ROGERS
Behavioral Health

2025 Community Health Needs Assessment Report

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I. Description of Rogers Behavioral Health

Rogers Behavioral Health, a national, non-affiliated 501c3, stands as a premier provider of mental health and addiction treatment services in 10 states, distinguished by its commitment to evidence-based programs and comprehensive care.

Established in 1907 and headquartered in Oconomowoc, Wisconsin, Rogers is dedicated to addressing a diverse array of mental health challenges, including anxiety, depression, obsessive-compulsive disorder (OCD), eating disorders, trauma, Post Traumatic Stress Disorder (PTSD), complex and general mental health conditions, and substance use. In 2023-2024 with more than 50 million adults and 2.7 million youth experiencing a mental illness or severe major depression, Rogers saw an increased demand for services across all age groups. In 2024 alone, across its network of care Rogers saw 427,000 patient days, an average of 1,500 patients treated per day, and nearly 26,000 admissions, all treated by 155 professionals including 36 nurse practitioners, 78 psychiatrists (64 board certified), 5 medical physicians, 9 physician assistants, and 27 psychologists.

Rogers Behavioral Health offers customized programs for children, adolescents, and adults, employing proven therapeutic approaches such as cognitive behavioral therapy (CBT), behavioral activation (BA), exposure response prevention (ERP), and dialectical behavior therapy (DBT). Throughout 2023 and 2024, Rogers saw an overwhelming demand for outpatient counseling and medication management which lead to the development of new outpatient service offerings. Since opening in October 2024, more than 700 patients have used medication management or counseling services in the state of Wisconsin.

Rogers' spectrum of care includes a comprehensive continuum of inpatient, residential, partial hospitalization, intensive outpatient programs and traditional outpatient services, catering to those in need of intensive treatment or ongoing support. In addition to physical locations, Rogers also utilizes telehealth to provide treatment virtually to those who may not be served by physical locations. Driven by a passion for advancing mental health care through rigorous research, Rogers is at the forefront of developing best practices in the field. With brick-and-mortar facilities and telehealth services strategically available across 10 states, Rogers ensures accessible, localized care for a wide range of communities. Rogers is also a leader in the use of Artificial Intelligence (AI) in behavioral health, with 2024 marking the addition of an AI agent to increase access points to patients seeking our care. Additionally, Rogers is committed to furthering the mental health and addiction field via the work completed by the Research Center with 33 new publications and participation in 54 studies in 2024 alone. Areas of focus included treatment delivery, treatment quality improvement/assurance, neuroscience research, data

science and genetics research. By prioritizing recovery-oriented treatment, Rogers empowers individuals to achieve sustained mental health and well-being.

II. Executive Summary

Rogers Behavioral Health conducted this 2025 Community Health Needs Assessment (CHNA) to assist in focusing on the most significant health needs for people seeking treatment for mental health and substance use challenges within the geographic areas currently served by Rogers.

Throughout 2024, a CHNA Advisory Committee convened regularly in order to review progress on priorities addressed in the 2022 CHNA, set direction for the 2025 assessment, and develop and implement a community survey for primary data collection. In 2024, 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 impacting communities. These priorities were measured within the context of Rogers' existing programs, resources, strategic goals, and partnerships. The following criteria were considered:

- Quality of life
- Affordability of care
- Prevalence of anxiety, depression, and addiction in the regions Rogers serves
- Access to virtual health services and expanded hours of care

As a result, this CHNA addresses these key priorities:

- Expand programming across the Rogers system including additional programming capacity, hours of operation and telehealth services to address the increasing prevalence of anxiety, depression and substance use disorders in our communities.
- Address identified barriers to care by implementing strategies that reduce or eliminate cost-related obstacles to accessing care.

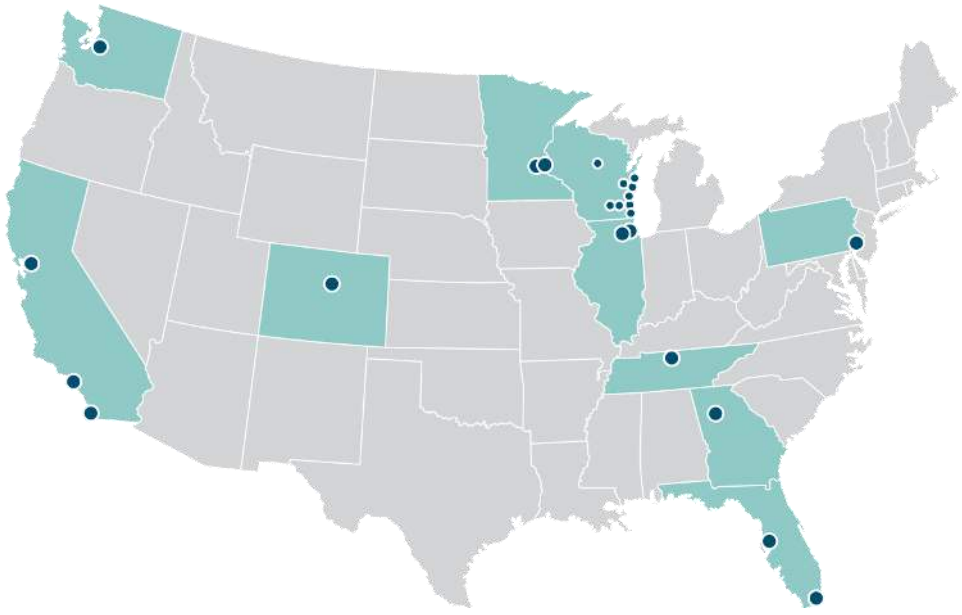
III. Methodology

CHNA Advisory Team

The process was led by an advisory committee of Rogers including:
Brian Kay- Chief Strategy officer
Emily Russart- Vice President of Accounting Controller
Signa Meyers- Vice President, Strategic Initiatives
Maureen Remmel- Executive Director, Marketing & Communications
Genevieve Fraser- Senior Director Business Intelligence & Advocacy
Jessica Cook- Director, Data Analytics
Katie Freimark- Director, Community Partnerships

Geographic Focus:

Rogers Behavioral Health clinics are in 10 states throughout the country: California, Colorado, Florida, Georgia, Illinois, Minnesota, Pennsylvania, Tennessee, Washington, and Wisconsin. Given the large service area, the 2025 CHNA focuses on the Metropolitan Statistical Areas (MSAs) closest to Rogers' physical locations in each state mentioned and shown below.



