



## **Community Perception of Substance Use Disorder Prevention Resources for Kenosha County, Wisconsin**

### **Final Summary Report, July 2020**

The following is a summary of a project conducted by the Hope Council on Alcohol & Other Drug Abuse, Inc. and funded by a grant from the Kenosha Community Foundation to identify resources, needs, service gaps, and opportunities for collaboration related to substance use prevention in Kenosha County.

#### **Overview, Timeline and Structure**

1. Application – March 2019
2. Awarded – June 2019
3. Brainstorming Session with community stakeholders – July 2019
4. Implementation Planning – August through September 2019
5. Focus Groups – October through November 2019
  - a. Summary:
    - i. 7 focus groups conducted, 32 total participants
      1. 1 beneficiary group with 8 participants
        - a. Community Impact Programs, Oct. 2
      2. 6 provider groups with 24 participants
        - a. Southwest Library, Oct. 8
        - b. Gateway Technical College, Oct. 18 and Oct. 30
        - c. Northside Library, Nov. 15
        - d. Hope Council, Nov. 19 and Nov. 26
    - ii. 15 organizations represented
      1. Community Impact Programs
      2. Department of Corrections
      3. Prevention Services Network
      4. ELCA Outreach Center
      5. Emergency Services Network
      6. Kenosha Human Development Services
      7. Racine-Kenosha Community Action Agency
      8. Hospice Alliance
      9. Shalom Center
      10. Kenosha County Division of Aging and Disability Services
      11. Kenosha County Division of Health
      12. Kenosha Fire Department
      13. UW-Parkside
      14. United Way of Kenosha County
      15. twentyTHREE61

## **Lessons Learned**

### Successes

- a. Participation from a range of professionals/roles and organizations in Kenosha County
- b. Positive feedback and appreciation for the project
- c. Honest and open feedback

### Challenges

- a. Scheduling, logistics
- b. Allowing enough time to get input from all participants
- c. Participants having a clear understanding of the project's purpose and how it will contribute to future decisions/work
- d. Participation from leaders of larger/governing organizations; those with authority to make decisions and change systems

**Data: Beneficiaries** (summarization of participant comments)

### **Services/Programs: Access and Utilization**

#### **Recommendations/Opportunities for substance use disorder programming and treatment options more supportive of recovery:**

- More programs like THERESA group; more in-home services
- Medications for addiction treatment (MAT)
- Gender-specific treatment
- Treatment with childcare options/availability

#### **Recommendations/Opportunities for additional/enhanced community resources:**

- Communication with employers regarding sensitivity and stigma reduction for people in recovery; flexible scheduling and other considerations to help to maintain employment and support recovery
- Ideas for outreach include public restrooms, common places where people might be drinking/using, community agencies
- Consistency with service availability and delivery – some people seem to have no issue accessing services and others have a lot of difficulty with wait lists, poor communication with staff, etc.
- Offering/providing services in-home or having the option of a worker going to the home
- Better communication and coordination among workers/systems. Several of the participants had examples of requirements given by separate workers/programs that were overly complicated/contradictory and made recovery more difficult
- Safe, affordable housing

### **Culture and Attitudes in Kenosha related to substance use prevention**

#### **Recommendations/Opportunities:**

- Training & marketing campaigns to increase understanding of addiction, reduce stigma

- More social activities for people in recovery (game night, bowling, etc.). More specifically, activities that are inexpensive and not coordinated for a specific group so people could access on their own
- Acknowledge and work on racial bias

**Data: Providers** (summarization of participant comments)

### 1. Services/Programs

a. Population: Participants identified as serving the following populations:

- i. Homeless and vulnerable children and adults
- ii. Abused and neglected children
- iii. Children and adults living in poverty
- iv. Incarcerated adults, both male and female
- v. Adults experiencing mental illness, substance use disorders, co-occurring disorders
- vi. Kenosha County residents/visitors
- vii. People with serious illness
- viii. College students
- ix. Individuals in recovery programs
- x. Pregnant women
- xi. Fathers
- xii. Seniors

b. Screening and Assessment

While not all programs have a specific process or tools for substance use disorder screening and assessment, all programs have an intake process. Often, there is a general question or two about substance use in the initial intake and more detailed or specific questions on subsequent or program-specific paperwork. Many participants reported that it is common for clients to indicate they do not use substances on initial intake but later disclose substance misuse to workers.

c. Data Collection

Nearly all participants indicated collecting demographic information on individuals served and outcome data for programs. Other data collection varied by program. Some programs conduct satisfaction surveys or track referrals by service area(s) per zip code, medical history/information, and/or referrals to other programs, providers.

d. Program Features

Some positive program features identified by both providers and beneficiaries include:

- Individualized plans and more flexibility with time frames/limits
- Meeting people “where they’re at” – literally and emotionally
- Providing training and education for professionals and public
- Mobile services going out into the community
- Integration of services/collaboration among providers

#### e. Utilization

Factors influencing utilization rates include awareness of programs/services, understanding eligibility for service, minimizing the need (“other people have it worse or need it more than I do”), and individual readiness/willingness to engage in services. Suggestions for improving utilization rates include improved communication and coordination among service providers, cross training of employees, and clarification regarding when to use certain services.

