ROGERS
Behavioral Health

2022 Community Needs Assessment Report

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I. Description of Rogers Behavioral Health

Rogers Behavioral Health is a nationally recognized, not-for-profit provider of mental health and addiction services for adults, adolescents, and children. Rogers provides treatment in Wisconsin and eight other states, making it one of the largest providers of specialty behavioral healthcare in the nation.

Throughout our network of inpatient hospitals, residential centers, outpatient clinics, and supportive living space, Rogers provides evidence-based treatment for:

- OCD and anxiety disorders
- Depression and other mood disorders
- Eating disorders
- Addiction
- Trauma and PTSD
- Mental health disorders affecting children and adolescents on the autism spectrum

Within each of these specialty treatment programs are multiple levels of care, including**:**

- Partial hospitalization care - six to seven hours a day, five days a week for four to eight weeks (PHPs)
- Intensive outpatient care - three hours a day, four to five days a week for four to six weeks (IOPs)
- Residential care - intensive psychiatric and addiction treatment typically lasting 30 to 90 days
- Inpatient care - provides stabilization during an acute episode with a length of stay based on the needs of the patient and condition

Rogers' research in clinical outcomes shows that patients who go on to complete partial hospitalization after inpatient or residential treatment do best. Patients can also move to a higher or lower level of care to ensure they are in a program that meets their needs and works best for them. By using the full continuum of care, patients are more likely to sustain their gains, and many continue to make progress as they complete Rogers' outpatient programs.

The Rogers system also includes Ladish Co. Foundation Center, home to Rogers Research Center, Rogers Behavioral Health Foundation, and Ronald McDonald Family Room®. In addition, Rogers leads WISE, a coalition of mental health advocates with the goal of eliminating stigma related to mental health and substance use disorders.

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.

II. Executive summary

Rogers conducted this 2022 Community Health Needs Assessment (CHNA) to assist in focusing on the most significant health needs for people seeking treatment for mental illness.

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

Throughout 2021, a CHNA Advisory Committee convened regularly in order to review progress on priorities addressed in the 2019 CHNA, set direction for the 2022 assessment, and develop and implement a community survey for primary data collection. In 2022, the committee reviewed primary survey results as well as a report of secondary data that had been collected for the purposes of this CHNA.

Backed by this data, the group identified and prioritized significant behavioral health needs. These priorities were measured within the context of Rogers' existing programs, resources, strategic goals, and partnerships. The following criteria were considered:

- Burden of the behavioral health issues and treatment needs on individuals and families
- Implication of these issues within the community
- Health inequities linked to these issues and needs
- Alignment of needs with Rogers' strategic plan and core capabilities
- Impact of strategies within 2019 CHNA priorities

As a result, this CHNA addresses these key priorities for 2022-2024:

- Enhance and expand Rogers' levels of care
- Empower communities, organizations, and individuals through mental health education and stigma reduction
- Advance workforce development initiatives

III. Methodology

CHNA Advisory Team

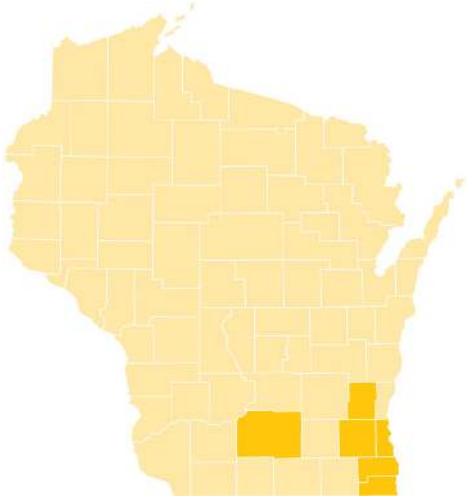
The 2022 process was led by an advisory committee of Rogers including:

- Stacey Basile, development and marketing manager, Rogers Behavioral Health Foundation
- Jessica Cook, director, Data Analytics
- Hilary Dickinson, communications and public relations lead
- Sue McKenzie Dicks, vice president, healthy culture
- Danielle Hayes, grant accountant
- Gina Magnus, Rogers Behavioral Health board member and Rogers Advocacy and Outreach Committee member
- Emily Russart, controller

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

Geographic focus

While Rogers clinics are located throughout the country, for the purpose of a community needs assessment, this report focuses on the communities served within these Wisconsin counties:



- Dane
- Kenosha
- Milwaukee
- Racine
- Washington
- Waukesha

This geographic focus is based on historical and current admissions to Rogers, as more than 60 percent of Rogers patients reside within this geographic area. Additionally, this region is where Rogers' inpatient and residential care programs are located.

Process

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

1. Formation of a 2022 CHNA Advisory Committee
2. Definition of community served for the purpose 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 2019 CHNA
7. Dissemination of the 2022 CHNA to the public

IV. Data collection

Primary data

The Rogers CHNA Advisory Committee developed an electronic survey that was distributed via email and through Facebook to identified community members and groups within the six counties to solicit input regarding behavioral health issues within the community. A total of 1,167 individuals responded to the survey, including referring providers, civic and business representatives, non-profit providers, and community members representing medically underserved, low income, and minority populations. Many respondents are members of Wise Initiative for Stigma Elimination (WISE), a coalition of community partners supported by Rogers. Most WISE members are individuals with lived experience and mental health advocates. Members of Rogers Behavioral Health's Board of Directors, Rogers Behavioral Health Foundation's Board of Directors, and individuals serving on the Rogers Advocacy and Outreach Committee also completed the survey. This committee consists of community members at large and Rogers leadership.

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:

Centers for Disease Control and Prevention, Morbidity and Mortality Reports
Centers for Disease Control and Prevention, National Center for Health Statistics
Froedtert and Medical College of Wisconsin Community Health Needs Assessment, 2020
Froedtert and Medical College of Wisconsin (West Bend) Community Health Improvement Plan: Fiscal Year 2021-2023
Health Resources & Services Administration (HRSA): April 2021
Index Mundi 2021
Kenosha Community Foundation Report
Milwaukee County Key Informant Survey Report 2018-2019
State Level Data and Ranks: 2021
Waukesha County Health Needs Assessment, 2020
Wisconsin Department of Health and Human Services Library
World Health Organization, Social Determinants of Mental Health
World Population Review, 2021
2019 Community Health Needs Assessment, Milwaukee County
2019 Wisconsin Mental Health and Substance Abuse Needs Assessment
2019-2021 UW Health Community Health Needs Assessment

2020 Community Health Needs Assessment, Aurora Medical Center in Washington County
2020 Community Health Needs Assessment Report, Aurora Medical Center
2020 Dashboard: Wisconsin Department of Health Services
2021 County Health Rankings and Roadmaps and World Population Review
2021 Racine County Health Needs Assessment
2021 State Level Data and Ranks
2022-2024 Dane County Community Health Needs Assessment

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.

V. Secondary data results: quantitative community profile

1. Demographics

Since the publication of the 2019-2021 CHNA conducted by Rogers, population sizes have increased within all counties but Milwaukee County. As population growth occurs, demand and utilization of health services, including mental health treatment, can be expected to increase.

County	% of population under 18	% of population 65 or older	Population	% pop. change
Dane	24%	14%	542,364	+10.87
Kenosha	22%	14%	170,831	+2.52
Milwaukee	24%	14%	943,240	-0.53
Racine	23%	16%	196,219	+0.42
Washington	22%	18%	137,212	+3.96
Waukesha	21%	19%	407,550	+4.49
Wisconsin	28.6%	13.1%	5,852,490	+0.26

(Source: Index Mundi 2021)

2. 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. There is a large disparity of socio-economic conditions among the counties designated in this report that are served by Rogers.