Process:

The following steps were undertaken to complete the Community Health Needs Assessment (CHNA):

1. Formation of the CHNA Advisory Committee
2. Definition of the community served for the purposes of this report
3. Collection and analysis of data regarding themes, trends, and disparities, utilizing both primary and secondary sources
4. Identification and prioritization of community health needs, along with the necessary services to address those needs
5. Development and adoption of goals and implementation strategies aimed at meeting the prioritized needs in collaboration with community partners
6. Review and update of the priorities established in the 2022 CHNA
7. Dissemination of the 2025 CHNA findings to the public. Collectively, these steps contribute to a comprehensive assessment of the community's health needs and outline the strategies necessary to effectively address them

IV. Data Collection

Primary Data

The Rogers CHNA Advisory Committee contracted with Morning Consult, a business insights company that conducts customer research including online surveys. The survey was deployed February 21-26, 2025, among a sample of 2,809 individuals from the following Metropolitan Statistical Area (MSAs): Seattle, San Francisco, San Diego, Los Angeles, Denver, Chicago, Nashville, Philadelphia, Atlanta, Tampa, Miami, Minneapolis, and the entire state of Wisconsin. Results for each area have a margin of error of plus or minus 7 percentage points. These MSAs were selected because they have a physical Rogers location and higher rates of admissions from 2023-2024.

Annual Referent Surveys

Rogers Behavioral Health conducted an Annual Referent Survey in 2023 and 2024 via an optional survey sent to all referring professionals with an email listed in their Rogers' provider customer record management system (CRM) profile. Internal admissions data was utilized for the identification of the highest number of individuals served per county in each state where current Rogers programs are located.

Healthcare Interviews:
Children's Wisconsin
-Director of Acute Mental & Behavioral Health
-Executive Director of Mental & Behavioral Health Services

Secondary Data

Rogers relied on quantitative and qualitative data collected through various reports and assessments completed by municipal and other government agencies as well as public institutions.

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

- Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP)
- Center for Disease Control, DOSE-DIS Dashboard
- Health Compass Milwaukee, 2024 Milwaukee County CHNA
- Kaiser Family Foundation, health insurance coverage of adults ages 19-64 | KFF

- Mental Health America. (2025 May 21). State and County Dashboard, Ranking the States
- National Center for Drug Abuse Statistics
- National Survey on Drug Use and Health
- Pennsylvania Open Data Portal
- Washington State Department of Health, EPH-WTN-Washington Tracking Network-4300
- Wisconsin Department of Health Services, Dose of Reality: Opioid Data Summary Dashboard

Limitations and information gaps

Significant efforts were made to identify the health needs of the community; it is important to acknowledge the inherent limitations of conducting a Community Health Needs Assessment (CHNA). The primary data survey involved a select group of individuals who represent the communities served by Rogers. The views of these individuals may be biased, and the interpretations of the data are constrained by the sampling methodology.

Additionally, the secondary health data analyzed in this assessment provide valuable insights into various health-related measures, but certain health needs may not have been adequately captured or reflected in the existing data sources. For example, some of the data reflected in the report was last updated in 2022 or 2023. As a result, some health needs may have been given disproportionate emphasis compared to others, and some data may not be as current. Therefore, caution should be used in extrapolating finely; however, trends in the data are present, generally.

V. Secondary Data: Quantitative Community Profile

1. **Demographics:**
   The 2020 Census and subsequent third-party data collection show population shifts in the counties Rogers serves. Population growth since the 2010 Census has been relatively flat in most of these MSAs. However, some counties have experienced decline: Los Angeles, Philadelphia, and others experienced explosions of growth like Pasco, Hillsborough, and Williamson counties. As a whole, counties served in Wisconsin have shown flat population growth with some pockets of modest growth such as in Dane and Waukesha counties.

County	% of population under 18	% of population 65 and older	Population	Population Change
WA- King	19.1	14.5	2,340,211	+3.1
CA- Oakland	19.3	14.3	443,554	+0.7
CA- San Francisco	13.6	18.4	827,526	-5.8
CA- San Diego	20.6	15.9	3,298,799	+0.04
CA- Los Angeles	20.2	15.7	9,757,179	-2.6
CO- Denver	17.7	12.8	729,019	+1.9
CO- Adams	24.3	11.6	542,973	+4.5
IL- DuPage	21.9	18.0	937,142	+0.4
TN- Davidson	20.4	13.3	729,505	+1.9
PA- Philadelphia	20.9	15.2	1,573,916	-1.9
PA- Delaware	21.9	18.0	584,882	+1.4
MN- Hennepin	21.4	16.3	1,273,334	-0.6
FL- Hillsborough	21.5	15.4	1,581,426	+8.3
FL- Pasco	20.2	21.8	659,114	+17.3
FL- Miami-Dade	19.8	17.4	2,838,461	+5.1

GA- Cobb	22.3	14.1	787,538	+2.8
GA- Fulton	20.6	13.1	1,090,354	+2.2
TN- Williamson	25.4	15.4	269,136	+8.6
WI- Wisconsin	21.1	19.1	5,960,975	+1.1

2. Socioeconomic Factors:

A substantial disparity in socio-economic conditions exists among the counties served by Rogers, as highlighted in this report. This inequality underscores the urgent need for targeted interventions to address the varying challenges faced by these communities.

State - County	Children in poverty	Children in single-parent households	Food insecurity	High school graduation	Internet access	Severe housing issues	Median income
WA- King	10%	17%	10%	86%	95%	18%	$120,672
CA- Alameda – Oakland	9%	19%	10%	89%	93%	13%	$119,230
CA- San Francisco	11%	21%	11%	89%	92%	24%	$125,456
CA- San Diego	11%	21%	11%	85%	90%	12%	$103,476
CA- Los Angeles	18%	26%	13%	86%	92%	32%	$86,499
CO- Denver	14%	12%	13%	76%	92%	18%	$93,572
CO- Adams	6%	23%	12%	85%	92%	18%	$95,278
IL- DuPage	7%	15%	9%	94%	94%	14%	$107,032
TN- Davidson	17%	38%	13%	90%	92%	17%	$75,664
PA- Philadelphia	26%	48%	15%	74%	87%	22%	$60,196
PA- Delaware	14%	28%	10%	88%	92%	16%	$84,180
MN-	11%	23%	9%	81%	92%	15%	$93,600

Hennepin							
FL- Hillsborough	15%	28%	13%	90%	93%	18%	$76,528
FL- Pasco	12%	25%	13%	90%	90%	14%	$72,065
FL- Miami-Dade	17%	30%	14%	88%	87%	29%	$72,030
GA- Cobb	10%	23%	10%	87%	96%	13%	$99,134
GA- Fulton	17%	36%	12%	87%	92%	17%	$94,510
TN- Williamson	5%	11%	9%	97%	96%	10%	$136,007
WI- Wisconsin	13%	22%	11%	90%	93%	12%	$74,671

(Source: 2025 County Health Rankings)

Quality of life

Research suggests a strong link between quality of life in urban areas with seven areas of influence: travel, leisure, work, social relationships, residential well-being, emotional responses, and health (Mouratidis, 2021). With large MSAs in the Rogers service area experiencing population decline: Philadelphia, Los Angeles, and San Francisco, a deeper look is warranted into the view of the quality of life and socioeconomic factors impacting health and mental health in those areas.

