



2019

Upper Peninsula, MI

Opioid Needs Assessment

Prepared by the Beyond the Save Opioid Response Consortium

Consortium members: Dial Help, Great Lakes Recovery Centers, Marquette-Alger Medical Control Authority, Michigan Rural EMS Network, and NorthCare Network.

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May 2019

In 2017, the Department of Health and Human Services declared the opioid crisis a nationwide public health emergency. Drug overdoses are currently the leading cause of unintentional injury death in the United States. According to statistics from the Centers for Disease Control (CDC), Michigan was one of 22 states with the highest rates of drug overdose deaths: 24.4/100,000 (2016). The state experienced significant annual increases of 13.3% in 2015 and 19.6% in 2016 and ranks fourth in number of drug overdose deaths with 2347 deaths in 2016. Michigan is also one of thirteen states with the highest opioid prescription rate.

This 2019 Opioid Needs Assessment details how the Opioid Epidemic is specifically impacting the 15 counties located in the Upper Peninsula of Michigan. The information in this document is intended to help health organizations, decision makers, and the public increase their understanding of a complex and urgent public health issue.

This document was created through a collaborative effort of four organizations: Dial Help, Inc., Great Lakes Recovery Center, Michigan Rural EMS Network, and NorthCare Network. These organizations joined forces to create the Beyond the Save Opioid Abuse Response Consortium. The consortium conducted a thorough assessment of needs, identified gaps, and created plans for addressing those. The vision of Beyond the Save is a reduction in poisoning and deaths related to substance use in the Upper Peninsula of Michigan. Our mission is to bridge gaps between the behavioral health system and emergency medical care by engaging first responders in identification, treatment, and referral for substance use disorders. Guiding our efforts are seven values:

1. Beyond the Save values an array of strategies which range from prevention to treatment and recovery.
2. Multi-disciplinary collaboration is key to effectively address substance use disorders.
3. Partners recognize there is stigma and stereotype surrounding substance use disorders.
4. The community plays a role in reducing stigma and encouraging recovery from substance use disorders.
5. Consortium members recognize that addressing stereotypes held by health professionals is important to promoting effective and empathetic treatment.
6. We believe that all people with substance use disorders should have equal access to behavioral health services.
7. First responders can play an important role in the prevention and treatment of substance use disorders beyond the save.

This report includes the contributions and efforts of numerous individuals and organizations. I want to thank and acknowledge the following individuals for their support and work on this project.

- Gail Ploe, Project Coordinator, SOAR Consortium
- Gery Shelafoe, CPR Regional Prevention Coordinator, NorthCare Network
- Ginny Machiela, Sustainability Coordinator, Dial Help Inc.
- Rebecca Crane, Executive Director, Dial Help Inc.
- Shelly Hamilton, Business Manager, Michigan Rural EMS Network
- Amy Poirier, Foundation Coordinator, Great Lakes Recovery Centers
- Michael MIsna, MD, Director, Marquette-Alger Medical Control Authority/School of EMT
- Katrina Rushford, PhD, NCEE, Paramedic I/C, Coordinator, Marquette-Alger Medical Control Authority
- Kay Balcer, Facilitator, Balcer Consulting & Prevention Services



Making continued progress in the communities across the Upper Peninsula will require commitment and dedication from our consortium members, as well as various people throughout the region. We have created a plan to comprehensively support prevention, treatment, and recovery services in our communities. We look forward to partnering with healthcare organizations, law enforcement agencies, the recovery community, state agencies, Communities that Care coalitions, and other coalitions in the Upper Peninsula to implement these plans.

Sincerely,

A handwritten signature in black ink that reads "Leslie A. Hall". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Leslie A. Hall, Executive Director and Project Director
Michigan Rural EMS Network

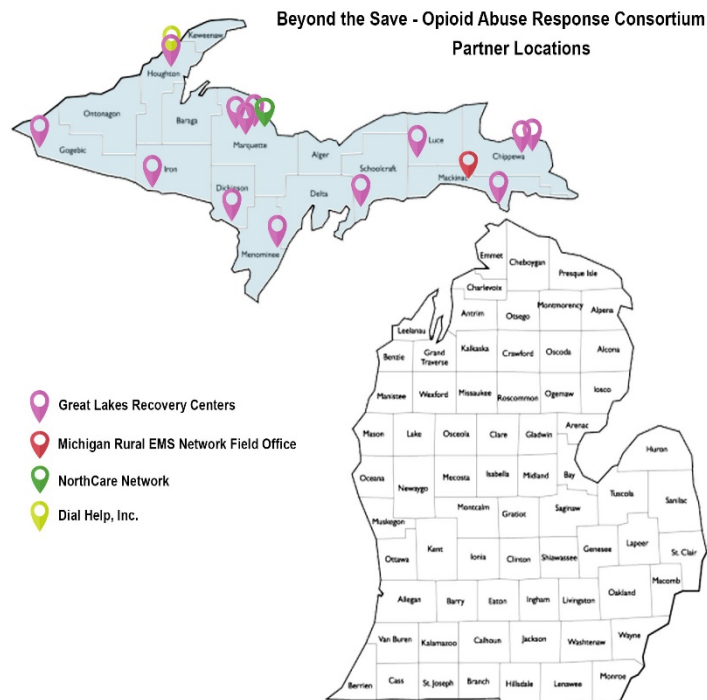
Introduction

In the Upper Peninsula (U.P.) of Michigan, there is a great need for coordination of activities around opioid use disorder (OUD). This fifteen-county region of the state is by far the most rural and has been impacted greatly by opioid and other substance use disorders. As the opioid epidemic spread across the 16,542 square mile region, many organizations began problem solving at the local level. Even though progress has been made in some areas with specific target populations and programs, fragmentation of efforts means that opportunities for economies of scale and broad-based coordination are being missed.

In 2018, four partners joined together, applied for and received a RCORP Planning grant

1. Michigan Rural EMS Network (MiREMS) represents the perspective of first responders. MiREMS will provide an important link to first responders in the U.P. MiREMS is the lead applicant and will employ the Project Director, Program Coordinator, and Business Manager.
2. Dial Help operates a 24-hour crisis line across the U.P. and provides mental health and substance use disorder services across a four-county area. They provide safety net services for individuals struggling with substance use and other complex crises.
3. Great Lakes Recovery Center (GLRC) provides a number of behavioral health services across the U.P. GLRC is a non-profit CARF accredited agency specializing in substance use disorder and mental health treatment for youth, adults, and families. GLRC has 10 outpatient offices and four residential treatment facilities in the U.P.
4. Northcare Network is one of Michigan's ten Prepaid Inpatient Health Plans (PIHPs) responsible for the management of Medicaid Managed Specialty Supports and Services, the Healthy Michigan Program, and Substance Use Disorder Community Grant Programs under contract with the Michigan Department of Health and Human Services (MDHHS). They also provide prevention services across the U.P.

Since forming the Beyond the Save Opioid Abuse Response Consortium, member organizations have developed an MOU and formalized methods for working together. They completed this needs assessment which includes a needs and resources assessment of each of the 15 counties. Consortium members and other key stakeholders completed a root cause analysis. Input from first responders was obtained using an online survey. Strategies designed by the consortium align existing best practices while innovatively incorporating first responders. First responders are uniquely positioned to interact with individuals who have experienced, or are at risk for an overdose, especially those who refuse transport and additional medical treatment after an overdose. At times, first responders may be the only professionals who have contact with someone experiencing a SUD crisis. First responders are a part of the fabric of each local community and represent a highly trained but often underutilized resource.



Needs Assessment Methodology

Consortium members began with completion of the Needs Assessment Readiness Tool in January 2019. Results of the readiness tool indicated that there were sixty areas of strength for the consortium and a distinct readiness to move forward with the needs assessment. The seven areas of challenge included clearly defining the project, finding time to make the project a priority, accessing additional resources outside of planning grant funds, accessing qualitative data from focus groups and formal key informant interviews, and obtaining input from stakeholders. The project coordinator and project consultant reviewed a wide variety of resources in the areas of population health, system of services, and workforce competency. Main resources include:

- County Health Rankings & Roadmaps <http://www.countyhealthrankings.org>
- Agency for Healthcare Research and Quality: Trends in Opioid-Related Hospitalizations <https://www.ahrq.gov/news/opioid-hospitalization-map.html>
- CDC US Opioid Prescribing Rate Maps - <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
- National Center for Health Statistics - <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm>
- United States Census Bureau Fact Finder - https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
- SAMHSA State Profiles of Treatment Facilities and State Summaries of Treatment Episode Data (Medicaid Beneficiaries) - <https://www.dasis.samhsa.gov/webt/newmapv1.htm>
- SAMHSA Treatment Locator - <https://www.findtreatment.samhsa.gov/>
- Local hospital and health department needs assessment reports and community surveys
- Communities that Cares assessments which include a youth survey
- The Michigan Emergency Services Survey was conducted by the Michigan Rural EMS Network. This survey of first responders across Michigan is still in progress. Preliminary data for the Upper Peninsula included responses from 78 first responders. The survey assessed workforce competency and training needs related to opioid and substance use disorders and included a personal assessment of critical stress and mental health needs.

A raw data report was analyzed by consortium members in March 2019. The analysis included identifying strengths, challenges, system constraints, geographic or population disparities, service gaps, barriers to accessing services, and existing resources/funding. The need for additional data related to tabulating mental health workforce data by county, rates of methamphetamine use, and the Communities that Care Youth Survey were identified. Individuals were assigned to follow up tasks and data was reviewed by consortium members as it was received. Results of the analysis led to reaching a consensus regarding priorities and utilizing a targeted county needs/resource based approach. The consortium continues to seek input on the data, priorities, and strategies from the recovery community and other key stakeholders. A strategic planning meeting was held on April 11, 2019 which included a focus group with peer recovery coaches, EMS professionals, medical control and consortium members.

Overview of Results

Description of the area: The U.P. is comprised of 15 rural counties. The largest cities are Marquette, Sault Ste. Marie, Escanaba, Menominee, Houghton, and Iron Mountain. While there is some small-scale farming, the land and climate are not very conducive to agriculture because of the short growing season and long harsh winters. Historically, the economy has been based on logging, copper and iron mining, and tourism. Most mines have closed but the land is heavily forested, and logging remains a major industry.

Demographic data:

- **Total Population: 310,000**
- The overall uninsured rate for the U.P. is about the same as the state of Michigan and stands at 9%. However, of the fifteen counties in the U.P., nine of the counties have rates higher than Michigan ranging from 9-13.2%.
- Eight of the counties have a higher rate of poverty than Michigan (16.7%). Range for these counties is 17%-21.4%.
- In 2018, 13 of the 15 counties had a higher unemployment rate than Michigan's 4.1%. Range of counties higher than Michigan was from 4.9-9.7%.
- There is a much higher Native American population than the state of Michigan, and that population is concentrated in five of the counties in the U.P. Three counties have 15% or more of the population that are Native American compared to Michigan at 0.5%
- Median age is much higher than the state's median age of 39.6. County ranges are from 32.9 to 57.1.

Consortium members completed a comprehensive review of health outcome indicators and resources in each county.

Indicators include core data requested by the Rural Communities Opioid Response Program.

2018 Unemployment

Area	Measure Values
Mackinac County, MI	9.7
Alger County, MI	7.8
Ontonagon County, MI	7.8
Schoolcraft County, MI	7.1
Keweenaw County, MI	6.9
Chippewa County, MI	6.6
Luce County, MI	6.2
Baraga County, MI	6.1
Iron County, MI	5.6
Delta County, MI	5.3
Gogebic County, MI	5.1
Houghton County, MI	5.1
Marquette County, MI	4.9
Michigan	4.1
Menominee County, MI	4
Dickinson County, MI	3.8

#	Measure	Baseline
1	Total population in the project's service area	310,000
2	Number of individuals screened for SUD/ODU in the last year ¹	969
3	Number of non-fatal opioid overdoses in the project's service area- (2009-2014) annual average ²	794
4	Number of fatal opioid overdoses in the project's service area. (2015-2017 Annual Average of drug overdoses=109; In Michigan 75% of drug overdoses are from Opioids=82) ³	82
5	Number of health care providers within the service area who have completed the necessary training and received a waiver to provide MAT ⁴ (Consortium is only aware of 9 MAT practicing physicians which was verified by https://opioid.amfar.org/MI)	19 MD or DO 1 NP

¹ NorthCare Network 2018 Annual Report- Medicaid block grant funding

² <https://www.ahrq.gov/news/opioid-hospitalization-map.html>

³ Henry J. Kaiser Family Foundation; CDC data accessed at <http://wonder.cdc.gov/mcd-icd10.html> on January 10, 2019.

⁴ <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

Additional data that was significant in the review included but was not limited to:

- 2009-2014 opioi-related hospitalizations rates for the UP was 240.21/100,000 and for Michigan was 186.48/100,000. Eleven of the fifteen counties in the UP had rates higher than the Michigan rate. Marquette County had the third highest rate in Michigan and eight UP counties were in the top 20.
- For the 2015-2017 time period, there were 109 drug overdoses. Only six of the fifteen counties had an overdose death rate/100,000 calculated in County Health Rankings and the average rate of those counties ranged from 9/100,000- to 36/100,000. The Michigan rate for the same time was 20.3/100,000.
- In 2017, two counties in the UP had opioid death rates that were over 14.55/100,000 and four of the counties in the UP had an opioid death rate between 11.2/100,000 and 14.2/100,000.

Analysis of the data resulted in assigning counties in the Upper Peninsula (UP) to three levels of need.

Counties fell into three categories, High, Medium, and Lower Need/Risk.

- High Need/Risk: Marquette, Iron, Dickinson, Luce, Baraga, Schoolcraft
- Medium Need/Risk: Menominee, Chippewa, Alger, Delta, Mackinac
- Lower Need/Risk: Ontonagon, Houghton, Keweenaw, Gogebic

Related Data Indicators

Incidence and Prevalence of SUD/OD: Five of the 13 counties with high rates for opioid-related hospital stays in Michigan are in the U.P. Average rate of hospital stays/discharges per 100,000 for the U.P. is 240.21. Michigan's rate for the same time period was 186.48.