County	Children in poverty	Children in single parent households	Food insecurity	High school graduation	Broadband access	Severe housing issues	Median income
Dane	7%	19%	7%	89%	88%	16%	$77,800
Kenosha	12%	31%	10%	90%	85%	16%	$66,500
Milwaukee	24%	40%	13%	78%	78%	21%	$53,500
Racine	17%	31%	9%	82%	84%	14%	$61,700
Washington	6%	16%	6%	95%	87%	10%	$81,900
Waukesha	5%	13%	6%	96%	90%	11%	$91,100
Wisconsin	14%	23%	9%	90%	83%	14%	$64,200

(Source: 2021 County Health Rankings and Roadmaps and World Population Review 2021)

3. Overall standing in health outcomes and factors

There is a direct correlation between socio-economic factors and the health of residents within geographic areas—as evidenced by this data.

*Ranking based on 72 counties with a top ranking of #1

County	State ranking of health outcomes*	State ranking in health factors**
Dane	6	2
Kenosha	58	56
Milwaukee	70	70
Racine	61	58
Washington	5	6
Waukesha	3	3

(Source: 2021 State Level Data and Ranks)

**Outcomes* take into consideration both length and quality of life.

***Factors* represent things we can change to improve health for all, such as, access to quality clinical care, healthy foods, green spaces, and secure and affordable housing.

4. Mental health and addiction incidence:

Influence of COVID 19 Pandemic

It is important to note the dramatic change in the mental health of U.S. residents as the COVID-19 pandemic has progressed. According to a December 2021 report by KFF (Kaiser Family Foundation), over 30% of adults in the U.S. reported symptoms of anxiety and/or depressive disorder, up from 11% of adults prior to the pandemic. Negative mental health outcomes have also affected children and adolescents; over 20% of school-aged children have experienced worsened mental or emotional health since the pandemic began.

Substance use issues have also worsened. Deaths due to drug overdose increased by nearly 30% from 2019 to 2020, primarily driven by opioids. This increase in mental health and substance use issues comes at a time when resources are already strained, and people with mental health diagnoses are facing heightened barriers to care.

One of the most disturbing signs of the pandemic-related mental health crisis is occurring among young people. While overall suicide rates have declined, the rate of adolescent suicides has risen dramatically. In late 2021, the U.S. Surgeon General issued an advisory report documenting that emergency department visits in early 2021 for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same time two years prior.

Mental health incidence:

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	Suicides per 100,000 residents	Poor physical health days per month	Poor mental health days/month
Dane	76,609	20,165	16,558	8,673	12	3.3	3.6
Kenosha	23,689	6,235	6,334	3,318	14	4.0	4.2
Milwaukee	134,282	35,345	34,640	18,146	12	4.9	4.7
Racine	27,604	7,266	7,164	3,753	15	4.0	4.2
Washington	19,177	5,048	4,898	2,566	14	3.4	3.8
Waukesha	57,250	15,069	14,192	7,434	13	2.9	3.5
Wisconsin	828,602	218,100	200,860	105,213	15	3.7	4.0

(Sources: 2019 Wisconsin Mental Health and Substance Abuse Needs Assessment and 2021 County Health Rankings and Roadmaps)

Addiction incidence:

**Numbers are per 100,000 residents

County	Deaths attributed to alcohol (per 100,000)	Deaths attributed to opioid abuse (per 100,000)	Emergency room visits due to opioids	State ranking for alcohol inpatient visits
Dane	42.3	23.1	68.2	2
Kenosha	52.2	25.5	54.6	8
Milwaukee	72.3	44.6	91.4	1
Racine	60.9	25.0	47.9	5
Washington	43.5	18.5	38.4	12
Waukesha	47.6	20.7	41.9	3
Wisconsin	53	21.1	52.1	--

(Source: Wisconsin Department of Health Services 2020 Dashboard)

5. Mental health and substance abuse treatment gaps

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.

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

Clinical care factors

Influence of COVID-19 Pandemic

One of the greatest challenges moving forward is a severe shortage of qualified mental health professionals. Demand for mental health services has traditionally exceeded available supply in most communities, but the pandemic is exasperating this shortage to crisis levels.

To illustrate, data released in April 2021 by the Health Resources & Services Administration (HRSA) identifies shortfalls in the following areas:

	Medical Provider Shortage	People Affected*
Primary Care	15,303	83 million
Dental	10,926	61 million
Mental Health	6,471	124 million

*-Indicates people living in regions designated by the HRSA as "Health Professional Shortage Areas" - more than6,000 areas in the U.S. in which the population-to-provider ratio for mental healthcare is at least 30,000-to-1.

County standings:

County	Mental health providers	Psychiatrists needed to decrease shortages
Dane	240:1	-123.7
Kenosha	830:1	8.9
Milwaukee	330:1	36.5
Racine	640:1	13.9
Washington	880:1	9.9
Waukesha	420:1	-20

(Source: 2021 County Health Rankings and Roadmaps)

Treatment gaps

Adult treatment gaps: mental health

County	# with any mental illness	# who received mental health services	% served with public system	% served with commercial insurance	Treatment gap
Dane	76,609	78,002	15%	87%	-2%
Kenosha	23,689	10,025	31%	11%	58%
Milwaukee	134,282	56,808	31%	12%	57%
Racine	27,604	11,244	27%	13%	60%
Washington	19,177	7,085	17%	20%	63%
Waukesha	57,250	19,571	12%	22%	66%
Wisconsin	828,601	434,636	25%	28%	47%

Youth treatment gaps: mental health

County	# with any mental illness	# who received mental health services	% served with public system	% served with commercial insurance	Treatment gap
Dane	16,558	18,368	30%	81%	-11%
Kenosha	6,334	3,257	42%	9%	49%
Milwaukee	34,642	21,019	53%	7%	40%
Racine	7,164	3,714	43%	9%	48%
Washington	4,898	2,191	28%	17%	55%
Waukesha	14,192	5,643	21%	19%	60%
Wisconsin	200,860	126,244	41%	22%	37%

Substance use treatment gaps: adults

County	# with substance use need	# who received substance use services	% served with public system	% served with commercial insurance	Treatment gap
Dane	35,123	15,208	15%	28%	57%
Kenosha	10,861	2,696	19%	5%	75%
Milwaukee	61,564	19,710	26%	6%	68%
Racine	12,656	4,340	27%	8%	66%
Washington	8,792	2,015	14%	9%	77%
Waukesha	26,247	4,849	10%	9%	82%
Wisconsin	379,888	118,149	19%	12%	69%

(Source for all treatment gaps data: Wisconsin Mental Health and Substance Abuse Needs Assessment

VI. Secondary data results: qualitative community profile

Summary

For the purposes of this report, Rogers accessed key informant surveys within the most recently available Community Health Needs Assessments for all six counties. These surveys focus on interviews with a range of health providers, policy makers, other local experts, and community members. This report's qualitative analysis includes information related to mental health and addiction gleaned from these surveys and interviews. As the COVID-19 pandemic upended both the collection of this data as well as qualitative summaries, this analysis pays particular attention to narratives that arose during the pandemic.

Behavioral health (mental health and/or addiction) ranked among the top three health issues facing all six counties.

Key informants/community member insights suggest behavioral health issues overlap significantly with access to health services. Related barriers included:

- Lack of available providers and services
- Long waitlists to access providers and services
- Lack of transportation to services
- Difficulty paying for services or lack of coverage by insurance for services or medication
- Lack of culturally responsive care

For the assessments conducted during the COVID-19 pandemic, a common theme emerged: the pandemic has only made conditions worse regarding health needs and priorities. Key informants noted that increased isolation, lack of community engagement, separation from social supports, gaps in mental healthcare systems, fear of contracting COVID-19, grief from losing loved ones to COVID-19, depression, and feelings of despair are leading to a need for more mental health services at this time.