Childhood Poverty

Poverty threatens child development according to the Annie E. Casey Foundation with influences on cognitive, mental, and physical health. For the MSAs in the current assessment, the child poverty rate was 13%. The MSA with the highest percentage of childhood poverty, Philadelphia, struggles with high rates of crime, substance use disorder, and poverty; at their root include education attainment opportunities and affordable housing (Pew).

Affordable Housing

Respondents in the cities Rogers served had a very negative view of affordable housing availability in their MSA. The term “affordable housing” is broadly defined as housing and housing-related expenses taking up less than 30% of a household’s income. In Philadelphia, the MSA with the third steepest population decline in the areas Rogers serves, an estimated 60,000 affordable housing units are needed to keep pace with demand and house individuals according

to the 30% threshold as rents have increased by 14 percent since 2022 (Pathways to Housing, 2024). In Los Angeles County, the MSA with the second steepest population decline, renters would need to earn 2.9x the current minimum wage of $16.50 to afford the county's average rent; approximately more than three-fourths of Los Angeles County residents pay more than 50 percent of their income on housing. Additionally, with a population of 9.7 million, Los Angeles County's homeless shelters combined only offer 39,000 beds to those experiencing homelessness (California Housing Partnership). The U.S. Chamber of Commerce has identified three main factors impacting the housing crisis: stagnant wages, lack of construction, and burdensome regulation (U.S. Chamber of Commerce, 2025).

3. **Overall standing in health outcomes and factors*:**

State	State Ranking of Mental Health Prevalence	State Ranking of Access
Washington	31	15
California	22	34
Colorado	40	17
Pennsylvania	7	10
Minnesota	28	14
Florida	18	40
Tennessee	23	43
Illinois	29	25
Georgia	39	47
Wisconsin	14	11

*According to Mental Health America, states that are ranked 1-13 have a lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have a higher prevalence of mental illness and lower rates of access to care.

4. **Mental Health and Addiction Incidence:**

Mental Health Incidence:

State	Adults with mental illness	Adults with serious mental illness	Children with mental illness	Children with serious emotional disturbance	Suicides per 100,000 residents	Poor physical health day/month	Poor mental health days/month
Washington	27.99	7.41	30.87	20.15	16	3.5	5.2
California	20.99	4.87	28.45	4.87	10	3.9	4.7
Colorado	27.7	7.12	35.34	21.91	22	3.7	5.3
Pennsylvania	24.39	5.99	33.12	19.15	14	3.9	5.1
Minnesota	23.64	5.84	33.70	20.94	14	3.4	5.0
Florida	19.97	5.38	27.78	19.62	14	3.7	5.1
Tennessee	26.48	7.62	31.04	19.87	17	4.7	6.3
Illinois	22.61	5.10	32.36	20.30	11	3.8	4.5
Georgia	23.08	6.19	29.51	17.03	15	4.0	5.2
Wisconsin	24.81	6.51	34.53	17.55	15	3.9	5.4

(Sources: 2019 Wisconsin Mental Health and Substance Abuse Needs Assessment, 2025 SAHMSA State Estimates, and 2025 County Health Rankings and Roadmaps)

Addiction Incidence:

State	Deaths attributed to alcohol (per 100,000)	Deaths attributed to opioid abuse (per 100,000)	Emergency room visits due to opioids (per 100,0000)	State ranking for alcohol inpatient visits
Washington	14.3	9.4	161.7	10
California	12.2	5.8	54.6	2
Colorado	28.5	9.5	49.6	9
Pennsylvania	6.7	23.4	74.4	4
Minnesota	12.9	6.3	70.7	7

Florida	10.2	15.8	64.3	1
Tennessee	11.7	19.9	90.7	5
Illinois	7.9	17.0	77.7	3
Georgia	7.8	8.3	36.7	6
Wisconsin	12.5	15.3	40.6	8

(Sources: National Center for Drug Abuse, Opioid Crisis Statistics, 2023; National Center for Drug Abuse, Alcohol Abuse Statistics, 2023, Centers for Disease Control and Prevention. Drug Overdose Surveillance and Epidemiology (DOSE) System: Nonfatal Overdose Emergency Department and Inpatient Hospitalization Discharge Data, and https://datatools.ahrq.gov/hcup-fast-stats/)

5. Mental Health and Substance Abuse Treatment Gaps

An estimated 43 million people in the states Rogers serves live in what the Health Resource Service Administration (HRSA) has named Health Professional Shortage Areas (HPSA). HSPAs are geographic areas that are experiencing shortages in access to primary, dental, and mental health care. There are simply not enough providers to meet the demand. Across the states Rogers serves, an estimated 2,213 psychiatrists are needed to meet the need in the HRSA-designated HPSA mental health provider designation; the shortages account for 35 percent of the U.S. need (6,200). Moreover, according to Mental Health America, across the U.S., there are 340 patients for every one mental health provider.

County Standings:

State - County	Mental Health Providers	Psychiatrists Needed to Decrease Shortages
WA- King	157:1	11.02
CA- Alameda (Oakland)	130:1	5.51
CA- San Francisco	90:1	2.0
CA- San Diego	190:1	24.23
CA- Los Angeles	209:1	117.48
CO- Denver	126:1	9.23
CO- Adams	239:1	8.58

IL- DuPage	224:1	5.45
TN- Davidson	230:1	48.36
PA- Philadelphia	270:1	4.03
PA- Delaware	270:1	0.23
MN- Hennepin	164:1	11.8
FL- Hillsborough	420:1	18.86
FL- Pasco	882:1	10.7
FL- Miami-Dade	430:1	65.27
GA- Cobb	388:1	–
GA- Fulton	284:1	8.33
TN- Williamson	367:1	–
WI- Wisconsin	375:1	68

(Sources: 2025 County Health Rankings and Roadmaps and https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22wisconsin%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Practitioners%20Needed%20to%20Remove%20HPSA%20Designation%22,%22sort%22:%22desc%22%7D and Health Provider Shortage Area Tool, https://data.hrsa.gov/tools/shortage-area/hpsa-find)

Treatment Gaps:

Adult Treatment Gaps: Mental Health

State	# with any mental illness	Population	% who received mental health services	% served with public system	% served with commercial insurance	Treatment gap
Washington	1,629,000	7,785,786	25.58	8.4	3.7	74.42%
California	6,665,000	38,965,193	18.02	8.3	10.3	81.98%
Colorado	1,186,000	5,877,610	27.21	7.4	8.1	72.79%
Pennsylvania	2,352,000	12,961,683	24.41	5.6	11.4	75.59%
Minnesota	1,077,000	5, 737,915	27.31	9.1	11.3	72.69%

Illinois	2,136,000	12,549,689	22.48	9.2	9.3	77.52%
Florida	3,563,000	22,610,726	18.48	14.4	11.8	81.52%
Tennessee	1,370,000	7,126,489	22.89	13.2	11.1	77.11%
Georgia	1,836,000	11,092,227	20.33	19.1	8.9	79.67%
Wisconsin	251,664	5,910,955	26.20	19.1	8.0	73.8%

