ROGERS
Behavioral Health

2019 Community Needs Assessment Report

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Introduction

Rogers Behavioral Health is a not-for-profit, independent, private provider of specialized mental health and addiction treatment. Rogers provides treatment in Wisconsin and six other states, making it one of the largest providers of specialty behavioral healthcare in the nation.

To meet the individual needs of patients, Rogers offers inpatient care, partial hospitalization, intensive outpatient care, and residential treatment for adults, children, and adolescents with depression and other mood disorders, eating disorders, addiction, obsessive-compulsive and anxiety disorders, and posttraumatic stress disorder. The Rogers system also includes Rogers Behavioral Health Foundation and Rogers InHealth, an initiative that is working to eliminate the stigma of mental health challenges.

Rogers envisions a future where people have the tools to rise above the challenges of mental illness, addiction, and stigma to lead healthy lives. This vision is brought to life by constantly elevating the standard for behavioral healthcare, demonstrating exceptional treatment outcomes, and acting with compassion and respect.

Rogers conducted this 2019 Community Health Needs Assessment (CHNA) to assist in focusing on the most significant health needs for people seeking treatment for mental illness.

Methodology

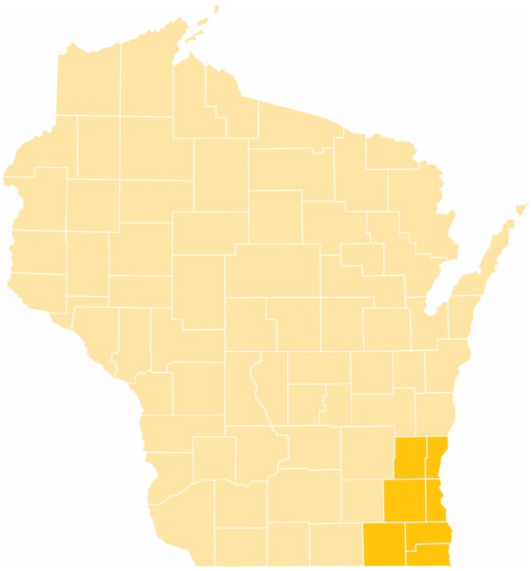
The 2019 process was led by a CHNA advisory committee of Rogers including:

- Anne Ballentine, Vice President, Marketing and Communications
- Stacey Basile, Marketing and Development Lead, Rogers Behavioral Health Foundation
- Brian Kay, Vice President, Continuous Improvement
- Gina Magnus, Member, Rogers Advocacy and Outreach Committee
- Sarah Reed, Community Program and Evaluation Manager, Rogers InHealth
- Emily Russart, Director, Finance
- Arnie Stueber, Chief Financial Officer
- Suzette Urbashich, Director, Rogers InHealth

Additionally, Rogers engaged the services of Canter Consulting, LLC to coordinate collecting secondary research, organizing the report, and content creation. This report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

Design of the CHNA specific to behavioral health was patterned from the Substance Abuse and Mental Health Services Administration (SAMSHA) Behavioral Health Treatment Needs Assessment for States Toolkit.

While Rogers has grown to a nationwide system recognized internationally for its specialized mental health and addiction treatment, for the purposes of a community needs assessment, this report focuses on the communities served within these counties of southeastern Wisconsin:



- Kenosha
- Milwaukee
- Ozaukee
- Racine
- Walworth
- Washington
- Waukesha

This geographic focus was formed based on historical and current admissions to Rogers. Over 56 percent of patients reside in this area, and 80 percent of Rogers employees come from southeastern Wisconsin.

CHNA process

The following steps were taken to complete the CHNA. Each step is described in detail throughout the report.

1. Formation of a 2019 CHNA advisory committee
2. Definition of community served for the purposes of this report
3. Data collection and analysis of themes, trends, and disparities (both primary and secondary data)
4. Identification and prioritization of community health needs and services to meet those needs
5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
6. Update on priorities outlined within the 2016 CHNA
7. Dissemination of the 2019 CHNA to the public

Data collection

Secondary data

Rogers relied heavily on quantitative and qualitative data collected through various surveys, reports, and assessments prepared by municipal and other government agencies and public institutions.

The following resources were utilized to discover secondary data relevant to the behavioral health status and needs of the southeastern Wisconsin communities served by Rogers:

- Kenosha County Community Health Survey Report, 2016
- Milwaukee County Community Health Needs Assessment, 2017-18

- Ozaukee County Community Health Survey Report, 2016
- Racine County Community Health Survey Report, 2016
- Walworth County Community Health Survey Report, 2016
- Washington County Community Health Survey Report, 2016
- Waukesha County Community Health Survey Report, 2017
- University of Wisconsin Population Health Institute Report, Wisconsin Partnership Program
- USA.com, Wisconsin Land Area County Rankings
- Wisconsin Department of Health Services, Data and Statistics
- 2018 Alcohol and Other Drug Use System and Gap Analysis for Washington and Ozaukee Counties
- 2017 Wisconsin Mental Health Needs Assessment
- 2017 Wisconsin Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System
- 2019 County Health Rankings-Wisconsin
- 888* Bodies and Counting Report from the City of Milwaukee Office of Common Council President

Primary data

The Rogers advisory committee developed an electronic survey that was distributed via email to identified community members and groups to solicit input regarding behavioral health issues within the community. 456 individuals responded to the survey including referring providers, municipal agencies, and general members of the communities in southeast Wisconsin, including medically underserved, low income, and minority populations. Many respondents are members of Wisconsin Initiative for Stigma Elimination (WISE). Most WISE members are persons with lived experience and mental health advocates. Members of Rogers Advocacy and Outreach Committee also completed the survey. This committee consists of community members at large and Rogers leadership.

Limitations and information gaps

While every effort was made to capture the health needs of the community, the process of conducting a CHNA carries inherent limitations. The primary data survey was conducted with a select group of people who represent the communities that Rogers serves. The views and opinions of those individuals are subject to bias and data interpretations are subject to the limitations of the sampling methodology.

The secondary health data that was analyzed as part of this study captures an array of health-related measures that help in understanding the needs of the populations. However, certain health needs might not have been captured or reflected in the existing data sources. Therefore, certain health needs may have been given more weight or importance than others.

Secondary data results: quantitative community profile

Population

The overall population in counties within Rogers' service area grew within the last year, with the exception of Milwaukee and Racine counties. As population growth occurs, demand and utilization of health services including mental health can be expected to increase.

County	Males under 18	Males 18-44	Males 45-64	Males 65>	Females under 18	Females 18-44	Females 45-64	Females 65>	% pop change
Kenosha	20301	30352	22574	9953	19344	30100	22870	12296	+1
Milwaukee	114887	185150	108587	52833	111055	191725	115698	71368	0
Ozaukee	9611	13180	12873	7445	8917	12932	13657	9320	+2
Racine	22748	32833	27359	13969	21710	31629	28260	17102	0
Walworth	11689	17562	14331	7841	10995	16708	14373	9257	+1
Washington	15391	20843	19955	10285	14737	20130	20271	12664	+2
Waukesha	43737	60499	58476	31968	41487	59795	61147	40063	+2

(Source: 2019 County Health Rankings)

Health factors

There are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life, demands on health care and consequences to society. Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health often has a detrimental impact on physical health.

In southeastern Wisconsin, three counties (Kenosha, Milwaukee, and Racine) rank among the weakest of the state's 72 counties in terms of physical and mental health outcomes.