Opioid Hospital Stays- average 2009-2014⁵

County Name	County FIPS	Total number of discharges	Discharges per 100,000	Region	State Ranking- 1 highest
Marquette	26103	252	367	U.P.	3
Luce	26095	22	327	U.P.	7
Delta	26041	108	287	U.P.	10
Schoolcraft	26153	24	285	U.P.	11
Iron	26071	30	264	U.P.	14
Baraga	26013	22	244	U.P.	17
Alger	26003	22	241	U.P.	19
Chippewa	26033	92	234	U.P.	20
Dickinson	26043	60	227	U.P.	23
Menominee	26109	50	217	U.P.	25
Ontonagon	26131	13	203	U.P.	30
Houghton	26061	58	159	U.P.	44
Mackinac	26097	17	158	U.P.	45
Gogebic	26053	24	150	U.P.	48
Keweenaw	Data not available				

⁵ <https://www.ahrq.gov/news/opioid-hospitalization-map.html>

Michigan Data: Opioid-Related Hospital Stays⁶

- Michigan Change over five years, 2009-2014: 21% increase
- Michigan Patient Gender with highest rate, 2014: Women (237 per 100,000 people)
- Michigan Age group with highest rate, 2014: 45-64 (337 per 100,000 people)
- Michigan Geographic area with highest rate, 2014: City (Large Central Metropolitan) (318 per 100,000 people)
- Michigan Income group with highest rate, 2014: Lowest income (352 per 100,000 people)

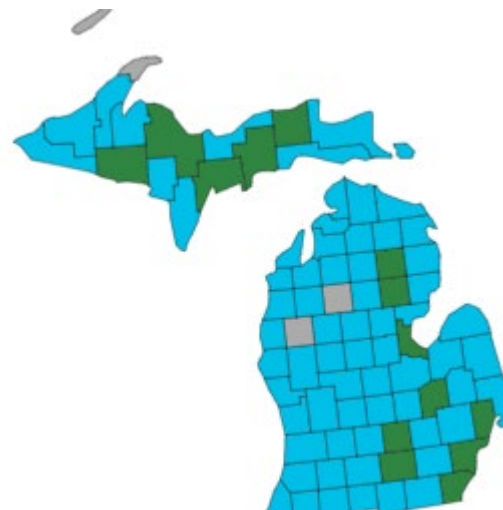
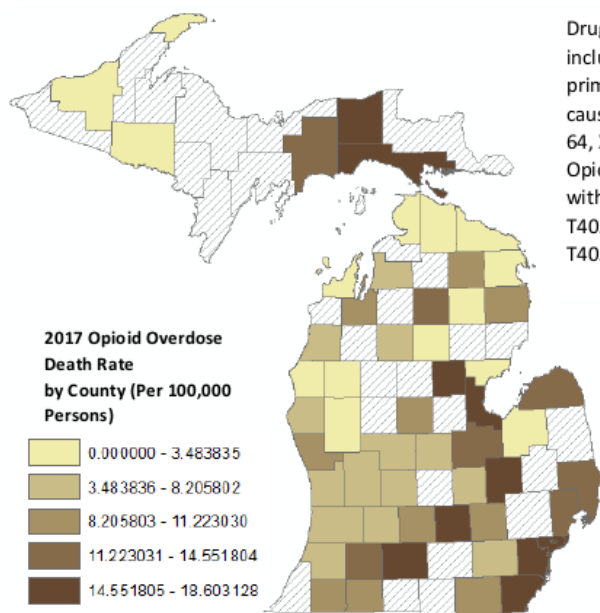


Table 4: Drug Overdoses- 2015-2017 Annual average based on county of residence⁷

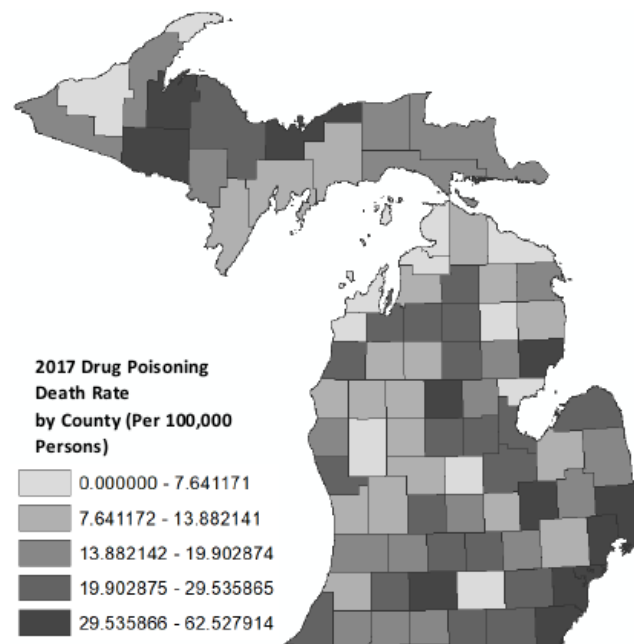
In counties where rates were compiled, the range was 9-36.

County Name	# of Overdoses	Rate of overdoses/100,000
Marquette	42	21
Dickinson	19	25
Chippewa	14	12
Iron	12	36
Menominee	12	17
Houghton	10	9

Overdose Maps⁸



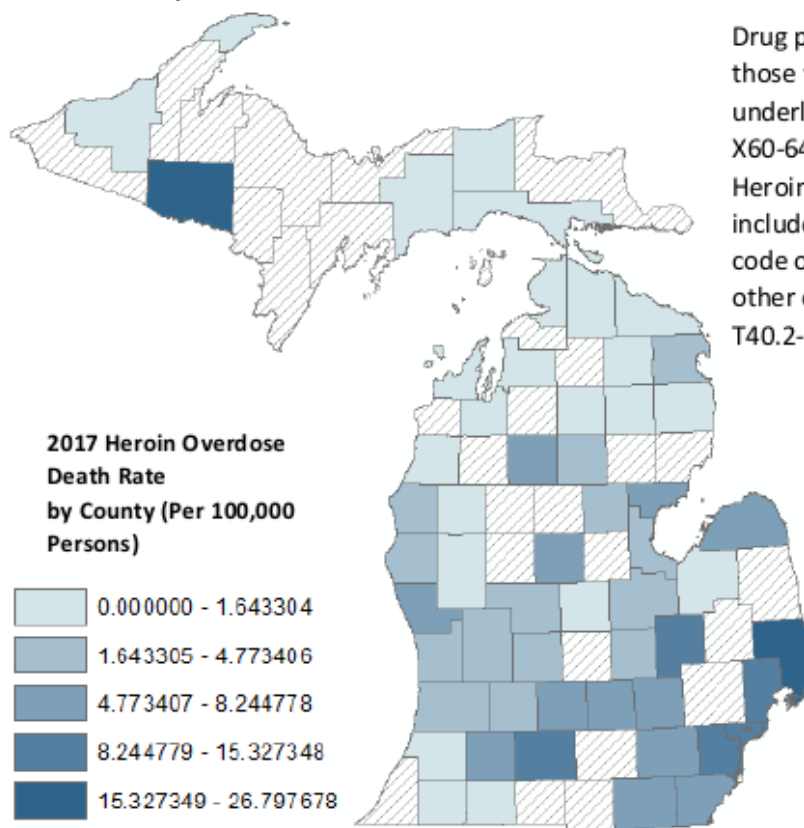
Drug poisoning deaths include those with ICD-10 primary or underlying cause code X40-44, X60-64, X85 and Y10-14. Opioid deaths are those with ICD-10 codes T40.2-T40.4, with no mention of T40.1 (heroin).



⁶ <https://www.ahrq.gov/news/opioid-hospitalization-map.html>

⁷ <http://www.countyhealthrankings.org/app/michigan/2019/measure/factors/138/data>; Centers for Disease Control- Compressed Mortality File (CMF)

⁸ 2017 Hepatitis B and C Annual Surveillance Report- Michigan Department of Health and Human Services (https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2976_66415_66416_66427---,00.html)



Drug poisoning deaths include those with ICD-10 primary or underlying cause code X40-44, X60-64, X85 and Y10-14.

Heroin deaths are those that include a related ICD-10 cause code of T40. With or without other opioids (ICD-10 codes T40.2-T40.4)

	Total Population	Young Adult (18-29) Population	2017 Young Adult (18-29) Hepatitis C Virus (HCV) Cases	2017 Heroin Treatment Admissions	2016 Heroin Overdoses	2017 Young Adult (18-29) Hepatitis C virus (HCV) Rate*	2017 Heroin Treatment Admission Rate	2016 Heroin Overdose Death Rate
Alger	9,219	1,130	0	6	0	0.00	65.08	0.00
Baraga	8,503	1,203	11	6	0	914.38	70.56	0.00
Chippewa	37,724	6,994	10	8	0	142.98	21.21	0.00
Delta	36,202	4,246	22	27	0	518.13	74.58	0.00
Dickinson	25,535	3,068	10	30	1	325.95	117.49	3.92
Gogebic	15,243	2,084	9	7	0	431.86	45.92	0.00
Houghton	36,555	9,840	11	12	0	111.79	32.83	0.00
Iron	11,195	1,076	10	16	3	929.37	142.92	26.80
Keweenaw	2,199	198	0	0	0	0	0	0
Lake	11,496	1,136	0	9	0	0.00	78.29	0.00
Luce	6,358	871	4	0	0	459.24	0.00	0.00
Mackinac	10,820	1,153	2	4	0	173.46	36.97	0.00
Marquette	66,435	13,918	24	37	0	172.44	55.69	0.00
Menominee	23,281	2,674	6	4	1	224.38	17.18	4.30
Ontonagon	5,911	412	0	0	0	0.00	0.00	0.00
Schoolcraft	60,853	8,522	11	80	1	129.08	131.46	1.64
UP Totals	367,529	58,525	130	246	6	283.32	55.64	2.29
State-wide†	9928300	1634196	1984	24995	732	121.41	251.76	7.37

The Communities that Care Youth Risk Survey identified that rates of underage drinking in the U.P. are higher than in Michigan. The same survey identified perceived risk of harm of drug use is low, and rates of depression and anxiety are high among young people.

Alcohol Related Indicators ⁹	<u>Excessive drinking</u>	<u>Alcohol-impaired driving deaths</u>
Michigan	21%	29%
Alger	20%	25%
Baraga	21%	60%
Chippewa	21%	48%
Delta	19%	36%
Dickinson	20%	44%
Gogebic	19%	50%
Houghton	21%	44%
Iron	17%	56%
Keweenaw	17%	100%
Luce	20%	17%
Mackinac	18%	29%
Marquette	24%	42%
Menominee	20%	29%
Ontonagon	16%	40%
Schoolcraft	18%	25%

- IV drug use, and needle sharing, is likely responsible for higher hepatitis rates in the region. In 2017, the rate of hepatitis C Virus (HCV) among young adults (18-29) in the U.P. was 239.36, Michigan rate was only 121.41.¹⁰

Appendix C2: Heroin Data by Region

Region	Total Population	Young Adult (18-29) Population	2017 Young Adult (18-29) HCV Cases	2017 Heroin Treatment Admissions	2016 Heroin Overdose Deaths	2017 Young Adult (18-29) HCV Rate*	2017 Heroin Treatment Admission Rate*	2016 Heroin Overdose Death Rate*
1	1,076,217	195,753	192	2,057	59	98.08	191.13	5.48
3	1,108,809	159,573	259	2,712	70	162.31	244.59	6.31
5	956,402	156,685	158	1,794	58	100.84	187.58	6.06
6	1,507,345	272,998	215	1,915	62	78.76	127.04	4.11
7	441,776	54,216	78	693	4	143.87	156.87	0.91
8	303,181	49,715	119	157	5	239.36	51.78	1.65
2N	2,271,287	336,273	349	6,538	185	103.78	287.85	8.15
2S	2,263,283	408,983	399	9,128	285	97.56	403.31	12.59
MDOC	41,122	11,189	214	-	-	1,912.59	-	-
Statewide†	9,928,300	1,634,196	1,984	24,995	732	121.41	251.76	7.37

*Rates are calculated per 100,000 persons in the population

†Due to cases without a defined jurisdiction, state-wide totals may include cases that were not included in jurisdiction counts