Youth Treatment Gaps: Mental Health

State	Population	# with any mental illness	% who received mental health services	% served with public system	% served with commercial insurance	Treatment gap
Washington	7,785,786	135,000	41%	38%	55.6%	59.0%
California	38,965,193	616,000	43%	43%	52.2%	57.0%
Colorado	5,877,610	103,000	37%	34%	58.2%	63.0%
Pennsylvania	12,961,683	193,000	46%	39%	55.0%	54.0%
Minnesota	5, 737,915	102,000	33.7%	32%	64.8%	66.3%
Illinois	12,549,689	202,000	60%	35%	60.6%	40.0%
Florida	22,610,726	325,000	52%	39%	50.5%	48.0%
Tennessee	7,126,489	111,000	37%	42%	50%	63.0%
Georgia	11,092,227	159,000	52%	42%	48.9%	48.0%
Wisconsin	5,910,955	89,000	58%	33%	61.4%	42.0%

Substance Use Treatment Gaps: Adults

State	# with substance use need	% who received substance use services	% served with public system	Population	% served with commercial insurance	Treatment gap

Washington	697,000	5.12%	16.1%	7,785,786	71.9%	42.81%
California	3,365,000	3.51%	22.8%	38,965,193	66.1%	59.36%
Colorado	707,000	5.44%	14.9%	5,877,610	72.9%	54.77%
Pennsylvania	1,092,000	5.89%	17.8%	12,961,683	72.4%	30.09%
Minnesota	538,000	4.44%	15.7%	5, 737,915	76.6%	52.65%
Illinois	1,162,000	3.98%	15.6%	12,549,689	73.0%	57.02%
Florida	1,806,000	4.38%	11.1%	22,610,726	69.3%	45.16%
Tennessee	531,000	5.28%	13.3%	7,126,489	69.3%	29.14%
Georgia	862,000	3.67%	10.3%	11,092,227	69.2%	52.77%
Wisconsin	587,000	4.47%	14.7%	5,910,955	76.4%	54.96%

(Source for all treatment gaps data: Wisconsin Mental health and Substance Abuse Needs Assessment 2019)

Wisconsin Specific Community Demographic Overview

As of 2023, Milwaukee County has approximately 917,000 residents, down from 945,000 in 2020. This represents a noticeable decline. Milwaukee County's population has been declining gradually as people migrate to surrounding suburbs and states. The next five years are likely to see continued modest declines or stabilization; no significant growth is projected. The majority of the county is made up of minority populations and encompasses the city of Milwaukee and a few adjacent suburbs. When including Hispanic residents within racial categories, the county is roughly 52% White, 26% Black, 5% Asian, and the remainder other races or multiracial. Sixteen percent of the residents are Hispanic or Latino. This diversity is a defining feature although it coincides with a history of neighborhood-based segregation.

Waukesha County, directly west of Milwaukee, has a population of 417,029 as of 2024 (U.S. Census Bureau, 2024) and has grown modestly. Over the next five years, the county is projected to see continued gradual growth (2-3%) as development occurs in the area. Waukesha County is less diverse than Milwaukee County and remains majority White (85-88%). It has a small but growing Hispanic and Asian population but remains stagnant for population growth among

African Americans. This county includes affluent suburbs and towns and has long been one of the wealthiest counties in the state.

Dane County, home to Wisconsin's capital city of Madison, is one of the state's growth leaders. The county's population has increased to 575,000, up from 546,000 in 2020. This 5% increase in population highlights Dane County's continued strong growth. Projections show the county surpassing 600,000 residents by the end of the decade, with population growth increasing 1-2% annually. Dane County's population is predominantly White (75%) but is diversifying. Black, Asian, and Hispanic populations in Dane County are steadily increasing.

As of 2023, Kenosha County, located on Wisconsin's southeastern border between Milwaukee and Chicago, has a population of 167,500. The county saw slight growth in the middle of the 21st century, but it has recently leveled off. In the next five years, Kenosha County is expected to grow very slowly. Demographically, Kenosha is majority White (75%), with significant minority populations. Approximately 12-15% of the population is Hispanic or Latino and 8% is Black.

In 2023, Outagamie County, in northeastern Wisconsin, reported an estimated population of 193,200. This is up from 190,700 in 2020. The county, whose seat is Appleton, is part of the Fox Cities region. Over the next five years, Outagamie County is projected to continue on a growth trajectory. Outagamie's population remains primarily White (88-90%). However, there are growing communities of color including 3-4% Asian (including a longstanding Hmong population), 4-5% Hispanic and 1-2% Black.

Winnebago County, adjacent to Outagamie and home to Oshkosh, has a population of about 171,700 as of 2023. The population growth in Winnebago County is flat with the 2023 estimate identical to the 2020 estimate. Projections foresee little to no population change in the near future. Winnebago County's population is largely White. The county has small minority populations of Hmong and other Asian groups and some Hispanic residents, but diversity is limited compared to statewide urban centers.
Economically, Milwaukee County faces challenges. The median income is around $63,304, which lags behind the other metro area footprints of Rogers Behavioral Health. The poverty rate is relatively high–with about 23% of children living in poverty representing almost three times the rate of Dane County and nearly six times the rate of Waukesha County. The economy includes a mix of manufacturing, healthcare, education, and service sectors. There has been development in the downtown and Third Ward areas leading to new apartments, but many of the neighborhoods have lost residents. Milwaukee has an aging housing stock and low home values making it one of the more affordable large counties. However, issues like disinvestment

lead to severe housing issues with 19% of residents reporting “severe” issues. Overall, Milwaukee County’s population is shrinking and is a continuation of long-term trends in the Rust Belt, even as targeted parts of the county show signs of urban renewal.

The median income in Waukesha County is the highest among Rogers’ Wisconsin footprints. The county includes affluent suburbs and towns (Brookfield, Pewaukee) and has long been one of the wealthiest counties in the state. The median household income is $99,168, far above the state average of $74,671. Poverty is extremely low and is on the decline (down 1% from 2023). Waukesha County’s economy is tied to the Milwaukee metro area with many residents commuting to jobs throughout the region. Locally, it has a strong center of manufacturing firms, healthcare facilities, and retail centers. Housing in Waukesha is characterized by single-family homes, and subdivisions that continue to be built on the fringes of the county. Housing prices are significantly higher than in Milwaukee, reflecting the area’s desirability.

Dane County is very prosperous and has a low unemployment rate. The median household income is $84,190. Poverty is also on a decline in Dane County at 8% (down from 11% in 2023), which includes college students; for non-college students poverty is even lower. Madison’s economy is driven by government and the university, but also technology companies, healthcare, and entrepreneurship. Housing demand in Dane County is increasing with suburbs seeing apartment construction and the creation of suburban subdivisions. The county is looking to manage growth through regional planning. In total, Dane County continues to experience steady growth as it bucks the flat population trends present in other parts of the state.