County	Percentage of adults who report fair/poor general health	Poor mental health days/month reported by adults	Percentage of adults who report frequent mental distress	Life expectancy	State ranking in health outcomes
Kenosha	15%	3.7	11%	78.2	60
Milwaukee	19%	4.3	13%	77	71
Ozaukee	11%	3.1	10%	82	1
Racine	14%	3.6	3.6%	78.2	65
Walworth	14%	3.4	11%	79.5	36
Washington	10%	3.1	10%	81.1	2
Waukesha	11%	3.1	9%	81.8	4

(Source: 2019 County Health Rankings)

Socio-economic factors

According to the World Health Organization, mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.[i] There is a large disparity of socio-economic conditions among the southeastern Wisconsin counties served by Rogers.

County	Child poverty	Children in single parent households	General poverty	High school graduation	Some college education or more	Unemp. rate	Severe housing issues	Median income
Kenosha	16%	38%	11%	90%	63%	3.0%	18%	$61,300
Milwaukee	26%	50%	19%	77%	65%	4.0%	22%	$47,800
Ozaukee	5%	21%	5%	96%	82%	2.8%	11%	$85,100
Racine	18%	37%	11%	83%	63%	4.1%	14%	$61,100
Walworth	12%	28%	11%	93%	63%	3.3%	17%	$60,700
Washington	5%	22%	5%	93%	76%	2.8%	11%	$76,600
Waukesha	5%	18%	5%	94%	81%	2.1%	12%	$82,600

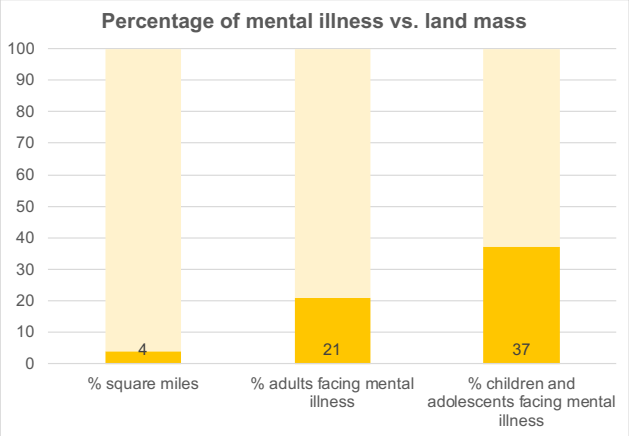
(Source: 2019 County Health Rankings)

Mental illness incidence factors

While the southeastern counties occupy four percent of Wisconsin's land mass, these communities account for 21 percent of adults with serious mental illness and 37 percent of children and adolescents with serious emotional disturbance.

(Source: USA.com-Wisconsin Land Area County Rankings)

County	Square Miles
Kenosha	271
Milwaukee	241
Ozaukee	233
Racine	332
Walworth	555
Washington	430
Waukesha	549
Wisconsin	**65,498**



Suicide occurs among all groups of people. No age, race, or socioeconomic class is immune. The suicide rate in Wisconsin is four times the homicide rate.[ii] National and Wisconsin youth suicide rates have been rising since 2007, and Wisconsin consistently has higher youth suicide rates than the national average.[iii]

County	Est. adults with any mental illness	Est. adults with serious mental illness	Est. children/adol. with any mental illness	Est. children/adol. with serious emotional disturbance	Self-inflicted injury hospitalizations per 100,000 pop.
Kenosha	24,022	5,112	6,383	3,344	34
Milwaukee	135,858	28,911	34,495	18,069	57
Ozaukee	12,878	2,740	3,104	1,626	28
Racine	27,915	5,940	7,180	3,761	66
Walworth	15,089	3,211	3,597	1,884	24
Washington	19,378	4,124	4,890	2,562	28
Waukesha	57,897	12,320	14,178	7,426	32
Wisconsin	**839,383**	**178,621**	**200,529**	**105,039**	**5,689**

(Sources: 2017 Wisc. Mental Health Needs Assessment and 2019 County Health Rankings)

Addiction factors

Mental health issues and substance abuse often co-occur. More than one in four adults living with serious mental health problems also has a substance use problem.[iv] Severity of mental health disorders is strongly associated with alcohol and illicit drug use.[v]

County	Percentage of driving deaths due to alcohol	Alcohol related hospitalizations per 1,000 pop.	Percentage of adults who report excessive drinking	Drug arrests	Drug overdose deaths	Opioid hospital visits (per 1,000)	AODA Treatment Gap
Kenosha	45%	1.9	26%	930	27	584	89.7%
Milwaukee	31%	2.7	25%	4,489	33	857	N/A
Ozaukee	26%	2.4	27%	296	10	345	87.3%
Racine	41%	2.2	24%	1,354	20	459	83.4%
Walworth	45%	1.6	25%	916	16	423	82.9%
Washington	30%	2.3	25%	588	15	404	85.7%
Waukesha	40%	2.2	25%	1,908	15	453	N/A

(Sources: 2017 Wisc. Mental Health Needs Assessment and 2019 County Health Rankings)

Clinical care factors

In Wisconsin, about one-third of individuals access mental health services through the public systems; two-thirds access mental health services using commercial insurance or other sources.[vi]

There are various reasons why adults and children with mental health challenges remain unserved. This treatment gap is most often due to due to lack of access to clinical care, and/or the stigma of seeking mental health care.

County	Uninsured adults	Uninsured children	Mental health providers	Primary care providers	Adult treatment gap	Children treatment gap
Kenosha	8%	4%	1,000:1	2,210:1	66%	26%
Milwaukee	10%	3%	370:1	1,370:1	64%	25%
Ozaukee	4%	3%	450:1	700:1	63%	56%
Racine	8%	3%	780:1	2,050:1	64%	49%
Walworth	9%	5%	950:1	2,062:1	65%	48%
Washington	5%	3%	990:1	1,770:1	65%	53%
Waukesha	4%	2%	490:1	720:1	66%	55%

(Sources: 2017 Wisc. Mental Health Needs Assessment and 2019 County Health Rankings)

Secondary data results: qualitative community profile

As part of their community health needs assessments, counties conduct key informant surveys. These surveys are interviews with a range of providers, policy makers, and other local experts and community members called “key informants.”

Summary

Among the top five health issues, key informants in all of the SE Wisconsin counties consistently ranked mental health and alcohol and other drug use as the top two health issues facing their counties.

Across all counties, key informants’ insights suggest both topics overlap significantly with the issue of access to health services. In each of the surveys, the barriers and challenges related to behavioral health care were directly tied to access. Top concerns included: a lack of providers and services, long wait lists to access providers and services, lack of transportation to services, and difficulty paying for services or lack of coverage by insurance for services or medication.

County-specific key informant summaries

Kenosha County
The five health issues ranked most consistently as a top health issue for the county were:
1. Mental health
2. Alcohol and other drug use
3. Access to health services
4. Nutrition
5. Physical activity

Alcohol and other drug use and mental health were the two issues receiving the most rankings in key informants' top five health focus areas. Almost all key informants discussed mental health or alcohol and drug use as top priority areas, with most discussing both. Mental health received the most rankings as the number one health issue in the county. Key informants' insights also suggest both of these topics overlap significantly with the issue of access to health services, with the main barriers and challenges to addressing both mental health and alcohol and other drug use being a lack of providers and services, long wait lists to access providers and services, lack of transportation to services, and difficulty paying for services or lack of coverage by insurance for services or medication.