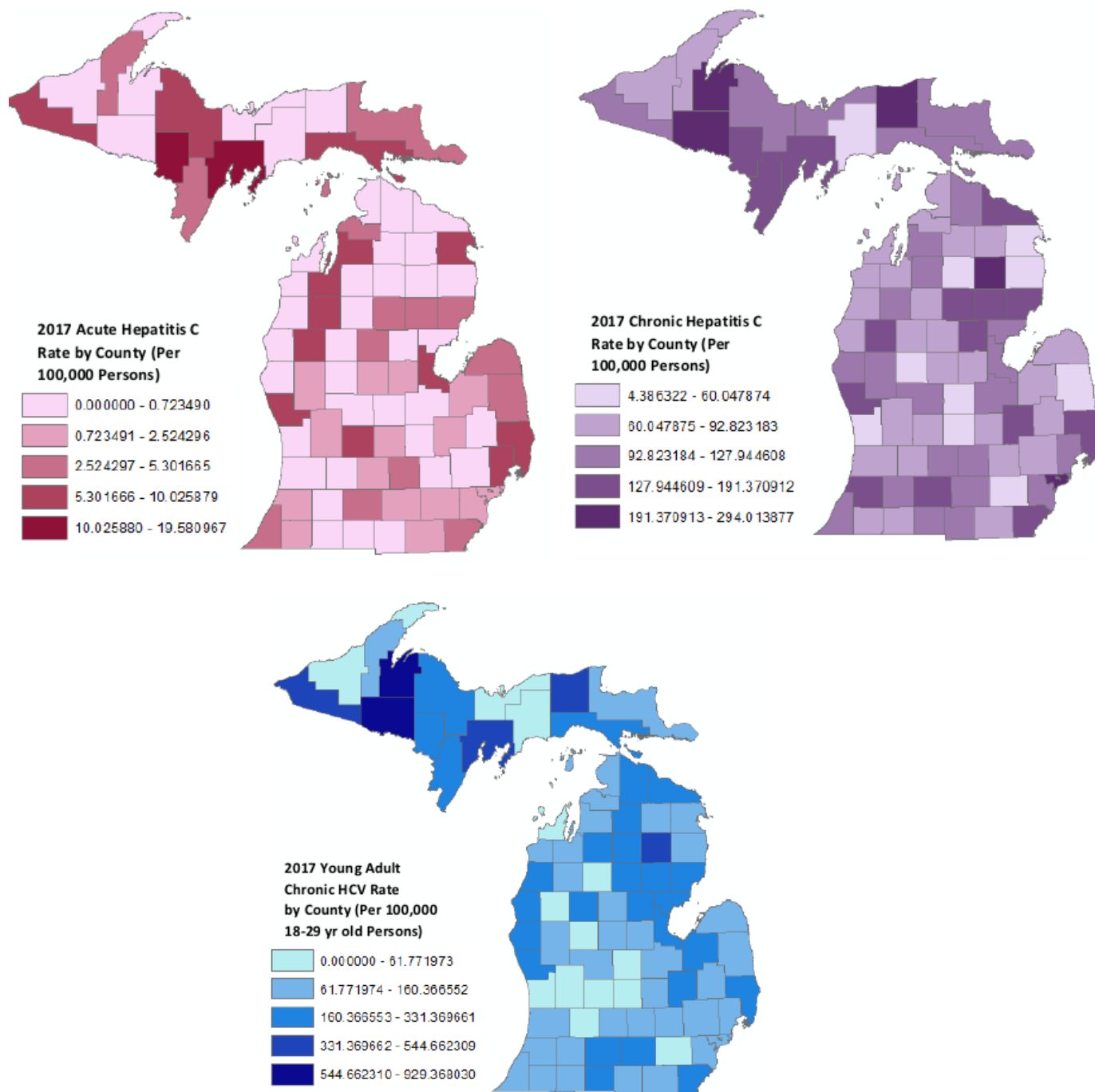
⁹ www.countyhealthrankings.org

¹⁰ 2017 Hepatitis Annual Report, Michigan Department of Health and Human Services; Upper Peninsula is Region 8

¹¹ HIV/HEPATITIS- Michigan Department of Health and Human Services

2017 Hepatitis Data¹¹

Upper Peninsula is Region 8



Appendix A1: County Hepatitis Data										
	Total Population	Young Adult (18-29) Population	207 Chronic HCB Cases	2017 Acute Hepatitis C Virus (HCV) Cases	2017 Chronic HBV Cases	2017 Acute HBV Cases	2017 Chronic Hepatitis C Virus (HCV) Rate*	2017 Acute Hepatitis C Virus (HCV) Rate*	2017 Chronic HBV Rate*	2017 Acute HBV Rate*
Alger	9,219	1,130	10	0	0	0	108.47	0.00	0.00	0.00
Baraga	8,503	1,203	25	0	0	0	294.01	0.00	0.00	0.00
Chippewa	37,724	6,994	42	2	0	0	111.33	5.30	0.00	0.00
Delta	36,202	4,246	58	5	5	0	160.21	13.81	13.81	0.00
Dickinson	25,535	3,068	43	5	1	0	168.40	19.58	3.92	0.00
Gogebic	15,243	2,084	18	1	0	0	118.09	6.56	0.00	0.00
Houghton	36,555	9,840	30	1	3	0	82.07	2.74	8.21	0.00
Iron	11,195	1,076	30	0	0	0	267.98	0.00	0.00	0.00
Keweenaw	2,199	198	2	0	0	0	90.95	0.00	0.00	0.00
Luce	6,358	871	15	0	1	0	235.92	0.00	15.73	0.00
Mackinac	10,820	1,153	12	1	1	0	110.91	9.24	9.24	0.00
Marquette	66,435	13,918	85	5	2	0	127.94	7.53	3.01	0.00
Menominee	23,281	2,674	33	1	0	0	141.75	4.30	0.00	0.00
Ontonagon	5,911	412	5	0	0	0	84.59	0.00	0.00	0.00
Schoolcraft	60,853	8,522	56	0	3	0	92.03	0.00	4.93	0.00
UP Totals	356,033	57,389	464	21	16	0	146.31	4.60	3.92	0
State-wide†	9928300	1634196	12062	234	1237	64	121.49	2.36	12.46	0.64

HIV infection cases by county of current residence, 2014

	Total Population	Estimated Prevalence-Number	Total HIV Diagnoses	Rate per 100,000
Alger	9,219	10	4	42
Baraga	8,503	10	4	46
Chippewa	37,724	30	20	51
Delta	36,202	20	19	52
Dickinson	25,535	10	7	27
Gogebic	15,243	10	4	25
Houghton	36,555	20	13	36
Iron	11,195	10	4	35
Keweenaw	2,199	10	0	0
Luce	6,358	10	2	31
Mackinac	10,820	10	6	54
Marquette	66,435	50	42	62
Menominee	23,281	10	5	21
Ontonagon	5,911	10	3	47
Schoolcraft	60,853	10	2	24
UP Totals	356,033	230	135	36.87
State-wide†	9928300	21300	16750	169

Community Impact: Evidence of a rise in opioid and substance abuse disorders is found in an increase in drug-related crimes. Drug treatment courts have been established in 13 of the 15 counties in an effort to avoid lengthy and repeated stays in county jails for people with SUD. Arrests for alcohol and drug related offenses is a primary factor contributing to jail overcrowding throughout the U.P.

2017 VIOLENT AND PROPERTY CRIME TOTALS BY PROSPERITY REGION

Criteria: January 1 - December 31, 2017, Statewide/Totals by Prosperity Region

	Prosperity Region ¹	Population ²	Violent Crimes ³	Violent Crime Rate Per 1,000	Property Crimes ⁴	Property Crime Rate Per 1,000
Upper Peninsula Prosperity Alliance						
Western UP Prosperity Region	1a	79,198	123	1.6	737	9.3
Central UP Prosperity Region	1b	168,098	352	2.1	1,997	11.9
Eastern UP Prosperity Region	1c	54,781	152	2.8	808	14.7
	Total (1a-1c)	302,077	627	2.1	3,542	11.7
Northwest Prosperity Region	2	303,996	752	2.5	3,241	10.7
Northeast Prosperity Region	3	202,993	479	2.4	2,616	12.9
West Michigan Prosperity Alliance						
West Central Michigan Prosperity Region	4a	182,421	662	3.6	2,589	14.2
West Michigan Prosperity Region	4b	1,413,544	4,188	3.0	24,174	17.1
	Total(4a & 4b)	1,595,965	4,850	3.0	26,763	16.8
East Central Michigan Prosperity Region	5	562,597	2,193	3.9	8,347	14.8
East Michigan Prosperity Region	6	848,688	4,106	4.8	12,548	14.8
South Central Prosperity Region	7	477,656	2,077	4.3	9,349	19.6
Southwest Prosperity Region	8	782,463	3,755	4.8	18,278	23.4
Southeast Michigan Prosperity Region	9	1,010,069	2,957	2.9	14,749	14.6
Detroit Metro Prosperity Region	10	3,875,827	22,586	5.8	80,818	20.9
	Grand Total	9,962,311	44,382	4.5	180,251	18.1

Note: Data as of June 13, 2018, from the Michigan Incident Crime Reporting live database.

¹The Regional Prosperity Initiative was established in PA 59 of 2013.

²Population based on U.S. Census Bureau estimates as of July 1 of each year.

³Violent crimes consist of the following crime categories: Murder, Rape, Robbery, and Aggravated Assaults.

⁴Property crimes consist of the following crime categories: Burglary, Larceny, and Motor Vehicle Theft.

MICHIGAN DEPARTMENT OF STATE POLICE Criminal Justice Information Center



Violent and Property Crime Totals by Prosperity Region

County	Prosperity Region ¹	2017		2016		2015		2014		2013	
		Violent Crime	Property Crime	Violent Crime	Property Crime	Violent Crime	Property Crime	Violent Crime	Property Crime	Violent Crime	Property Crime
Baraga	1 - A	11	29	16	44	14	55	15	35	12	62
Gogebic	1 - A	19	141	14	144	19	160	14	190	21	197
Houghton	1 - A	32	398	57	384	43	423	42	421	39	431
Iron	1 - A	35	126	25	144	31	175	16	200	17	238
Keweenaw	1 - A	1	11	3	27	1	38	5	46	3	38
Ontonagon	1 - A	25	32	19	40	11	40	7	31	5	32
Alger	1 - B	22	79	15	61	22	68	23	70	15	101
Delta	1 - B	49	643	69	677	57	624	58	749	64	873
Dickinson	1 - B	12	56	13	76	13	79	9	26	15	129
Marquette	1 - B	199	884	143	921	164	954	104	982	74	1,089
Menominee	1 - B	58	217	58	277	42	238	47	411	37	357
Schoolcraft	1 - B	12	118	25	80	31	83	15	97	13	142
Chippewa	1 - C	108	344	102	429	74	343	106	471	74	673
Luce	1 - C	28	141	28	100	22	87	21	118	27	113
Mackinac	1 - C	16	323	27	291	21	344	19	334	30	399

Child Abuse Data¹²

Qualitative data from CPS caseworkers indicates a dramatic increase in in SUD-related cases. SUD treatment providers also report an increase in referrals from Child Protective Services caseworkers.

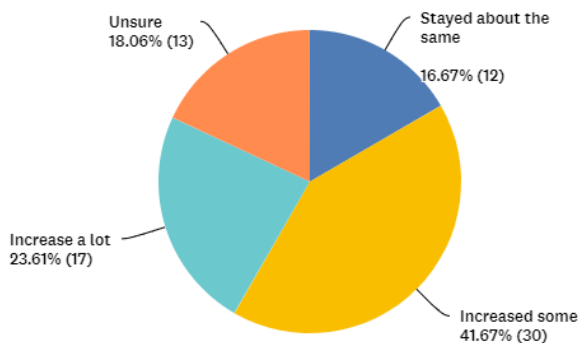
	Rate per 1,000 Children Ages 0-8 Who Are Substantiated Victims of Abuse or Neglect					Rate per 1,000 Children Ages 0-8 Who Lived in Families That Were Investigated for Child Abuse or Neglect				
	FY13	FY14	FY15	FY16	FY17	FY13	FY14	FY15	FY16	FY17
Luce	55.2	31.5	37.8	35.3	52.8	217.3	268.5	304.8	218.3	197.2
Iron	26.5	55.4	52.9	55.6	50.2	199.1	220.6	244.0	283.9	186.2
Gogebic	28.5	45.7	36.8	53.0	49.9	136.4	156.7	152.2	202.3	194.4
Schoolcraft	33.1	17.4	16.3	33.6	48.2	118.2	114.5	162.7	142.2	199.3
Ontonagon	39.6	17.1	53.8	41.7	43.0	145.1	105.4	161.4	111.1	154.1
Chippewa	40.7	37.2	35.6	41.5	40.9	179.8	192.1	186.3	207.2	196.2
Baraga	23.0	14.5	29.7	28.0	37.6	148.8	135.7	178.4	162.5	164.1
Upper Peninsula	35.3	31.3	37.6	41.2	46.1	163.5	170.5	198.5	189.6	184.5
Delta	17.5	16.5	31.5	41.1	32.7	145.0	142.1	206.4	234.6	204.7
Menominee	16.9	23.4	24.6	22.7	30.9	99.4	132.1	153.7	185.6	211.4
Marquette	20.2	17.8	20.8	23.1	28.0	120.0	117.2	139.7	153.2	167.9
Michigan	20.6	20.6	23.8	25.3	26.8	108.7	115.5	135.2	136.3	136.9
Alger	9.0	46.0	46.0	21.9	24.7	79.5	168.0	168.3	161.4	118.6
Mackinac	27.2	20.6	36.5	34.1	21.4	105.1	109.0	150.9	142.9	120.6
Dickinson	33.8	23.8	26.4	19.2	18.2	114.0	109.3	172.8	186.0	175.9
Houghton	12.3	13.0	10.2	12.7	12.3	68.7	83.7	94.6	88.2	86.7

EMS Survey Data

Seventy-eight first responders in the Upper Peninsula responded to the Michigan Emergency Services Survey. Seventy three percent of the respondents were from volunteer departments and another 9% were from combination-mostly volunteer departments. On the survey, first responders were asked questions related to their role related to mental health and substance use disorders.

16. In your opinion, in recent years, has the number of mental health related calls...

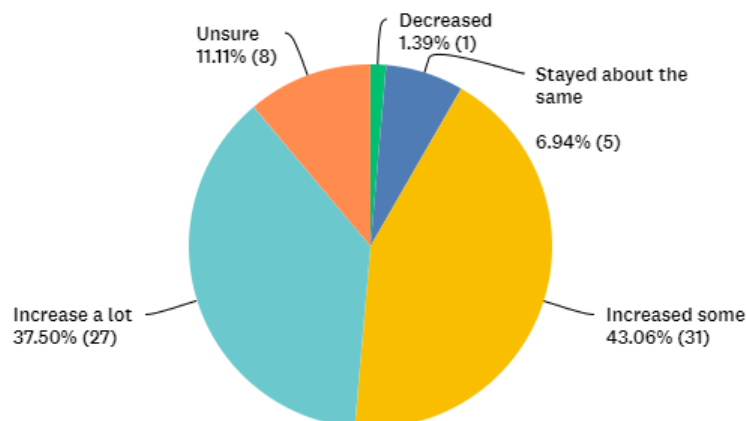
Answered: 72 Skipped: 6



¹² Michigan Department of Health and Human Services Child Abuse Data as compiled by the Michigan League for Public Health Policies for Great Start Collaboratives in Michigan.