## 2. Access

#### a. Awareness

Several participants spoke about an issue of individual readiness or willingness playing a key role in their ability or likelihood to access services. Several participants also mentioned stigma as a barrier to awareness and willingness to seek support or treatment. Homelessness or instability with housing was another key factor in whether individuals were able to engage in services.

#### b. Outreach

Participants identified several venues/methods of outreach including: newspaper (monthly feature), in-person presentations/info sessions, flyers, radio, employers, networking groups, social media, Harbor Market/National Night Out (community events), *Information Please*, Crisis, street outreach, billboards, website, 211, school events. Regarding outreach activities, it was reported in several sessions that regardless of outreach activities, word of mouth is consistently the most reliable method for advertisement/promotion of services.

#### c. Referral

Several participants commented that they do not provide direct service for substance use disorder prevention or treatment but are able to provide resources and referrals to other appropriate agencies.

#### d. Barriers

Participants identified the following barriers to accessing treatment:

- Stigma/shame
- The insurance gap – having insurance but poor coverage or lack of affordable copays/coinsurance
- Lack of providers with flexibility in accepting insurance/hours
- Lack of reliable transportation
- Lack of a reliable cell phone
- Lack of affordable housing
- Lack of childcare
- Inability to miss work or take time off from work
- Life – demands or life circumstances causing overwhelm, perpetually in crisis
- Local attitudes and culture related to alcohol – it is widely accepted
- Ongoing treatment is hindered by difficulty in maintaining contact with clients for a variety of reasons – medical issues, lack of social support

- Speaking a language other than English
- Fear of consequences for individuals who are undocumented

Homelessness or instability with housing was a key factor mentioned by both beneficiaries and providers as inhibiting access to treatment and recovery. Both groups cited a significant lack of affordable, safe housing options in Kenosha. Individuals who are experiencing homelessness or living in shelter may not have the ability to dress or present themselves in a positive light and as a result may be reluctant to seek or access services. Participants reported the cost of housing, the cost in relation to the safety and cleanliness of the environment, and the requirements for securing housing all as barriers to stable housing.

e. Needs/Resources

Providers indicated the following additional program or community resources/needs related to substance use prevention:

- Increased awareness/better communication about services
- Collaborative networks to share information and coordinate services
- Stigma reduction efforts/more information about trauma
- Additional peer support and recovery coaches
- Fewer restrictions on resources that are limited to a specific population rather than available to all for an overall need to prevent or treat substance use disorders

### 3. Operations

a. Capacity

One participant indicated that although many of the agency’s clients identify as needing assistance with substance misuse, the agency only provides programming for the highest risk population because of limitations with organizational capacity and funding.

b. Needs/Resources

One challenge identified was the need for more monitoring of 12-step meetings and/or support groups at sites where people are already congregated/located with the dynamic of having a mix of people at those locations (i.e., shelter); some are in recovery and some are actively using/drinking. Others indicated a need for additional staff training and public education to help reduce stigma and combat the “bootstrap mentality.” Staff turnover is a challenge, both for the organization itself and for the people it serves. It is difficult and takes time to build rapport, so high staff turnover rates likely contribute to lower success rates of clients.

#### Recommendations/Opportunities:

- Coordinate/collaborate with home visiting or other programs working in-home with individuals and families
- Use personal networks and current or previous clients to share information about services; people are more likely to access services with another person or based on the recommendation from a friend

- Provide additional training for staff about mental health disorders and substance use disorders, even if that is not the primary mission of the organization
  - Provide public education/social marketing to increase awareness and reduce stigma.
  - Reform/expand shelters (temporary housing)
  - Reform/expand housing (permanent housing)
  - Design systems to reduce negative consequences and stigma associated with disclosing substance misuse, working with families/individuals “where they’re at,” allowing more flexibility within programming, and providing pathways to services where the need is the greatest when individuals are ready
  - Focus on changing culture
  - Increase options for harm reduction models
  - Focus on data and develop plan
  - Examine neighborhood needs – alcohol outlet density and availability of services/resources, ask what they want and need
  - Reform systems, particularly regarding law enforcement and hospital response to low acuity, chronic alcohol misuse in order to help people break the cycle and become more efficient and effective
  - Integrate behavioral and physical health in primary care settings
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**Questions for consideration in forming next steps/charting direction:**

- What themes emerge?
- What have we uncovered?
  - Is it something we already knew or something new?
- Does it pass the “so what” test?
- How does it change our perspective?
- What else do we need to know?
- What theories develop?