There was also some overlap in key informants' suggestions of what is needed to address these issues, with a focus on cross-sectoral partnerships and working together to leverage existing resources in the county, as well as a desire to shift the focus to prevention and awareness about the underlying causes of substance abuse and mental illness. Key informants also discussed the stigma around both mental illness and substance abuse or addiction as a barrier that could be overcome with increased community awareness and acceptance of these issues.
(Source: Kenosha County Health Needs Assessment, 2016. Summary of Key Informants)

Milwaukee County
The five health issues ranked most consistently as a top health issue for the county were:
1. Mental health
2. Alcohol and other drug use
3. Injury and violence
4. Chronic disease
5. Access to health services

Access to health care services was one of the top five health issues emerging as a key priority for the county by key informants. Behavioral health (representing mental health and substance abuse) was the top ranked health issue. The barriers and challenges related to behavioral healthcare were directly tied to access. Respondents identified insufficient outpatient resources for low income patients, insurance barriers, lack of integration of behavioral health into primary care, and lack of mental health care providers.

Respondents also identified the need for improved coordination of care within and across the complex and sometimes fragmented behavioral health care delivery system.

The survey also suggests suicide ideation has increased. Stigma, prevention education, screening, access to detox and substance abuse treatment, increased provider capacity, and coordination across systems are key areas that need to be addressed and could benefit from broader community efforts.
(Source: Milwaukee County Community Health Needs Assessment 2015-16)

Ozaukee County
The five health issues ranked most consistently as a top health issue for the county were:
1. Alcohol and other drug use
2. Mental health
3. Chronic disease prevention and management
4. Access to health services
5. Nutrition

All key informants discussed mental health or alcohol and drug use as top priority areas, with most discussing both. Key informants' insights also suggest these topics overlap significantly with the issue of access to health services, with the main barriers and challenges to addressing both mental health and alcohol and drug use being a lack of providers and services, long wait lists to access providers and services, lack of transportation to services, and difficulty paying for services or lack of coverage by insurance for services or medication. There was also some overlap in key informants' suggestions for what is needed to address these issues, with a focus on cross-sectoral partnerships and working together to leverage existing resources, as well as a desire to shift the focus to prevention and education about the underlying causes of substance abuse and mental illness.
(Source: Ozaukee County Health Needs Assessment, 2016, Summary of Key Informants)

Qualities of Needed Alcohol and Other Drug Use Care: Ozaukee & Washington Counties
(Source: 2018 Alcohol and Other Drug Use System and Gap Analysis for Washington and Ozaukee Counties)

In addition to identifying services needed in their communities, key informants specified qualities of care that are needed. These include:

- Continuum of care: There needs to be different levels of care for people with different needs, and for individuals as their needs change as they progress through treatment. This care should be continuous, and transitions should be seamless.
- Accessible care: People should be able to access care and resources where and when it is convenient for them, and in their own communities. Insurance--including public insurance-- should facilitate that access.
- Coordinated or integrated care: People often need to seek treatment from multiple providers who do not necessarily coordinate with one another. Ideally, services would be integrated or even centralized to better serve patients.
- Affordable care: Services should be affordable for everyone, including those with low incomes.
- Holistic care: People should be treated holistically, with plans that encompass all aspects of their lives. This includes physical, mental, and spiritual; and with providers viewing them as whole people.
- Timely access to care: People often have a long waiting period between when they first seek care and when care is available. Ideally, people would have immediate access to treatment when they indicate they are ready for help.

- Individualized care: Care plans should be designed to meet the individual needs of each person. Providers should get to know the person as an individual and meet them where they are at.
- Evidence-based care: Programs should be based in evidence and what is known about best practices.

Racine County
The five health issues ranked most consistently as a top health issue for the county were:
1. Mental health
2. Alcohol and other drug use
3. Chronic disease prevention and management
4. Access to health services
5. Nutrition

Across health focus areas, lack of access emerged as a major theme. Respondents identified a shortage of providers for mental health care, addiction treatment, dental care, and some other specialty care. In addition, lack of insurance, inability to pay for care and medication out of pocket, inability to afford co-payments, time off of work, and low insurance re-imbursement rates impede residents from accessing the care they need. Across many of the health focus areas, lack of transportation was named as a barrier to get to appointments, larger grocery stores, and programming. Access is further limited for residents who do not speak English, and those residents who are undocumented and may be fearful to seek help.
(Source: Racine County Health Needs Assessment, 2017, Summary of Key Informants)

Walworth County
The five health issues ranked most consistently as a top five health issue for the county were:
1. Mental health
2. Alcohol and other drug use
3. Oral health
4. Access to health services
5. Chronic disease prevention and management

Barriers and challenges: mental health
Key informants identified many issues related to lack of access to health services that are also barriers to addressing mental health. These include lack of inpatient programs, lack of transportation for outpatient services, lack of access to private mental health providers--especially psychiatry, financial barriers and lack of insurance coverage, lack of services for children, lack of staff and trained professionals in the county, lack of bilingual services, and difficulty accessing prescriptions. Other issues identified as barriers by key informants include the following: Stigma related to mental health issues make them hard to talk about, “mental health” encompasses a broad scope of issues to be addressed, the Walworth County Department of Health and Human Services is underutilized, the county is lacking in trauma informed care, and residents may not be aware of resources or how to get connected to them.

Barriers and challenges: alcohol and other drug abuse
Identified barriers and challenges to addressing substance abuse in the county include: a lack of education about the risks of abuse, prevalence and easy access to drugs in the community, readily available information about how to formulate and access drugs, lack of detox facilities in

the county, Wisconsin's cultural acceptance of alcohol use and abuse, lack of rehab resources and services, lack of sober activities, lack of affordability of treatment programs, lack of bilingual providers and services, lack of transportation for patients, and employees' fear that they may lose their job if they seek treatment that causes them to miss work.
(Source: Walworth County Health Needs Assessment, 2016, Summary of Key Informants)

Washington County
The five health issues ranked most consistently as a top five health issue for the county were:
1. Alcohol and other drug use
2. Mental health
3. Chronic disease prevention and management
4. Nutrition
5. Physical activity

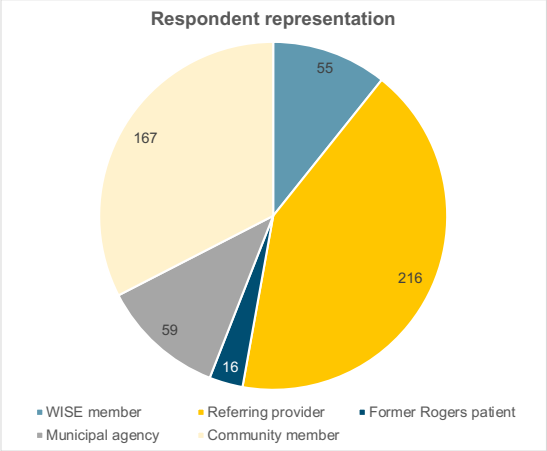
All key informants discussed mental health or alcohol and drug use as top priority areas, with many discussing both. Key informants' insights also suggest these topics overlap significantly with the issue of access to health services, with the main barriers and challenges to addressing both being a lack of providers and services, waiting lists to access providers and services, difficulty paying for services or lack of coverage by insurance for services or medication, and difficulty physically accessing services without a robust public transportation system or transportation programs for those who cannot or do not drive. There was also some overlap in key informants' suggestions for what is needed to address these two related issues, with a focus on cross-sectoral partnerships, sharing and promoting effective community resources, as well as a desire to focus on education and prevention of substance abuse and mental illness.
(Source: Washington County Health Needs Assessment, 2016, Summary of Key Informants)

Waukesha County
The health issues ranked most consistently as top five health issues for the county were:
1. Mental health
2. Alcohol and other drug use
3. Chronic disease prevention and management
4. Access to health services
5. Nutrition

