Manitowoc County Human Services Department

Clinical Services Division-Integrated SUD/MH Services

2025 Annual report

Provided Services:

1. Crisis services:

-SUD Contacts…….1,119

-Incapacitation holds…….9

-Voluntary detox……..24

-Respite placements…….65

2025	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Alcohol 2	76	97	85	84	103	91	99	76	98	103	88	83	
Heroin 5	24	19	20	19	16	15	14	15	16	13	13	13	
Fentanyl/other opiate 8	14	15	15	15	15	14	17	12	13	13	13	11	
Non-prescribed Methadone 6	1	1	0	0	0	0	0	0	0	0	0	0	
Methamphetamine 12	25	28	26	25	28	29	29	30	30	31	36	36	
Cocaine 3	1	1	2	2	2	2	3	3	3	3	3	3	
THC 4	4	4	5	5	4	4	5	4	3	7	5	8	
Benzodiazepines 15	0	0	0	0	0	0	0	0	0	0	0	0	
Xylazine 18	0	0	0	0	0	0	0	0	0	0	0	0	
Psilocybin 11	0	0	0	0	0	0	0	0	0	0	0	0	
Adderall 13	0	0	0	0	0	0	0	0	0	0	0	0	
Other 21	1	0	0	0	0	0	0	0	0	0	0	0	
Unknown/not documented 99	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	146	165	153	150	168	155	167	140	163	170	158	154	

The above values reflected on the table are State of WI PPS reportable. These numbers reflect all Mental Health and Substance Use diagnoses from Outpatient, Intensive Outpatient and IDP programming for the year 2025.

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2. **Intoxicated Driver Program:**

-Assessments……317

-Appeals…….0

3. **Outpatient Services:**

-Assessments……93 MH/209 (SUD or Dual DX)

-Group clients (4 groups) total……..114 clients

-1:1 outpatient counseling…….114 clients

-Total clients served…….302 clients

-Grievances……..0 clients

Contracted Services:

1. Detox services (includes Opiate detox) …….8 referred to Hosp.- Day's total-11 (2025)

2. Residential treatment for SUD……31 placements total (2025)

3. Sober Living……71 placements total-Average stay 79.5 days (2025)

4. SUD-Crisis stabilization Respite beds (2) ……65 placements-Average stay 3.7 days

Program evaluations:

1. **Consumer Satisfaction surveys for MH/SUD:**

-Consumer satisfaction (Outpatient) surveys completed……34

-Response positive/very positive…….26

-Response midrange or neutral……5

-Response negative……3

Summary of Program Evaluation: The vast majority of "Integrated Services" survey responses were very positive or positive, with only 3 negative consumer surveys. The consumers that provided positive or very positive results indicated that they were very satisfied with services and experienced improvements in their lives while active in services. Most who commented shared that they had a good connection with their therapist and had an overall positive experience in services. There was no commentary on any of the 5 neutral responders. Out of those 5 neutral responses the questions indicated that they felt the treatment was too long or that the group times did not meet their needs.

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Wisconsin Recovery Thermometer results indicate an overall increase in recovery wellness based on emotional safety, hope for the future and safe living spaces for those at transitional living. They also indicate a decrease in negative self-talk and self-injurious behaviors. The 2025 starting score in January was 124 out of 150 (82.6%). By December 2025, that score was increased to 139 out of 150 (92.6%). This is a 10% increase overall during the treatment process. In 2024, we saw a 2% overall decrease from 124 to 120 out of 150. Comparing 2024 to 2025 we see an overall 12% increase in WRT scores, for all of Integrated Services. Since using this 15-question, recovery evaluation tool (2018), this is the largest increase we have seen on this WI State sponsored tool. Below are some of the relevant scores (includes highest & lowest).

Client outcomes for SUD/MH (WRT response):

-Reported improvement in living situation: 66.8%

-Reported feeling hopeful about the future: 87.2%

-Reported feeling physically healthy: 71.4%

-Reported improvement in interpersonal relationships: 91.4%

-Reported getting the services and supports I need: 93.3%

2025 Summary of Integrated Services

In late 2024, the Integrated Services team changed part of its leadership. A long-termed supervisor left the agency. This change seemingly caused a ripple-effect as the Integrated staff went through an adjustment period of learning a new supervisor in early 2025. In turn, that supervisor's replacement was from Integrated team. This caused a plethora of movements and learning new roles for several Integrated staff. A long-termed therapist also left the Integrated team for another agency in late 2025. Ultimately, the team did adjust to these changes, in relative short order. These factors may account for the slight decrease in overall number of intakes, surveys, and consumers served. Nevertheless, staff from the Integrated Services team did meet the challenging demands of an increased caseload.

Despite staffing concerns, the overall trends suggest an improvement in community and treatment engagement. There was also a reduction in overdose or substance related deaths and more positive outcomes for SUD/MH consumers as evidenced by program evaluations and WRT scores (listed above).