17. In your opinion, in recent years, has the number of substance abuse related calls...

Answered: 72 Skipped: 6

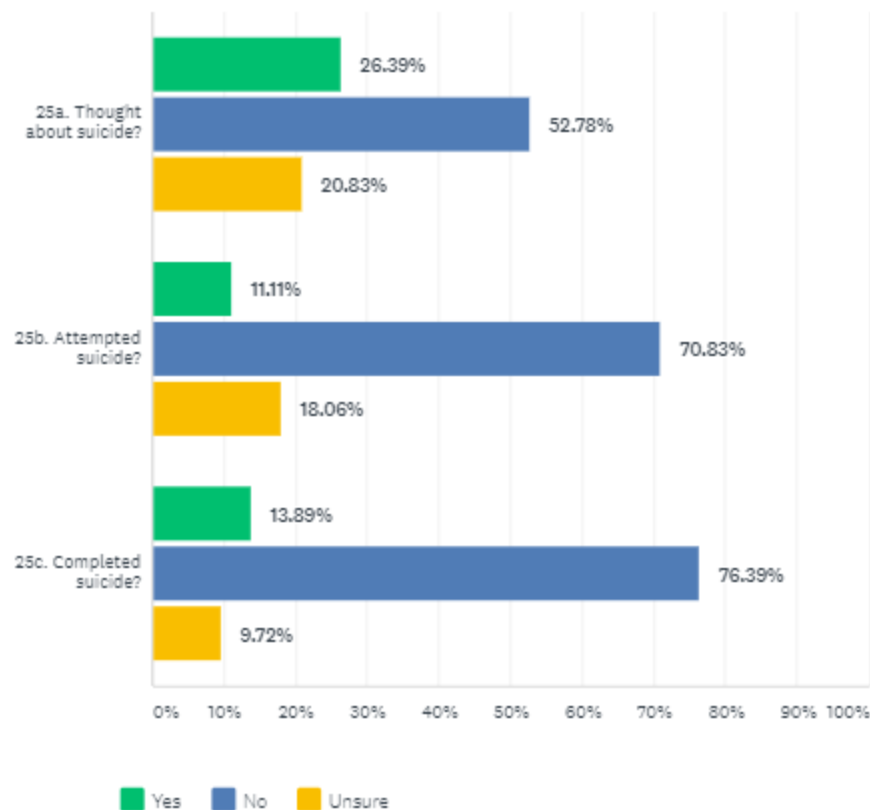


Personal well being of EMS is being impacted:

- 61% indicated that they have experienced critical stress; 3% unsure
- 13% have thought about suicide
- Only 17% of those who have experienced critical stress, or thought about suicide, sought help.
- Of the twelve people who sought help, two used a formal employee assistance program and nine used peer counseling. Three sought professional help from an outside agency.
- Of the 17 people that did not seek help, 11 did not see a need. Two thought that help was not available. Three did not want it on their record and three were concerned about what others would think. One did not want to be identified.
- If they, or someone they knew, was experiencing critical stress or a substance use disorder, 21% indicated they did not know what help is available.
- More first responders were not at all comfortable with seeking help for themselves (10%) than talking about the issue with a fellow responder who needed help (6%)

25. Do you know anyone working as a first responder that has:

Answered: 72 Skipped: 8



Community Perceptions: The 2018 U.P. Community Health Needs Assessment is inspired by and modeled on the CDC Behavioral Risk Factor Surveillance System. The survey listed 16 health issues and asked respondents to rate them in order of importance. Survey respondents in all 15 counties ranked drug abuse as a “very important” health issue, placing it second only to the cost and lack of health insurance. Seventy-nine percent of survey respondents in Baraga County rated drug abuse as the #1 health issue facing their community. In seven counties, more than 60% of survey respondents rated drug abuse as “very important”.

Tri-Ethnic Readiness Survey¹³ is an evidence-based and designed to assess a community’s readiness to address a specific issue. There are nine stages of readiness, ranging from Stage 1-No Awareness to Stage 9-High Level of Community Ownership. All 15 counties have been scored and all fell in, or near, Stage 3-Vague Awareness.

Resource Assessment

The consortium collected data and reviewed the service system for prevention, treatment, and recovery services. In addition, barriers to accessing treatment were identified and discussed.

¹³ www.UPprevention.org; www.CommunitiesThatCare.net

PREVENTION & HARM REDUCTION

Youth Prevention: Youth prevention in the U.P. is led by NorthCare Network with two key evidence-based programs: Communities That Care (CTC) Coalitions and Botvin’s Life Skills facilitated by Prevention Specialists in local schools.

Every county in the U.P. has a CTC coalition that has completed a readiness assessment and conducted the CTC Youth Survey. The coalitions are connected by a regional coordinator, umbrella coalition, and Key Leaders group. The Tri-Ethnic Readiness Survey, completed by the CTC Coalitions, identified two main issues regarding awareness. 1) most people think that OUD and SUD do not impact them personally and 2) people do not understand what they can do as individuals and organizations to deal with SUD and OUD. As a consortium partner, NorthCare Network keeps the consortium updated on progress and activities of the CTC Coalitions.

Needle Exchange Programs¹⁴: Two counties have needle exchange programs, Marquette and Chippewa. Progress in other areas of the UP is being made through initiatives led by the local public health departments.

Marquette County Health Department—New Points Syringe Exchange Program

Phone: 906-372-3040	Thursdays	Upper Great Lakes Sawyer Family Health Center 301 Explorer Street Gwinn, MI 49841	2—5 p.m.
Website: www.mqthealth.org			

Chippewa County Health Department—Safe X-Change

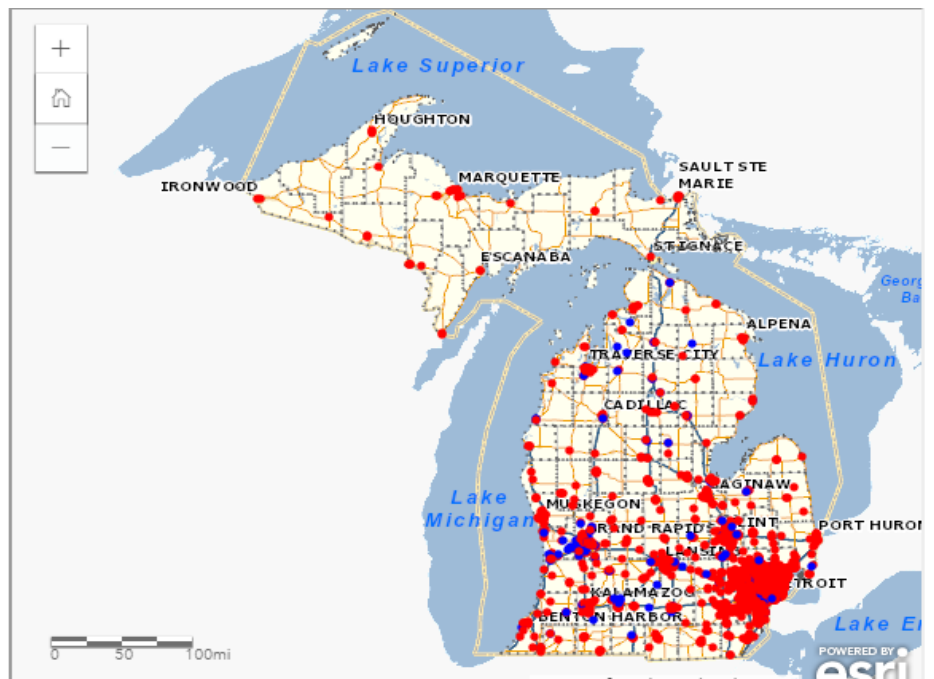
Phone: 906-635-3621	Monday	Sault Ste. Marie— WMH West side of parking lot *Corner of Pine Street and Nolte Street	11 a.m.—3p.m.
Website: www.chippewahd.com			
	Tuesday	Bay Mills—Behind ‘Silver Dome’ next to AOT	9 a.m.— 11 a.m.
		Kinross—WMH Community Care Clinic south parking lot	12 p.m.—3 p.m.
	Thursday	Sault Ste. Marie—Sault Tribal Health Center Parking Lot	11 a.m.—3 p.m.

Naloxone Distribution: In 2016, Michigan passed a naloxone (Narcan) standing order law. This allows a pharmacist to dispense naloxone without an individual prescription and without identifying a particular patient. According to the map of approved pharmacies, participating pharmacies are mostly located in the largest cities and towns in the UP. Three counties have no sites and seven counties have more than one site but all are located in one town. This means that there are expansive rural areas where residents would need to travel for one hour or more to access these pharmacies. Cost is an additional barrier for those who can get to a location. In order to address the cost and transportation barriers, some communities have established Narcan distribution programs through their local CTC. Resources are limited for these local programs. Since

¹⁴ https://www.michigan.gov/documents/mdhhs/MI_SyringeAccessProgramDirectory_612614_7.pdf

2017, Northcare Network distributed 800 kits to city, county, state, and tribal law enforcement agencies. In 2018, Northcare Network began conducting community education and naloxone distribution programs.

Pharmacies Approved to Dispense Naloxone¹⁵ (Complete list with Phone and address available at website)



Public Health Initiatives: Due to the connection between SUD and communicable disease, public health departments are engaged in creating awareness and implementing harm reduction programs. There are six district health departments in the UP. Michigan Department of Health and Human Services, DHHS initiated a statewide awareness campaign in 2017 running through 2019, directing citizens and prescribers to www.Michigan.gov/stopoverdoses where a list of media resources is available. See Appendix for list of Health Departments and Community Mental Health Agencies.

Prescription Rates: One of the contributing factors in opioid addiction is overprescribing. The connection between prescribed opiates and addiction is evidenced by the fact that one half to three quarters of IV drug users report misusing a prescription opioid initially¹⁶. Fortunately, the national conversation about opioid prescriptions, new prescribing guidelines from the CDC, new regulations for utilizing the MAPS (Michigan successfully launched the Michigan Automated Prescription System in April 2017), and improved healthcare provider education has resulted in significant reductions in opioid prescription rates as illustrated by the maps below. But, Michigan still ranks tenth highest in the nation for the number of opioid prescriptions per person. In 2016, the average number of prescriptions per person in the U.P. was 81.9, just below the overall Michigan rate of 84.9. Disaggregated data at county level shows that one-third of the counties in the U.P. have a higher prescription rate than Michigan, ranging from 101.8 to 132.8. Additionally, one third of the counties (range 73.5-83.9) had rates below Michigan, but above the national average of 66.5 (CDC). Trend data indicates that the rate of prescriptions is decreasing¹⁷. This is a hopeful sign for long term decreases in OUD. However, in

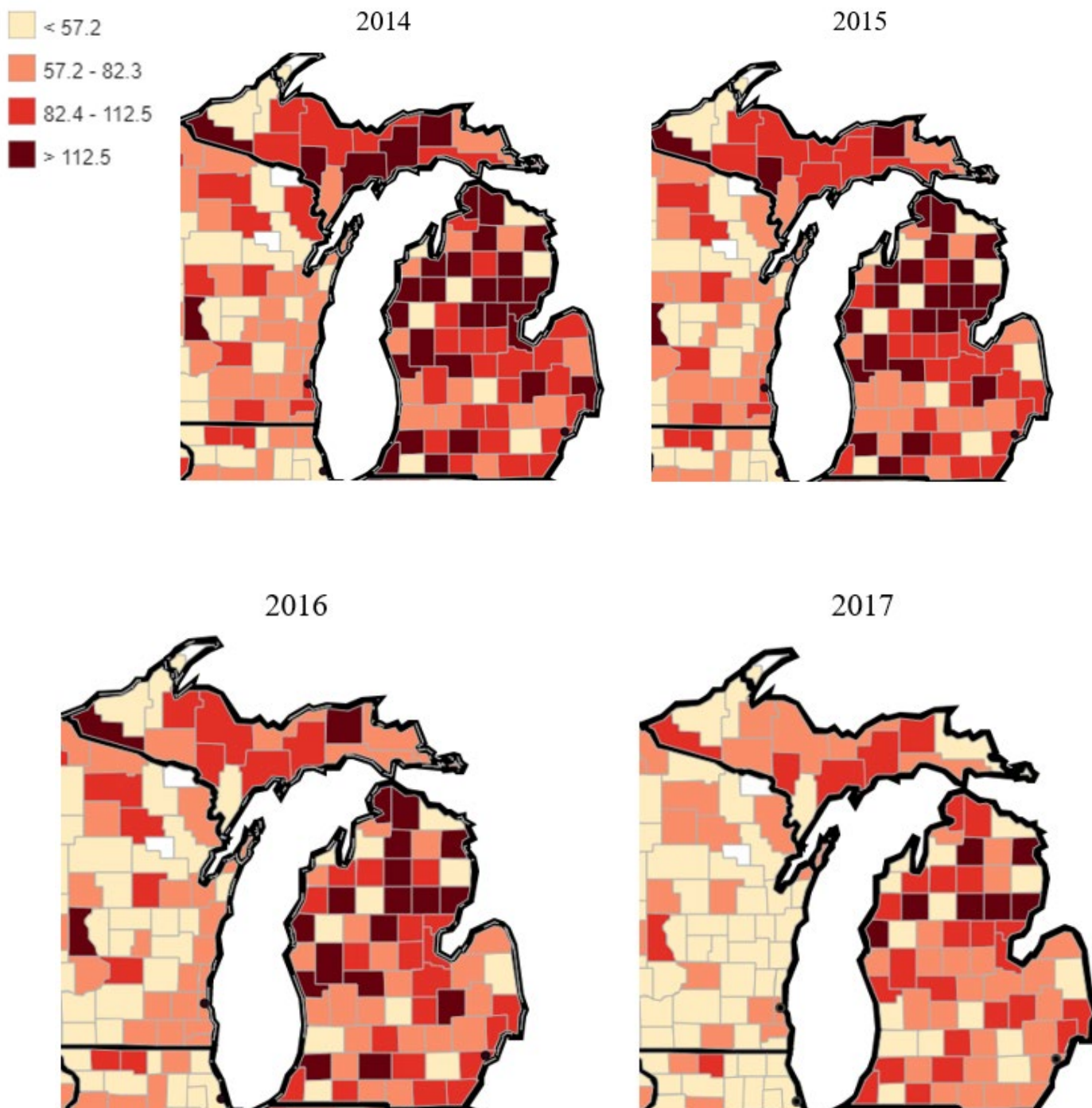
¹⁵ https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79678---,00.html

¹⁶ NIDA Research Report, February 2014 Pollini RA et al Substance Abuse Rehabil 2(1) :173

¹⁷ <https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>

the short term as the supply for prescription opioids decreases, those who are addicted are turning to other sources of opioids such as heroin. Efforts to reduce access have been increased by publicizing prescription drop off locations through pharmacy outreach.