Almost all key informants discussed mental health or alcohol and other drug use as top priority areas, with most discussing both. Key informants' insights suggest both of these topics overlap significantly with the issue of access to health services, with the main barriers and challenges to addressing both issues being: a lack of providers and services, long wait lists to access providers and services, lack of transportation to services, and difficulty paying for services or lack of coverage by insurance for services or medication. There was also some overlap in key informants' suggestions for what is needed to address these issues, with a focus on integrating services and treatment into primary care, expanding services that do exist at free clinics and community health centers, and forming a better continuum of care across providers, as well as a desire to shift the focus to prevention and awareness about the underlying causes of substance abuse and mental illness.
(Source: Waukesha County Health Needs Assessment, 2017, Summary of Key Informants)

Primary data survey results

With the results of the secondary data as a foundation, Rogers developed and executed a mental health and addiction needs survey to gather additional input on the most significant mental health and addiction needs from individuals representing the geographic and socio-economic domains within this CHNA. A total of 456 individuals responded to the survey,

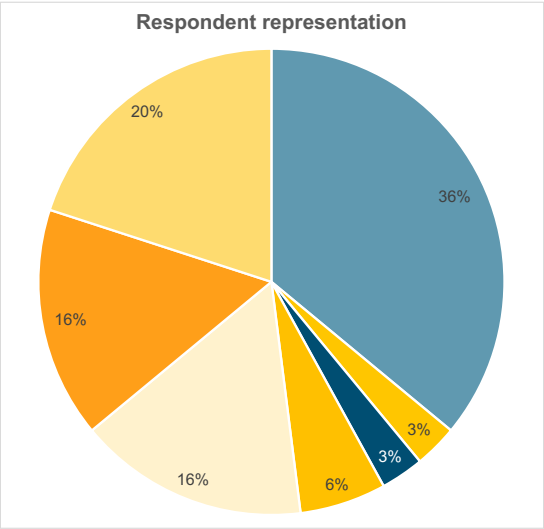


Respondent representation

Survey respondents were asked to indicate who they represent:
WISE member: 55
Referring provider: 216
Former Rogers patient: 16
Municipal agency: 59
Community member:167

Experience with behavioral healthcare

Survey respondents were asked to indicate their experience(s) within mental health or addiction. More than half of respondents identified that as part of their profession, they support people to access mental health or addiction services. Nearly 60 percent indicated that they have supported a family member or friend in accessing mental health or addiction service. Nearly 25 percent of respondents included that they have accessed mental health or addiction services for themselves.



As a part of my profession, I support people to access mental health or addiction services: **36%**

I have accessed mental health or addiction services myself: **3%**

I have accessed mental health or addiction services myself/As a part of my profession, I support people to access mental health or addiction services: **3%**

I have accessed mental health or addiction services myself/I have supported a family member/friend in accessing mental health or addiction services: **6%**

I have accessed mental health or addiction services myself/I have supported a family member/friend in accessing mental health or addiction services/As a part of my profession, I support people to access mental health or addiction services: **16%**

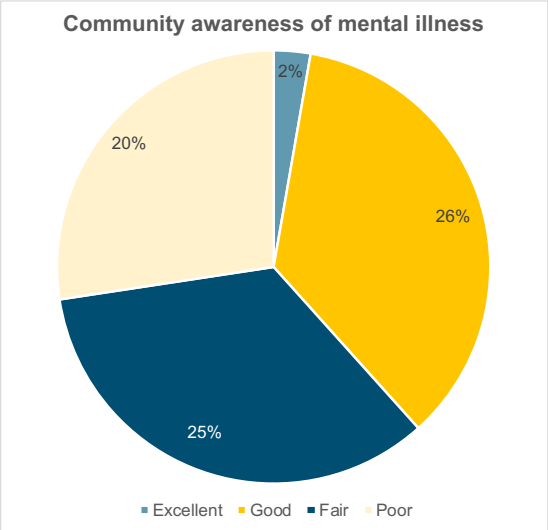
I have supported a family member/friend in accessing mental health or addiction services: **16%**

I have supported a family member/friend in accessing mental health or addiction services/As a part of my profession/I support people to access mental health or addiction services: **20%**

Community awareness of mental illness

When asked to rate their community's knowledge and awareness of mental illness, only two percent of respondents rated it as excellent. Twenty six percent rated it as being good. A combined total of 72 percent rated community knowledge or awareness as fair or poor. This is a strong indicator that more needs to be done in the areas of mental health education and stigma reduction.

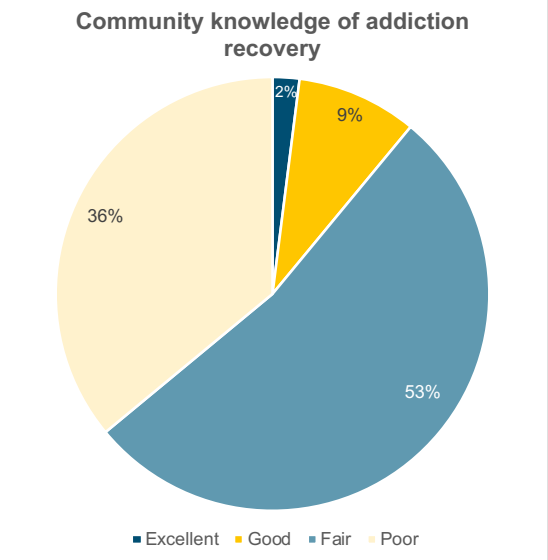
Excellent: 2%
Good: 26%
Fair: 52%
Poor: 20%



Community knowledge of addiction recovery

When asked to assess their community's knowledge of what it takes for addiction recovery and how to maintain addiction recovery, a combined total of 11 percent rated it as excellent or good; and a combined total of 89 percent said it was fair or poor. This overwhelmingly suggests that more needs to be done to educate communities about addiction recovery.

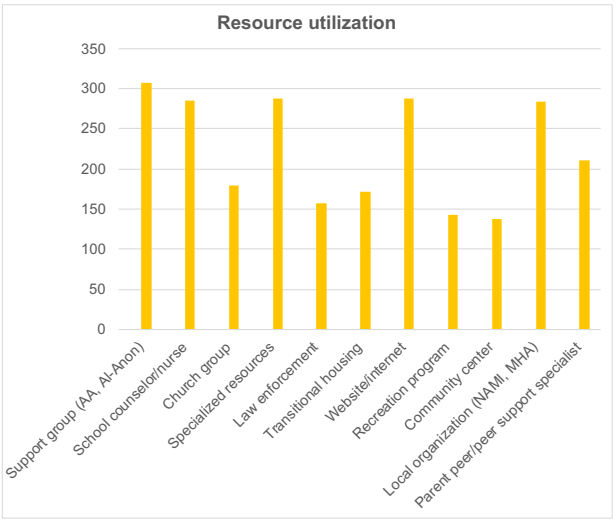
Excellent: 2%
Good: 9%
Fair: 53%
Poor: 36%



Resource utilization

Respondents were asked which health resources, other than a hospital or clinic, they have used or referred someone to in the past three years. They had the option of checking all in a list that apply. The top five in included:

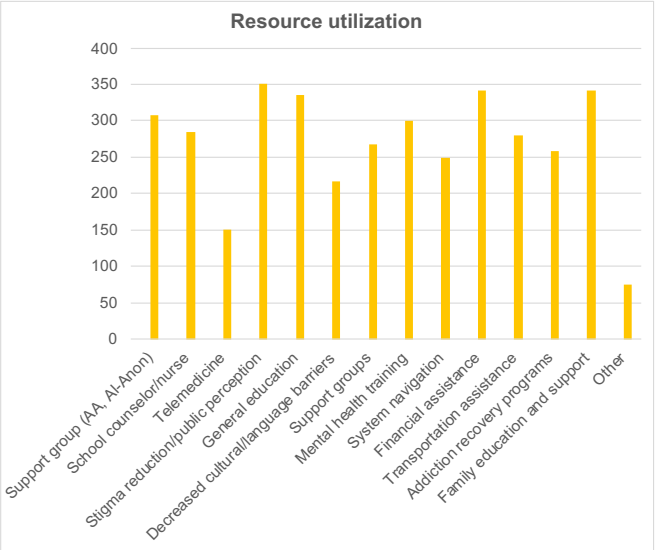
- Support group (AA, Al-Anon)
- Website/Internet
- Specialized resources
- School counselor/nurse
- Local organization (NAMI, MHA)



