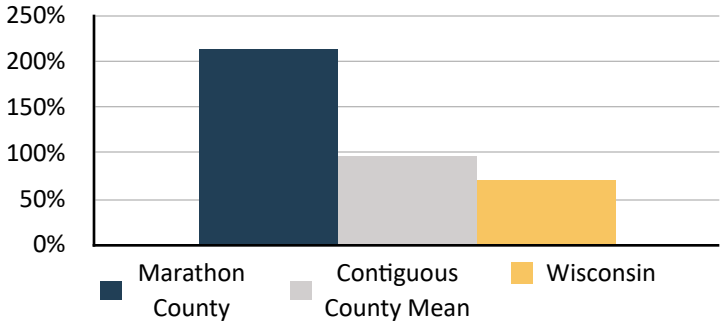


Figure 21: Rate of ED Hospitalizations for Opioid Overdoses Per Capita

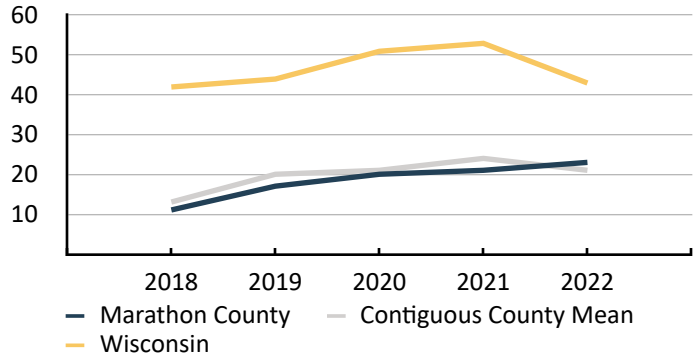


Figure 22: Rate of Change in ED Visits for Opioid Overdoses Per Capita (Percent Change, 2018-2022)

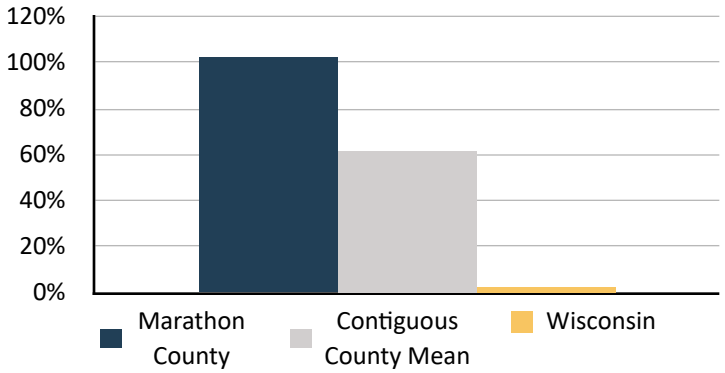
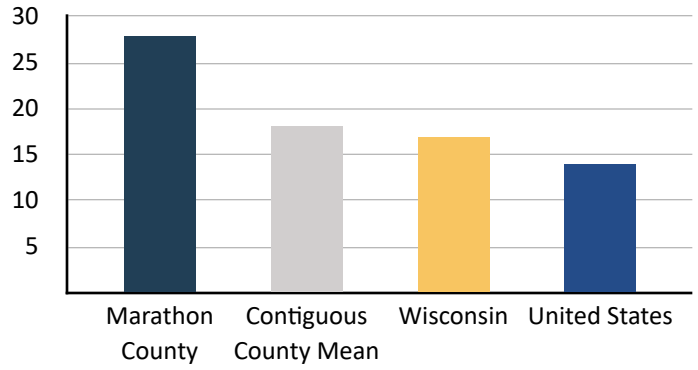


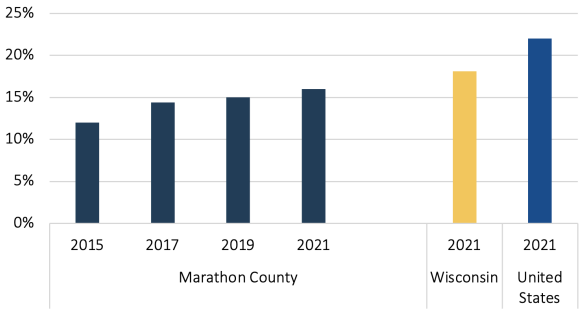
Figure 23: Alcohol-Related Mortality Per Capita, 2022



Youth Mental Health

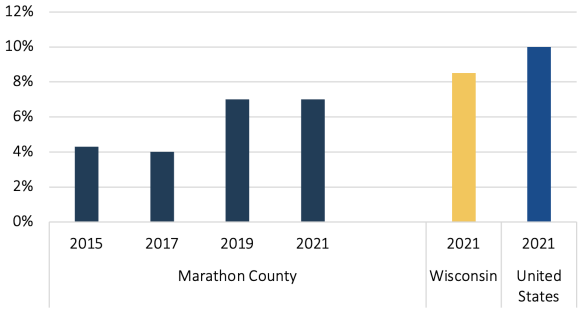
There has been a steady increase in suicide ideation in Marathon County between 2015 and 2021 (see Figure 25). However, the Wisconsin and United States 2021 figures were both higher. Females (22 percent) were twice as likely as males (11 percent) to have considered suicide. Youth identifying as LGBTQ+ were much more likely (42 to 11 percent) than those who did not (not shown in Figure 25).[42]

Figure 25: Considered Suicide



Marathon County suicide attempts among youth were less by percentage in 2021 than in Wisconsin and the United States (see Figure 26). Females were more than twice as likely to report attempted suicide as males (9 to 4 percent). 15 percent of Latinx youth reported attempted suicide, which is six percent more than the next highest group. 18 percent of LGBTQ+ youth attempted suicide, compared to only four percent of those who did not identify as LGBTQ+ (not shown in Figure 26).[43]

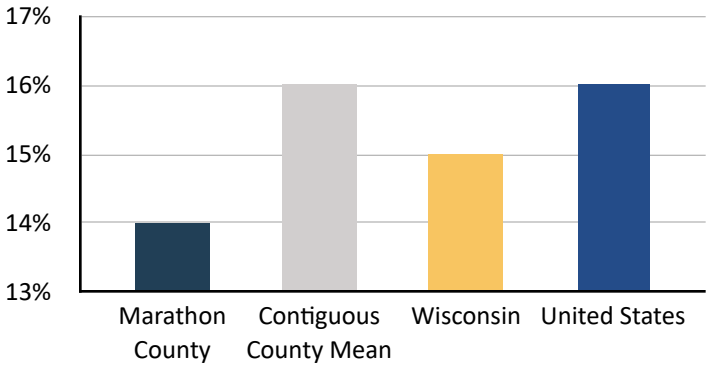
Figure 26: Attempted Suicide



Adult Mental Health

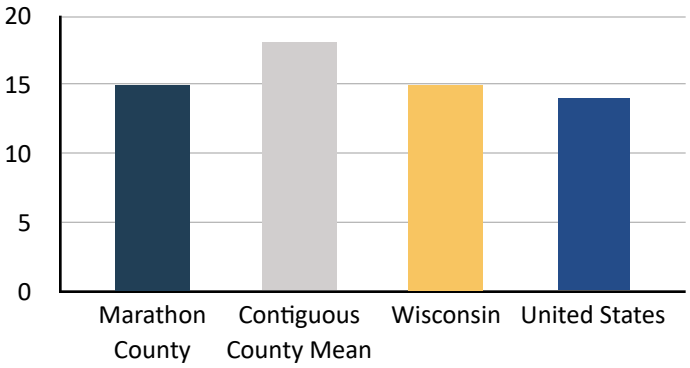
Poor self-reported MH among adults in 2021 was relatively similar among all geographies (see Figure 27). Wisconsin and Marathon County had slightly fewer individuals reporting poor MH than the United States and the contiguous counties.[44]

Figure 27: Poor Self-Reported Mental Health, 2021



The contiguous counties had the most suicide mortalities per capita compared to the other geographies, with just over 18 (see Figure 28). The other geographies were around 14.[45]

Figure 28: Suicide Mortality Per Capita, 2022



QUALITATIVE DATA ANALYSIS

Key Informant Interviews

THS conducted fourteen key informant interviews to better understand the current landscape and incorporate community voices from various sectors. These included school districts, public health, criminal justice, local clinics and health care/specialty SUD providers, local community-based organizations, social services, local county administrators, advocacy organizations, and individuals with lived experience. The interview guide included questions on the current service landscape, significant care gaps, and access barriers, including specific subpopulations, root causes, areas for improvement, and specific recommendations. (See appendix for interview guide).