County-specific key informant summaries

Dane County

Generally, Dane County's health outcomes fare better than many state and national averages. However, these outcomes do not adequately capture the inequities between populations. Community members voiced:

- A desire for equal opportunity, resources, and respect
- Resiliency and commitment to the community
- A need for coordinated community resources
- Importance of connectedness and social cohesion
- A need for culturally responsive care

Behavioral health (defined as mental health and addiction) was the top concern voiced by community members and ranked among the top four priorities of focus group members and interviewees.

"…I really worry about the mental health in the community because we see it all the time with the kids and the adults because the systems aren't in place in the county to help our community. There's just not enough resources." -Latinx* Leader Key Informant Interview
"Mental healthcare is very much needed. You see the decline in mental health status among all age groups. This pandemic has made that worse for folks." -Urban League of Greater Madison Key Informant Interview

Sources: 2022-2024 Dane County Community Health Needs Assessment; UW Health 2019-2021 Community Health Needs Assessment

Kenosha County
Prioritized health needs to address within the 2021-2023 implementation strategy were:

- Access and coverage
- Behavioral health
- Social determinants of health

"The coronavirus pandemic and the economic upheaval that it caused, along with the social justice protests and civil unrest in Kenosha, have challenged our community's not-for-profit organizations – forcing changes to operations, straining budgets, and creating new processes of delivering services to their clients." -Kenosha Community Foundation

Sources: 2020 Community Health Needs Assessment Report, Aurora Medical Center in Kenosha, 2020 What is Needed Now-Kenosha County Needs Assessment Survey (Kenosha Community Foundation)

Milwaukee County
Mental health emerged as the most discussed issue by informants, who often referenced the connection between mental health and access to care. Informants also acknowledged links between substance and alcohol use to mental health.

The top five health issues ranked most consistently or most often cited by key informants within Milwaukee Healthcare Partnership healthy systems' community benefit leaders:

- Mental health
- Access to healthcare
- Violence
- Substance use
- Nutrition and healthy food

When it comes to strategies for improvement related to mental health, key informants' feedback included:

- Focus on healing trauma, and availability of trauma-informed training in all sectors, not just healthcare providers
- Focus on healthy mental and emotional development of youth

- More community-based internship and practicum sites to train students who do field work related to mental health, with a focus on recruiting and retaining more providers in behavioral health
- Community education on Adverse Childhood Experiences (ACEs) and trauma
- Behavioral health services for those released from criminal justice system
- More affordable behavioral health services

Sources: Froedtert and Medical College of Wisconsin Community Health Needs Assessment, 2020, 2019 Community Health Needs Assessment, Milwaukee County, Milwaukee County Key Informant Survey Report 2018-2019

Racine County

The five health issues ranked most consistently as top for the county were:

- Mental health
- Substance use
- Alcohol use
- Tie: Adverse Childhood Experiences (ACEs) and nutrition

Among the barriers and challenges cited by key informants were:

- Lack of access to mental healthcare
- Lack of money to pay for mental healthcare
- Lack of resources to support mental health
- Uneven access to care
- Services that aren't culturally appropriate or not available in one's preferred language

Among the needed strategies were:

- Increased funding for prevention and treatment
- Efforts to make mental health services and physical health services equally accessible and on par with each other by payors
- Better access to care
- Programs targeted to vulnerable populations

Source: Racine County Health Needs Assessment, 2021

Washington County

The top five health issues that emerged as key priorities for Washington County were:

- Mental health
- Substance use
- Access to healthcare
- Alcohol use
- Physical activity

Prioritized health needs to address within the 2021-2023 implementation strategy were:

- Access and coverage
- Behavioral health
- Social determinants of health

Sources: Froedtert and Medical College of Wisconsin (West Bend) Community Health Improvement Plan, Fiscal year 2021-2023, 2020 Community Health Needs Assessment Report, Aurora Medical Center in Washington County

Waukesha County
Key informant health issue priority rankings as of 2020:

- Mental health
- Substance use
- Access to healthcare services

General observations noted:

- Medical racism and discrimination
- Uncertainty of where to go for help
- Lack of basic resources like food, housing, and other social determinants of health-related needs
- Lack of understanding of signs of trauma from some providers
- Fear of seeking services during COVID-19

Within each, key informants noted various barriers and challenges. These included:
Mental health

- Not enough providers; waiting lists for appointments and treatment, especially for psychiatry and inpatient beds for children
- Telehealth barriers for people lacking technology and the internet access they need to engage in it
- Stigma associated with mental illness and seeking help
- Social media worsens mental health conditions and concerns
- Silos across systems

Substance use

- Lack of crisis services or any services outside of 9 am to 5 pm business hours
- Inpatient care is limited; services and treatment are expensive
- Difficulty for people with Medicaid or without health insurance to find treatment options
- COVID-19 has made it challenging for people to access services in person
- Lack of follow up after leaving a rehab setting

Access to care

- Lack of access to care for uninsured patients, lack of insurance coverage, especially as people have been losing employment during the pandemic, and lack of coverage for mental health services
- Lack of transportation to appointments
- Staff turnover

Needed strategies common to priorities included:

- Crisis services and treatment or support services available outside of 9 am to 5 pm business hours
- Improved access to care with or without insurance

- Continued public messaging to decrease stigma
- Better recruitment and retention into behavioral health careers
- More bilingual staff in healthcare and community organizations
- Being proactive about what we can do to address gaps and be better prepared for a situation like the pandemic in the future

Source: Waukesha County Health Needs Assessment, 2020

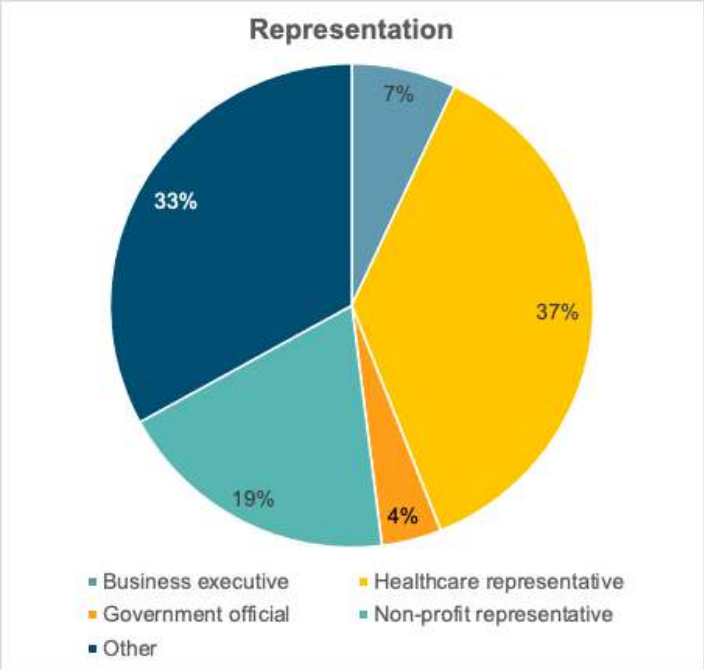
VII. Summary of primary data survey results

Rogers developed and executed a mental health and addiction needs survey to gather additional input on from individuals representing the geographic and socio-economic domains within this CHNA.