Improving access to mental health and addiction care

Respondents offered feedback regarding what they believe would improve their community's access to mental health and addiction care. They had the option of checking all in a list that apply. The top five included:

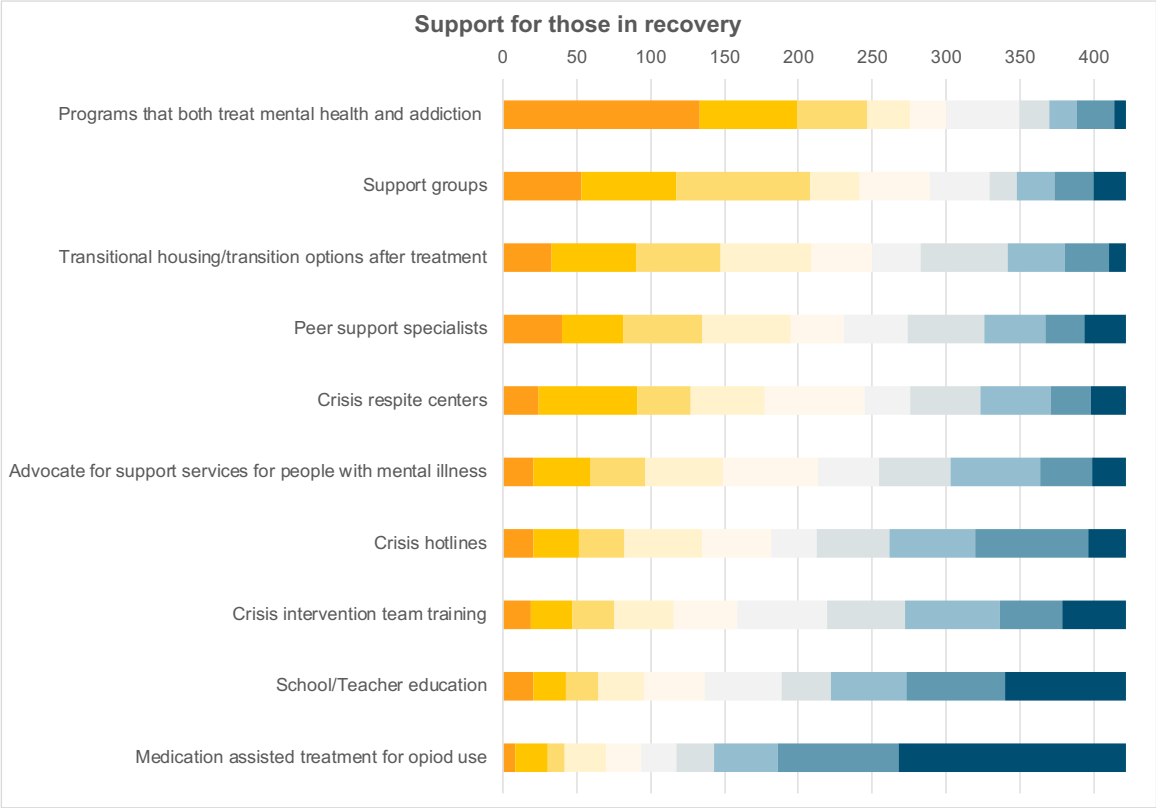
- Stigma reduction/public perceptions
- Family education and support
- Financial assistance
- General education
- Mental health training



Support for those in mental health and addiction recovery

The survey asked how a community can better support those in mental health and addiction recovery. Respondents ranked these as the top five:

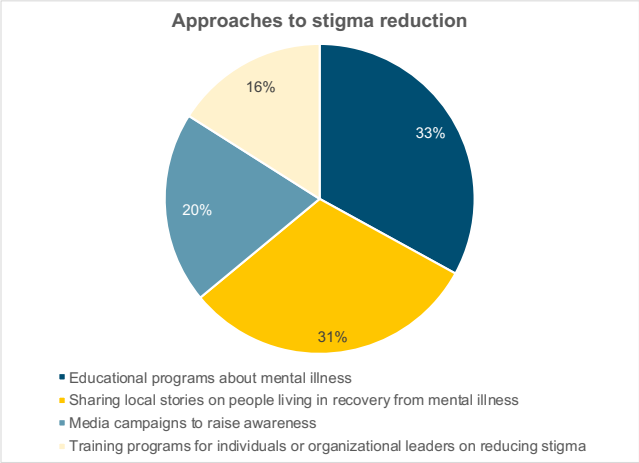
- Programs that both treat mental illness and addiction
- Support groups
- Transitional housing
- Peer support specialists
- Crisis respite centers



Approaches to stigma reduction

False beliefs about mental illness are both common and harmful. Respondents were asked which approach they would choose as the highest priority to help reduce stigma. Education programs and sharing stories ranked the highest.

- Educational programs about mental illness: 33%
- Sharing local stories on people living in recovery from mental illness: 31%
- Media campaigns to raise awareness: 20%
- Training programs for individuals or organizational leaders on reducing stigma: 16%



Summary of key findings and prioritized needs

The CHNA advisory committee devoted considerable time to prioritizing the behavioral health needs of the communities served, determining which needs are within Rogers prevue to address, and developing strategies to serve as the basis for implementing these strategies.

Key findings

Based on primary and secondary research, access to care is the top behavioral health issue within the communities served by this CHNA. The main barriers and challenges to addressing this issue include: a lack of providers and services, long wait lists to access providers and services, stigma associated with mental health and addiction issues, lack of transportation to services, and difficulty paying for services/lack or sufficient insurance coverage for services. There is considerable overlap regarding suggestions for what is needed to address these issues, with focuses on collaborations, leveraging existing resources, improving continuum of care aspects of treatment, and the desire to shift the focus to prevention and education about the mental illness.

Rogers 2019-2021 priorities

Rogers understands the importance of all behavioral health needs of the community, and is committed to playing an active role in improving the mental health of the people in the communities we serve.

However, for 2019-2021, Rogers narrowed the focus to three achievable priority areas. These priorities align with our resources and expertise, and take into consideration the estimated feasibility for the system to effectively implement actions to address health issues and potential impact.

The priorities are:
1. Access to mental health and addiction services
2. Education and stigma reduction
3. Continuum of care

Implementation plan

With the priorities in place, objectives and strategies were developed to define how Rogers intends on meeting the priorities. Also outlined within each priority were: available programs and resources, the impact on the health need, accountable parties, and partnerships/collaborations that will be leveraged to meet the priority.

A detailed implementation plan for all 2019-2021 priorities can be found in Appendix 4.

Significant health needs not specifically addressed in these priorities

Secondary data gathered for this CHNA, as well as anecdotal evidence, demonstrate that suicide prevention is an increasing health need within communities. While not outlined among the three priorities listed here, Rogers will continue to research and investigate evidence-based options for addressing this need.

Additionally, as outlined in the secondary data, topics ranging from lack of public transportation to greater awareness of available county resources resonate as issues that impact health needs and access to services. The implementation plan does not specifically address these factors as they are beyond the scope of Rogers.