Prescription rate maps: <https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>



TREATMENT

Overall, the healthcare system in the Upper Peninsula is taxed and struggles to provide access to quality care. Provider ratios are worse for every discipline except dental. However, adults Medicaid recipients face lengthy waiting lists and must travel great distances to access dental care. In Michigan the ratio between patients and mental health providers is 430:1. In the U.P. the average is 1144:1 and county ratios range from 440:1 to 5910:1. When reviewing provider ratios, higher ratios mean that each provider is responsible for more patients which may result in less access to services. In other words, a lower ratio is better. The table below summarizes the provider ratios.

Type of Provider	Michigan Ratio	Upper Peninsula Ratio	County Range
Mental Health	430	1144	440 to 5910
Primary Care	960	1574	800 to 6010
Mid-Level Providers	1165	1498	594 to 2956
Dental	2180	1753	1020 to 2240

To improve ratios and recruit and retain healthcare providers, many organizations have become National Healthcare Service Corp sites. Fourteen of the 15 counties have at least one approved NHSC site¹⁸. A total of 47 sites are NHSC approved in the Upper Peninsula.

- Alger- 4 sites
- Baraga-2 sites
- Chippewa- 3 sites
- Delta-5 sites
- Dickinson- 1 site
- Gogebic- 3 sites
- Houghton-7 sites
- Iron-2 sites
- Keweenaw- 0 sites
- Luce-3 sites
- Mackinac-5 sites
- Marquette-3 sites
- Menominee- 6 sites
- Ontonagon-1 site
- Schoolcraft- 2 sites

Related to treatment for OUD and SUD there are both strengths and challenges.

Consortium members have identified increasing interest in providing Medication Assisted Treatment, MAT services as a strength for the service system. At the same time, there are still reservations and resistance to MAT services. According to the Buprenorphine Practitioner Locator, there are 20 practitioners with approved waivers. However, the consortium is only aware of nine MAT providers (one specifically for pregnant women). Other providers are located in a four-county area in the central U.P. There is also a MAT clinic staffed by providers who travel to the U.P. from downstate and only accept cash payments which has caused community concern about the legitimacy of the clinic. SOAR partners are committed to increasing the acceptance of MAT by professionals and the public. Partners are working with the Michigan Opioid Collaborative which is an initiative through the University of Michigan Psychiatry Department.

MAT Clinic (primarily perinatal)

MAT Clinic

MAT Clinic

MAT Clinic

Dr. John Lehtinen

Dr. Kirk Klemme

Dr. Sheryl Parks

Freedom Recovery Center

Marquette

Lake Linden

Hancock

Marquette, St. Ignace

¹⁸ <https://nhsc.hrsa.gov/nhsc-sites/index.html>

Buprenorphine Practitioners- 3/20/2019 SAMSHA Registration List¹⁹

	First	Last	Deg.	Address	City	County	State	Postal Code	Tele.
	Ryan	Brang	MD	1414 W Fair Avenue Suite 36	Marquette	Marquette	Michigan	49855	906-225-3864
Dr.	Michael	Czerkes	M.D.	OSF Women's Center 3409 Ludington Street, Suite 204	Escanaba	DELTA	Michigan	49829	906-786-1356
Dr.	Julia	Frei	DO	Upper Great Lakes Family Health Center, Department of Pediatrics 500 Campus Drive	Hancock	HOUGHTON	Michigan	49930	906-483-1700
Dr.	Adam	Frimodig		56720 Calumet Avenue	Calumet	HOUGHTON	Michigan	49913	906-483-1177
Dr.	Michael	Grossman	M.D.	901 Lakeshore Drive	Ishpeming	MARQUETTE	Michigan	49849	906-485-2687
	Shannon	Handler	NP	110 Calumet Street	Lake Linden	HOUGHTON	Michigan	49945	906-296-5040
Dr.	Jesse	Heard	MD	135 East M35	Gwinn	MARQUETTE	Michigan	49841	318-537-1554
	Theresa	Holladay	MD	1618 Jasberg Street	Hancock	HOUGHTON	Michigan	49930	231-578-3595
	Anthony	Holzgang	M .D	Behavioral Health Marquette Hospital 580 West College Avenue	Marquette	MARQUETTE	Michigan	49855	906-225-3985
	Kirk	Klemme	MD	Aspirus Keweenaw Hospital 205 Osceola Street	Laurium	HOUGHTON	Michigan	49913	906-337-6500
Dr.	Robert	Townsend		Denali Healthcare Marquette 1108 West Washington Street	Marquette	MARQUETTE	Michigan	49855	906-203-8087
Dr.	Colleen	Vallad-Hix		500 Campus Drive	Hancock	HOUGHTON	Michigan	49930	906-483-1700
 Dr.	John	Lehtinen	M.D.	1414 West Fair Avenue Suite 35	Marquette	MARQUETTE	Michigan	49855	906-225-4555
Dr.	Mansour	Miky	M.D.	1414 West Fair Avenue Suite 204	Marquette	MARQUETTE	Michigan	49855	906-225-7740
Dr.	Lynn	Miller	M.D.	901 West Memorial Drive	Houghton	HOUGHTON	Michigan	49931	906-482-9404
Dr.	Michael	Notorangelo	D.O.	102 West Washington Street Suite 106	Marquette	MARQUETTE	Michigan	49855	231-242-4673
	Sheryl	Parks	MD	Upper Great Lakes Family Health Center, FQHC 500 Campus Drive, Suite 3	Hancock	HOUGHTON	Michigan	49930	906-483-1050
	Ryan	Brang	MD	1414 W Fair Avenue Suite 36	Marquette	Marquette	Michigan	49855	906-225-3864

¹⁹ <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

- Consortium members found barriers to certifying primary care providers in MAT include resistance to working with SUD patients, misconceptions about MAT, time constraints and accessible training. Provider ratios in the region make it challenging for primary care providers to meet demands for physical health care, and many are apprehensive about adding more patients to their caseload.
- Opioid screenings: At NorthCare Network, 969 screenings were completed for Medicaid recipients and low-income individuals who qualify for general block grant funding.
- Outpatient Treatment: There are nine SUD outpatient treatment providers located in different cities and towns across the Upper Peninsula. In Michigan, outpatient SUD treatment can also be provided at Community Mental Health Agencies if a client has been diagnosed with a co-occurring mental health disorder. There are five community mental health Agencies in the Upper Peninsula.

The following agencies offer outpatient SUD treatment:

AGENCY	LOCATION
Phoenix House	Calumet, Hancock, Ontonagon, Bessemer
Great Lakes Recovery Centers	Hancock, Ishpeming, Marquette, Iron Mountain, Escanaba, Ironwood, Sault Sainte Marie, St. Ignace
Keweenaw Bay Indian Community Substance Abuse Program	L'Anse
Catholic Social Services of the U.P.	Marquette, Escanaba, Iron Mountain,
Sault Tribe Health & Human Services Behavioral Health Program	Munising, Manistique, Sault Sainte Marie
Hiawatha Behavioral Health Authority	Sault Sainte Marie, St. Ignace
Bay Mills Health Center	Brimley

- The only access to treatment in county jails is 12-step meetings facilitated by volunteers from the recovery community, which are difficult to get started and maintain.
- Residential Services: According to Northcare Network, there were 2127 admissions into residential treatment centers in the U.P. Opiates was the primary substance of abuse at admission for 36.44% of patients and heroin accounted for 5.55% for a total of almost 42%. Four agencies offer residential SUD treatment in the Upper Peninsula.
 1. Great Lakes Recovery Center (GLRC) offers adult residential treatment in Marquette; adolescent residential treatment in Negaunee; women's

residential treatment in Sault Ste Marie; and men's residential treatment in Sault Ste Marie.

- In 2016, GLRC treated 648 residential clients and 1736 outpatient clients. Alcohol was the #1 substance of abuse for 45.9% of adults in residential treatment. Opioid abuse was reported by 42.1% of adults in residential services.
- In 2017 GLRC treated 805 residential clients and 2228 outpatient clients and opioids were the #1 substance of abuse, with 46.8% of adult clients reporting opiate abuse.
- The number of clients being treated in GLRC's sub-acute social detox program increased by 26.5% from 2016-2017, with 56% of the clients withdrawing from some type of opiate/opioid, including heroin, methadone, suboxone, and other pain killers

2. Phoenix House, Inc., reported that men's residential treatment admissions increased by 23% from 2016-2018. In 2016 there were 117 admissions; in 2017 there were 131 admissions, and in 2018, that number climbed to 144 admissions.

Percentage of clients who listed some type of opiate/opioid as primary substance of abuse at admission increased by 22.5 percent from 2016-2018 which reflects a 150% increase.

- January 2016 - 4 of 10 (40%)
- January 2017-5 of 10 (50 %)
- January 2018-10 of 16 (62.5%)

3. U.P. Health Systems Marquette, Adult Residential

4. Keweenaw Bay Indian Community, Adult Residential

- Barriers to services: Consortium members identified and discussed many barriers to accessing treatment. Three main barriers were identified as major challenges to the service system.
 1. Michigan's uninsured rate is 6.1%. All fifteen counties in the UP have higher rates, with six counties between 8 and 9.9% and four counties over 10%. Ontonagon has the highest uninsured rate at 13.2%. Additionally, many people who are not eligible for Medicaid have insurance with high deductibles, copays, and coverage that does not include behavioral health services. Block grant funding is available on a sliding fee scale to improve access to SUD services, but the income guidelines are stringent.
 2. Transportation is a major barrier to accessing services. The public transportation system is disconnected, or non-existent in some communities. Many individuals cannot afford a car, insurance, registration, maintenance fees and gas. Some may have lost their license and must rely on friends or family-who may be struggling with their own SUD- for transportation. Lack of transportation may result in an individual having to stand outside in the winter, or spend hours in a public location before being able to

make a connection to their next stop. Transportation is even more complicated for parents who must travel with infants and small children. There are limited funds to assist with transportation by providing gas cards to individuals, and in one area a peer recovery coach is able to provide rides to women. But, overall there are not many safe, affordable, reliable transportation options in the majority of communities in the U.P.

3. Lack of child care while receiving services is a barrier. Finding childcare for outpatient services can be a challenge and many parents opt to take their children with them, making it difficult to focus on themselves during sessions. Women who need residential treatment are faced with the difficult decision of leaving their baby, child/children at home while they receive the help they need. The only treatment center that allows children to accompany their mothers is located in in Sault. St. Marie on the Northeast Corner of the region, which is a six-hour drive from some communities. There are no treatment options for single fathers who need to bring their children with them.

RECOVERY SUPPORT

Support services for recovery are limited.

- According to the Michigan Certification Board for Addiction Professionals, there are only 4 certified peer recovery coaches and no development plans have been filed.
- Employment Services: One of the challenges for recovery is finding and sustaining gainful employment. Michigan Rehabilitation Services (MRS) is a resource that helps Michigan residents with disabilities (including SUD) achieve employment and self-sufficiency. MRS is part of a network of vocational rehabilitation programs across the U.S. authorized by the federal Rehabilitation Act of 1973, as amended. Each year, more than 7,000 Michigan residents with disabilities are assisted in securing jobs through MRS services. The Marquette district office manages the services for the U.P. and has seven offices in the region. MRS collaborates with Michigan Works offices to assist in providing training and finding employment. All but one of the fifteen counties in the U.P. have Michigan Works offices. Even with this resource, there are system barriers and not always a choice of employers that are willing to hire someone with SUD history.
- There are significantly more Alcoholics Anonymous and Al-Anon meetings than Narcotics Anonymous and Nar-Anon meeting sites in the U.P.
- Support Programs: Updated lists posted at <http://www.greatlakesrecovery.org/about-glrc/community-resources/>

Eastern UP Narcotics Anonymous Meetings- <http://www.upnasite.org/meetings/>

MARQUETTE (EST) 49855

MONDAY - 5:30 PM (CLOSED) MESSIAH LUTHERAN, 305 W. MAGNETIC ST.

TUESDAY - 7:30 PM (OPEN) 1st UNITED METHODIST CHURCH, 111 RIDGE ST.

WEDNESDAY - 6:00 PM (OPEN) MESSIAH LUTHERAN, 305 W. MAGNETIC ST.

THURSDAY - 7:30 PM (CLOSED) MARQUETTE GENERAL HOSPITAL, MOUNTAIN ROOM-CAFETERIA

FRIDAY - 7:30 PM (OPEN) 1st UNITED METHODIST CHURCH, 111 RIDGE ST .

SATURDAY - 6:30 (OPEN) ALANO CLUB, 1202 FRONT ST.

SUNDAY - 6:30 (OPEN) ALANO CLUB, 1202 FRONT ST.

GWINN (EST) 49841

MONDAY - 7:00 PM (OPEN) GWINN UNITED METHODIST CHURCH, CORNER OF M-35 & 251 JASPER ST.

ISHPEMING (EST) 49849

WEDNESDAY 3:30 PM (Closed except last Wed. Open) GREAT LAKES OUTPATIENT, 94 S. 4th ST.

MANISTIQUE (EST) 49854

MONDAY 7:30 PM (OPEN) CHURCH OF THE REDEEMER PRESBYTERIAN CHURCH, 314 MAIN ST.