THS identified the following common themes and insights from the interviews.

Areas of Success and Ongoing Initiatives

One common theme among the stakeholders was that there are some notable areas of success in Marathon County in addressing SUD.

Several participants noted that North Central Healthcare and Lakeside Recovery are instrumental in providing treatment, prevention, and recovery services across Marathon County. Stakeholders representing the criminal justice system shared that a crisis response team and case managers/therapists and psychiatrists are available within the prison system. With the creation of the Marathon County Alcohol and Other Drug Partnership Council (AOD) with backbone support from the Marathon County Health Department and its subsequent guidance, the county implemented and improved best practices around prescribing. For example, Marathon County Public Health and the Marathon County Department of Solid Waste partnered with the Marathon County AOD by placing drop boxes for unused medication around Wausau and observing a general decline in prescribing opioids has led to meaningful outcomes, including a reduction of unused opioid medication being diverted for illicit use.

Various community-based initiatives and successful approaches were highlighted during the interviews, including the following:

HOLA (Healthy Opportunities for Latin Americans) is a 501(c)(3) tax-exempt organization dedicated to serving the Latinx community across an eight-county region in central Wisconsin.[46] It is crucial in enhancing access to health care, community services, and legal resources. Its mission is to promote economic advancement and civic engagement for workers and families from Latin American countries. Representatives from HOLA indicated that enhancing service capacity and having sustainable funding to keep their program afloat has been a persistent challenge.

The **"Raise Your Voice"** program by the **National Alliance on Mental Illness (NAMI) Wisconsin** is designed to empower young adults to become MH advocates within their communities.[47] The program educates participants on MH issues, stigma reduction, and advocacy skills, enabling them to raise awareness and promote mental wellness. Fostering a supportive environment encourages open conversations about MH, which helps reduce stigma and connects individuals to resources. However, the program faces challenges such as limited funding, which can restrict its reach and the ability to provide ongoing support and training for participants. Additionally, overcoming societal stigma remains a significant hurdle in engaging communities and ensuring long-term impact.

The **Hmong and Hispanic Communication Network (H2N)** partners with public health agencies, health care systems, resource organizations, and community groups to equip Hmong and Hispanic communities with the resources and tools they need to enhance health outcomes.[48] Additionally, H2N actively invites community members to voice their concerns and ideas, helping the organization to better understand and meet their needs.

The participants also highlighted the current **deflection and diversion approaches** as ongoing success in

redirecting individuals away from the criminal justice system and towards appropriate treatment and support services.[49] These programs aim to address underlying issues such as SUD and MH concerns by offering alternatives to legal intervention potentially leading to incarceration. This includes SUD initiatives like pre-arrest diversion programs, which provide treatment referrals rather than arresting individuals, and court diversion programs that connect offenders with services designed to address their needs and reduce recidivism. These approaches have improved outcomes for individuals and the burden on the criminal justice system by fostering rehabilitation and supporting recovery. Marathon County also has "The Marathon County Treatment Court," which functions as a specialized drug court designed to provide an alternative to traditional criminal justice processes for qualifying individuals with SUD. This program offers participants a structured path to recovery through intensive supervision, regular court appearances, and mandatory treatment. The goal is to address the underlying issues related to substance use, reduce recidivism, and support successful reintegration into the community.

The **CART (Crisis Assessment and Response Team)** program, which was developed in 2018, was formed in partnership with the Marathon County Sheriff's Office and North Central Health Care (NCHC).[50] This program is designed to address MH crises and substance use issues by providing immediate, specialized support. In Marathon County, the CART program typically involves a collaborative approach where law enforcement officers, MH professionals, and other community resources work together to respond to individuals in crisis. The team assesses the situation, offers on-the-spot intervention, and connects individuals with appropriate treatment and support services. This program aims to de-escalate crises, reduce the need for ED visits or arrests, and ensure that individuals receive the necessary care and follow-up services.

> *The CART program has reduced hospitalizations and lowered the number of out-of-county transports law enforcement officers must make.*
>
> – Key Informant

Service Gaps and Barriers to Care

Another common theme identified by THS from the interviews is that Marathon County lacks a robust continuum of care. Participants described that the county has limited treatment options and case management services. Even though there are three major resources that Marathon County relies on for substance use treatment, participants described notable service gaps that THS also determined through quantitative data analysis, indicating insufficient access to treatment. Certain critical services may also be unavailable at the right time—particularly underscoring the lack of services for detoxification (particularly for alcohol) and withdrawal management, and the limited availability of residential treatment, outpatient care, or recovery support. Enhanced continuity of care would include a seamless ability for individuals to transition from more restrictive to less restrictive levels of care more fluidly, allowing for individuals to receive the right level of care at the right time in the right place.

Several participants mentioned there are geographic barriers to care, specifically for rural, low-income, and other disproportionately impacted communities. They mentioned that the lack of sustainable funding models impacts providers' capacity to address gaps in prevention, treatment, and recovery services, especially in rural areas. Access to reliable transportation, childcare, and housing facilities for these communities further impacts service access. One provider shared that while recovery housing is available, they often have stringent regulations and requirements. Several participants also underscored that a lack of access to childcare may significantly impede an individual's choice to seek and access care.

Participants also noted that a current lack of culturally and linguistically responsive services and trauma-informed programming may fail to address the underlying issues that contribute to worsening behavioral health issues faced by various disproportionately impacted communities, further reducing the effectiveness of care and widening the service gap. Expansion and implementation of these services would aid in reducing

stigma around treatment for SUD in some of these communities as well.

Workforce and Staffing

Key informants identified behavioral health workforce shortages as a significant barrier to care. Nationwide, there is a behavioral health workforce shortage that impacts the ability of communities to address the rising opioid overdose and SUD concerns. As illustrated in the quantitative data analysis section, THS found notable shortages in Marathon County. For example, in 2024, there were about 50 licensed clinical social workers per capita in Marathon County, which is about 30 percent less than in Wisconsin, which has about 70 percent per capita. Participants noted that a shortage of qualified MH professionals, including counselors, social workers, psychiatrists, recovery coaches and peer support professionals, and addiction specialists, has led to longer wait times for services, reduced access to care, and increased pressure on existing providers. This gap in workforce capacity hinders the timely and comprehensive treatment of individuals with SUD, exacerbating the challenges of combating the opioid crisis. As noted by the participants, the current workforce shortage results from numerous factors, such as lack of accessible quality education, inadequate compensation, secondary trauma and burnout, and burdensome and siloed licensing procedures.

There was consensus among the stakeholders interviewed that there is a notable lack of adequate training in SUD for professionals in Marathon County and the state overall. Several key informant interviewees mentioned that many health care providers and social workers in the region report feeling underprepared to handle the complexities of addiction, leading to inconsistent care and missed opportunities for early intervention and prevention. Additionally, there are separate licensing and certification processes for MH and SUD, and most clinicians have one or the other but not both. This poses a major barrier to providing adequate and streamlined services to individuals present with co-occurring MH and SUD. Moreover, most educational and training programs are in major metropolitan areas that fail to serve the needs of professionals situated in rural or Health Professional Shortage Areas. The cost of commuting or relocation and prohibitive educational and training costs have further increased barriers to education for professionals.

Participants shared that potential solutions to expanding the current workforce pipeline include utilizing peer recovery support and recovery coaches, expanding training and education opportunities, creating regional training hubs, incentivizing the workforce through mechanisms such as enhanced reimbursement, streamlining licensing procedures, and reducing administrative burdens.