A total of 1,167 individuals responded to the survey. All were adults 19 years or older. 572 respondents indicated that they reside in Wisconsin, and 325 of them reside within the six counties represented in this CHNA. Respondents represented a broad cross section within their communities, including those who are or have experienced mental illness, family members of those with mental illness, health and human service providers, educators, and representatives of business and government sectors.

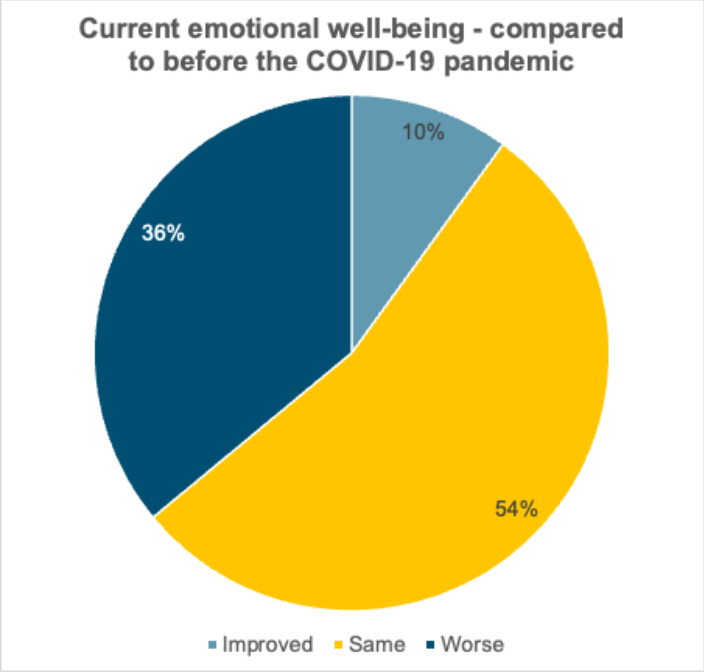
Quantitative primary data highlights

Many who responded to the survey identified with a particular vocation within their communities.



The pandemic and mental health
According to a December 2021 report by KFF (Kaiser Family Foundation), over 30% of adults in the U.S. reported symptoms of anxiety and/or depressive disorder, up from 11% of adults prior to the pandemic. Rogers' data reflects this trend.

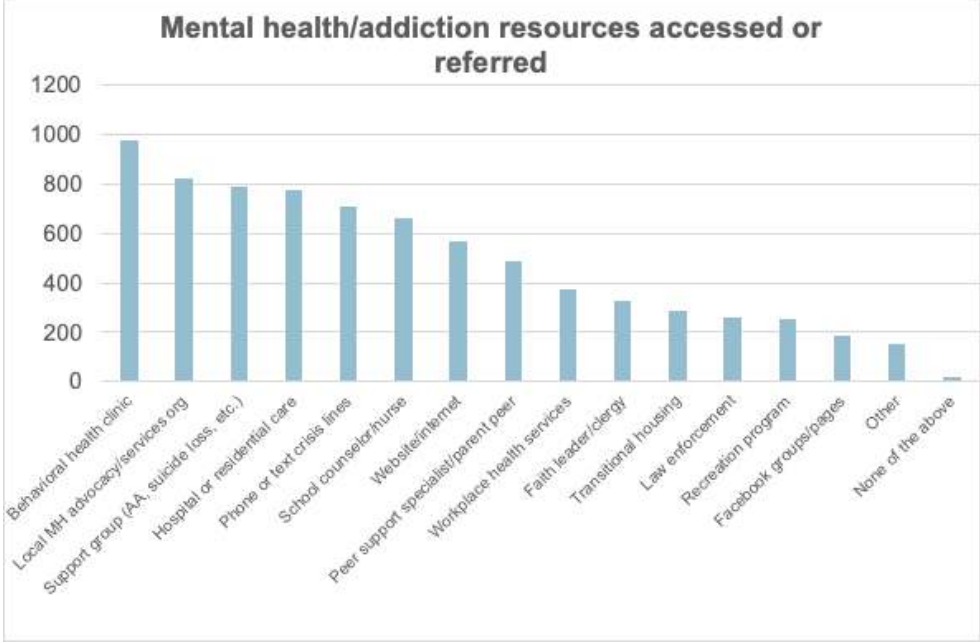
Is your mental health better, the same, or worse since the start of the COVID-19 pandemic?



Resource utilization

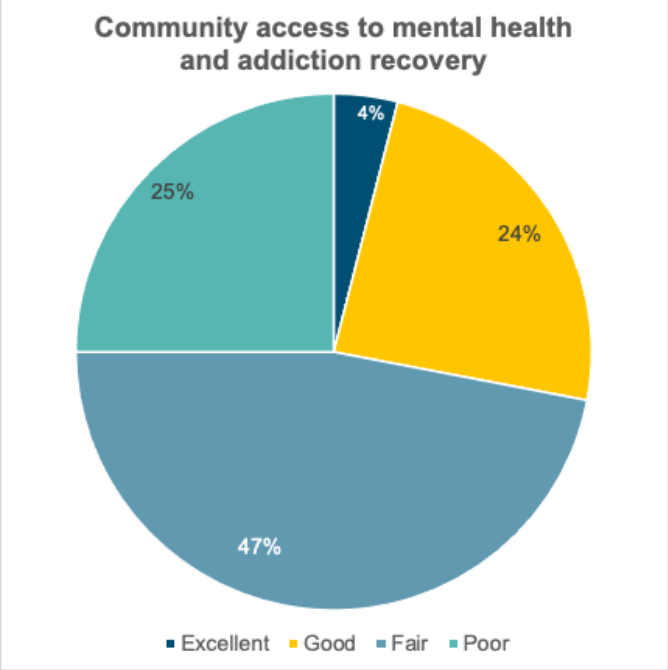
Respondents were asked which health resources they have used or referred someone to in the past three years. They had the option of checking all in a list that apply. The top five included:

- Behavioral health clinic
- Local mental health advocacy and service organizations
- Support groups
- Hospital or residential care
- Phone or text crisis lines