SATURDAY 7:30 PM (OPEN) CHURCH OF THE REDEEMER PRESBYTERIAN CHURCH, 314 MAIN ST.

IRON MOUNTAIN (CST) 49801

SUNDAY 6:30 PM (CLOSED) CORNERSTONE CHURCH, 617 S. STEPHENSON AVE.

MONDAY 6:30 PM (OPEN) 105 W. FLESHIEM ST. (No W/C)

TUESDAY 7:30 PM (OPEN) 105 W. FLESHIEM ST. (No W/C)

WEDNESDAY 6:30 PM (OPEN) CORNERSTONE CHURCH, 617 S. STEPHENSON AVE.

FRIDAY 5:30PM (OPEN) 105 W. FLESHIEM ST. (No W/C)

CALUMET (EST) 49913

SUNDAY 7:30 PM CANDLELIGHT (OPEN) CHRIST EPISCOPAL CHURCH, 57031 5TH ST.

HOUGHTON (EST) 49931

WEDNESDAY 7:30 PM
CANDLELIGHT (OPEN)
PORTAGE UNITED
CHURCH, 1400 E.
HOUGHTON AVE.

L'ANSE (EST) 49946

THURSDAY 7:30 PM
(OPEN) UNITED
LUTHERAN CHURCH 21
MESNARD ST.

**MAP of NA Locations to
the right.**



Various coalitions and initiatives have emerged in response to increases in OUD and SUD in the U.P. Among them are the following:

- There is one well established FAN (Families Against Narcotics) Chapter in Chippewa County
- Marquette County Opioid Task Force
- Opioid Prescription Diversion Project-Michigan Center for Rural Health funded by CDC. At present, Marquette is the only UP county included in the pilot program
- Marquette County SOR Initiative

- UP Perinatal Collaborative
- Communities That Care Coalitions in all counties and the U.P. Coalition Network which serves as an umbrella coalition, and coordinates a Key Leaders Group to ensure that the work of the CTCs is understood and supported.

Workforce Assessment

As indicated in the service system assessment, there is an overall shortage of mental health providers, primary care providers, and MAT providers. In Michigan SUD counselors are credentialed through the Michigan Certification Board for Addictions Professionals, MCBAP. Workforce shortage issues are described below.

- **Mental Health Providers:** The overall number of mental health providers is insufficient to meet the needs. In Michigan the ratio between patients and mental health providers is 430:1. In the U.P. the average is 1144:1 and county ratios range from 440:1 to 5910:1. The consortium has assembled a comprehensive referral list for the U.P. Tabulating data has been a challenge as county referral data is not in the same format and some lists include less data than others. We are working on a more effective system to manage provider data and will be discussing how to use this data to strengthen the referral system.
- **Numbers of Prevention Specialists:** In the Upper Peninsula, there are only 18 substance abuse prevention specialists and six individuals have a developmental plan in place to obtain their certification. This is a 12,878:1 provider ratio.
- **Numbers of Treatment Providers:** In the Upper Peninsula, there are 137 certified alcohol and drug counselors and 82 individuals have a developmental plan in place to obtain their certification. This is a 1411:1 provider ratio. It is uncertain whether all of these certified individuals are active providers of SUD services.
- **The number of residential treatment beds available is impacted by the shortage of providers.** At the Phoenix House, a men's residential treatment facility, there are 21 beds available. However, there are only two primary counselors on staff, so they try to limit clients to 16. Currently the wait is 2 ½ weeks for a treatment bed, which is longer than usual (1-2 week wait).
- **Contributing to the shortage of MAT providers is a stigma and stereotypes held by providers and the public.** Lack of understanding/education regarding addiction in general, discomfort in dealing with this population and misconceptions about MAT are challenges for the consortium.
- **Peer recovery:** There are only four credentialed substance abuse peer recovery coaches in the region.

Workforce competency: Qualitative data indicates that there is a general lack of knowledge of professionals outside of SUD agencies on how to address OUD and SUD issues with clients.

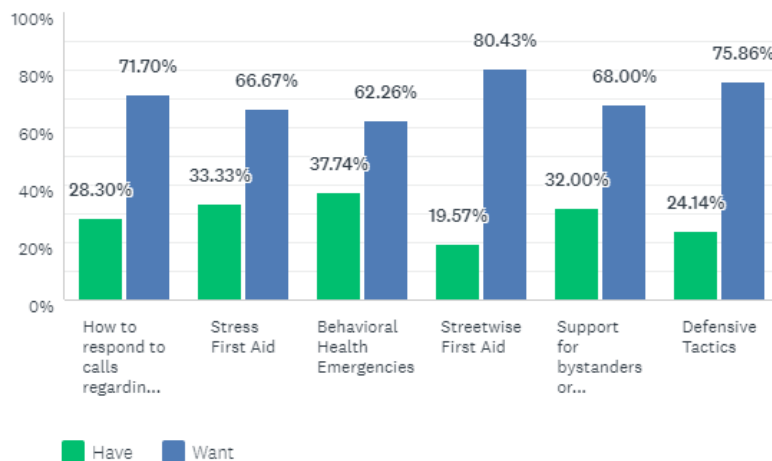
- Although there has been significant progress made regarding opioid prescribing rates, the need for continued education, systems, and protocols are still necessary.

- The Communities that Care Readiness Survey indicated a lack of awareness among the general public. The consortium has prioritized increasing public awareness and improving referral training for service providers including primary care, hospital staff, OB/GYN, first responders, human service and education agencies, home visitors, childcare providers, Child Protective Services, foster care, home health aides, pharmacists, aging services, dentists, and others who interact with those at risk for OUD and SUD.
- The Region 8 (Upper Peninsula) Perinatal Collaborative has begun working on competency issues regarding NAS. This included a regional education campaign in 2018. Collaborative members are in the process of reviewing the quality and content of various online education programs in an effort to maintain education through online education programs.
- Of all the people that attended sessions held during the 2018 NAS education campaign, there was only one first responder. This shed light on the fact that first responders were not getting the information they need related to NAS or other behavioral health issues. As part of the needs assessment, a survey of first responders is in process. Preliminary data has been reviewed. Seventy-eight first responders in the U.P. responded to the survey. Seventy-three percent of the respondents were from volunteer departments and another 9% were from combination-mostly volunteer-departments. On the survey, first responders were asked questions related to their role regarding mental health and SUD. Three main conclusions have been drawn from the preliminary data:
 1. First responders are experiencing an increase in behavioral health-related calls. 24% of providers surveyed indicated that the volume of mental health-related calls has increase a lot and 42% reported that it had increased some. 38% of providers surveyed indicated that the volume of substance abuse related calls has increase a lot and 43% that it had increased some.
 2. First responders do not feel well prepared for behavioral health calls. In response to the question, How well has your training prepared you for_____?

	NOT AT ALL	A LITTLE	PRETTY WELL	VERY WELL	UNSURE	TOTAL	WEIGHTED AVERAGE
Severe mental health issues	9.23% 6	55.38% 36	21.54% 14	9.23% 6	4.62% 3	65	2.32
People with general depression, anxiety	10.61% 7	45.45% 30	33.33% 22	6.06% 4	4.55% 3	66	2.37
Suicide Calls - Treating patients	18.18% 12	37.88% 25	34.85% 23	3.03% 2	6.06% 4	66	2.24
Suicide Calls - Responding to friends/family	25.76% 17	39.39% 26	22.73% 15	3.03% 2	9.09% 6	66	2.03
Opioid overdose treatment	9.09% 6	22.73% 15	30.30% 20	33.33% 22	4.55% 3	66	2.92
Other substance abuse treatment	12.31% 8	40.00% 26	35.38% 23	7.69% 5	4.62% 3	65	2.40

19. Please indicate any Behavioral Health related EMS training you've had or would benefit your agency:

Answered: 63 Skipped: 15



Choices

- How to respond to calls regarding suicidal thoughts
- Stress first aid
- Behavioral health emergencies
- Streetwise first aid
- Support for bystanders or patient's loved ones when on a call
- Defensive tactics

Overview of existing/known SUD/OD-related initiatives (e.g., federally-, regionally-, state or locally funded programs).

There are seven main initiatives on which we have been, or will be, collaborating:

1. **Opioid Prescription Diversion Project (prevention):** Michigan Center for Rural Health received funding from the CDC via the Michigan Department of Health and Human Services (MDHHS) for a prescription drug overdose prevention Initiative in three counties in the state. Marquette County is the only county in the U.P. included in the pilot sites. Consortium members have a long history of collaborative work with Michigan Center for Rural Health (See Attachment 9-letter of support). We will coordinate with the Center to ensure that target audiences for training do not overlap. We will meet with project leaders to gather information about lessons learned and determine if the presentations and strategies utilized in the three pilot counties can be replicated as best practices.
2. **U.P. Coalition Network and Communities that Care Coalitions (prevention):** Over the past few years NorthCare Network, through its prevention efforts, has implemented the evidence-based Communities that Care (CTC) program in all 15 counties in the U.P. Communities have recently completed readiness assessments, with many identifying “raising awareness” as their next target in substance abuse prevention. Suicide prevention coalitions have also been integrated as workgroups in many of the county level CTCs. The CTCs launched a U.P.-wide campaign distributing over 47,000 flyers, PSAs, press releases, and cards that promoted safe prescription drug disposal and disposal sites in the U.P. To create economy of scale, we plan to coordinate public awareness activities with the CTCs. In coordination with the CTCs, we will implement the comprehensive marketing plan which was developed during the planning grant.
3. **Key Leader Group:** A Key Leader Group was formed to address SUD, including OUD. This group encompasses leaders from law enforcement, human service agencies, SUD treatment providers, the medical field, and others who are working together to address prevention and treatment. This group meets on a quarterly basis. The Upper Peninsula Substance Enforcement Team (UPSET) is also a partner in this project. We will coordinate with the Key Leader Group to obtain input and report progress of the project.
4. **U.P. Perinatal Collaborative (prevention and treatment):** Through the statewide plan to address infant mortality, a U.P. Perinatal Collaborative has been formed to address a variety of factors impacting infant mortality. The U.P. Perinatal Collaborative has identified neonatal abstinence syndrome, NAS as a priority, and has committed support for our project. Beyond the Save Consortium members are members of the U.P. Perinatal Collaborative and will monitor efforts to identify areas of overlap and opportunities for collaboration.

Additional initiatives serving the region include local, regional, and statewide efforts.

- Marquette County Opioid Task Force
- Marquette County State Opioid Response Initiative

- Drug Treatment Courts in 13 of 15 counties *None in Dickinson or Menominee counties; Tribal Treatment Courts in Baraga and Chippewa Counties.
- U.P. Human Trafficking
- MAPS- Michigan Automated Prescription System - Michigan Licensing and Regulatory Affairs, LARA successfully launched a new system on April 4, 2017.
- Michigan Department of Health & Human Services (MDHHS) is developing a surveillance system to increase timeliness of aggregate non-fatal and fatal opioid overdose reporting-Michigan Opioid Related Morbidity & Mortality Surveillance System
- MDHHS initiated a statewide awareness campaign in 2017, running through 2019, to direct citizens and prescribers to Michigan.gov/stopoverdoses through a list of media resources.

Priorities

Based on review of all the needs and resources presented in this document, the Beyond the Save Opioid Abuse Response Consortium established priorities.

Population Health Priorities

- Strategies should be determined based on county level needs data and available resources.
- The impact of opioids on women of childbearing age, their babies, and other young children is high.
- Youth have significant risk for engaging in opioid abuse and other substance use.
- Some counties have specific needs for programs to address opioid use and other drug use (specifically IV drug use and methamphetamines).

Service System Priorities

- Readiness of communities to address OUD and SUD issues
- Referral systems for early intervention and treatment
- Barriers to accessing services
- Access to OUD and SUD treatment services for high risk populations: e.g. incarcerated populations and pregnant women/women with young children
- Need for detox programs
- Need for increased access to MAT
- Peer recovery support systems

Workforce Priorities

- Overall shortage of behavioral health providers
- Shortage of credentialed prevention, treatment, and recovery SUD professionals
- Evidence-based prevention programs- e.g. Communities that Care and Botvin's Life Skills
- Readiness of first responders for training designed to assist in addressing behavioral health issues
- Knowledge and skills of professionals that interact with women of childbearing age

Appendix

Chippewa County Health Department

Serving	Chippewa County
Website	www.chippewahd.com
Address	508 Ashmun St., Suite 120 Sault Ste. Marie, MI 49783 Map it with Google
Telephone	906-635-1566
Fax	906-635-1701
Health Officer	Karen Senkus, MPA, LBSW Email: ksenkus@chippewahd.com Ph: 906-253-3103
Medical Director	Joseph M. Garlinghouse, MD, MPH, CAHQPM Email: jgarlinghouse@chippewahd.com Ph: 906-635-3631

Luce-Mackinac-Alger-Schoolcraft District Health Department

Serving	Alger, Luce, Mackinac, and Schoolcraft counties
Website	www.lmasdhd.org/
Address	14150 Hamilton Lake Road Newberry, MI 49868 Map it with Google
Telephone	906-293-5107
Fax	906-293-5453
Health Officer	Nick Derusha, MPA, REHS, CFPH Email: nderusha@lmasdhd.org Ph: 906-293-1311
Medical Director	James Terrian, MD Email: jterrian@lmasdhd.org Ph: 906-293-1310

Dickinson-Iron District Health Department

Serving	Dickinson and Iron counties
Website	www.didhd.org
Address	601 Washington Ave. Iron River, MI 49935 Map it with Google
Telephone	906-265-9913
Fax	906-265-2950
Health Officer	Daren Deyaert, RS Email: ddeyaert@hline.org Ph: 906-779-7239 Fax: 906-774-9910
Medical Director	Teresa Frankovich, MD, MPH, FAAP Email: tfrankovich@hline.org