Appendices

Appendix 1: Rogers Behavioral Health primary data survey questions

1. Today's date

2. Your city/town

3. Your state

4. Your zip code

5. Are you a:
   - WISE member
   - Provider
   - Former patient
   - Municipal agency
   - Community member

6. What has been your experience with behavioral healthcare? Check all that apply:
   - I have supported a family member/friend in accessing mental health or addiction services
   - As a part of my profession, I support people to access mental health or addition services
   - I have accessed mental health or addiction series myself

7. Please rate the following: (on scale of poor, fair, good, excellent)
   - How would you rate your community's knowledge or awareness of mental illness?
   - How would you rate your community's knowledge of what it takes for addiction recovery and how to better support those in mental health and addiction recovery?

8. What health resources, other than a hospital or clinic, have you used or referred someone to in the past three years? Check all that apply.
   - Support group (AA, Al-Anon)
   - School counselor/nurse
   - Church group
   - Specialized resources
   - Law enforcement
   - Transitional housing
   - Website/Internet
   - Recreation program
   - Community center
   - Local organization
   - Parent peer/Peer support specialist

9. What would improve your community's access to mental health and addiction care? Check all that apply.

- Telemedicine
- Stigma reduction/public perception
- General education
- Decreased cultural/language barriers
- Support groups
- Mental health training
- System navigation
- Financial assistance
- Transportation assistance
- Addiction recovery programs
- Family education and support
- Other

10. How can a community better support those in mental health and addiction recovery? Please rank the following:

- Programs that treat both mental and addition
- Support groups
- Transitional housing/transition options after treatment
- Peer support specialists
- Crisis respite centers
- Advocate for support services for people with mental illness
- Crisis hotlines
- Crisis intervention team training
- School/teacher education
- Medication assisted treatment for opioid use

11. Which approach would you choose as the highest priority to help reduce stigma?

- Training programs for individual or organizational leaders on reducing stigma
- Educational programs about mental illness
- Media campaigns to raise awareness
- Sharing local stories on people living in recovery from mental illness

Appendix 2: Community resources

Utilized for this report
For the purposes of this CHNA, Rogers identified and reached out to a multitude of community resources and assets within southeastern Wisconsin to gain input on significant community mental health needs.

Examples of the diverse community resources contacted either directly or indirectly (through WISE) for the primary data survey include:
Healthcare: Advocate Aurora Health, Children's Hospital of Wisconsin, Ascension, Marshfield Clinic, American Academy of Pediatrics-Wisconsin Chapter, Catalpa Health, Wisconsin Medical Society, Froedtert & The Medical College of Wisconsin
County government and services: Wisconsin Department of Health Services, Wisconsin Department of Public Instruction
Public school districts: Kenosha, Milwaukee, Hamilton (Sussex), Mequon-Thiensville, Oconomowoc, West Bend, Racine Unified, Elmbrook, Wauwatosa
Higher education: University of Wisconsin-Milwaukee/Waukesha, Cardinal Stritch University, Marquette University, Concordia University, Milwaukee Area Technical College,
Faith communities: Various places of worship throughout southeastern Wisconsin
Social service and other organizations: WISE (Wisconsin Initiative for Stigma Elimination), Mental Health America (Milwaukee), Parenting Network (Milwaukee), Ozaukee Family Services, NAMI (Milwaukee, Waukesha, Racine, Washington, Ozaukee), Boys & Girls Clubs of Milwaukee, Wisconsin Disability Rights, Wisconsin Family Ties, Exodus House, Journey Mental Health, Prevent Suicide Milwaukee, Oneida Nation, Dryhootch Milwaukee, Children's Outing Association, Milwaukee Rescue Mission, Silver Spring Neighborhood Center, Safe & Sound, City on a Hill, Parents United

Available existing behavioral health resources
There are hundreds of existing mental health related resources within the geographic reach of southeastern Wisconsin. The most up-to-date and comprehensive listings of community behavioral health resources and assets (including descriptions and contact information) located in each of the seven counties identified in this CHNA can be accessed through these website links:

- Kenosha County Important Mental Health Resources
- Behavioral Health Division of Milwaukee County
- Mental Health Resources in Ozaukee County
- Mental Health and Substance Abuse Services in Racine County
- Human Service Department of Washington County
- Waukesha County Mental Health Resources

Appendix 3: Status update on 2016-2019 CHNA priorities

Six priorities were identified in the Rogers Joint Community Health Needs Assessment 2016 Implementation Strategy. Tactics that were utilized within the six initiatives had a positive impact on meeting community mental health needs. Results include, but are not limited to, the examples offered in this status update.

Priority 1: Access to services

Objective/strategy
Increase access to effective mental health services

Impact
The desired impact was to create more access for mental health and addiction care; decrease barriers to care; and, improve patient flow into our various levels of care.

Results
1. Finding access to appropriate mental health and addiction care often starts with a phone call. From the fiscal years of 2016-2019, 346,778 calls were received within Rogers Call Center and Admissions departments. More than 261,380 of these were in reference to Rogers facilities within southeastern Wisconsin. In response to the increasing call volume, more than three FTEs were added within the Call Center.

2. Rogers greatly expanded its footprint nationwide from 2016-2019 in order to create more access to mental health and addiction care. New clinics opened in California, Illinois, Florida, Minnesota, Pennsylvania, and Tennessee. ,
Expansion of programming within southeastern Wisconsin included:

- The Focus Adolescent Mood Disorders Program for adolescents opened in March, 2016 at Rogers in Oconomowoc. The capacity of this program was expanded 2017 to create additional access to care. This program joined with Rogers Adolescent Center for OCD and Anxiety and the Nashotah Center for DBT to create a trio of adolescent residential programming.
- Adolescent residential care for Mental Health and Addiction Recovery opened in July, 2017 at Rogers' West Allis location--providing residential treatment for teens facing the co-occurring diagnoses of mental health and substance use disorders. This increased access to mental health care for community residents and improved patient flow into various levels of care.
- Rogers' Silver Lake Outpatient Center in Oconomowoc and the Brown Deer Outpatient Center began providing several new partial hospitalization and intensive outpatient programs in 2017. The addition of these partial hospitalization and intensive outpatient programs was a significant step in improving patient flow and the transition from inpatient and residential programs.
- Over three years, capacity at Silver Lake increased by 50 additional admission slots.
- An adolescent PTSD Partial Hospitalization Program was added to the Brown Deer location in 2018.

3. The number of child, adolescent and adult patients treated within Rogers programs in southeastern Wisconsin grew 33 percent, from 208,723 patient days in FY 2016 to a projected 310,000 in FY 2019.

4. In recognition that the cost of care can be a barrier to seeking help for many suffering from mental illness, Rogers contributed $10 million to its Charitable Giving Fund in 2018, up from a gift of $5 million in 2017.

5. Rogers' Charitable Giving Fund provides financial assistance in the form of Patient Care Grants through the Rogers Behavioral Health Foundation to those with limited financial resources and/or limited insurance who are seeking or are in treatment at Rogers. In the last fiscal year alone, these grants amounted to 1,400 days of treatment.

6. Across all locations, telemedicine resources occurrences increased by 40 percent since 2016. The system has been strategic in its utilization of this form of treatment to help improve access to care. For instance, Kenosha (in southeastern Wisconsin) has one of the largest psychiatry shortages in Wisconsin. At Rogers in Kenosha, two physicians are exclusively using telepsychiatry to treat patients. Children as young as six years old to patients that are well into adulthood have been using telemedicine at this clinic.