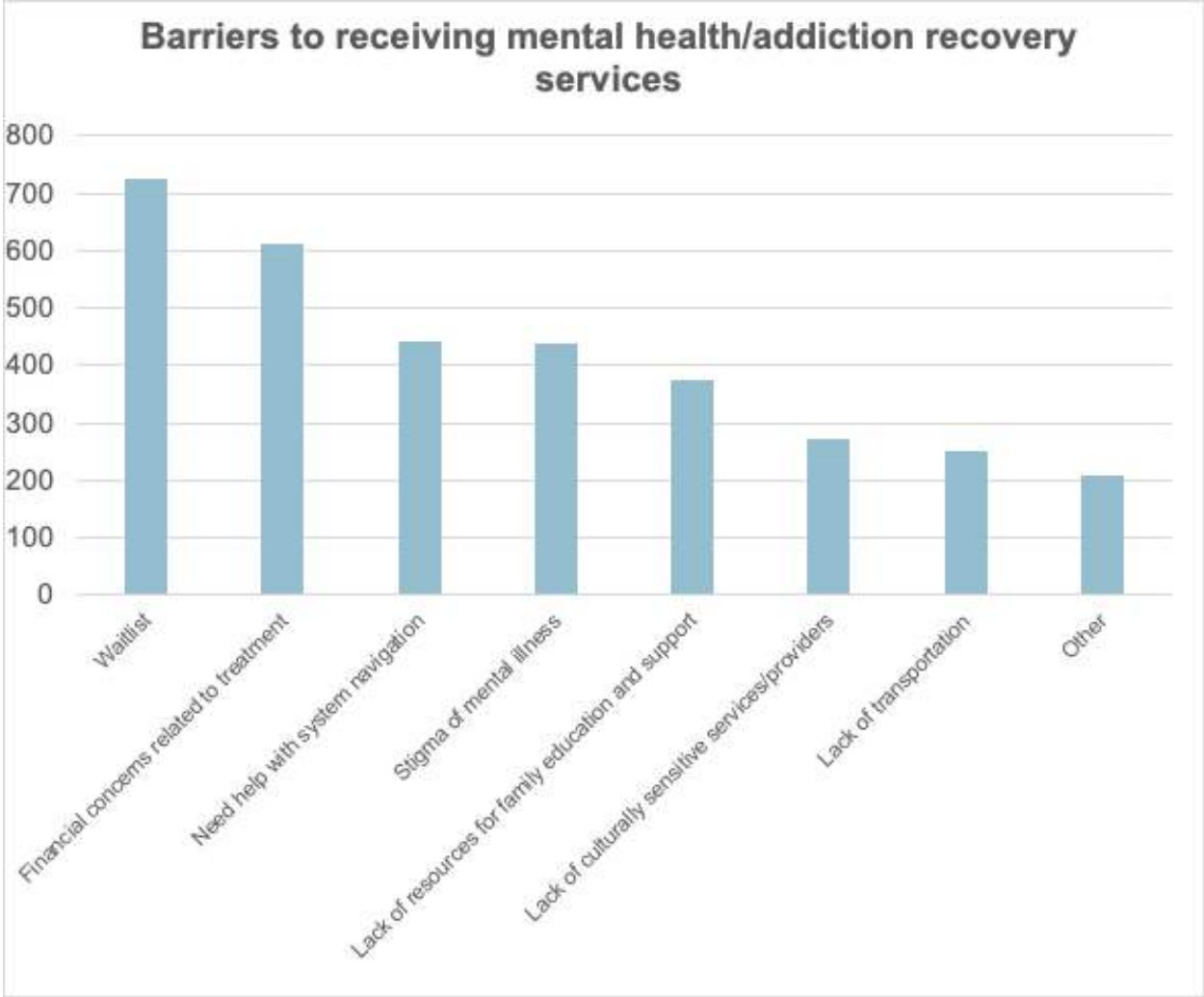
Access to care
Gaining community input regarding access to mental health addiction services was deemed an essential element of this CHNA.

1. When asked to rate access to mental health/addiction services:
Poor or fair: 73%
Good or excellent: 27%



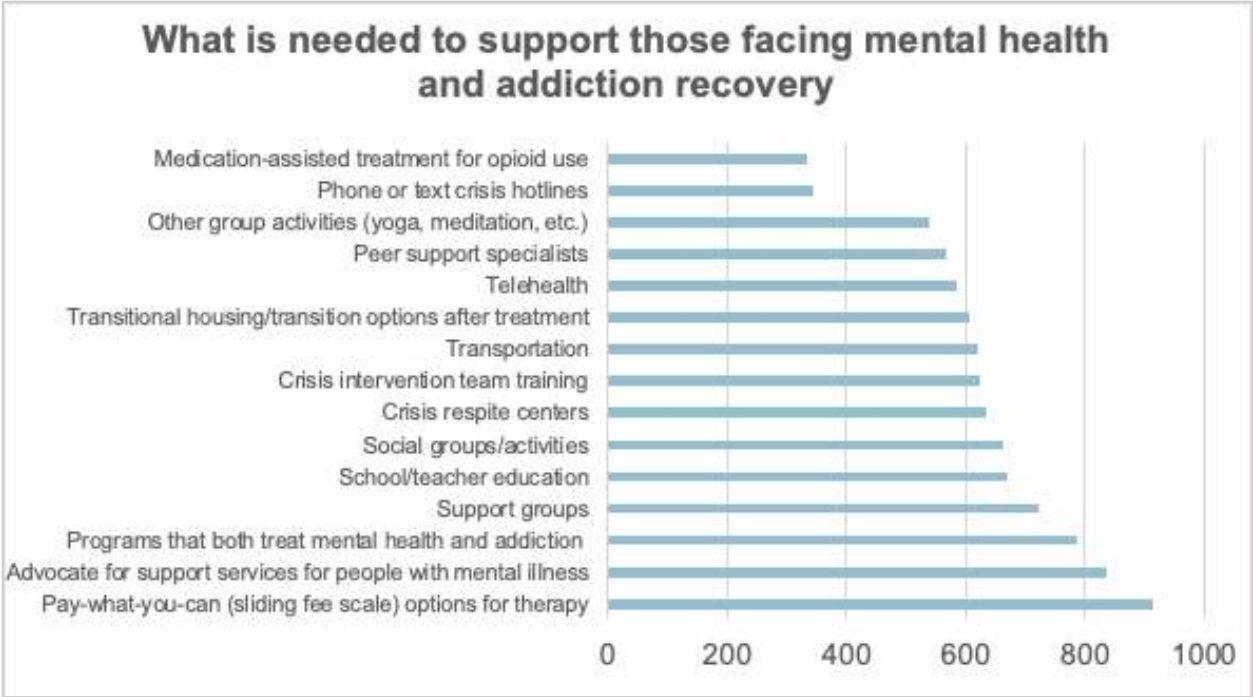
2. These three ranked the highest when it comes to barriers to receiving mental health/addiction services:

- Waitlists
- Financial concerns related to treatment
- Need help with system navigation



3. When asked which mental health resources their communities needed more of, the top five included:

- Sliding fee scale options for therapy: 78%
- Advocates for support services for people with mental illness: 72%
- Programs treating both mental health and addiction: 67%
- Support groups: 62%
- School and teacher mental health education: 57%



Addressing the stigma of mental illness
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.
Ranking:
1. Educational programs
2. Training programs for individual or organizational leaders on reducing stigma
3. Sharing local stories of people living in recovery
4. Media campaigns to raise awareness of mental illness and stigma

Qualitative primary data highlights

In addition to close-ended questions, the survey presented an opportunity for respondents to share their thoughts and suggestions about community-related mental health topics that might not have been covered in the survey questions. More than 100 comments were received. Responses centered on these topics:

1. Cultural

When it comes to treatment for mental health and addiction issues, respondents replied about the need to increase their community's capacity to meet the cultural sensitivities of diverse populations.

- Language barriers
- Bicultural providers are needed
- Recruit mental health professionals from diverse backgrounds
- Talking openly about racist practices in healthcare
- Tremendous gap in providers of color

> *"There needs to be more culturally competent services that accept Medicaid and Medicare and that are accessible in the community."*
> ~ Rogers survey respondent

2. Mental health workforce

In relationship to the cultural barrier, many cited the need to recruit mental health professionals from diverse backgrounds. The shortage of therapists and psychiatrists came up often, and several commented that they want to know what is being done to recruit more therapists and psychiatrists. Additionally, many respondents noted the need for providing ongoing support for mental health workers.

- More mental healthcare providers, especially in rural areas of Wisconsin
- Shortage of providers who can competently work with children and youth
- Shortage of practitioners and they are stressed from overwork
- Ongoing support for therapists
- Better support and treatment of mental healthcare and addiction workers
- Appropriate and manageable caseloads for practitioners

> *"We need true parity between mental health and physical health; easy access to substance use treatment for parents, financial sustainability and support for school mental health, and more alternatives to traditional outpatient visits since the supply of mental health professionals is insufficient…."*
>
> ~ Rogers survey respondent

> *"People should be able to access care quicker; we need more mental health workers…."*
>
> ~ Respondent comment

3. Access to services

The need for providing quicker access to mental health and addiction services was deemed important. Several commented about the need to expand telehealth services; others were concerned about the lack of specialized treatment options for children and youth.