> *The workforce is a significant system barrier, from prevention to recovery. More emphasis must be placed on growing talent locally through higher-education institutions and partnerships.*
>
> – Key Informant

Local Norms and Community-Based Insights

According to many stakeholders, Wisconsin has a deeply ingrained culture of alcohol consumption and the use of opioids and methamphetamines. This cultural norm contributes to the state's high rates of alcohol use, binge drinking, and other substance-related health issues, posing significant public health challenges. Additionally, the stigma associated with behavioral health disorders can deter individuals from seeking care, with cultural beliefs and attitudes towards MH varying, affecting willingness to access services. There is often a higher level of stigma associated with seeking behavioral health services in rural communities. Tight-knit communities and cultural attitudes towards MH can discourage individuals from seeking help. Several stakeholders highlighted that community awareness is key in addressing SUD care and treatment. While the community has come a long way in understanding some SUD-related issues, there is still a stigma remaining around treatment. All too often, SUD is treated as a moral failing rather than a chronic health care condition, leading to inadequate pathways to treatment and services. This points to the need for continued public education about SUD with a public health lens.

Disproportionately Impacted Populations

Another common theme among the participants was concerns that challenges with accessing SUD services

disproportionately impact certain subpopulations. For example, undocumented individuals might be reluctant to seek treatment due to their immigration status. Some participants also underscored that a lack of linguistically and culturally responsive treatment programs makes it difficult for certain populations, including refugees, non-English speakers, people whose incomes are below the federal poverty threshold, and communities of color, to receive needed services.

School-based Populations

Representatives from the Wausau School District reported a rise in vaping and other substance use among students across various school populations. They highlighted significant challenges in providing comprehensive services, noting that while youth are increasingly informed about substance use and have greater access to healthier lifestyle options, there is currently no standardized response system in place for critical incidents related to SUD in schools. Additionally, youth crisis stabilization facilities have difficulty meeting the needs of high-acuity cases due to limited resources and clinical triage decisions. These issues are particularly pressing for students from refugee and other disproportionately impacted communities (Hmong and Latinx), who may face barriers in accessing culturally responsive services. The representatives expressed growing concern about the increase in substance use among Latinx and LGBTQ+ youth, pointing out that the lack of culturally responsive and bilingual services is a major obstacle to effectively supporting these students. Additionally, they emphasized that the COVID-19 pandemic exacerbated the situation by increasing stress, isolation, and disruptions in daily routines, which contributed to higher levels of substance use among students. The shift to remote learning and school closures significantly reduced access to essential support systems, such as school counselors and peer groups, making it more difficult to prevent and address substance use. The representatives recommended implementing more preventive, educational, and low-barrier life-saving approaches and more agile cross-system collaborations to enhance the effectiveness of SUD interventions, prevention, and recovery efforts.

Justice Impacted Populations

According to participants, while there are services available for justice-impacted populations within the prison system, there may not be enough options in the community for housing, peer recovery, case management services, or access to affordable services upon release. For example, individuals who get treatment may not always have access to an intermediary helping them navigate between resources and services, particularly after leaving the carceral system, including arrest, jail, and prison.

Hmong Community

As noted by key informants, the Hmong community is significant in Marathon County, particularly in Wausau, which has one of the largest Hmong populations in the state. Alcohol is deeply woven into Hmong cultural practices, especially during ceremonies, with substance use issues often kept within families and sometimes addressed with potentially ineffective elder advice. Substance use is rarely discussed and typically only comes up when individuals seek help for other issues like housing. Hmong is more of a spoken language than a written one, which further necessitates the need for language services available for this population. Cost is a significant barrier to treatment, especially for the uninsured or underinsured. Current prevention efforts are fragmented and lack a clear and effective strategy. As a historically disproportionately impacted population, the Hmong community may have a cautious relationship with mainstream systems, which can make addressing substance use more challenging. The community could benefit from more open discussions about MH and SUD, and strengthening support networks could prevent substance use, as many turn to substances due to inadequate support. There are ongoing efforts to align with health care providers to bridge cultural gaps, recognizing that while some Hmong people may prefer Western medicine, others might also want to incorporate herbal remedies. These conversations have begun moving toward greater cultural understanding.

Cross Systems Collaboration

Another theme highlighted during the interviews was that services are often siloed rather than well-coordinated or integrated across systems. Several stakeholders expressed a need for increased cross-system collaboration. The county has experienced an over-reliance on law enforcement agencies and professionals to address SUD concerns. Several treatment referrals do indeed come from law enforcement professionals in the county. Police officers were described as often being involved in managing care in lieu of behavioral health professionals. This reliance on law enforcement was described as ineffective handling of referrals and potentially leading to

high no-show rates for therapy appointments. Participants also noted the need to train law enforcement in responding to behavioral health crises. Additionally, without a coordinated continuum, services may be duplicated, leading to inefficiencies and higher costs for providers and patients. For example, it was noted that patients may be undergoing repeated intakes and assessments or treatments due to poor cross-system communication.

Participants also noted challenges in improving access to school-based services and addressing systemic issues in substance use prevention, treatment, and recovery on school campuses. For example, interviewees representing the educational system repeatedly highlighted a lack of general infrastructure, as reflected by a growing need for screening and referral to treatment programs specifically for school-based populations.

Law enforcement participants highlighted that while NCHC has been crucial in facilitating SUD treatments, a shortage of comprehensive services and a lack of a robust system often result in individuals not receiving timely treatment, sometimes leading to incarceration. Currently, two crisis intervention-trained staff work directly with the police and are embedded in the community, which has been beneficial. However, the need for improved collaboration among entities such as primary care, specialty services, public health, education, and law enforcement remains. The lack of cross-system collaboration in SUD treatment can lead to duplication of efforts, such as when individuals receive multiple assessments from different entities. Streamlining collaboration and communication across systems would enhance resource sharing, improve care coordination, reduce service gaps, and enhance the effectiveness of SUD interventions thus supporting individuals for better outcomes.

Social Drivers of Health

Across all the interviews, social determinants of health were identified as some of the key factors impacting high rates of SUD and correlating lack of treatment access and utilization. Social determinants of health, such as income, education, housing stability, and access to transportation, profoundly impact access to SUD treatment. Low income and inadequate education can limit awareness of available treatment options and the ability to afford care. Poor housing conditions and lack of transportation can create logistical barriers, making attending appointments or adhering to treatment plans difficult. Additionally, social factors like discrimination, stigma, and lack of social support can further hinder access, affecting both the likelihood of seeking treatment and the overall effectiveness of care. The most discussed examples participants cited include:

Housing

Another recurring theme identified by almost all participants was the lack of affordable housing and how that can significantly impact access to SUD services. There is a need for a more comprehensive approach to support folks who are both unhoused and struggle with addiction, including transitional and recovery housing, MH services, and addiction treatment. It was also noted that these challenges disproportionally impact several disproportionately impacted communities. One of the participants, with lived experience, expressed that many unhoused individuals, including veterans, struggle to access the necessary services due to a lack of understanding about their issues or a reluctance to seek help. Individuals without stable housing often face heightened stress, which can exacerbate substance use and hinder the ability to seek or maintain treatment. The lack of a safe environment can make it difficult to focus on recovery. Stable housing often provides a safe and supportive environment for recovery. Without housing, individuals are more likely to be exposed to environments where substance use is prevalent, making it harder to sustain recovery. Lack of housing often results in social isolation, reducing access to informal support networks, such as family or community groups, that are crucial for sustained recovery.

> *There needs to be a more comprehensive approach to helping individuals with unstable housing, including increased access to transitional housing and behavioral health care.*
>
> – Key Informant

Childcare

Several stakeholders, including individuals with lived experience and providers, indicated that lack of childcare is a major barrier to treatment access. According to 2023 data from County Health Rankings, Marathon County residents spent about 35 percent of their income on

childcare on average. However, that same metric for Wisconsin and the United States was 31 and 27 percent, respectively.[51] Lack of access to childcare hinders treatment for SUD by creating scheduling conflicts, increasing stress, and adding financial burdens. Limited availability of affordable childcare options, along with fears of judgment and stigma, can prevent individuals from attending treatment sessions, leading to disrupted recovery and continued struggles with their SUD.