Priority 2: Substance abuse disorders

Objectives/strategies
A. Expand substance use disorder services throughout the Rogers system in response to identified community need
B. Develop and employ an effective response within Rogers programming to heroin epidemic

Impact
The desired impact included: targeted services designed to meet community-specific needs; ongoing innovation and assimilation of best practices across Rogers Behavioral Health; and, demonstrated clinical outcomes that validate the cost/benefit of services provided.

Results
Expand substance use disorder services throughout the Rogers system in response to identified community need
1. In collaboration with the Herrington McBride Alumni Association, Rogers began work on a new manual/workbook for future patients.

2. Rogers continued to explore development of supportive living housing—including for those recovering from addiction.

3. Rogers added family programming in the West Allis and Kenosha locations for addiction and co-occurring disorders.

4. Resources were identified and committed for the expansion of programming for family and friends of Rogers patients.

5. Rogers added capacity to serve 24 additional patients in partial hospitalization programming during evening hours to accommodate and improve access to care.

6. Rogers adjusted substance use disorder programming to provide both partial hospitalization and intensive outpatient care for all patients served, ages 10 through adult.

7. Rogers initiated a community partnership with Carroll University to create a program for both staff and community members to acquire substance use and mental health education. It is our goal that completing this program will provide individuals with a SAC-IT credential, a certified behavioral health credential, experience and college credits.

8. Two key staff members were active participants in the Kenosha County Opioid Taskforce—a public group of stakeholders representing public health, the recovery community, law enforcement and others, united to address the opioid epidemic in the community. Rogers was also represented on the West Allis/West Milwaukee (WAWM) Heroin/Opiate Task Force.

Develop and deploy an effective response to heroin epidemic
1. In order to best align its response to the epidemic, Rogers initiated a change in leadership of Addiction Services. While this transition was taking place, Rogers continued to invest in strategies to respond to the epidemic. For instance:

- Rogers expanded use of medication-assisted treatment (MAT) and therapeutic services to treat opiate use disorder in both a specific MAT program for opioid users in the Brown Deer and West Allis campuses, as well as offering MAT in various mental health and addiction programs.
- Rogers deployed resources to advance community outreach and education efforts aimed at educating parents, teachers, school administrators, and mental health service providers about substance abuse prevention and available resources. From 2017to 2018, Rogers staff presented 216 alcohol and drug prevention programs that were attended by 47,000 people throughout Wisconsin.

Examples of outreach efforts within southeastern Wisconsin include but are not limited to: sponsorship of Your Choice to Live and Stop Heroin Now-Jump for Archie events, exhibiting at the Voices for Recovery luncheons, and attendance at the Wisconsin School Counselor Association (WSCA) conferences.

Priority 3: Education, awareness, advocacy, and stigma reduction

Objectives/strategies
A. Increase capacity of organizations to effectively reduce stigma surrounding illness in their sector
B. Increase knowledge and advocacy around mental illness in multiple sectors and regions in the state

Impact
The desired impact included: reducing stigma, thus allowing people to access care and support earlier in the process of the illness; students, employees, members of faith communities, etc.

will find early support and helpful referrals to services; policymakers will learn about how to improve the mental health care system; and, organizations dedicated to education and stigma reduction will implement evidence-based programming and approaches.

Results
From 2016-2019, stigma reduction efforts were multi-level, targeting people living with mental health challenges, their families, providers, and caretakers, and focused on making environments more inclusive and welcoming. During this time, WISE significantly increased its membership base and Rogers InHealth increased staff and leadership support.

Multiple projects were undertaken and completed with statewide partners. Aspects of these projects met both objectives/strategies. Examples include:

1. Several partnership projects were conducted with WI Department of Public Instruction WISH Center (WI Safe & Healthy Schools Center) to create materials and provide consultation support of the DPI Mental Health and School Climate projects. This included:

- Four online Youth Mental Health First Aid videos
- Narrated PowerPoint presentation on stigma reduction theory and practice
- Emotional regulation plans-versions for adolescents and younger children and video-based training module for emotional regulation co-planning and teacher care meetings
- Multiple videos demonstrating classroom meetings following a critical incident and best practices in mental health including wellness planning
- Narrated power point and webinar on adult attitudes on youth mental health
- Multiple video-based training modules and materials demonstrating restorative practice circles and Think First training for DPI website
- Transition support materials for student re-entry to school from treatment and other out-of-school placements

2. Rogers InHealth partnered with Youth Empowered Solutions/WI. Department of Health Services (DHS) on a project to support youth mental health statewide. Outcomes included:

- Production and distribution of 20,000 Safe Person decals across WI, with in-person and webinar-based trainings for youth, adults, and community on the Seven Promises to support people struggling with mental health concerns
- Development of online Stigma Basics narrated video with associated discussion tool
- Development of online Up To Me training (formerly Honest, Open, Proud) in order to make this program available to youth across the state
- Provided training to improve practice for DHS and Project Aware administration on Up To Me
- Updated Up To Me program and training materials with to be more user friendly and relevant
- Adapted Up To Me curriculums for diverse populations including:
    - people living with Tourette (partner-Tourette Association of America)
    - sexual and gender minorities (partner-Gay, Lesbian, and Straight Education Network)
    - survivors of teen dating violence (partner-End Domestic Abuse Wisconsin)
    - suicide attempt survivors (partner-Illinois Institute of Technology)
    - parents of children with mental health challenges (partner-HOP International)

    - parents of youth with mental health challenges (partner-NAMI)
- Over 700 facilitators trained in Up To Me across multiple sectors including schools, healthcare, social work, peer support, therapists, university students, and mental health advocates

3. A Community collaboration partnership project with the WISH Center and Wisconsin CESAs (12 statewide Cooperative Educational Services Agencies), supported by the Healthier WI Partnership/Medical College of WI researched and created a program implementation model utilizing the Up To Me youth program and facilitator training. Multiple forms of evaluation were used to enhance program quality, delivery and engagement. Outcomes included:

- Validation of various delivery methods for Up To Me
- Recognition of important role of community partners/collaborations in program delivery
- Effective use of Up To Me content and strategies by facilitators/providers in individual and one-on-one conversations with clients, parents, students, etc.
- Identification of key factors in sustaining Up To Me program delivery over time and integration into existing agency work
- Demonstration of adaptability of Up To Me for various audiences, contexts, and as preparation for mental health advocacy
- Demonstrated efficacy of Up To Me in increasing empowerment, empathy and connection, and decreasing self-stigma

Priority 4: Staff mental health training

Objectives/strategies
A. Improve quality of mental health service delivery system-wide
B. Improve safety to patients, providers, and the care environment
C. Contribute to expanding access through educational initiatives

Impact
The desired impact included: greater competencies and skill sets; and, improved care delivery and patient safety.

Results
Improve quality of mental health service delivery system-wide
1. To ensure accountability to organizational goals for clinical effectiveness, patient experience, healthy culture, patient satisfaction, and financial sustainability, Rogers continued to: track key metrics and share results on a quarterly basis; measure patient days of service and utilize a Press Ganey Survey.

2. Training materials on depression, addiction, and dialectic behavioral therapy were prepared to create a consistent standard for treatment throughout the system across all levels of care.

Improve safety to patients, providers, and the care environment/expanding access through educational initiatives
1. Rogers hired an Employee Safety Manager to bring additional focus to improving safety to patients, providers, and the care environment.

2. Training modules were updated and enhanced, including therapeutic boundaries, culture of care, suicide prevention and assessing patient safety, safety in a psychiatric setting, crisis intervention, psychiatric care 101, and first aid and fire safety.

3. Nonviolent Crisis Intervention (NCI) Training was expanded throughout the system, and certified instructors were added at all regional sites.