- Need to be able to get people care quicker/long waitlists (mentioned several times)
- Crisis services
- Quicker access to evaluation and safety plan support
- More accountability for the lack of services being delivered versus what is promoted
- Need for expanded telehealth services in evenings and weekends

4. Financial stressors

- Expand Medicaid coverage for mental health and addiction
- Finances and transportation are big obstacles
- Better insurance parity
- Insurance and funding for mental health and addiction services
- Financial assistance to get needed treatment
- Affordable residential treatment for substance use for patients who have state insurance
- Financial aid resources for people who work in mental health fields

> *"Some treatment can be long, and then cost becomes an issue."*
>
> ~ Rogers survey respondent

5. Education/stigma

- Beginning education about mental illness early in school
- Educating primary providers about stigma

- Increasing public understanding of the involuntary mental health system in Wisconsin and the interplay with law enforcement

6. Community

Without prompting, many respondents chose to voice their concerns about the overlap between social/economic-related issues and mental health.

- Improved social equity (housing, nutrition, education, accessibility to services)
- Affordable and equitable housing
- Housing shortages
- More sober living/transitional housing
- Childcare assistance for those seeking treatment
- Changes in criminal justice system to destigmatize addiction
- Judicial system punishments versus getting people the help they need
- Coordination between criminal courts and addiction providers
- Financial literacy training for people struggling with mental health/addiction

VIII. Summary of findings and prioritized needs

The CHNA Advisory Committee devoted considerable time to prioritize the behavioral health needs of the communities served, determine which needs are within Rogers' scope to address, and then develop strategies to implement 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 assessment. The main barriers and challenges to addressing this issue include: a lack of providers and services, long waitlists to access providers and services, stigma associated with mental health and addiction issues, difficulty paying for services or lack of sufficient insurance coverage for services, cultural barriers when accessing services, and a workforce that is stressed and depleted due to pandemic-related complexities. There is considerable overlap with these challenges, as well as suggestions for what is needed to address these issues.

Rogers' 2022-2024 priorities

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

For 2022-2024, Rogers narrowed its 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. Within these priorities there is focus on collaboration, leveraging existing resources, improving continuum of care aspects of treatment, and the desire to shift the focus to prevention and education about mental illness.

The priorities are:
A. Enhance and expand Rogers' levels of care
B. Empower communities, organizations, and individuals through mental health education and stigma reduction strategies
C. Advance workforce development initiatives

Implementation plan

With these priorities in place, objectives and strategies were developed to define how Rogers intends to meet 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 2022-2024 priorities can be found in Appendix 4.

IX. Appendices

Appendix 1: Rogers Behavioral Health primary data survey questions

1. Would you identify as someone who previously or currently is a:
    - Person with mental health/addiction challenges
    - Parent/family member supporting a person with mental health/addiction challenges
    - Person who provides care to those with mental health/addiction challenges
    - Other/None of the above

2. For the activity of completing this survey, would you identify as someone who previously or currently is a:
    - Business executive
    - Healthcare representative
    - Government official
    - Non-profit representative
    - Other

3. Your county

4. Your state

5. Do you currently have health insurance?
    - Yes, through my employer or my family member's employer
    - Yes, through the government Medicare and/or Medicaid/Medicaid-HMO
    - Yes, Other
    - No

6. Please select one or more options that best reflect your race/ethnicity:
    - White
    - Black or African American
    - American Indian or Alaska Native
    - Asian
    - Native Hawaiian or Other Pacific Islander
    - Hispanic/Latino
    - Other
    - Prefer not to answer

7. How do you identify your gender?
    - Male
    - Non-binary
    - Female
    - Other

8. Age?
- Under 18
- 19-25
- 26-35
- 36-50
- 50-65
- 66 and older

9. Compared to before the COVID-19 pandemic, how would you rate your current emotional well-being?
- Same
- Improved
- Worse

10. How would you rate the acceptance of people with mental illness in your community?
- Very low
- Somewhat low
- Low
- High
- Somewhat high
- Very high

11. How would you rate your community's access to mental health and addiction recovery?
- Excellent
- Good
- Fair
- Poor

12. Please indicate if the statements below are a barrier for you or your family to receiving mental health/addiction recovery-oriented services?
- Lack of transportation
- Financial concerns related to treatment
- Waitlist
- Lack of resources for family education and support
- Stigma of mental illness
- Need help with system navigation
- Lack of culturally sensitive services/providers
- Other

13. How would you rate your community's understanding of what it takes to recover from mental health/addiction recovery?
- Excellent
- Good
- Fair
- Poor

14. What mental health/addiction resources have you accessed or referred someone to? Check all that apply:
- Faith leader/clergy

- Law enforcement
- Local mental health advocacy and services organization (NAMI, MHA, other)
- Peer support specialist/parent peer
- Recreation program
- School counselor/nurse
- Support group (AA, Al-Anon, suicide loss, etc.)
- Website/internet
- Transitional housing
- Workplace health services
- Phone or text crisis lines
- Facebook groups/pages
- Hospital or residential care
- Behavioral health clinic
- Other
- None of the above

15. What do you think is needed to better support those facing mental health and addiction recovery? Check all that apply:
- Advocate for support services for people with mental illness
- Phone or text crisis hotlines
- Crisis respite centers
- Crisis intervention team training
- Peer support specialists
- Programs that both treat mental health and addiction
- School/teacher education
- Medication-assisted treatment for opioid use
- Support groups
- Social groups/activities
- Transitional housing/transition options after treatment
- Pay-what-you-can (sliding fee scale) options for therapy
- Other group activities (yoga, meditation, etc.)
- Telehealth
- Transportation

16. Rank these from most important to least important priority (with 1 being the most important)
- Educational programs about mental illness
- Media campaigns to raise awareness
- Sharing local stories of people living in recovery from mental illness
- Training programs for individual or organizational leaders on reducing stigma

17. Is there a need that has not been addressed in this survey?

Appendix 2: Community resources

Utilized for this report

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 national and state resources used include:

- World Health Organization, Social Determinants of Mental Health
- County Health Rankings and Roadmaps
- World Population Review 2021
- 2021 State Level Data and Ranks
- Centers for Disease Control and Prevention: National Center for Health Statistics
- Centers for Disease Control and Prevention: Morbidity and Mortality Reports
- 2019 Wisconsin Mental Health and Substance Abuse Needs Assessment
- Wisconsin Department of Health Services
- Wisconsin Mental Health and Substance Abuse Needs Assessment Report

Direct attributions include:

- [1] Index Mundi
- [1] World Health Organization, Social Determinants of Mental Health, 2014
- [1] County Health Rankings and Roadmaps
- [1] World Population Review 2021
- [1] 2021 State Level Data and Ranks
- [1] Centers for Disease Control and Prevention, National Center for Health Statistics
- [1] Centers for Disease Control and Prevention, Morbidity and Mortality Reports
- [1] 2019 Wisconsin Mental Health and Substance Abuse Needs Assessment
- [1] Wisconsin Department of Health Services
- [1] Wisconsin Mental Health Needs Assessment, 2017
- [1] Wisconsin Mental Health and Substance Abuse Needs Assessment Report https://www.dhs.wisconsin.gov/library/p-00613.htm

Examples of the diverse community resources contacted either directly or indirectly (through WISE) for the primary data survey include:

Healthcare: Children's Wisconsin, Acadia Healthcare, AMITA Health, Ascension, Aspirus Health, AtlantiCare, Aurora Healthcare, Edward-Elmhurst Health, Advocate Health, Prevea, Providence, SSM Health, Scripps Health, Sharps Health, Veterans Administration, Anthem Blue Cross and Blue Shield, Aurora Behavioral Health Center, Froedtert and Medical College of Wisconsin, LifeStance Health

County government and services: Wisconsin Department of Health Services, Wisconsin Department of Public Instruction, Milwaukee County-Behavioral Health Division

Public school districts: Anoka-Hennepin, Appleton Area School District, Beaver Dam Unified School District, Central Bucks School District, Milwaukee, Hamilton (Sussex), Racine Unified, Waukesha, Arrowhead (Hartland), Germantown, Greendale, Kettle Moraine, West Allis-West Milwaukee School District

Higher education: Carroll University, Marquette University, University of Wisconsin-Madison, UW-Milwaukee, Milwaukee Area Technical College

Faith communities: Various places of worship throughout southeastern Wisconsin, including Archdiocese of Milwaukee, Catholic Charities USA, and Trinity Lutheran Church

Social service and other organizations:
Association of Black Psychologists – National, National Association of Social Workers, WASH - Wisconsin Association of Sober Housing, Wisconsin Association of Family and Children's Agencies, Wisconsin Association of Treatment Court Professionals, Oxford House Milwaukee, Wisconsin Community Services, ACTS Housing – Milwaukee, Boys and Girls Club of Greater Milwaukee, Clean and Sober Living Milwaukee, Depression Bipolar Support Alliance of Milwaukee, DryHootch Milwaukee, Feed America Wisconsin – Milwaukee, Great Lakes Adult and Teen Challenge - Milwaukee Administrative Office, IMPACT Milwaukee, Jewish Family Services Milwaukee, Milwaukee LGBT Community Center, Milwaukee Rescue Mission, NAM of SEWI, Prevent Suicide Greater Milwaukee, Salvation Army, West Allis West Milwaukee Opiate Task Force, YMCA of Metropolitan Milwaukee, Goodwill Industries – Milwaukee, Milwaukee Homeless Veterans Initiative, Rogers Behavioral Health System Board of Directors, Rogers Behavioral Health Foundation Board

Community members: Rogers Behavioral Health Facebook followers

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:

- Navigating the Mental Health System in Dane County
- Kenosha County Important Mental Health Resources
- Behavioral Health Division of Milwaukee 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 2019-2021 priorities

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.

Outcomes

A. A portion of Rogers' earnings are invested into The Charitable Giving Fund. Each year a portion of the investment's income is donated to the Rogers Behavioral Health Foundation, which is then used toward additional Patient Care Grants to allow patients with financial need the ability to complete treatment. At the close of fiscal year 2021, the fund totaled $64 million, which is a growth rate of 18% from 2019-2021.

B. The Foundation's Angel Fund program supports travel and accommodation costs, meals and other necessities that can make a difference in ensuring access to treatment or completion. From 2019 through 2021, the Foundation distributed more than $900,000 in Angel Funds.

C. Rogers increased the capacity of its Mental Health and Addiction Recovery programs to serve more people.

Highlights of clinic and program expansion within the CHNA's seven-county region include:

2019

- Expanded several residential programs at Rogers in Oconomowoc to meet the needs of 62 additional patients.
- Added two new programs to serve an additional 28 patients at Rogers in West Allis, including Depression Recovery and Mental Health and Addiction Recovery for adults.
- Opened Silver Lake North Outpatient Center, offering Focus Depression Recovery and OCD and Anxiety adult outpatient programs.
- Launched the System's first PTSD adolescent partial hospitalization program in Brown Deer.
- Created a Mental Health Recovery partial hospitalization program for adolescents in Kenosha.

In the year following these expansions, Rogers was able to admit 778 more patients to residential care compared with the year before.

2020

- Initiated several new programs in Kenosha, including a Mental Health Recovery adolescent partial hospitalization program; OCD and Anxiety outpatient programs for children, adolescents, and adults; and a DBT Mental Health Recovery adult intensive outpatient program.

- To address the crucial role of family support, especially during the COVID-19 pandemic, Rogers started a new family program for those supporting a loved one in Mental Health and Addiction Recovery programs.

2021

- Increased access to care for Sheboygan area residents by opening an outpatient clinic and Rogers' first supportive living facility.
- Broke ground on a Brown Deer residential care center to open in 2022. It will mark Rogers' third location to serve residential patients, joining Oconomowoc and West Allis.
- Opened the Ladish Co. Foundation Center on the Oconomowoc campus. The center is a restorative, stigma-free gathering place for patient families and community members. It is also home to Rogers Research Center, Rogers Behavioral Health Foundation, and the Ronald McDonald Family Room®.

D. Focused attention on broadening the spectrum of Mental Health and Addiction Recovery programs to serve individuals with complex cases. For instance, in collaboration with Children's Wisconsin, Rogers began an adolescent Integrated Healing Program. This is the first collaboration of its kind in Wisconsin. The two organizations are also working to identify other opportunities to better coordinate services, so kids and families have easier access to the full continuum of care that both organizations provide.

E. Rogers implemented a new process which eased emergency room transfers for people in urgent need of mental health and addiction treatment. In 2018, the average transfer time to Rogers inpatient care was 2.5 hours. In 2021, 46% of transfers took place in under 10 minutes.

F. Expanded telemedicine services to additional locations and programs to help alleviate barriers to access to mental health professionals. During the COVID-19 pandemic, Rogers quickly transitioned outpatient treatment nationwide to a new telehealth solution, called Rogers Connect Care.

G. Rogers' "RetrainOCD" app was launched system-wide in April 2020. It is an attention retraining application that patients can access on their smartphones as an additional tool to enhance the treatment process.

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.*

Outcomes

Increase capacity of organizations to effectively reduce stigma surrounding mental health challenges.

A. Continued to provide operations and development assistance to WISE, a coalition of organizations and individuals whose shared goal is to eliminate stigma. Members work to build resilience, inclusion, and hope for mental health communities.

B. WISE Facebook page exceeded 1,700 followers

C. WISE successfully pivoted to hold virtual coalition meetings with four virtual meetings during 2021. The focus for the year was "The Intersection of Race and Mental Health," attracting a total of 619 participants.

D. Rogers Foundation continued to fund the salary of one staff member to introduce the evidence-based program "Up to Me" to participants who explored their mental health story from a strengths-based perspective, thus reducing stigma and increasing feelings of empowerment. Updates included:

- Implementation of Rogers' Trauma Recovery program for adolescents
- Development of a short version for patients in Rogers' inpatient care
- Adaptation into a virtual format and pilot
- Creation of four videos to help guide the application of the curriculum to include a parent perspective

Education and Stigma Reduction by the Numbers

- WISE Facebook page exceeded 1,700 followers
- Rogers Community Learning and Engagement presented 21 conferences, workshops, presentations, and panels that attracted 2,567 attendees
- More than 13,000 listens to podcasts
- The Ladish Center has welcomed approximately 1,860 visitors
- Nearly 1,230 individuals downloaded the Compassion Resilience Toolkit

Increase knowledge and advocacy around mental health challenges

A. Rogers' Community Learning and Engagement team presented 21 conferences, workshops, presentations, and panels that attracted 2,567 attendees.

B. The production of podcasts proved to be an effective educational tool, especially during the height of the COVID-19 pandemic. There were more than 13,000 listens to podcasts on these subjects:

- Generational and family trauma
- Treatment trauma
- Trauma recovery
- Four-part series on teen addiction

C. In 2020, Rogers kicked off its first-ever series of Facebook Live events, offering advice and support to the public on mental health challenges caused or exacerbated because of the pandemic.