Kenosha County’s economy is centered around manufacturing, and today includes auto part production, distribution centers, and healthcare. Many residents commute to jobs in Lake County, IL, or the northern Chicago suburbs. The median household income is $75,699 an increase from 2023, and the poverty rate is 16% which hovers broadly over the state average. Kenosha made headlines when it attracted a large FoxConn facility site, indicating the area’s push for economic development. Housing in Kenosha County is more affordable than other adjacent counties. There has been moderate suburban housing growth.

Outagamie is prosperous for a non-metropolitan area. The median household income is $79,000. Major industries include paper manufacturing, insurance, and retail. The county’s unemployment rate is low, and poverty rates stand at 8-9%. Housing is affordable; however, while Appleton and surrounding towns have seen new subdivision development, growth is not explosive.

Winnebago County is stable but not high growth. It has a significant manufacturing economy and hosts sizable tourism and university events. The median household income is $63,000, and 10% of the residents live below the poverty level. The county's economic fortunes have been modest, with some industrial declines offset by gains in education and service sectors. Housing is affordable in Winnebago County, which contributes to its stability. However, without strong job growth the county hasn't attracted many new residents.

VI: Secondary Data Results: Qualitative Community Profile

Summary

For the purpose of this report, Rogers accessed key information available for the top counties/ MSAs where Rogers' patients reside. Reports reviewed consisted of community health needs assessments completed by multi-agency collectives, census data and consumer surveys.

Access, affordability and availability of mental health and addiction treatment services ranked as top priorities consistently across all MSAs reviewed. This aligns with the primary data collected by Rogers Behavioral Health, thus informing 2025-2026 CHNA initiatives.

Specific Key Informant Summaries

The 2024 Milwaukee County Community Health Needs Assessment identified mental health and substance use as two of the top five health issues in the communities surveyed. The Milwaukee CHNA findings were in alignment with Rogers surveys highlighting anxiety, depression and substance use as the most experienced diagnoses as well as access to care, lack of providers available, and high cost of treatment.

Internal admissions data from 2023-2025 was used to identify the top 26 counties where Rogers' patients reside. The MSA's were then cross walked with Mental Health America's report "The State of Mental Health in America" indicating areas with a high prevalence of mental health concerns but low access to services (Mental Health America (2025a, March 5). Ranking the States). The states of California, Florida, Georgia, and Illinois show more barriers to accessing care, while Colorado, Minnesota and Washington have higher prevalence of mental health conditions. It is to note that Tennessee experiences both high prevalence of mental health conditions and barriers to accessing care.

State	County	State Prevalence Ranking (MHA): High Value = High Prevalence	State Access Ranking (MHA): Low Value = More Access
CA- Los Angeles	Los Angeles County	13	34
CA- San Diego	San Diego County	13	34
CA- Walnut Creek	Oakland County	13	34

CO- Denver	Adams County Denver County	50	17
FL- Miami	Miami-Dade County	11	40
FL- Tampa	Hillsborough County Pasco County	11	40
GA- Atlanta	Fulton County Cobb County	3	47
IL- Skokie / Hinsdale	DuPage County Evanston County	14	25
MN- Twin Cities	Hennepin County	34	14
PA- Philadelphia	Philadelphia County Delaware County	18	10
TN- Nashville	Williamson County Davidson County	29	43
WA- Seattle	King County	49	15
WI- Appleton Brown Deer Kenosha Madison Manitowoc Oconomowoc Sheboygan West Allis Wausau	Milwaukee County Sheboygan County DuPage County Waukesha County Dane County Kenosha County Outagamie County Winnebago County	23	11

VII. Summary of primary data survey results

Quantitative & Qualitative Primary Data Highlights

Key findings from the Morning Consult online survey fielded February 21-26, 2025:

Methodology and Respondent Profile

This online survey was fielded between February 21-26, 2025, among a sample of 2,809 adults, consisting of each proportions from the following MSAs: Seattle, San Francisco, San Diego, Los Angeles, Denver, Chicago, Nashville, Philadelphia, Atlanta, Tampa, Miami, Minneapolis, and the entire state of Wisconsin. Results for each MSA have a margin of error of plus or minus 7 percentage points.

MSA Profile	
MSA	*N*
Seattle-Tacoma-Bellevue, WA	218
San Francisco-Oakland-Berkeley, CA	217
San-Diego-Chula Vista-Carlsbad, CA	215
Los Angeles-Long Beach-Anaheim, CA	215
Denver-Aurora-Lakewood, CO	215
Chicago-Naperville-Elgin, IL-IN-WI	219
Nashville-Davidson- Murfreesboro- Franklin, TN	218

MSA Profile	
MSA	*N*
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	215
Atlanta-Sandy Springs-Alpharetta, GA	216
Tampa-St. Petersburg-Clearwater, FL	215
Miami-Fort Lauderdale-Pompano Beach, FL	215
Minneapolis-St. Paul-Bloomington, MN-WI	215
Wisconsin (entire state excluding Minneapolis-St. Paul-Bloomington, MN-W MSA)	216

MORNING CONSULT

1. There is a broad sense across regions that mental health has worsened more than it has improved over the last 3 years. 48% of Seattle adults, 47% of Denver adults, and 40% of Bay Area adults believe mental health has worsened at least "somewhat" in their communities. The lowest percentage is in Philadelphia at 29%, though 40% think mental health has "stayed about the same" and only 19% say it has improved.

2. Across each of our 13 MSAs, affordability is seen as a much more significant barrier to mental health care than availability. Around 60% of each MSA says affordability is the bigger barrier out of the two. The smallest margin was in Philadelphia (59% Affordability; 41% Availability), and the widest margins were in Miami and Minneapolis (70% Affordability; 30% Availability).

3. Adults see depression and anxiety as common occurrences throughout their MSAs. 74% of Seattle adults, 73% of Denver adults, and 70% of Minneapolis adults see depression as at least "somewhat common."

4. Expanded hours of care (weekend hours, evening hours, early morning hours) are seen as a measure that would help increase mental health care access. At least 1-in-4 adults across all MSAs think additional care hours would be helpful. Telehealth services are valued at similar levels particularly among Atlanta adults (40%), Minneapolis adults (39%), and Denver adults (38%). (Childcare offerings NOT an attractor or detractor)

2024 Annual Referent Survey:
In 2024, over 1,400 professionals from across the country responded to the referent survey reporting a Net Promoter Score (NPS) satisfaction level of 56.8%, up from 54% in 2023. Indicating higher levels of overall satisfaction with Rogers' admissions process, quality of care, and perceived increase in access to mental health care. The results of those surveys, including satisfaction ratings with services and feedback themes, were used to inform future service line development and process improvement initiatives for the organization.