Cost and Insurance Coverage

Stakeholders repeatedly mentioned that cost can be a barrier for low and moderate-income people to access SUD treatment. Individuals with limited financial resources may struggle to afford the often high costs associated with treatment services, such as therapy, medication, and inpatient care. The type of insurance coverage plays a crucial role in alleviating these costs. For example, private insurance offered through the health care exchange may offer coverage with a range of treatment options but can be expensive and inaccessible for low-income individuals who do not qualify for Medicaid, which tends to offer more comprehensive coverage for SUD treatment services, including peer recovery and case management and care coordination. The disparity in insurance coverage can exacerbate financial barriers, making it challenging for individuals to obtain and maintain the necessary treatment for SUD.

Other Areas of Improvement

A theme that emerged from the interviews underscored the need to mobilize and expand current local and community-based group representation. For example, while there are local advocacy groups such as the NAMI chapters present, avid community representation is still lacking. Participants described that community representation within county boards and advocacy groups is crucial to the success of addressing on-the-ground issues experienced by the communities. This is a peer-reviewed concept.[52] Additionally, expanding and mobilizing existing collaboratives and workgroups, as well as improving community outreach and family and peer engagement, would also create a culture of acceptance, understanding, and support, helping to break down the barriers of stigma that prevent individuals from seeking help. For example, participants emphasized that the community may benefit from having robust educational campaigns for low-barrier life-saving programs (such as the availability and proper use of Naloxone).

THS RECOMMENDATIONS

THS reviewed the relevant qualitative and quantitative data, synthesized the information, and considered national best practices to formulate eight recommendations for Marathon County. In some cases, the county can take the lead with investing resources to implement the recommendations, such as providing ongoing financial support for programs like CART and other programs that support primary prevention efforts, such as Naloxone education campaigns. In others, the county can provide leadership and serve as conveners and leaders to promote structural change at the system level.

NEAR TERM RECOMMENDATIONS

Enhance the Availability of Non-Medical Detoxification Specialty Services

Enhance the Availability of Medication Assisted Treatment Services

Enhance the Availability of Culturally Specific Services, Including Those Who Speak English as a Second Language

Promote School-Based Prevention

Formulate a County-Wide SUD Response Advisory Committee

Finance a Public Health Support Position focused on SUD

LONG TERM RECOMMENDATIONS

Enhance the Availability of Recovery Supportive Housing

Promote the Recruitment and Retainment of Emerging SUD Treatment Professionals

Near Term Recommendations

Recommendation 1: Enhance the Availability of Non-Medical Detoxification Specialty Services

Nearly all key informants interviewed described the need for withdrawal management (detox) services in the county. Participants discussed that this would help alleviate the over-utilization of inpatient medical beds for withdrawal management as well as provide a relief valve for law enforcement to expedite access to specialty SUD services for those individuals appropriate for keeping people out of jail.

Residents of Marathon County, through a variety of organizations, have access to most levels of care for the treatment of SUD, including outpatient, intensive outpatient, and residential care settings; however, there is no non-medical detox facility or program, forcing people into need to be treated in hospital settings. Under certain clinical circumstances, individuals may be at risk of experiencing serious withdrawal symptoms or physical complications due to co-morbid medical conditions, which may warrant an inpatient stay in a hospital setting. There are also clinical circumstances under which individuals may benefit from a low level of medical monitoring for withdrawal management, under which an inpatient hospital stay is not clinically appropriate. The American Society for Addictions Medicine (ASAM) defines these lower intensity levels of care as 1.7 - Medically Managed Outpatient, 2.7 - Medically Managed Intensive Outpatient, and 3.7 - Medically Managed Residential Treatment.[53] From a continuity of care perspective, this makes it incredibly challenging to ensure that individuals are not only receiving care in an appropriate, least restrictive care setting but also alleviates the pressure on a medical health care system that is already understaffed and overburdened with medical conditions that truly warrant an inpatient hospital level of care.

THS recommends that Marathon County actively recruit potential provider organizations to fill this gap. One such solution includes working with neighboring counties to attract provider organizations who are invested in creating a regionally accessible service delivery model or specialty providers who have a regional or national presence with the ability and desire to grow their business in an underserved area. Marathon County could also invest opioid abatement funding and other available dollars for funding the start-up costs of a program, land acquisition and real estate for a facility. This could also include tax incentives to secure a long-term commitment from provider organizations. THS recommends that the county issue an RFP to qualified provider organizations, including a specific request for how the applicant will ensure the long-term financial sustainability of the program, such as through reimbursement methodologies as well as meeting specific criteria for SUD treatment services defined by the ASAM criteria noted above.

Recommendation 2: Enhance the Availability of Medication Assisted Treatment (MAT)

The data shows that Marathon County has had a significant increase in overdose deaths from 2018 to 2022 and a steady increase in ED visits due to overdose from 2018 to 2022. To minimize the demands placed on individuals with SUD, THS recommends that Marathon County promote service models that are non-judgmental and tailored to individual needs. These models have been shown to increase treatment engagement significantly and reduce the use of harmful substances and the need for emergency services. Related to the need for specialty withdrawal management, SUD services outlined in Recommendation One are improved access to the gold standard for the treatment of opioid use disorder (OUD) as well as a well-documented and effective treatment for alcohol use disorder (AUD).

Medication Assisted Treatment (MAT) is a combination of psychosocial therapy and U.S. Food and Drug Administration-approved medication. There are several Food and Drug Administration-approved (FDA) medications to treat OUD and AUD. For OUD, this includes Methadone, Buprenorphine, Naltrexone, and Naloxone (for opioid overdose reversal). For AUD, medications include Naltrexone, Disulfiram, Acamprosate, Gabapentin, and Topiramate.

Currently, Marathon County has access to both office-based opioid treatment (OBOT) – which focuses on the use of the medication Buprenorphine- and only one opioid treatment program (OTP) – which is a Federally licensed Methadone provider-concentrated geographically in the city of Wausau. For those patients who are leveraging OBOT treatment services for the treatment of OUD and AUD, driving to a facility from rural corners of the county for periodic services and pharmacy fills doesn't represent an insurmountable burden for some, but for those who are transportation insecure, this can be a challenging

circumstance. A combination of in-person and hybrid service delivery models can alleviate this barrier to an extent, but this would be improved through additional services throughout the county.

THS recommends that opioid abatement and state opioid response (SOR) funding be leveraged to ease the burden of specialty provider organizations' efforts to locate in Marathon County. However, these should not be considered a primary source of sustainable funding over the long term. Rather, the county should work with the OBOT and OTP provider organizations to address potential barriers that may come up at the state level, including payer reimbursement issues with Medicaid or employer-sponsored health insurance plans.

With respect to opioid treatment programs (OTP – aka "Methadone Maintenance"), there is one operating entity within the county located in Wausau[54]. Given a combination of how this OTP operates from a service delivery model as well as very strict federal regulations regarding how OTPs may operate in the United States, barriers to access methadone are significantly more pronounced than for access to buprenorphine and naltrexone offered in OBOT settings.

First, the majority of those receiving services at an OTP need to receive their medication in person daily. For individuals living outside of Wausau and/or those individuals with transportation, work limitations, and childcare issues, this can be a significant burden, in some cases leading to treatment drop-out and a significantly increased chance of a return to use and/or unintentional overdose potentially leading to death.