D. Published informational blogs on reducing anxiety, practicing self-care, creating a new normal for children, and other important topics. In addition to the blogs, Rogers' Community Learning and Engagement team produced a video series on compassion resilience specific to COVID-19 with guidance for helping people get through the pandemic.

Build resilience, inclusion, and hope to support mental health for individuals and families

A. Opened in August 2021, the Ladish Center was designed to provide a welcoming atmosphere, offering dignity and respect to patients, their families, and the local community, along with opportunities to participate in life-enriching experiences such as:

- Patient alumni groups and events
- Educational workshops/parent universities for family members
- Educational lectures
- Community support groups for individuals and families
- Community summits on timely and relevant topics

In addition, the Ladish Center features the Ronald McDonald Family Room®, which provides much-needed hospitality services to family members with a loved one going through treatment. Since opening, the Ladish Center has welcomed approximately 1,860 visitors.

B. Rogers trained more than 100 admissions employees on how to ask for patients' chosen names and personal pronoun information, and it launched an Identity 101 training for all team members to introduce the terminology, concepts, and issues that can often face LGBTQIA+ employees and patients.

C. Resilience training was a priority both within the community and among Rogers staff.
- Compassion Resilience Training of Facilitators: 837 community members
- Compassion Resilience Overview Training: 569 community members
- Internal trainings and presentations reached a combined 898 staff attendees
- Nearly 1,230 individuals downloaded the Compassion Resilience Toolkit

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Priority 3: Continuum of care

Objective
Increase opportunities for people affected by mental illness

Outcomes
A. Improved accessibility and types of community support groups
- The Ladish Center is now home to five weekly support groups (Alcoholics Anonymous, Narcotics Anonymous, Al-Anon Family Group, OCD Support Group, and John A.'s Aftercare Group), totaling 741 individuals through December 31, 2021.

B. Provided transitional housing options for addiction recovery
- Rogers Foundation continued to provide grants for transitional housing for individuals at discharge.
- The Foundation raised funds to develop Rogers' first supportive living house in Sheboygan, Wisconsin, which was completed in 2021.

C. Increased use of "step down" programs within Rogers residential, partial hospitalization, and intensive outpatient levels of care.
- Rogers gained greater insight into the patient journey through a new data sharing initiative with payors. Results showed that readmission rates overall continued to go down with the use of Rogers' standardized treatment for inpatient care and patient-

reported outcome measures in addition to its emphasis on dose and continuation of the clinical pathway.
- With increasing relapse and readmission rates nationwide, Rogers began developing machine learning algorithms to predict which patients are likely not to respond to treatment.

Appendix 4: Detailed report on 2022-2024 priorities and implementation plan

Priority A: Enhance and expand Rogers' levels of care

Objective
Improve access to appropriate levels of care for individuals

Strategies
- Improve efficiency of admissions process
- Enhance telehealth services by creating a stand-alone telehealth service department and by adding or expanding telehealth options
- Provide free treatment to those in need by growing the Charitable Giving Fund and through the support of Rogers Behavioral Health Foundation's Patient Care Grants
- Increase specialized residential programs for mental health and addiction care, as well as dual diagnosis at Rogers in Brown Deer
- Expand programs in underserved areas
- Expand children's behavioral health services in collaboration with providers such as Children's Wisconsin
- Implement trauma-informed care training initiatives

Impact
- Greater access to programs (current, expanded, and new) and to all levels of care will increase the potential for improved outcomes and recovery for more individuals.

Accountable parties for this priority include:
- Rogers administration
- Rogers clinical and medical staff
- Rogers Behavioral Health Foundation

Priority B: Empower communities, organizations, and individuals through mental health education and stigma reduction

Objective 1
Expand capacity of community organizations to reduce the stigma of mental health challenges

Strategies
- Provide consultation and facilitative leadership to WISE coalition partners

- Provide training and coaching to support community organizations in their efforts to increase the distribution and use of stigma reduction programming

Impact

- Organizations will have additional resources in which to provide mental health education and stigma reduction programming within their communities.

Objective 2
Increase educational opportunities about mental health challenges to support individuals and families

Strategies

- Increase reach of advertising and awareness campaigns
- Grow online resources on rogersbh.org
- Use social media to direct individuals to online education materials
- Continue efforts to utilize the Ladish Center for community events and conferences-- in addition to it serving as a space of hope and healing where patients, families, partners, employees, and volunteers feel a sense of belonging, respect, dignity, and support

Impact

- Expanding opportunities for mental health education will help build resilience, inclusion, and hope among individuals and families coping with mental health challenges.

Objective 3
Expand access to tools and support for reducing self-stigma, public stigma, and compassion fatigue within professional sectors

Strategies

- Enhance Compassion Resilience, Up to Me, and Safe Person programming
- Improve availability of this programming through online and virtual platforms within settings such as schools, libraries, first responder locations, etc.

Impact

- Empower those who help others to approach the individuals they serve with compassion.
- Inspire those facing challenges to treat themselves with compassion and look at their own challenges from a strengths-based perspective.
- Spread awareness of what it means to be a safe person to turn to for individuals with mental health and addiction challenges.

Accountable parties for this priority include:
Rogers Community Learning and Engagement
Rogers administration
Rogers clinical and medical staff
Rogers Behavioral Health Foundation
Advocacy and Outreach Committee of Rogers Behavioral Health

Priority C: Advance workforce development initiatives

Objective 1
Improve staff well-being at Rogers

Strategies:

- Continue to provide compassion resilience and other well-being training opportunities for employees
- Host employee meetings and events within the healing environment of the Ladish Center
- Support the development and ongoing work of the medical staff and therapists' well-being taskforces
- Enhance awareness of free mental health services available to employees and their families through Lyra Health
- Participate in the MHA Bell Seal certification program and resources

Impact:

- Greater emphasis on personal well-being of staff will improve job satisfaction and foster an atmosphere of self-care and compassion. This will assist in employees' ability to provide consistent, exceptional care to the patients, families, and communities we serve.

Objective 2
Increase Rogers' capacity to meet the needs of diverse employee populations

Strategies:

- Continue to provide monthly cultural celebration opportunities
- Increase involvement in employee resource groups
- Improve provider competence and confidence in providing responsive and affirming care for BIPOC and LGBTQIA+ patients through provider-led workgroups that analyze the needs for these populations and match learning opportunities for our providers

Impact:

- Emphasis on the needs of our diverse staff will promote inclusion and improve Rogers' ability to meet the mental health needs of its culturally diverse patients and to attract more diverse staff.

Objective 3
Advance training and recruitment efforts for mental health professionals

Strategies:

- Collaborate with local colleges to increase the number of nurse practitioners in behavioral health through Rogers Psychiatric Mental Health Nurse Practitioner Program
- Offer Rogers employees scholarship opportunities to help advance their careers in the behavioral health field through partnerships/scholarships with institutions including Concordia University, Carroll University, Milwaukee School of Engineering (MSOE), and University of Wisconsin-Milwaukee
- Attend school career fairs
- Hold job fairs within the Ladish Center

Impact

- Training and recruitment efforts will reduce strains on clinical staffing and allow Rogers, as well as other providers, to care for more people in need of treatment.

Accountable parties for this priority include:
Rogers administration

*** While not set as a top priority in this CHNA, Rogers acknowledges that financial literacy related to seeking treatment and the costs of care was relevant among primary data responses. Rogers has and will continue to work on a sliding fee scale. Also, we are confident that the recently enacted No Surprises Act will help protect people covered under group and individual health plans, regardless of where they seek care.