4. Rogers implemented GoZero=Restraint Reduction to reduce restraint and seclusion as well as reduce staff and patient injuries, and multiple trainings were conducted across Rogers sites.

5. The Go Pro for Safety team identified three key areas as ways to improve safety for both care teams and patients:

- safety rounding
- suicide risk prediction
- clinical pathway recommendations

Contribute to expanding access through educational initiatives
1. Almost all active employees were trained in active listening, and Rogers established virtual trainings and recorded interactive eLearnings.

2. Rogers doubled the number of CBT-trained clinicians.

3. Tomorrow's workforce is in today's high schools. As such, Rogers participated in career expos within Waukesha high schools.

4. At the close of the 2018 fiscal year, Rogers had developed affiliations with 79 schools, with the majority located within southeastern Wisconsin.

5. Rogers continued to explore and develop relationships with a variety of community groups in order to expand access to mental health trainings.

6. From 2016-2019, Rogers pursued multiple efforts to reach higher education students. This led to a significant increase in the number of students participating in internship, practicum and residency programs. In 2016 there were 30 students enrolled. This increased to 57 students in the 2018 fiscal year.

Priority 5: After care support

Objective/strategy
Increase after care support with focus on support groups and transitional housing

Impact
The desired impact included: decreased re-admissions; improved patient outcomes; and, expanded after-discharge support options.

Results

1. Rogers developed aftercare programming to support its addictions and co-occurring programs within the West Allis and Kenosha locations for our addictions and co-occurring programs.

2. Rogers provided meeting space within the Oconomowoc campus for these support groups:

- Alcoholics Anonymous
- Al-Anon Family Group
- Narcotics Anonymous
- Pre-paired Professional Recovery Group
- Heroin Anonymous

3. With help from private donations through the Rogers Behavioral Health Foundation, a support group specialist was hired to develop two OCD and anxiety support groups—one for adults and the other for caregivers. Both were and remain free and open to the community. These support groups served as pilot programs for refinement in future locations.

4. A standardized plan of "How to Launch a Support Group" was created to allow for faster set-up of support groups in other Rogers locations.

5. Throughout the country, very few housing possibilities exist for patients in specialized behavioral health day treatment programs beyond addiction. Rogers explored the concept of providing transitional housing so that patients could have the option of a safe, supportive and convenient living space while participating in Rogers intensive outpatient treatment programs, or while transitioning back into community, work, and family life. At the close of 2018, funding was being secured to build a supportive housing facility in Oconomowoc.

Priority 6: Peer support specialist

Objective/strategy
Determine the effectiveness of a peer support staffing model as an addition to the Rogers treatment team

Impact
The desired impact included: decreased re-admissions; and, improved patient outcomes.

Results
Rogers explored the role of providing a peer support specialist in inpatient and intensive outpatient settings; however, after studying this strategy, other needs were deemed a higher priority and resources were not committed to this endeavor.

Appendix 4: Detailed report on 2019-2021 priorities and implementation plan

Priority 1: Access to mental health and addiction services

Objective

- Increase access to effective mental health services by adding or expanding programs and resources to support them

Strategies

- Grow the Charitable Giving Fund established by Rogers Behavioral Health to increase access to treatment services for those with limited resources and variable insurance coverage.
- Increase Rogers Behavioral Health Foundation's Angel Fund program, which supports travel and accommodation costs for individuals and families to get to treatment.
- Expand capacity of mental health and addiction recovery programs to serve more people.
- Broaden spectrum of mental health and addiction recovery programs to serve individuals with complex cases.
- Improve ease of emergency room transfers for people in urgent need of mental health and addiction services.
- Expand telemedicine services to additional locations and programs to help alleviate barriers to access to mental health professionals.

Programs/resources to commit

- Rogers Administration, Board of Directors, and Medical/Professional Staff
- Rogers Behavioral Health Foundation

Impact on health needs

- Opening additional programs will help people receive access to care when they need it.
- Providing more financial assistance will allow more people with limited financial resources in need of care to get treatment.
- Reducing time on waitlists will help patients to get help more quickly.
- Shortening time from the initial request to admission may reduce patient anxiety and will help them access treatment in a timelier manner.

Accountable parties

- Rogers Administration
- Rogers Behavioral Health Foundation

Partnerships/collaborations

- Area hospitals and referents
- Rogers Medical Staff
- Children's Hospital of Wisconsin

Priority 2: Education and stigma reduction

Objectives

- Increase capacity of organizations to effectively reduce stigma surrounding mental health challenges
- Increase knowledge and advocacy around mental health challenges
- Build resilience, inclusion, and hope to support mental health for individuals and families

Strategies

- Provide training, coaching, and other capacity building resources and supports to increase the distribution and use of stigma reduction programming within Rogers and with external community partners, including online and other adaptations.
- Provide consultation and facilitative leadership to WISE (Wisconsin Initiative for Stigma Elimination) coalition partners.
- Investigate opportunities and relationships that provide increased education for mental health professionals including internships, residencies, and other behavioral health career training opportunities.
- Create and offer additional resources for family and community education, including Rogers Parent University workshops, to educate parents and family members about evidence-based treatment practices and how to support their loved one after treatment.
- Increase availability of Compassion Resilience training resources to treatment providers and caretakers of those with mental health challenges.

Programs/resources to commit

- Rogers InHealth
- WISE and WISE partner organizations
- Rogers Leadership team
- Rogers Advocacy and Outreach Committee

Impact on health needs

- Creating awareness and building knowledge will allow people to identify and address mental health issues.
- Reducing public stigma will allow patients in need of care to seek support and get treatment more quickly.
- Reducing self-stigma will build inclusion, resilience, and hope for people and families living with mental health challenges.
- Compassion Resilience training will lessen staff fatigue and burnout, and build caretaker resilience to care effectively for people and families living with mental health challenges.

Accountable parties

- Rogers InHealth
- Rogers Administration
- Rogers Medical Staff
- Rogers Behavioral Health Foundation

- WISE Executive Committee
- Rogers Advocacy and Outreach Committee

Partnerships/collaborations
- Wisconsin Department of Public Instruction
- Wisconsin Department of Health Services
- Rogers InHealth
- WISE
- All Rogers Staff
- Educational institutions
- Insurers
- Other local, regional and national partners of Rogers InHealth and WISE

Priority 3: Continuum of care

Objective
- Increase opportunities to for people affected by mental illness receive transitional and post-treatment support

Strategies
- Improve accessibility and types of community support groups
- Provide transitional housing options for addiction recovery
- Increase use of “step down” programs within Rogers residential, partial hospitalization and intensive outpatient levels of care

Programs/resources to commit
- Rogers Outcomes Department
- Rogers Admissions Department
- Rogers Behavioral Health Foundation

Impact on health needs
- Increasing transitional and post-treatment support can reduce re-admission rates and lead to better clinical outcomes.
- Initiating these tactics will heighten improvement ratings on inventory assessment.
- Improving continuum of care options will result in more seamless transitions for more effective treatment.

Accountable parties
- Rogers Medical Staff
- Rogers Administration
- Rogers Marketing and Outreach

Partnerships/collaborations
- Area hospitals
- Referral sources

CHNA Footnotes

[i] World Health Organization, Social Determinants of Mental Health, 2014
[ii] Wisconsin Department of Health Services: https://www.dhs.wisconsin.gov/injury-prevention/suicideprevention.htm
[iii] Wisconsin Office of Children's Mental Health, Fact Sheet: Youth Suicide and Self-Harm
[iv] Mentalhealth.gov, Mental Health and Substance Use Disorders
[v] Wisconsin Mental Health Needs Assessment, 2017
[vi] Wisconsin Mental Health Needs Assessment, 2017