A March 14, 2022, a National Institutes of Health (NIH) publication states that "Mobile narcotic treatment programs are now under new regulations that may make treatment more accessible to more people."[55] These mobile programs can help expand the reach of opioid agonist treatment for OUD, help reduce human immunodeficiency viruses (HIV) and hepatitis C in the OUD population, and have retention rates that are often better than those at fixed-site clinics. Mobile services can also help reach disproportionately impacted individuals, the homeless, rural communities, and other underserved communities. To address these issues in Marathon County, there is a plan in place to mitigate these circumstances through a mobile methadone unit operated through Wausau Comprehensive Treatment Center, which plans to reach at least one corner of Marathon County outside of Wausau through daily visits. THS, therefore, recommends that the county partner with providers to ensure the successful expansion of mobile methadone unit availability in several locations throughout the county. Opioid abatement and SOR funding can be leveraged to help offset the cost of these efforts, but ultimately, THS recommends that Marathon County Public Health help identify sustainable, long-term funding or directly contribute financing sources for these mobile units.[56]

Lastly, THS recommends that the county direct funding to Marathon County Public Health, whether through opioid abatement or other available funding, to support Naloxone education and distribution campaigns. Naloxone, the opioid overdose reversal agent, has been proven to save countless lives when administered to individuals experiencing an acute opioid overdose event. This serves as a sentinel event through which to initiate efforts to engage individuals in ongoing support services addressing the broader context of their active addiction.[57] Public health often acts as a facilitator of community partners to enact change, and increasing their capacity could allow the county to have a more robust approach to facilitating prevention as well as ensuring a home for future opioid abatement coordination plans.

Recommendation 3: Enhance the Availability of Culturally Specific Services, Including for Those Who Speak English as a Second Language

Adapting evidence-based practices (EBPs) to align with the cultural, social, and demographic contexts of individuals can significantly improve health outcomes. This approach is particularly crucial for populations facing barriers such as race, ethnicity, income, and geographic location, which often limit their access to effective health care services. When EBPs are more equitable and culturally appropriate, there is an increased likelihood that all communities can benefit from proven behavioral health interventions.[58]

The Hmong American Center located in Wausau is an excellent example of how the Wausau community has been addressing the culturally relevant needs of the Hmong Community, including addressing various social determinants of health issues and connectivity to available services within and outside of the Hmong Community. This has included a culturally sensitive approach to address SUD in the Hmong Community.

Enhanced availability of services for those for whom English is a second language, particularly the Marathon County Spanish-speaking community, has been identified

by key informants as a need for the community. Dual language capabilities across all sectors, from law enforcement to the specialty SUD treatment service delivery system, would help to more effectively engage this sub-population of the Marathon County community. This could include recruiting and hiring multi-lingual law enforcement officers and stronger financial support for existing organizations, such as HOLA, which currently provides care coordination services to the Spanish-speaking population.

Going forward, THS recommends Marathon County financially support organizations such as the Hmong American Center, HOLA, and other organizations, which serve the needs of disproportionately impacted populations who may have challenges accessing services, with programs that enhance opioid mitigation efforts.

Further, THS recommends that Marathon County incentivize providers to adhere to the national standards for culturally and linguistically appropriate services (CLAS). Substance Abuse and Mental Health Services Administration (SAMHSA) grantees must follow specific standards for promoting and implementing CLAS. The U.S. Department of Health and Human Services, Office of Minority Health, offers free resources and training.[59] THS recommends the county make these resources available and use adherence to CLAS standards as a factor when considering grants and contracts with providers.

Recommendation 4: Support School-Based Prevention

The data shows that Marathon County youth who responded to a substance use survey indicated that they are drinking alcohol before the age of 13 at a rate approximately twice as much as indicated by Wisconsin youth or youth across the United States. Also, according to the self-reported survey, Marathon County youth are experiencing an increasing rate of suicidal thoughts and self-harm from 2015 to 2021. To address these issues, THS recommends that Marathon County support school-based prevention efforts to mitigate circumstances where these issues may become more pronounced over time.

For instance, adopting a public health approach to addressing the use or carrying of substances on campus in lieu of immediate suspension or expulsion, including implementing and expanding screening and referral to specialty SUD and MH services on school campuses, can be an effective way to mitigate the progression of SUD-related negative health outcomes.

Recent school-based prevention efforts for SUD from 2020 to 2022 have focused on integrating modern technology, social-emotional learning (SEL), and evidence-based practices to address the evolving challenges of substance use among youth. Programs like Botvin LifeSkills Training (LST) continue to be widely implemented, with updated modules that incorporate digital learning tools and virtual classrooms, especially in response to the COVID-19 pandemic. These adaptations have allowed the program to maintain its effectiveness in reducing the use of tobacco, alcohol, and other drugs by teaching students critical life skills, such as decision-making, stress management, and resistance to peer pressure, through both in-person and online formats[60].

Another innovative example is the Good Behavior Game (GBG), which has been adapted to emphasize SEL and mental health alongside substance use prevention. This program encourages positive behavior in the classroom, fostering an environment where students support one another in making healthy choices. Studies conducted between 2020 and 2022 have demonstrated that GBG not only reduces disruptive behaviors but also lowers the risk of future substance misuse by promoting self-regulation and social competence from an early age.[61] These examples highlight the ongoing evolution of school-based SUD prevention, which increasingly relies on a combination of traditional prevention strategies and new approaches tailored to contemporary challenges.

THS recommends the county leverage the public health educator position noted in Recommendation Six below and partner with the schools to identify prevention needs and expand screening and referral services. Additionally, THS recommends that Marathon County leverage opioid abatement funding and/or other available dollars to support prevention programs such as the ones noted above. This could be initiated through a partnership between the school districts and the Marathon County Department of Health.

Recommendation 5: Formulate a County-Wide SUD Response Advisory Committee

THS recommends the formation of a county-wide SUD response advisory committee that could include (but not be limited to) a range of individuals, from those with lived experience to those involved with SUD service delivery for prevention, treatment, and recovery, law enforcement, school district representatives, public health, social

services, primary care providers, and community-based organization representatives.

Ideally, this advisory group will help shape a comprehensive approach to most effectively leverage opioid abatement and SOR funding available to the county. As demonstrated by the key informant interviews, there are numerous stakeholders with a range of perspectives concerning the impact of SUD on the Marathon County community and an interest in working collaboratively toward shared goals. Bringing community representatives together will lead to a shared commitment to executing actionable plans targeting specific areas of concern with SUD prevention, treatment, and recovery.

Recommendation 6: Finance a Public Health Support Position

Also, THS recommends that Marathon County finance a Health Educator or Strategist position employed through Marathon County Public Health. This position would support the near-term recommendations in addition to long-term recommendations. Adhering to a results-based accountability model, this role would engage the following duties:

- Obtain, disseminate, or provide expert assistance on best practices in population health, local data, and community conditions that affect health behaviors, status, and outcomes that pertain to SUD.
- Create and articulate effective communications about SUD for various audiences using multiple mediums.
- Assess, plan, implement, and evaluate initiatives pertaining to SUD for identified health priorities.
- Independently or with community planning teams, analyze public health needs related to SUD in the community and identify, implement, and evaluate program impacts and outcomes.
- Establish effective relationships and manage community groups, including the SUD Advisory Committee, to coordinate and achieve programmatic goals and leverage resources and community assets addressing SUD.[62]

At its core, this position will serve as a connection between historically disparate and siloed multidisciplinary SUD prevention and intervention efforts. For instance, it will support public health efforts in managing Naloxone education campaigns and educate the public about available SUD services.

Long-Term Recommendations

Recommendation 7: Enhance the Availability of Recovery Supportive Housing

Affordable housing availability was raised as an issue of concern in most of the key informant interviews. Sustainable and affordable housing, from a social determinant of health perspective, can impact a community's ability to contribute to a recovery-oriented community. According to this 2019 report released by the Center on Budget and Policy Priorities, communities can leverage funding in several ways to support the unique needs of those with SUD and housing instability issues.[63] These include leveraging a combination of federal dollars available through the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act and the Housing and Urban Development (HUD) agency. For instance, supportive housing combines affordable housing with intensive, coordinated services to help people with chronic physical and behavioral health issues maintain stable housing and receive appropriate health and social support.