Themes identified as barriers to care:

- Types of insurance accepted at Rogers' locations and financial costs of care
- Transportation / geographic barriers to seeking care
- Limited program availability (times of programming, ages served)
- Cumbersome referral process for professionals to connect their patients with care
- Timeliness of acceptance determination and admission into programs

Patient Feedback:
Rogers Behavioral Health collects patient feedback via Press Ganey surveys administered to all patients upon discharge. The feedback obtained from patients informs process improvement efforts as well as celebrations for team members when positive outcomes are achieved. Below is an overview of the data from 2023-2024.

Number of Patients Surveyed:

2023:

Inpatient/Residential: 5496
PHP/IOP: 4254

2024:

Inpatient/Residential: 4529
PHP/IOP: 4529

VIII. Summary of Findings and Prioritized Needs

Rogers' 2025-2026 priorities are:

For 2025-2026 Rogers identified two achievable priority areas related to strategic program and resource development to increase access for individuals and families throughout the communities Rogers Behavioral Health serves.

Priority A: Develop adaptable program offerings and expand services throughout Rogers' care continuum.

Objective 1: Expand programming across the Rogers system including additional program capacity, hours of operation and telehealth services to address the increasing prevalence of anxiety, depression and substance use disorders in our communities.

Objective 2: Address identified barriers to care by implementing strategies that reduce or eliminate cost-related obstacles to accessing care.

Priority B: Expand community impact through accessible behavioral health resources.

Objective: Enhance the organization's community benefit by increasing access to behavioral health care resources, education, and emotional support through strategic grant acquisition, expanded outreach initiatives, and inclusive program development.

Detailed Implementation Plan 2025-2026:

Priority A: Develop adaptable program offerings and expand services throughout Rogers' care continuum.

Objective 1: Expand programming across the Rogers system including additional program capacity, hours of operation and telehealth services to address the increasing prevalence of anxiety, depression and substance use disorders in our communities.

Strategies

- Streamline admission access/care delivery using both improved processes and technology including treatment platforms
- Expand program offerings to alleviate noted barriers such as transportation, geographic constraints, and inconvenient treatment times

        - Multi-state telehealth expansion including the introduction of eating disorder specific IOP services
        - Expanded hours of programming via telehealth nationwide to increase access for patients
        - Expand current outpatient service offerings in Illinois, Florida, and Minnesota to the states of Colorado, Georgia, Pennsylvania, and Tennessee
    - Expand Residential treatment capacity to meet the increasing demand for intensive levels of care
    - Open additional clinic in Sun Prairie, WI to meet the needs of the growing Madison, WI community

Impact

- Through the development of flexible program offerings and additional program locations, critical mental health and substance use treatment will be accessible to more individuals.

Accountable parties for this priority

- Rogers administration/operations teams (Admissions, Site Operations, Community Relations, Marketing, Corporate Support Services)
- Rogers clinical and medical staff (Telehealth Services, Clinic Staff)
- Rogers Behavioral Health Foundation

Objective 2: Address identified barriers to care by implementing strategies that reduce or eliminate cost-related obstacles to accessing care.

Strategies

- Opioid Use Disorder Treatment Grant:
    - In 2025 Rogers Behavioral Health received a multi-year, multimillion dollar grant from the State of Wisconsin to support the launch of a telehealth pilot called the Wisconsin Opioid Recovery Telehealth Immediate Treatment (WORTH IT) program. This program is designed to improve access to life-saving medication, buprenorphine, for the treatment of opioid use disorder. Rogers' will make buprenorphine available to people with opioid use disorder on the same or next business day they establish contact via telephone. This is an exciting opportunity to expand access to life-saving treatment, removing traditional barriers to medication such as abstinence, urine drug testing or mandatory therapy. Optional wraparound services that will be available include therapy and

counseling, case management, OB/GYN referrals for pregnant and postpartum patients, ongoing medication management and recovery support, and harm reduction education and resources.

- Rogers is the only organization in Wisconsin to receive the grant, and our goal with WORTH IT is simple. We want to meet people where they are and support them with compassion, dignity, and hope. By October, WORTH IT will be open to all of Wisconsin's 72 counties and 11 federally recognized tribal organizations across Wisconsin.
- The WORTH IT program opens on July 21 for internal referrals. In early August, the program will be piloted in Milwaukee, Racine, Kenosha, and Dane counties in Wisconsin. The number of emergency room visits and deaths due to opioid use are higher in these counties, as is the treatment gap.
- Funding for the WORTH IT program is made possible by SAMHSA and the Wisconsin Department of Health Services through the State Opioid Response grant.

- **Outpatient Support Groups**
  - Rogers Behavioral Health is strengthening its commitment to expanding access by implementing evidence-based outpatient support groups, available virtually to all eligible patients. Following comprehensive surveys of current and prospective participants and consultation with community providers, our clinical team has prioritized core topics—such as anxiety management, relapse prevention, and family support—to address the most pressing needs. All sessions will be delivered via HIPAA-compliant video platforms, scheduled during evenings and weekends to accommodate diverse schedules. To ensure maximum reach, we will deploy a coordinated, multi-channel outreach strategy—including targeted email communications, portal notifications, and clinic-based materials—to drive enrollment and engagement. Performance will be rigorously evaluated from launch: we will collect and analyze session attendance, attrition rates, and participant satisfaction metrics, alongside downstream clinical indicators (for example, reductions in crisis-level encounters and improvements on validated symptom scales) at three- and six-month intervals. Our steering committee will convene quarterly to review outcomes, refine group curricula and facilitator training, and optimize our outreach tactics—guaranteeing that these virtual support communities remain both clinically robust and finely attuned to patient feedback.

- **Rogers Foundation**
  - At the heart of our philanthropic vision is the Rogers Behavioral Health Foundation, serving as a dynamic engine for expanding and sustaining access to care. We will continue to grow our dedicated Patient Care Grant Fund—supported by Rogers' endowment and targeted fundraising—that provides travel

stipends, lodging support, and assistance to individuals receiving treatment. By structuring grants on a revolving basis, each milestone reached replenishes the fund and amplifies our initial investment over time.

- The Rogers Behavioral Health Foundation will cultivate strategic donor relationships through targeted capital campaigns, inviting philanthropists, corporate sponsors, and civic partners to invest in the construction and equipping of new treatment centers in locations currently lacking behavioral-health services. These campaigns will include multi-tiered giving opportunities including naming rights for critical facilities, endowed program funds, and matching -gift challenges—backed by clear impact projections and regular progress reports.

Impact

- The implementation of strategies to address the cost-related barriers to care at Rogers will allow expanded access to services for individuals, families and communities that may not have the resources to seek and engage in mental health and substance use treatment.

Accountable parties for this priority

- Rogers administration/operations teams (Admissions, Site Operations, Community Relations, Marketing, Community Learning and Engagement, Corporate Support Services)
- Rogers clinical and medical staff (Mental Health & Addiction Recovery Services, Outpatient Services)
- Rogers Behavioral Health Foundation

Priority B: Expand community impact through accessible behavioral health resources

Objective: Enhance the organization's community benefit by increasing access to behavioral health care resources, education, and emotional support through strategic grant acquisition, expanded outreach initiatives, and inclusive program development.