Drug Court: We continue to see a reduction in criminal recidivism rates, of which Manitowoc County's Treatment Court has shown a direct correlation. Our "Adult Treatment Court" team census also experienced some changes in staff. In June of 2025, our Treatment Court coordinator was replaced by a newer HSD staff from the drug court team.

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The change in coordinator also came with the challenge of replacing her role from the team. Both changes proved to strengthen an already, resilient team. In addition, new treatment court standards were released in 2024 & 2025 with state and federal changes in language, approach and best practices. All of which are in alignment with research and data for an evidence-based modality. Many of these guidelines were already in place from trainings attended before the release of those standards.

Respite: Another major change was that Manitowoc County ended the (2) crisis-bed contract with one local treatment facility and started a contract to replace the crisis beds with respite beds (2). A much more cost-effective option. Aside from being more cost effective, they utilize peer supports for much of the service. The use of "Peer-run" respite is evidence-based and reflects better outcomes for treatment adherence, minimizing relapse potential, and can help avoid higher cost placements for residential treatment. Manitowoc County went from **65** placements in **2024** to **31** placements in **2025** for residential SUD (substance use disorder) placements. This results in a **52.31%** decrease of residential SUD placements. The average cost to the county for a residential SUD placement is **$1,749.30**. This means we potentially saved the county **$59,476.20** in SUD residential services by these changes in our model.

Partnerships: We did this by utilizing peer supports, sober living, additional group services and hard but efficient work. The Integrated Care model we use has been unofficially recognized by WI DHS as a model for other counties to follow. As a result, we have helped other counties in Wisconsin by sharing information and collaborating on regional NERO (Northeast Region) and SOR (State Opioid Response) meetings. Peer support through our local partnerships contribute to cost management by reducing case management, recovery coaching, peer-run respite & transitional living and even transportation to and from treatment. Most of which, traditionally would fall under agency case-management tasks.

Procedures: Among the many changes Manitowoc County Integrated Services team made in 2025, our electronic health records system (EHR), was upgraded to allow the team to do treatment planning within the system. Previously, all intake and charting documents except progress notes and billing were scanned into the system. This change has saved countless amounts of time due to treatment plans needing multiple signatures from clinical supervision, the supervising MD and any other staff associated with the client's care. We also became one of 3 counties in the State of WI to utilize the latest addition of the ASAM tool (ASAM 4), which is a 35-page document that determines levels of care associated with SUD clients. Nearly every agency in the state providing SUD services still uses the ASAM 3rd edition or the WI unified placement criteria. It is expected in 2027 that neither of the two aforementioned (ASAM 3rd & WI-UPC) will be billable through the Medicaid system. The ASAM (American Society of Addiction Medicine) measures treatment criteria for addictive, substance related, and co-occurring conditions and helps guide clinical staff to making legitimate and "least-invasive" level of care referrals.

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State Compliance: During our December 2025 DHS State of WI audit, we were given praise for our improvements, documentation, and best-practice & standards for each program that was audited. Over the span of two 2 days the surveyors poured over each clinical staff's charting and records to ensure that the work-product was in compliance with State of WI standards and met the time-bound criteria of our documentation. Much was learned about options for the next survey cycle as well.

Summary: Overall analysis of trends and patterns affecting behavioral health service customers in Manitowoc County has shown progress in 2025. Our agency continues focus on efforts to improve evidence-based practices and providing the array of services that we have tailored to the specific needs of Manitowoc County residents. The Integrated Services team continues to make advancements by building stronger alliances with community partners, as we work towards a healthier Manitowoc County. The Manitowoc County Human Services Department continues to implement Trauma-informed Care and other cutting-edge modalities through State of WI, The UWGB partnership, and other no/low-cost grant-funded trainings to build our treatment & recovery model, which has been consistently progressing since 2018. During 2025, we continued to use our external contracted resources for detox, residential treatment, transitional (sober) living, respite, and other various recovery support services to navigate the increase in workloads and decrease in staff.

2026 Goals: Measurable **staff goals** for 2026 a 5% reduction in "no showed or late-canceled" appointments. Direct observation from clinical supervision for 1:1 sessions, assessments and groups for each discipline in our service array (frequency determine by credential). A 50% increase in data collection related to program evaluation (surveys and WRTs).

Our **Program goals** include documenting interventions in Avatar related to low WRT scores of 70 or less. Collect satisfaction surveys from at least 40% of IDP clients (surveys are new to program). Document in progress notes any significant increases from WRTs or program evaluations to enhance future programming.

Closing: There continues to be a tremendous need for services in Manitowoc County. The mission of the Manitowoc County Human Services Department is to promote a healthy community of recovery for those in the community struggling with MH and SUD by providing services that strengthen and empower individuals and families.