Using a “housing-first” strategy that doesn’t require compliance with recovery services to receive assistance can be an effective way to engage those individuals who may not be ready or willing to participate in formal SUD treatment services. This can be a non-conventional approach but has succeeded in other communities throughout the Midwest, including the Gladys Ray Shelter operated by Fargo-Cass Public Health in Fargo, ND.[64],[65] Regarding supporting those invested in long-term SUD recovery, communities that support recovery-oriented communities can also support efforts to enhance the availability of long-term recovery housing. It is of paramount importance to ensure that available recovery housing is sanctioned and monitored by the state and/or county, particularly to ensure that high-quality, evidence-based interventions are being utilized. The state has an official registry that recovery residences can be added to if they follow statutory guidelines (Wis. Stat. 46.234(4): A recovery residence is not required to register with the department unless the recovery residence seeks referrals under sub. (5) or state or federal funds passing through the state treasury).[66] These types of programs are typically sustainable through Medicaid reimbursement but

can also be supported through additional grant funding at the State level. "SAMHSA strongly supports the use of recovery housing as a key recovery support strategy to assist individuals living with substance use and/or co-occurring MH disorder in achieving and sustaining recovery. Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime in recovery. It is critical that recovery housing programs function with sound, ethical, and effective standards and guidelines that center on a safe, healthy living environment where individuals gain access to community support and recovery support services to advance their recovery."[67] A SAMHSA report provides a comprehensive overview of the best practices for recovery housing.[68] It also summarizes the National Alliance for Recovery Residences' Levels of Support, which include specifically defined levels of care that embrace trauma-informed practices and support for the use of medications for addiction treatment and co-occurring treatment for MH issues.

With these considerations in mind, THS recommends that Marathon County enhance or develop partnerships with local housing authorities, affordable housing development organizations, or others to explore opportunities to encourage high-quality recovery care residences to operate within the county. THS advises the county to determine if specific barriers may prevent recovery residences from successfully operating within the county, such as zoning issues, availability of real estate or land, or upfront development costs. Collectively, the county and its partners should determine strategies to mitigate these barriers, such as modifying zoning, applying for federal support from HUD, or investing county resources.

Recommendation 8: Promote the Recruitment and Retention of Emerging SUD Treatment Professionals

Another area of significant concern is directly tied to the workforce development required to meet the overarching needs of the county's SUD treatment and recovery service delivery gaps. Several key informant interviewees expressed their concern that it has been challenging to recruit and retain specialty addiction counselors who are provided certification by the Wisconsin Department of Safety and Professional Services (DSPS). Recruitment focuses on attracting current SUD professionals and students to open positions or to future positions. Retention focuses on keeping SUD professionals employed in their SUD facilities and communities.

Ultimately, successfully recruiting and retaining experienced and talented staff can help mitigate turnover while improving cost efficiency and the quality of care being delivered in the community.[69]

The Wisconsin DSPS currently offers 3 different levels of SUD counselor certification: Substance Abuse Counselor in Training (SAC-IT), Substance Abuse Counselor (SAC), and Clinical Substance Abuse Counselor (CSAC), all of which include a combination of educational and/or training and work experience requirements in 8 distinct areas of concentration. Marathon County does not have an institute of higher learning that meets the requirements for SAC education in Wisconsin, the closest being in adjacent counties to the West, South, and East, including Eau Claire, Stevens Point, and Green Bay. Despite its benefits, recruiting and retaining emerging SUD professionals can be challenging in rural areas. The lack of an institute of higher learning that would meet the needs of SAC compounds this issue. Potential solutions to address these concerns could include collaborations with educational institutions outside of Marathon County to support internship and fellowship opportunities where emerging SUD professionals can receive required training and certification practice hours following formal education. For example, incentivizing training and education, loan forgiveness, increased salaries, reducing administrative burdens, streamlining licensing procedures that are burdensome (MH and SUD licensing/credentialing are 2 different statutes), creating regional training centers/partnerships with nearby metropolitan cities (Chicago, Milwaukee, Madison, etc.) for training as well as therapists coming in from those areas as part of their training to serve in WI rural areas, etc.

Leveraging technology to reduce isolation and enhance support for the rural health workforce can make rural settings more appealing to professionals. In Alaska, an eICU system enables rural providers to collaborate with Anchorage intensive care unit staff, who assist in patient monitoring and treatment.[70] Through Project ECHO (Extension for Community Healthcare Outcomes), remote primary care providers can connect with academic specialists who offer support and share expertise on managing chronic diseases.[71] The Rural Telementoring Training Center (RTTC) provides free training, tools, and technical assistance to aid in the implementation and evaluation of telementoring programs for rural and remote health care workers.[72]

As the ongoing effects of SUD and MH challenges persist, communities are searching for better ways to engage, support, and transition individuals. Health and social systems are developing recovery-oriented systems of care —a coordinated network of community-based services that is person-centered and supports improved quality of life for people who have experienced behavioral health conditions in response to this need. Peer recovery support services (PRSS) have surfaced as arguably one of the most effective ways to enhance long-term recovery outcomes for individuals.

PRSS plays a critical and emerging role in the continuum of care for individuals with SUD. Individuals with lived experience in recovery from SUD conditions deliver these services. These individuals, called peer support specialists, are trained to offer non-judgmental support and guidance to others facing similar challenges, fostering a sense of hope and empowerment through mutual understanding and shared experiences. They also assist with navigating health care and social service systems and help connect individuals with community resources and support networks.[73] Their lived experience allows them to offer a level of authenticity and relatability that can be particularly effective in building trust and motivating individuals to pursue and sustain their health, wellness, and recovery goals. Thus, peer support specialists are recognized for their unique ability to engage in ways that traditional service providers may not be able to due to their personal experiences with recovery.

To date, federal, state, and local government-capped grant awards have primarily supported PRSS innovation in communities.[74] These funding pathways, although flexible and supportive of innovation in this domain since 1998, have provided limited opportunities for scaling PRSS to all communities needing these services. Because of the success of these historical funding streams, Medicaid and other third-party payers are increasingly surfacing as pathways to underwrite PRSS for all beneficiaries of their programs.[75]

Peer services have become an increasingly prominent part of the addiction recovery field and workforce. This progression is guided by the increasing professionalization of peer services and external factors that include advancements in science defining addiction as a chronic brain disease, recovery-oriented systems of care (ROSC) as a vehicle to extend the care continuum, and shifts in health care funding and practice through policies.[76]

Active efforts to develop Recovery Community Organizations (RCO) that could operate within Marathon County could increase the availability of PRSS while ensuring quality service delivery. RCOs are held to quality standards, which include adequate training and supervision. These organizations can contribute to the PRSS workforce and provide ongoing supervision and training for the PRSS workforce. This includes an RCOs ability to dispatch and integrate PRSS into primary care and other medical environments.

The Wisconsin Department of Health Services has mapped several Peer Recovery Centers around the state. The closest locations to Marathon County are Eau Claire and Green Bay. THS recommends that Marathon County pursue developing an RCO. To assist with this endeavor, the Wisconsin Department of Health Services website has several resources available regarding peer recovery specialist training and certification, which can help guide the approach.[77]

THS recommends that Marathon County invest in efforts such as those listed above. This includes Leveraging opioid abatement dollars allocated to Marathon County and advocating for the state to leverage a portion of the SOR funding. THS also recommends that the county create its own funding pool through an investment of county dollars to offset the cost of professional and peer recovery support specialist recruitment, educational loan repayment, and retention efforts designed to improve the pipeline of emerging SUD professionals to Marathon County.

CONCLUSION

Marathon County has a unique opportunity to leverage available resources, including opioid abatement funds, to make significant strides in addressing concerns with opioid overdose and SUD-related issues. By focusing on the identified key areas and working collaboratively, the county can build a more resilient and supportive community, ultimately reducing the impact of SUD and improving the overall health and well-being of its residents.

The Marathon County SUD Gap Analysis underscores the critical need for targeted interventions and resource allocation to combat the complex challenges posed by substance use within the community. Throughout this analysis, key areas of concern have been identified, including the near-term need for non-inpatient detoxification specialty services, increased access to MAT for the treatment of opioid use disorder, an increase in culturally specific services, particularly for those for whom English is a second language, financial support for school-based prevention and the formulation of a county-wide SUD response advisory committee and financing for a full-time Public Health Educator specifically focused on supporting SUD response across Marathon County. With respect to long-term needs, access to recovery-oriented housing and the recruitment and retention of emerging SUD treatment professionals, including Peer Recovery Community Organizations, is recommended. By addressing these gaps, Marathon County can significantly improve access to and the quality of SUD care, particularly for underserved populations and those with the greatest need.