Strategies

a. Develop a focused team of employees to strategically seek grant funding that aligns with Rogers Behavioral Health's mission to provide highly effective mental health and addiction treatment

b. The offering and facilitation of educational presentations by clinical staff to the general public, as well as specific groups of professionals, to provide education and training on mental health/substance use related topics
c. The development and sharing of content via website blogs, podcasts, written materials, and social media posts that promote health literacy
d. Partnership with community wrap around services for increased patient integration into home and workplace

Impact

- The development and distribution of quality mental health related resources assists in early intervention via increased education of mental health/substance use conditions, reduction in stigma to seek care and general support avenues in the community at large.

Accountable parties for this priority

- Rogers administration/corporate teams (Community Relations, Marketing, CLE, Corporate Support Services)
- Rogers Behavioral Health Foundation

Appendices:

1: 2022-2024 CHNA Priority Updates
2: Morning Consult 2025 Consumer Survey
3: 2024 Rogers Behavioral Health Referent Survey

Appendix 1: Status update on 2022-2024 priorities

Priority A: Enhance and expand Rogers' levels of care
Objective: *Improve access to appropriate levels of care for individuals*

Outcomes:

Expanded programs in underserved areas:

- Wausau opened November 2024
- Manitowoc opened September 2024 (adult SUD program- capacity of 15)
- Opened a 16-bed Primary Behavioral Health Residential program at the Brown Deer, WI campus for adolescents ages 13-17
- Opened traditional Outpatient services, including medication management October 2023

Telehealth access was significantly expanded across Rogers' service areas, seeing 1,096 admissions between May 1, 2024, and April 23, 2025. The telehealth service line grew from 3% to 7.5% of the total number of patients served daily in the system.

Opening of Partial Hospitalization (PHP) and Intensive Outpatient (IOP) Telehealth Programs: Treating Depression, OCD, Anxiety, and general mental health diagnoses.

- 01/2024: Wisconsin, Illinois
- 03/2024: Tennessee, Minnesota
- 03/2024: Opened Mental Health & Addiction Recovery Telehealth programs in Wisconsin
- 08/2024: Colorado
- 09/2024: Opened 'Fire Watch', a Veterans, Military and First Responder specific IOP in Wisconsin as well as virtually in Illinois & Florida
- 11/2024: Florida

Formal Community Partnerships:

The Integrated Healing Program was created in 2021 through a formal partnership between Children's Wisconsin, Rogers Behavioral Health, and the Medical College of Wisconsin in response to an unmet community need that children with co-occurring medical-related pain, anxiety, and depression had no local treatment options. Since opening in 2021, the program has served 58 adolescents.

Children's Wisconsin describes the program: "When your child is suffering from chronic and overwhelming pain, a comprehensive approach to care is needed. Treatment of their physical and emotional needs is crucial for their overall pain management and healing. Children's Wisconsin, Rogers Behavioral Health and the Medical College of Wisconsin are proud to offer the Integrated Healing Program (IHP), an intensive outpatient rehabilitation program for teenagers struggling with debilitating pain and related functional disorders. The IHP treats teens holistically by addressing their physical, emotional, and social needs. Our multidisciplinary team includes medical, health psychology and physical therapy experts from the Jane B. Pettit Pain & Headache Center at Children's Wisconsin along with child and adolescent psychiatrists, psychologists, and therapists from Rogers Behavioral Health." (Source: Integrated Healing Program | Children's Wisconsin)

Community Benefit:
Rogers Foundation awarded $5.38 million dollars in Patient Care Grants between 2022-2024. These funds provided those individuals in our care the opportunity to continue engaging in treatment.

Patient Care Grant Totals by Year:

- 2022: $1.94M
- 2023: $1.82M
- 2024: $1.62M

Foundation Initiatives:

- Spiritual Care access for Rogers' patients
- Canine Assisted Intervention Program:
  - Development began in 2022
  - Canine-assisted therapy dog, Kobe, started with patients May 2023
  - Number of sessions since April 2024: 236
- Research initiatives by the Rogers Research Center:
  - 54 total active studies
  - 33 New Publications in 2024 on diagnosis such as: Addiction/Substance Use, Eating Disorders, OCD and PTSD

- Areas of focus: Health Economics and Outcomes Research (HEOR), Biobank development, therapeutic uses for virtual reality and links to mental health symptomology found in rare genetic diseases

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

Objective 1: *Expand capacity of community organizations to reduce the stigma of mental health challenges*
Objective 2: *Increase educational opportunities about mental health challenges to support individuals and families*
Objective 3: *Expand access to tools and support for reducing self-stigma, public stigma, and compassion fatigue within professional sectors*

Outcomes:
Expand capacity of community organizations to reduce stigma related to mental health and addiction disorders and treatment.

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

Strength Over Addiction and Mental Illness Recovery Program (SOAR):

In response to an increasing community need, Rogers created the ***SOAR (Strength Over Addiction and Mental Illness Recovery)*** program. The program is a transformational, day-long, in-person educational session for children, ages 6-15. This component uses age-appropriate, SAMHSA-informed instruction, discussions, and engaging hands-on activities to increase understanding and reduce stigma about mental illness and addiction. Rogers staff have found that engaging children is a key component in empowering families to support loved ones and shift family dynamics in a positive direction, as well as a prime strategy for promoting substance use avoidance to disrupt the generational cycle of addiction for youth.

SOAR is offered in person only and a caregiver must be present throughout the workshop. The adult can be with their child or join a caregivers' program which runs parallel to the children's program. The caregivers' program provides psychoeducation about the disease of addiction, communication and interpersonal skills, and strategies to raise confident and resilient children. Each SOAR session serves up to 20 children. Participants will be placed into age-specific groups. Children will participate in group discussions, games, and art projects, including reading and completing crafts from the children's activity book, *Gilly Learns He Is Not Alone*, produced by Rogers Behavioral Health Foundation. This publication features information, crafts and

activities that support and enhance learning about addiction and mental health. Problem solving and creating a self-care tool kit are also covered, as is a final celebratory craft symbolizing letting go of a negative belief or sharing a positive feeling with the world.

This program has been successfully implemented in Sheboygan County due to the generous support of a local foundation. As a result of the success of the Sheboygan Program, Rogers is seeking to expand these services to Waukesha and Milwaukee Counties, In May 2025 Rogers Foundation financed a pilot program which served 12 children and 11 adults. The SOAR program has infrastructure to expand these services and can begin serving the local population immediately. We are anticipating a launch date of October of 2025 and will offer the program on a rotating monthly basis at all three Rogers Hospital campus locations (West Allis, Brown Deer, and Oconomowoc).