Marquette County Health Department

Serving	Marquette County
Website	www.co.marquette.mi.us/departments/health_department/index.php
Address	184 U.S. Highway 41 E. Negaunee, MI 49866 Map it with Google
Telephone	906-475-9977
Fax	906-475-9312
Health Officer	Jerry Messana, MPA Email: gmessana@mqtco.org Ph: 906-315-2604
Medical Director	Teresa Frankovich, MD, MPH, FAAP Email: tfrankovich@hline.org Ph: 906-315-2650

Western Upper Peninsula Health Department

Serving	Baraga, Gogebic, Houghton, Keweenaw, and Ontonagon counties
Website	www.wupdhd.org/
Address	540 Depot St. Hancock, MI 49930 Map it with Google
Telephone	906-482-7382
Fax	906-482-9410
Health Officer	Cathryn A. Beer, MPA, CPA, CGMA Email: kbeer@wuphd.org Ph: 906-482-7382, ext. 143
Medical Director	Teresa Frankovich, MD, MPH, FAAP Email: tfrankovich@hline.org Ph: 906-482-7382, ext. 112

Public Health, Delta & Menominee Counties

Serving	Delta and Menominee counties
Website	www.phdm.org
Address	2920 College Ave. Escanaba, MI 49829-9597 Map it with Google
Telephone	906-786-4111
Fax	906-786-7004
Health Officer	Michael Snyder, RS, MPA Email: msnyder@phdm.org Ph: 906-789-8134
Medical Director	Teresa Frankovich, MD, MPH, FAAP Email: tfrankovich@hline.org Ph: 906-370-8440



Community Mental Health Agencies

Alger, Delta, Luce, Marquette Counties

Pathways

Mary Swift, Chief Executive Officer
200 West Spring Street
Marquette, Michigan 49855
mswift@up-pathways.org
906-225-7202 Voice
888-728-4929 24-Hour Crisis
800-649-3777 TDD/TTY
906-225-7204 or 906-225-7203 Fax

Baraga, Houghton, Keweenaw, Ontonagon Counties

Copper Country CMH Services

Cari Raboin, Executive Director
901 West Memorial Drive
Houghton, Michigan 49931
carir@cccmh.org
906-482-9400 Voice
906-482-4357 or 800-562-7622 24-Hour Crisis
906-482-8037 TDD/TTY
906-483-0269 Fax

Chippewa, Mackinac, Schoolcraft Counties

Hiawatha Behavioral Health

Dan McKinney, Chief Executive Officer
125 North Lake Street
Manistique, Michigan 49854
dmckinney@hbhcmh.org
906-341-2144 or 800-839-9443 Voice
906-341-2144 or 800-839-9443 24-Hour Crisis
906-632-5539 TDD/TTY
906-341-5793 Fax

Dickinson, Iron, Menominee Counties

Northpointe Behavioral Healthcare Systems

Jennifer Cescolini, Chief Executive Officer
715 Pyle Drive
Kingsford, Michigan 49802
JCescolini@nbhs.org
906-774-0522 Voice or 1-800-750-0522 (**access 24 hours**)
800-649-3777 TDD/TTY
906-774-1570 Fax

Gogebic County

Gogebic CMH Authority

Julie Hautala, Interim Chief Executive Officer
103 West US 2
Wakefield, Michigan 49968
jhautala@gccmh.org
906-229-6106 Voice
800-348-0032 24-Hour Crisis
906-229-6120 TDD/TTY
906-229-6190 Fax

Private Practice Counselors: Dial Help Referral List

Area Counselor List for Alger, Chippewa & Delta Counties

Facility/ Name / Credential	Location	Insurance	Specialty	Ages	Phone
- Nancy Marsh, BSN, MSN -	Drummond Island	Cash	Spiritual, Metaphysics, Holistic Healing Arts & Interspecies Telepathic Communication	18+	906.493.5664
<u>Rainbows End Counseling</u> -Christina Akkanen, LMSW, DCSW-	Sault Ste Marie	"Nearly All"	Trauma Focused Therapy; Marriage and Family Counseling; Play Therapy; Canine –Assisted Therapy	3+	906.635.1390
<u>Weber & Devers Psychological Services</u> -Dr Robert Devers, PHD-	Sault Ste Marie	Most Major Insurances	All General Behavioral Health Issues; Learning Disabilities, Neurological & Behavioral Disorders	6+	906.635.7270
<u>Weber & Devers Psychological Services</u> -Barbara Webber, PHD-	Sault Ste Marie	Most Major Insurances	Specialty in Depression, Anxiety, Abuse Issues, and Oppositional Behavior in Adolescents.	6+	906.635.7270
<u>Weber & Devers Psychological Services</u> -Kyle Woods, MS, LLP-	Sault Ste Marie	Most Major Insurances	Currently providing Disability Evaluations	18+	906.635.7270
<u>Weber & Devers Psychological Services</u> -Janet Hess, MA-	Sault Ste Marie	Most Major Insurances	Generalized Depression & Anxiety Disorder, Relationship/Martial Issues; Family	18+	906.635.7270
<u>Weber & Devers Psychological Services</u> -Carol LeBlanc, ACSW,MSW -	Sault Ste Marie	Most Major Insurances	PTSD, self-esteem issues, parenting issues, marital counseling; substance dependence issues.	18+	906.635.7270
<u>A Therapy World</u> -Jennifer Olmstead, MSW-	Sault Ste Marie	UPHP	Generalized behavioral health services; Trauma; Dyslexia Assessments	All Ages	906.632.2273
COMMUNITY RESOURCE <i>Chippewa County Health Department</i>	Sault Ste Marie	UPHP Medicaid Sliding Scale	Maternal Support Services (pregnant mothers) Infant Services; Children Services: Denver Developmental Testing, Lead Screening, Physical, Hearing & Vision; STD & HIV Testing & Support	All Ages	906.635.1566

COMMUNITY RESOURCE <i>Lake Superior State University Counseling Center</i>	Sault Ste Marie, LSSU Campus	Free for students & staff	Light Box Therapy, short term psychotherapy, massage chair, outreach & referrals	18+	906.228.9696
<u>Blue Water Behavioral Health</u> - Several Providers-	Kincheloe	Most Major Insurances	Depression, Anxiety, Bipolar, Psychosis, Schizophrenia, PTSD, Borderline Personality Disorder, Mood Disorders	All Ages	906.635.2969
<u>Bay Mills Health Center</u> -Several Providers-	Brimley	Almost all insurances accepted	Depression, Anxiety, Coping Skills, Massage, Acupuncture, Yoga & Play Therapy; Substance Abuse, Trauma, PTSD	All Ages	906.248.3204
<u>Fellowship Counseling & Life Coaching</u> - Denise Hirn, MSW -	Escanaba	UPHP, BCBC, Tricare, Medicare, Cigna	INTENSIVE FOSTER CARE THERAPY; Grief; Family & Relationship; Generalized Depression/Anxiety	6+	906.214.2596
<u>Gray Matters</u> -Pamela Balentine, PhD-	Escanaba	Cash only (has CMS 1500 to give to submit to insurance)	Specialize panic/anxiety Hypnosis, Pet Death; Grief, Chronic Illness Wont accept BPD patient, do not refer.	17+	906.399.0967
-Dan Forrester, PhD, MSW-	Escanaba	UPHP Several Private	Sexual Abuse Offendert Therapist;Juvenile's in the courts; severe childhood trauma; veterans	3+	906.361.1551
-Tracy L Anderson, LPC-	Escanaba	UPHP BCBS Medicaid	Substance Abuse Relationship Issues, Family Issues, Generalized Behavioral Health Issues	12+	906.789.1596



Area Counselor List for Dickinson County

Facility/ Name / Credential	Location	Insurance	Specialty	Ages	Phone
-Tara Fleis, LLPC-	Republic	ALL except Medicaid	General Mental Health Issues	All Ages	906.356.3251
<u>Mental & Emotional Support</u> -Catherine Calo, MAC, LLPC-	Iron Mountain	Aetna UPHP Medicaid BCBS	Trauma & PTSD, Family, Couples, Generalized Mental Health Issues	11 +	906.451.4913
-Todd R Silverstein, PsyD-	Iron Mountain	BCBS Medicare	ASSESSMENTS ONLY for Dementia, ADD, and Memory Issues	18+	906.828.4283
<u>Resolving Concerns, Inc</u> -Mark R. Young-	Iron Mountain	Cigna, BCBS UPHP, Aetna Sliding Scale	General Behavioral Health Issues, Depression, Anxiety, Family Conflict	Groups, Families, Individuals aged 11 +	906.776.4357
<u>Iron Mountain Counseling Center</u> -Jennifer Gordon, LTC- -Jennifer Doughman, LLTC- -Dr Karen Olson, PhD-	Iron Mountain	UPHP in network, all others out of network	Depression, Anxiety, Family Issues, Infidelity Issues, Eating/Weight Issues, PTSD, Addictive Behavior, Teen Behavioral Issues, Postpartum Depression	All Ages	906.239.9918
<u>Cherith Counseling Center</u> -Sandra J Festian, MSW-	Iron Mountain	UPHP & BCBS	GENERAL Depression, Anxiety, Trauma, Relationships and Families	All Ages	906.779.0478
COMMUNITY MENTAL HEALTH <u>Catholic Charities</u>	Iron Mountain N/A	N/A	ONLY OFFERED IN MARQUETTE OFFICE	N/A	906.774.3323
SUBSTANCE ABUSE & ADDICTION -Great Lakes Recovery- -Several Providers on Location-	Iron Mountain	"Nearly All"	Substance Abuse Counseling and Assessments	All Ages	906.228.9696



Area Counselor List for Houghton, Baraga & Keweenaw Counties

Facility/ Name / Credential	Location	Insurance	Specialty	Ages	Phone
-Michelle Lambert, LMSW- (2 weeks waiting & limited days)	The Jutila Center Hancock	UPHP BCBS Blue Care	GENERAL + TRAUMA PTSD; Depression; Anxiety; Relationships; Childhood Trauma	Age 13+	906.231.1320
<u>Copper Island Behavioral Health</u> - Tom Collins, LMSW-	810 Quincy Hancock	UPHP BCBS	FAMILIES & GENERAL depression & anxiety; relationships; children of divorce coping	All Ages; Family & Couples	906.482.9440
Lawrence J Pollack, PhD	Houghton	"Severall"	GENERAL anxiety; depression; trauma; relationships	All Ages	906.482.8332
Robert Lamb, PhD	L'Anse	UPHP Cash Most Private	GENERAL: Anxiety, depression, relationships, etc...	Young Adults & Adults	906.458.3999
Ms. Patricia Tikkanen, LMSW	Hancock	Medicare UPHP Check for others	GENERAL: depression, anxiety, relationships	Teens +	906.369.5722
Mark Campbell-Olszewski, MA	Houghton County City Center	Cash Only	GENERAL Family Problems; depression, Anxiety; Relationships	All Ages; Family & Couples	906.482.3551
Debbie Makkonen, MS, LPC	Hancock	Cigna, Aetna, BCBS, BCN	GENERAL Marriage/Family; Depressive Disorders, Grief; PTSD, Anxiety	All ages & Families	906.369.0971
<u>Christian Counseling</u> -Kathryn Salmi, LPC/AAC-	Hancock	UPHP Aetna	GENERAL – RELIGIOUS Christian-based mental health services for individuals & families	Ages 4+	906.482.2231
Crystal McLeod, MA, LLP	Houghton	NO BCBS UPHP & Aetna	ASSESSMENTS ONLY ADHD; ODD; Learning Disabilities	Youth Only	906.370.4701
<u>Portage Psychological Services</u> Gary Kilpela, PhD	Houghton	UPHP; BCBS; Medicaid; Aetna	GENERAL anxiety; depression; trauma; relationships	Ages 13+	906.281.3459
<u>Access Psychological</u> - Kimberly Hendrickson, LSMW –	L'Anse	UPHP; BCBS; Medicaid; Aetna	ADDICTION: Addiction/Substance Abuse; Complex Crisis	Age 14+	906.524.2800
<u>Access Psychological</u> - Tanya Truesdell, PhD -	L'Anse	UPHP; BCBS; Medicaid; Aetna	ADDICTION: Addiction/Substance Abuse; Complex Crisis	Age 14+	906.524.2800
	920 W		ADDICTION:		

<u>Great Lakes Recovery</u> - Ilea Sillers, LLC-	Water St, Suite 6 Hancock	UPHP Medicaid BCBS	Substance Abuse; Complex Crisis; General	Sub Abuse12+ Mental 14+	906.482.7710
<u>Phoenix House</u> -Edward Furst, MA, LPC, LLFT-	Hancock	UPHP Medicaid SlidingScale	Addiction & Substance Abuse	Ages 13+	906.482.1234
<u>Phoenix House</u>	Waterworks St Calumet	UPHP Medicaid Sliding Scale	Addiction & Substance Abuse;	Ages 13+	906.337.0763
<u>Dial Help</u> -Gail Ploe, BA, CADC- CPS	609 Shelden Houghton	Sliding Scale	Addiction & Substance Abuse	Ages 12+	906.482.8701
<u>Dial Help</u> - Virginia Lambert, MS -	609 Shelden	Free to victims	Victims of Crime	Ages 12+	906.482.9077
<u>Dial Help</u> -Rebecca Crane-	609 Shelden	Free to sexual assault Victims	ONLY VICTIMS OF SEXUAL ASSAULT	Ages 12+	906.482.9077
<u>Copper Country Mental Health - MEDICAID -</u>	901 West Memorial	MEDICAID	SEVERAL THERAPISTS	ALL AGES	906.
<u>Barbara Kettle Gundlach Home</u> -Liz-	Calumet	Free to victims of domestic violence	Domestic Violence	Ages 18+	906.337.5623
<u>MTU Counseling Services</u> Amber Bennett, LMSW, LCSW	MTU campus	Free to Students	family systems, anxiety, substance abuse, and LGBTQIA	Student	906.487.2538
<u>MTU Counseling Services</u> Nancy Taglione	MTU Campus	Free to Students	trauma, depression anxiety, eating disorders, body image &self-esteem issues	Student	906.487.2538
<u>MTU Counseling Services</u> Kerri Mayra, LMSW	MTU Campus	Free to Students	grief and loss, crisis intervention, and suicide prevention	Student	906.487.2538
<u>MTU Counseling Services</u> Crystal McLeod, MA, LLP	MTU Campus	Free to Students	anxiety, depression, trauma, group psychotherapy and psychological assessments	Student	906.487.2538
<u>Finlandia University</u> Northstar EAP Counselors	Finlandia University	Free to students	General behavioral health issues	Student	906.225.3145
<u>North Coast Counseling</u> -Tim Payment, LPC, NCC-	Hancock	"Nearly All Types"	Substance Abuse; Child & Family Services; PTSD	All	906.523.5580
<u>North Coast Counseling</u> -Carol Salo, MSW, CAADC-	Hancock	"Nearly All Types"	General Mental Health; Elderly Services	All	906.523.5580