Moving forward, the recommendations outlined in this report provide information that can be utilized for the development of a roadmap for enhancing SUD services in Marathon County. Implementing these strategies will require collaboration among various stakeholders, including local government, health care providers, community organizations, and individuals with lived experiences.

APPENDIX

List of Acronyms and Abbreviations

AUD	Alcohol use disorder
ASAM	American Society of Addictions Medicine
CART	Crisis Assessment and Response Team
CLAS	Culturally and Linguistically Appropriate Services
CSAC	Clinical Substance Abuse Counselor
DSPS	Wisconsin Department of Safety and Professional Services
ECHO	Extension for Community Healthcare Outcomes
ED	Emergency department
EBP	Evidence-based practice
FDA	U.S. Food and Drug Administration
FPL	Federal poverty line
GBG	Good behavior game
H2N	Hmong and Hispanic Communication Network
HIV	Human immunodeficiency virus
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
IOP	Intensive outpatient program
MAT	Medication Assisted Treatment
MH	Mental health
MOU	Wisconsin Local Government Memorandum of Understanding
NAMI	National Alliance on Mental Illness
NCHC	North Central Health Care
NIH	National Institutes of Health
N-SUMHSS	National Substance Use and Mental Health Services Survey
OBOT	Office-based opioid treatment
OTP	Opioid treatment program
OUD	Opioid use disorder
PHP	Partial Hospitalization Program
PRSS	Peer Recovery Support Services
RCO	Recovery Community Organization
ROSC	Recovery-Oriented Systems of Care
RTC	Recovery treatment
RTTC	Rural Telementoring Training Center
SAC	Substance Abuse Counselor
SAC-IT	Substance Abuse Counselor-In-Training
SAMHSA	U.S. Substance Abuse and Mental Health Services Administration
SEL	Social-emotional learning
SNAP	Supplemental Nutrition Assistance Program
SOR	State opioid response grants
SUD	Substance use disorder
SUPPORT Act	Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act
THS	Third Horizon Strategies

The Wisconsin Local Government Memorandum of Understanding

The Wisconsin Local Government Memorandum of Understanding outlines the allowable uses of funds for opioid abatement stemming from settlement agreements with several pharmaceutical companies, including McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, and their subsidiaries. The settlement agreements, still pending approval from Wisconsin, local governments, and other plaintiffs, stipulate that a minimum of 80 percent of the proceeds designated for local governments must be allocated to their respective segregated Opioid Abatement Accounts. These funds can only be used for approved opioid abatement activities as specified in the agreements and supporting documents. Marathon County is set to receive 1.259 percent of Wisconsin's total share, amounting to $3.5 million, for its opioid abatement efforts.

The settlement discussions with McKesson Corporation, Cardinal Health, Inc., AmerisourceBergen Corporation, Johnson & Johnson, Janssen Pharmaceuticals, Inc., OrthoMcNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceutica, Inc. ("Settling Defendants") resulted in a tentative agreement as to settlement terms ("Settlement Agreements") pending agreement from the State of Wisconsin, the Local Governments and other plaintiffs involved in the Litigation. A minimum of 80 percent of the Settlement proceeds attributable to Local Governments shall be paid to each Local Government's segregated Opioid Abatement Account, which may be expended only for approved uses for opioid abatement as provided in the Settlement Agreements and supporting Memorandums of Understanding. Marathon County will receive 1.259 percent of the total share to the state of WI. $3.5M will go to Marathon County.

Wisconsin is set to receive $750 million through 2038 from national litigation against the pharmaceutical industry. The 2021 Wis. Act 57 mandates that 70 percent of these funds go to the 87 local governments involved in the litigation while the state retains 30 percent. The state manages the distribution of its shares and submits an annual plan to the Joint Committee on Finance detailing the projects for the upcoming fiscal year. These plans, which span the state fiscal year from July 1 to June 30, are complemented by quarterly reports to the Joint Committee on Finance that outline how the allocated funds are being utilized by the grant-awarded organizations. The state's plans and updates on projects for fiscal years 2023, 2024, and 2025 are available for public viewing.

In the state fiscal year 2025, Wisconsin anticipates receiving $36 million in opioid settlement payments. The plan submitted to the Joint Committee on Finance on April 1, 2024, titled "National Prescription Opiate Litigation Funds: DHS Proposal for State Fiscal Year 2025," was modified and approved on May 7, 2024. The approved plan allocates funds for various initiatives including:

- $6 million for tribal nations for prevention, harm reduction, treatment, and recovery services;
- $6 million for harm reduction efforts, including naloxone distribution and drug disposal kits;
- $7.7 million for expanding and renovating facilities for prevention and treatment services;
- $1 million for K-12 school-based prevention programs; $1 million for after-school prevention programs;
- $1.5 million for community-based prevention programs;
- $3 million for medication-assisted treatment programs;
- $2.75 million for residential SUD treatment costs;
- $3 million for law enforcement activities related to opioid use;
- $1.2 million for a SUD treatment provider information platform;
- $1.5 million to fund substance use data collection, monitoring, and reporting activities needed for the Department of Administration to implement 2021 Wisconsin Act 181.;
- $750,000 to educate the public about opioid use disorder, responsible prescription opioid use, signs of opioid use in others, and proper opioid disposal; and
- $750,000 to support the Medical College of Wisconsin's Periscope Project.

Marathon County Stakeholder Interview Guide

What is going well with substance use disorder treatment?
Where is there room for improvement in SUD treatment?
Are there gaps in accessing care?
Are there specific populations that have challenges in accessing care?
Are there specialty SUD providers in the community?
What barriers do you see in providing full spectrum SUD preventative and treatment in your area?
How would you describe the current cross-system collaboration addressing SUD prevention, treatment, and recovery in Marathon County? What entities are involved in the SUD prevention, treatment and recovery service delivery?
Are there any collaboratives or working groups in the area?
What can the community do to create better access to care?
How can your organization help to address inequity through SUD treatment?
What has impeded Marathon County from taking more action regarding SUD treatment in the past?
What else is important to share?

REFERENCES

[1] Substance Use Disorders in Global Mental Health Delivery (2020). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8324330/.

[2] American Community Survey (2022). Retrieved from: https://www.census.gov/programs-surveys/acs/technical-documentation.html.

[3] Wisconsin Local Government Memorandum of Understanding (2022). Retrieved from: https://nationalopioidsettlement.com/wp-content/uploads/2022/03/WI-Local-Government-Allocation-Resolution.pdf.

[4] The State of Mental Health in America (2024). Retrieved from: https://nationalopioidsettlement.com/wp-content/uploads/2022/03/WI-Local-Government-Allocation-Resolution.pdf.

[5] Provisional Drug Overdose Death Counts (2024). Retrieved from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

[6] Trends Shaping the Health Economy Report (2023). Retrieved from: https://www.trillianthealth.com/market-research/reports/2023-health-economy-trends.

[7] Declaration of a National Emergency in Child and Adolescent Mental Health (2021). Retrieved from: https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/.

[8] Trilliant Health-Trends Shaping the Health Economy (2023). Retrieved from: https://www.trillianthealth.com/market-research/reports/2023-health-economy-trends.

[9] 2024 State of Mental Health America Report (2024). Retrieved from: https://mhanational.org/sites/default/files/2024-State-of-Mental-Health-in-America-Report.pdf?eType=ActivityDefinitionInstance&eId=18ffe536-c4fd-4ab3-83b8-6b2a34118652

[10] American Community Survey (2022). Retrieved from: https://www.census.gov/programs-surveys/acs/technical-documentation.html.

[11] Ibid.

[12] Department Housing and Urban Development (2023). Retrieved from: https://hudgis-hud.opendata.arcgis.com/datasets/HUD::housing-choice-vouchers-by-tract/about

[13] American Community Survey (2022). Retrieved from: https://www.census.gov/programs-surveys/acs/technical-documentation.html.

[14] Common Core of Data (2022). Retrieved from: https://nces.ed.gov/ccd/index.asp.

