



## Perspectives from the Field: The Need for Prevention and Recovery

By Natalie Carlisle, Drug Free Communities Coordinator

Prevention is the focus of the Monroe County Safe Community Coalition, but when speaking with coalition members I hear overwhelmingly that we lack residential treatment options for people misusing substances. People do not know what facilities and programs are available, or have availability when an addict is ready for help.

Lisa McCormick, a parent and coalition member, shared her story. “When my son was in active addiction I spent a majority of my time trying to find a place for my son to get help. I would call my insurance company for advice and they would give me a list of hospitals and treatment centers to call. I would spend an hour talking with these places, explaining our situation only to be told at the end that they didn’t have any beds right now and can put me on a wait list or to call back in 30 days.” The problem that our community encounters is when an addict is ready to say, “I want help” we as a community need to have a place for them in treatment and not on a wait list.

“Even if you can get into a place, you may only get a 24-72 hour hold to detox.” Lisa says. “It’s not enough time to get the help you need.” Successful programs are long term, inpatient programs, not short detox or 30-day programs. An outpatient program is difficult for an addict unless they are really ready to take the challenge. “Our court system needs to understand that a person using drugs is not always a criminal. Many times if we can just get them help, they will stop the delinquent behaviors,” says McCormick.

After Lisa’s family went public with their story, people began calling her asking for advice and help for their child. “So many loved ones are at a loss of what to do when this occurs in their families,” Lisa says. Families often go to the logical sources such as doctors, therapists, pastors, and other human service agencies looking for assistance. Unfortunately, in our area they often hear the same answer, “we don’t have any place locally available to help you.”

Area law enforcement is also aware of the need for residential treatment options in our area. Investigator Robert Walensky of the Tomah Police Department, the Monroe County Joint Investigative Task Force and the West Central MEG Unit (drug investigation unit) says, “between Monroe County Human Services (MCHS), law enforcement, the District Attorney’s Office, attorneys, and medical facilities we have the luxury of knowing many of our drug addicts.” Investigator Walensky would like to see a police led team approaching addicts and offering them assistance before they enter the criminal justice system. “What we lack is the treatment option when they are approached and are receptive to treatment. If we can’t offer anything there is no incentive for them,” states Investigator Walensky. Currently when addicts do approach law enforcement for assistance they are limited due to availability, cost, insurance and other factors. “I think communication with drug addicts is huge in taking the next step,” says Investigator Walensky.

### Monroe County Safe Community Coalition

The Monroe County Safe Community Coalition focuses on drug prevention in Monroe County. We help change policies or ordinances related to these issues. We’ve installed 5 of the 6 medication drop boxes in Monroe County. We’ve hosted numerous Drug Awareness Forums and the Wake Up Call Room.

We welcome people interested in working on substance abuse issues in Monroe County. For more information visit [www.mcsafecommunities.org](http://www.mcsafecommunities.org) or contact Natalie Carlisle at 608-269-2391.

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**- Lisa**

Kayleigh Day, a Health Educator for Monroe County Health Department echoes the concerns of McCormick and Walensky. “Since 2012, alcohol and drug use and mental health have been the two leading health priorities in Monroe County’s Community Health Improvement Plan.” Like many other rural counties, Monroe County residents face many challenges such as poverty, lack of access to mental health care and substance abuse treatment, and limited community supports and programs.

Lori Svendsen, Substance Abuse Counselor with Monroe County Human Services shared information on residential treatment beds in our area. “Monroe County itself has no residential treatment programs except for the Tomah VA for veterans only,” said Svendsen. For residents who are not veterans Human Services contracts with Mayo Clinic Health System and Gundersen Health System. Those residential programs are located in LaCrosse. The department occasionally utilizes LE Phillips in Chippewa Falls. “These are the closest residential facilities I’m aware of,” says Svendsen.

Svendsen was quick to point out how fortunate we are to have great providers in our area. Gundersen Health System and Mayo Clinic Health System both offer a full range of care from outpatient to residential treatment in Monroe and LaCrosse Counties, while the Tomah VA serves area veterans. Scenic Bluffs Community Health Centers provides outpatient services, and Monroe County Human Services provides limited outpatient Alcohol and Other Drug Abuse (AODA) programs and contracts for all levels of care with Gundersen Health System, Mayo Clinic Health System, and LE Phillips. Monroe County Human Services is fortunate to receive a state grant for opioid treatment which can pay for treatment services the patient would otherwise not be able to pay for.

When asked how long a person may have to wait to access treatment Lori says it can vary. “The wait list is kept by the facility, not us, so they would have to answer that question for residential treatment.” She went on to say that sometimes it takes a matter of days, other times weeks or months. But typically it’s days to weeks depending on the facility.

Although prevention is so important to our community so is treatment. When an addict is ready to go into treatment we must have options available, not waitlists. Many people I have spoken to say they don’t know what resources are out there or who provides what kind of services. Even in my role I don’t always know as things are continually changing. This is what fuels me and the coalition to continue our work not only in the area of prevention, but of treatment. “I don’t want another family to have to go through what we have and if they do, I hope to be able to provide an understanding person to listen.” said McCormick. Maybe this is the beginning of a big conversation that needs to be had in our community.

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