North Coast Counseling -Richard Featherly, LLMSW-	300 Dunstan Hancock	"Nearly All Types"	General Mental Health	Teens & up	906.523.5580
Oriana Counseling Pat Tikkanen, LMSW	Jutila Center Hancock MI	Nearly All Types	Substance abuse and addiction, eating disorders, grief, marriage counseling, gambling addiction	18& up	906-369-5722
Public Counseling Services, LLC Meghan Immel	47431 Hwy M26 Unit 1, Suite 2 Houghtoun	Medicaid	Addiction and substance abuse	18 & up	906-523-7172
Superior Changes Meslissa Maninen-Luce, PhD	Houghton	N/A	NEVER CALLED BACK	N/A	906.231.9555
Leslie M Griffith, MSW	Atlantic Mine	N/S	NEVER CALLED BACK	N/A	906.370.2881
Upper Great Lakes Family Health Center	Calumet and Hancock		Behavioral health and substance abuse		906-483-1177

AAC - Augmentative and Alternative Communication

CAADC - Certified Advanced Alcohol and Drug Counselor

LCSW - Licensed Clinical Social Worker

LPC - Licensed Professional Counselor

LSW - Licensed Social Worker

LMSW - Licensed Master Social Worker.

LLMSW – Limited Licensed Master Social Worker

MS – Master of Science

MSW - Master of Social Work

MA - Masters Level: Psychologist

NCC - National Certified Counselor

PhD - Doctor of Philosophy (clinical psychology)

Counselor List for Gogebic, Menominee, and Schoolcraft Counties

Facility	Name/ Credential	Substance Abuse Counselor	Location	Insurance taken	New Clients?	Specialty	Ages/ Types	Phone
Comprehensive Counseling & Consulting, LLC	Wendy E. Young, MSW		Bessemer	UPHP	Yes		All	(906) 663- 4599
Advocate Counseling	Harry Swanson, MA, CAADC	Yes	Bessemer	Most insurances accepted			All	906-285- 2738
Alphabet Shuffle, LLC	Sherry L. Benson, MSW		Menominee	UPHP	Yes		All	(715) 923- 1557
Changing Seasons Counseling Center		Yes	Menominee	Most insurances accepted, UPHP	Yes	Family & marriage counseling, depression, anxiety, substance abuse, stress, and trauma	All	(906) 863- 5646
Spades Counseling Agency	Diane E. Spade, PC		Menominee	Medicaid, UPHP, Self-payment options/program s, and most major insurances accepted	Yes	ADHD, reactive attachment disorder, family & individual counseling, as well as couples'	All	(906) 864- 9831
Superior Counseling	Christopher F. Kobesko, PC		Ironwood	UPHP	Yes		All	(906) 364- 3172
Iron County Samaritan Services, Inc			Ironwood	UPHP	Yes		All	(906) 875- 4557
Grand View Clinic	Patrick J. Triggiano, PhD		Ironwood	Aspirus Network, UPHP	Yes	Depression, anxiety, eating disorders, relationships	Adults Only	(906) 932- 1500
Good Life Constructive Therapies	Trisha A. McEvers, MSW		Manistique	UPHP	Yes		All	(906) 286- 3294
Boot Lake Counseling Services	Nora L. Brewster, MSW		Manistique	UPHP	Yes	Individual, marriage, and family counseling	All	(906) 452- 6233

Hiawatha Behavioral Health		Yes	Manistique		Yes	Case management, vocation, ACT programs, home-based services, residential services, substance abuse, outpatient services, psychiatry, cooccurring treatment, and developmental disabilities	All	(906) 341-2144 24 Hour Crisis Line: 1800-839-9443
Sault Tribe Health Center		Yes	Manistique		Yes	Substance abuse, mental health, psychiatry, and wellness programs	All	(906) 341-8469 Toll-Free: 866-4010043
Gogebic County Community Mental Health			Wakefield		Yes	Behavioral disorders, depression, suicidal thoughts, sexual abuse, respite care, home-based services, schizophrenia, bipolar, BPD, anxiety, developmental disability, jail diversion, ACT program, psychiatry, inpatient facilities, co-occurring treatment, group counseling	All	(906) 229-6100 or (800) 348-0032
Abbreviations: LMSW = Licensed Masters of Social Work, LP = Licensed Psychologist, LLP = Limited Licensed Psychologist								
TIP: Other ways to find counselors accepted by your insurance company: call the number on the back of your insurance and ask which counselors are in-network OR log into your insurance account and check via Internet.								

Counselor List for Iron, Luce, and Mackinac Counties

Facility	Name/ Credential	Substance Abuse Counselor	Location	Insurance taken	New Clients?	Specialty	Ages/ Types	Phone
Iron County Samaritan Services, Inc	Angela M. Kurtz, PC		Iron River	UPHP	Yes		All	(906) 875-4557
Aspirus Riverside Clinic	Steven R. Miljour, D.O.		Iron River	Most major insurances accepted	Yes	Psychiatry	Not specified	(906) 265-2165
Webers & Devers Psychological Services, PC		Yes	Newberry; St. Ignace	Most major insurances accepted	Yes	EAP, substance abuse, adolescents, children,	All	(906) 635-7270
Circle of Life Counseling Center	Mary Jo Rohde, M.S.W.	Yes	Iron River	UPHP & Humana	Yes	Mental health, substance abuse, and allied health	All	(906) 265-5096
Geriatric Psychiatric Services, PLLC			St. Ignace	UPHP	Yes	Older adults	Adults	(586) 620-8124
Old Town Psychological Services			St. Ignace	UPHP	Yes		All	(989) 448-8344
Soblaskey Counseling	Stephanie J. Soblaskey, M.S.W.		St. Ignace	UPHP	Yes		All	(906) 643-1592
Sault Tribe of Chippewa Indians (Mental Health)		Yes	Hessel; Newberry; St. Ignace		Yes	Substance abuse, mental health, psychiatry, and wellness programs	All	(906) 484-2727 (906) 293-8181 (906) 643-8689

Abbreviations: LMSW = Licensed Masters of Social Work, LP = Licensed Psychologist, LLP = Limited Licensed Psychologist

TIP: Other ways to find counselors accepted by your insurance company: call the number on the back of your insurance and ask which counselors are in-network OR log into your insurance account and check via Internet.

MARQUETTE AREA MENTAL HEALTH PROVIDERS

Mental Health Providers	Address	City	Phone #	E-mail
Eric Turner, LMSW	710 Chippewa Square Suite 208	MQT	(906)361-3742	
Karen Duquette, Ph.D.	540 E.Division	ISHP	(906) 486-6860	
Monica Nordeen	112 W. Washington, Suite G	MQT	(906)250-0933	
Bill Tucker MSW	401 N. Third St. Suite B	MQT	(906) 226-3556	
Bloom Counseling & Wellness	320 W Washington St Ste 320	MQT	(906)428-6141	
Cori Noordyk, LMSW, LLMFT, ASSW	219 W. Washington St. Suite B	MQT	(906) 360-9626	
Cynthia Kochis Ph.D (No new 2/26/18)	401 N. Third St. Suite B	MQT	(906) 226-1410	
Debra Smith, Psy.D	112 W. Washington St.	MQT	(906) 225-1776	dls40@aol.com
Dorothy Kahler Psy.D.	290 Rublein St. Suite D	MQT	(906) 226-9100	dskahler@uplogon.com
Gregory Jones, Ph.D Premier Psychological	1300 W. Ridge St	MQT	(906) 228-6200	
Heidi Schneiderhan, LMSW	708 Chippewa Square Suite 11	MQT	(906) 373-9591	
Jonathan Kniskern Ph.D	102 W. Washington St.	MQT	(906) 228-4747	jon.kniskern@gmail.com
Karen Nelson, MSW, ACSW,CEAP, CAADC	205 S. Front St. Suite D	MQT	(906) 236-5942	
Karl Hill, Psy.D	107 W. Main St.	MQT	(906) 361-3985	karlhill@att.net
Lori Johnson, LMSA, CADAC, SAP	112 W. Washington St., Suite A	MQT	(906) 360-7472	lozz2011@gmail.com
Lynn Baldwin, ACSW	102 W. Washington St.	MQT	(906) 226-6059	
Mary Harris LMSW	710 Chippewa Square Suite 208	MQT	(906) 235-1154	
Mary Pelton Cooper Psy.D	112 W. Washington St.	MQT	(906) 360-3544	mpeltoncooper@gmail.com
Mary Ritter, LPC	102 W. Washington St. Suite 114	MQT	(906) 362-1647	thyrapie22044@gmail.com
Melissa A. Copenhaver, M.S.W	310 W. Washington St. Suite 201	MQT	(906) 286-3254	
Mike Shelafoe, LLMSW	710 Chippewa Square Suite 208	MQT	(906) 869-3082	
Northern Shores Counseling	220 W. Washington St. Suite 320	MQT	(906) 250-3177	

Ralph Olson PhD, BCBA-D	220 W. Washington St. Suite 420	MQT	(906) 225-5462	
Robert Lamb, Ph.D Academy Psychological	1018 N. Third St.	MQT	(906) 458-3999	
Stevens and Hardie Family Practice	107 W. Main St.	MQT	(906) 225-3988	
Sue deGroot, MSW, LMSW, ACSW	205 S. Front St. Suite D	MQT	(906) 235-0914	
Susan B LaFreniere, LMSW	104 E Washington St.	MQT	(906) 228-3092	connect@susanlafreniere.com
Traci Baxendale Ball, LMSW, CAADC	118 W. Washington St.	MQT	(906) 273-2060	virtualclinic@vibranthealthclinic.com
Virginia S Freeborn, M.S., LLP	1229 W. Washington St.	MQT	(906) 225-0093	gfreeborn@chartermi.net
Carrissa Rondeau, BCBA, LMSW	1229 W. Washington St.	MQT	(906) 439-5290	
Kerrie Krause, LMSW	228 W. Washington St	MQT	(906) 250-4852	
Jessica Pegenau, LMSW	228 W. Washington St	MQT	(906) 250-7533	
Wendy Greer, LMSW	401 N. Third St. Suite B	MQT	(906) 226-1454	wjgl@sbcglobal.net
Tonja L Acker-Richards, LLP	84 Croix St. Suite A	NEG	(906) 475-7856	tackerup@aol.com
Mental Health Agencies	Address	City	Phone #	
Access Psychological	102 W. Washington St. Suite 106	MQT	(906) 228-8881	
Catholic Social Services of the U.P.	347 Rock St.	MQT	(906) 227-9119	
Great Lakes Recovery Centers	Multiple-see below		(906) 228-9696	
Lutheran Social Services	Counseling services not available at this time		(906)226-7410	
Pathways Community Mental Health	200 W. Spring St.	MQT	(906) 225-1181	
Community Resources:	Address	City	Phone #	
UP Information and Referral Resource			211	
Child & Family Services of the UP	706 Chippewa Square Suite 200	MQT	(906) 228-4050	
Northstar Employee Assistance Program	710 Chippewa Square Suite 206	MQT	(906) 225-3145	
Womens Center	1310 S. Front St.	MQT	(906) 225-1346	
MI Commission for the Blind	1615 Presque Isle Ave.	MQT	(906) 228-7697	
NorthCare Access	200 W. Spring St.	MQT	(906) 225-4433	
Legal Services of Northern Michigan	112 W. Washinton St.	MQT	(906) 228-5620	
Superior Alliance Independent Living- SAIL	1200 Wright St. Suite A	MQT	(906) 228-5744	
National Alliance on Mental Illness- NAMI	P.O. Box 262	MQT	(906) 225-4412	
Upper Peninsula Health Plan Customer Service			(906) 225-7770	

Alcoholics Anonymous	http://aa-marquettecounty.org/	MQT	(906) 249-4430	
Teaching Family Homes	1000 Silver Creek	MQT	(906) 249-5437	
UP Family Solutions	307 Front Street Suite 130	MQT	(906) 273-1094	
Upper Great Lakes Family Health Center	135 E. M-35	GWINN	(906)346-9275	
Sawyer Family Health Center	301 Explorer St.	GWINN	(906)346-4924	
UP Health Systems Marquette	580 W. College Ave.	MQT	(906)228-9440	
UPHS Mqt Behavioral Health Outpatient	Address	City	Phone #	
Psychiatrists - BY REFERRAL	580 W. College Ave.	MQT	(906) 225-3985	
Neuropsychology Department - BY REFERRAL	580 W. College Ave.	MQT	(906) 225-7116	
Great Lakes Recovery Centers	Address	City	Phone #	
Marquette Outpatient Services	1009 W Ridge	MQT	906-228-9696	
Child & Adolescent Psychiatry Specialty Clinic	104 Malton Rd	NEG	906-228-4692	
Ishpeming Outpatient Services	97 4th Street, Suite F	ISHP	906-228-9696	
Youth Centers	Address	City	Phone #	
Great Lakes Recovery Adolescent Services Center	104 Malton	NEG	906-228-9696	
Hematite Health Clinic	319 E Division	ISHP	(906) 204-2620	
Gwinn Teen Clinic	50 West M-35	GWINN	(906) 372-4002	