[15] Food Access Research Atlas (2019). Retrieved from: https://www.ers.usda.gov/data-products/food-access-research-atlas/.

[16] American Community Survey (2022). Retrieved from: https://www.census.gov/programs-surveys/acs/technical-documentation.html.

[17] Ibid.

[18] American Community Survey (2022). Retrieved from: https://www.census.gov/programs-surveys/acs/technical-documentation.html.

[19] Behavioral Health in the Medicaid Program – People, Use, and Expenditures (2015). Retrieved from: https://www.macpac.gov/publication/behavioral-health-in-the-medicaid-program%E2%80%95people-use-and-expenditures/.

[20] Status of State Medicaid Expansion Decisions: Interactive Map (2024). Retrieved from: https://www.kff.org/affordable-care-act/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

[21] Medicaid eligibility and enrollment in Wisconsin (2024). Retrieved from: https://www.healthinsurance.org/medicaid/wisconsin/.

[22] Health Professional Shortage Areas-Mental Health (2024). Retrieved from: https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAMH.pdf.

[23] Ibid.

[24] Behavioral Health Workforce (2023). Retrieved from: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf.

[25] NPI Files (2024). Retrieved from: https://download.cms.gov/nppes/NPI_Files.html.

[26] Ibid.

[27] 2023 National Directory of Mental Health Treatment Facilities (2023). Retrieved from: https://www.samhsa.gov/data/report/2023-national-directory-of-mental-health-treatment-facilities.

[28] 2023 National Directory of Drug and Alcohol Use Treatment Facilities (2023). Retrieved from: https://www.samhsa.gov/data/report/2023-national-directory-of-drug-and-alcohol-use-treatment-facilities.

[29] Marathon County Youth Behavior Risk Survey (2021). Retrieved from: https://www.marathoncountypulse.org/indicators/index/dashboard?alias=highschoolYRBS.

[30] Ibid.

[31] Ibid.

[32] Ibid.

[33] Ibid.

[34] Behavioral Risk Factor Surveillance System (BRFSS) (2021). Retrieved from: https://www.cdc.gov/brfss/index.html.

[35] Ibid.

[36] National Vital Statistics System-Mortality (NVSS-M) (2022). Retrieved from: https://www.cdc.gov/nchs/nvss/index.htm.

[37] Dose of Reality: Opioid Deaths by County Dashboard (2022). Retrieved from: https://www.dhs.wisconsin.gov/opioids/deaths-county.htm.

[38] Ibid.

[39] Ibid.

[40] Ibid.

[41] National Vital Statistics System-Mortality (NVSS-M) (2022). Retrieved from: https://www.cdc.gov/nchs/nvss/index.htm.

[42] Ibid.

[43] Ibid.

[44] PLACES (2021). Retrieved from: https://www.cdc.gov/places/index.html.

[45] National Vital Statistics System-Mortality (NVSS-M) (2022). Retrieved from: https://www.cdc.gov/nchs/nvss/index.htm.

[46] About Us: HOLA (2024). Retrieved from: https://holawisc.org/about-us/.

[47] NAMI WI Raise Your Voice (2024). Retrieved from: https://namiwisconsin.org/support-and-education/youth/raise-your-voice/.

[48] H2N – Hmong and Hispanic Communication Network (2024). Retrieved from: https://wipps.org/programs/h2n/.

[49] Court Diversion, Marathon County (2024). Retrieved from: https://www.marathoncounty.gov/services/public-safety-courts/court-diversion.

[50] Crisis Assessment Response Team (CART) (2024). Retrieved from: https://www.norcen.org/services/crisis-services/c-a-r-t-/.

[51] County Health Rankings (2024). Retrieved from: https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation.

[52] Responding to the Opioid Epidemic: A Guide for Public Health Practitioners (2024). Retrieved from: https://ajph.aphapublications.org/doi/book/10.2105/9780875533452.

[53] American Society of Addiction Medicine (ASAM) Criteria (2024). Retrieved from: https://www.asam.org/asam-criteria.

[54] Resource for location mental health and substance use treatment facilities in the United States & its territories (2024). Retrieved from: https://findtreatment.gov/locator

[55] Mobile Narcotic Treatment Programs: On the Road Again? (2022). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012571/.

[56] Mobile Medication Units Help Fill Gaps in Opioid Use Disorder Treatment (2021). Retrieved from: https://www.pewtrusts.org/en/research-and-analysis/articles/2021/11/22/mobile-medication-units-help-fill-gaps-in-opioid-use-disorder-treatment.

[57] Lifesaving Naloxone (2024). Retrieved from: https://www.cdc.gov/stop-overdose/caring/naloxone.html.

[58] Adapting Evidence-Based Practices for Under-Resourced Populations (2022). Retrieved from: https://store.samhsa.gov/sites/default/files/pep22-06-02-004.pdf.

[59] CLAS Behavioral Health Implementation (2024). Retrieved from: https://minorityhealth.hhs.gov/clas-behavioral-health-implementation-guide.

[60] LifeSkills Training: Prevention for the 21st century (2021). Retrieved from: https://pubmed.ncbi.nlm.nih.gov/24753278/

[61] The Good Behavior Game: Classroom-wide behavioral intervention and its impact on long-term outcomes (2022) Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3188824/

[62] SAMHSA ADVISORY: Low Barrier Models of Cre for SUD (2023). Retrieved from: https://store.samhsa.gov/sites/default/files/advisory-low-barrier-models-of-care-pep23-02-00-005.pdf.

[63] Meeting the Housing Needs of People with Substance Use Disorder (2019). Retrieved from: https://www.cbpp.org/research/housing/meeting-the-housing-needs-of-people-with-substance-use-disorders.

[64] Potential Ordinance and Resolution for Camping on Public Property (2024). Retrieved from: https://fargond.gov/city-government/departments/fargo-cass-public-health/harm-reduction-programs.

[65] Meeting the Housing Needs of People With Substance Use Disorders (2018). Retrieved from: https://www.cbpp.org/research/housing/meeting-the-housing-needs-of-people-with-substance-use-disorders.

[66] Wisconsin State Legislation (2024). Retrieved from: https://docs.legis.wisconsin.gov/statutes/statutes/46/234/4.

[67] Recovery-Oriented Practices in Community-based Mental Health Services: A Systematic Review. (2023). Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10422940/.

[68] Best Practices for Recovery Housing (2023). Retrieved from: https://store.samhsa.gov/sites/default/files/pep23-10-00-002.pdf.

[69] Recruitment and Retention for Rural Health Facilities (2024). Retrieved from: https://www.ruralhealthinfo.org/topics/rural-health-recruitment-retention.

[70] Electronic Intensive Care Unit Expands in Alaska (2012). Retrieved from: https://kffhealthnews.org/news/alaska-eicu/.

[71] Project ECHO – Extension for Community Healthcare Outcomes (2024). Retrieved from: https://www.ruralhealthinfo.org/project-examples/733.

[72] Rural Telementoring Training Center (2024). Retrieved from: https://ruraltelementoring.org/.

[73] SAMHSA National Recovery Agenda Goals (2023). Retrieved from: https://www.samhsa.gov/about-us/who-we-are/offices-centers/or.

[74] Financing Peer Recovery Support: Opportunities to Enhance the Substance Use Disorder Peer Workforce (2024) Retrieved from: https://store.samhsa.gov/sites/default/files/financing-peer-recovery-report-pep23-06-07-003.pdf.

[75] Ibid.

[76] The Peer Recovery Center of Excellence (PR CoE) Evidence-Based Practices (2024). Retrieved from: https://peerrecoverynow.org/focus-areas/evidence-based-practices/.

[77] Peer Services: Peer Specialists (2024). Retrieved from: https://www.dhs.wisconsin.gov/peer-services/peer-specialists.htm.

THIRD HORIZON

Third Horizon is a boutique advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. The firm specializes in behavioral health and offers a 360º view of complex challenges across three horizons – past, present, and future– to help industry leaders and policymakers interpret signals and trends; design integrated systems; and enact changes so that all communities, families, and individuals can thrive.