Increased the reach of advertising and awareness campaigns:

- iHeartMedia and Green Bay Packer exclusive sponsorship for the Sack the Stigma campaign (August – January 2024)
- Milwaukee Community Journal ad partnership: with an average weekly readership of 200,000, Milwaukee Community Journal is the largest African American newspaper in Wisconsin. Advertised in the Healthy Start edition in February 2024.
- Spotify ads addressing mental health and addiction awareness and support
- Billboard campaigns across southeast Wisconsin to promote mental health awareness/education and suicide prevention

Increase online resources on website & social media:

- Dedicated social media campaigns focused on mental health/substance use education and stigma reduction. (Examples included below)
- Resources section of the Rogers website provides an array of free educational content to the public (Rogersbh.org/resources) including:
    - Podcasts
    - Videos- short format education
    - Blogs
    - Educational webinars- long format education for the public and professionals

Women's Gathering: Annual Rogers Behavioral Health Foundation event held in May

- 2022- 296 guests

- 2023- 228 guests
- 2024- 244 guests

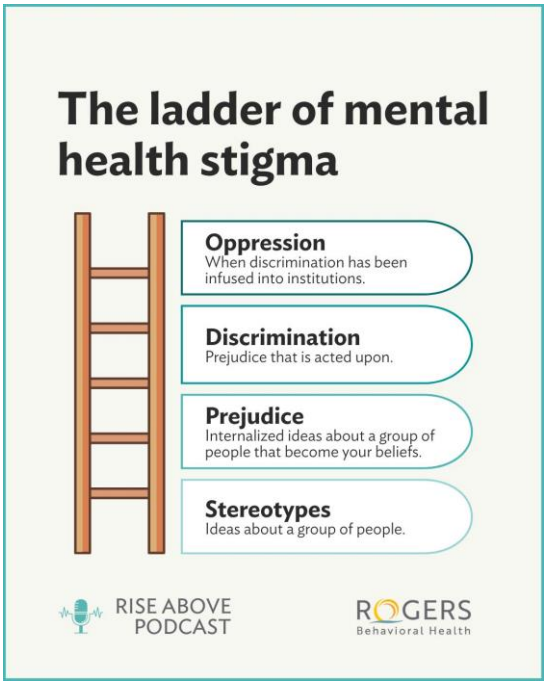
WISE Information:

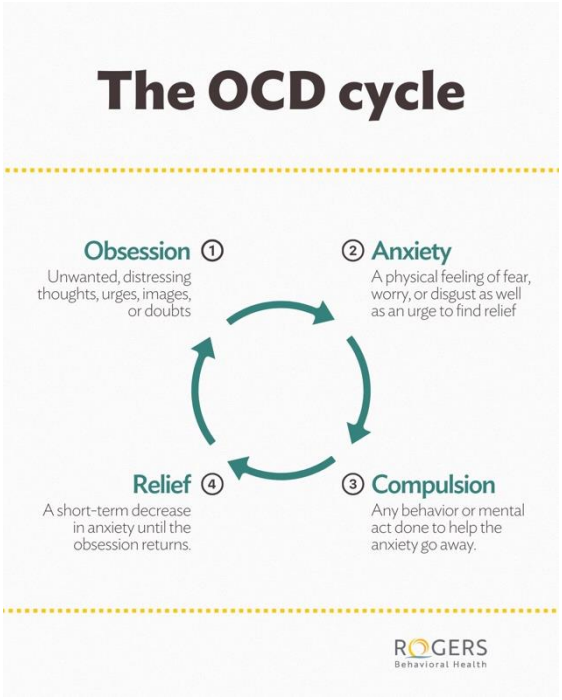
With support from Rogers Behavioral Health Foundation, the Community Learning and Engagement team worked in communities across the country to reduce the stigma surrounding mental health and substance use disorders. The WISE Initiative for Stigma Elimination (WISE) is a nationwide coalition of organizations and individuals promoting inclusion and support for those affected by mental illness and addiction/substance use through the advancement of evidence-based practices for stigma reduction efforts. Rogers Community Learning and Engagement staff coordinate the work of WISE and lead four key programs: Stigma 101, Up to Me, Safe Person, and Compassion Resilience. All these programs can be found on WISE's website, www.eliminatestigma.org

More than 300 people attended Wise Initiative on Stigma Elimination (WISE) Coalition meetings in 2024, educating attendees on topics related to child, adolescent, and young adult mental health. The Rogers team also offers Stigma 101 presentations and educates participants on the Safe Person 7 Promises initiative. In 2024 Rogers distributed more than 3,000 Safe Person decals in English and more than 1,000 in Spanish. The promises outline how people can be supportive to those facing mental health and addiction challenges.

2024 Statistics for Community Learning and Engagement/WISE External Work:

- 3,270 English Safe Person/7 Promises decals were distributed
- 914 Spanish Safe Person/7 Promises decals were distributed
- 300 people attended WISE Initiative on Stigma Elimination Coalition virtual meetings in 2024 on topics related to child, adolescent, and young adult mental health
- 38 presentations and conferences were offered by the Community Learning and Engagement staff to the public
- 1,200 people trained in a CLE/WISE program
- 1,900 Facebook followers
- New in 2024 – Compassion Resilience Parent/Caregiver fillable resource guide was developed
- Adult Manual for Up to Me curriculum





Priority C: Advance workforce development initiatives

Objective 1: *Improve staff well-being at Rogers*
Objective 2: *Increase Rogers' capacity to meet the needs of diverse employee populations*
Objective 3: *Advance training and recruitment efforts for mental health professionals*

Outcomes

Rogers Employee Wellness Initiatives (Internal):

- Added virtual physical therapy benefits in 2024 that allow people to work 1:1 with a physical therapist without having to go into the office
- In 2023, Rogers began partnering with Active & Fit giving employees access to gym membership discounts
- Increased employee Wellness Days by two (totaling 3 per calendar year) plus a floating holiday so employees can take time away to re-charge, decreasing burnout
- Added HealthJoy benefit (to begin in 2025) which allows employees to have access to concierge services to assist with navigating healthcare systems, including finding a high-quality in-network provider, determining the cost of a procedure, making doctor appointments, etc.

Implementation of trauma-informed care training initiatives:

- Conducted Psychology Intern Didactics annually on the following topics: Assessment and Treatment of PTSD in Adults, Assessment and Treatment of PTSD in Children and Adolescents, Race and Identity-Based Trauma and Stress
- Monthly community presentations on topics such as Trauma-Informed Care and PTSD in specific populations (police, firefighters, Veterans, students, etc.). These programs have been integral in broadening the reach of our services, with recent efforts to expand PTSD services to telehealth.
- National Webinar on the Intersection of Trauma and Identity
- Internal Trauma-Informed Care Trainings for Skokie child and adolescent programs and for Residential Mental Health Technicians

Our current training program offerings within the Rogers system include a range of initiatives aimed at enhancing staff skills and improving patient outcomes. Notable programs launched throughout 2024 include Fire Watch, a Veteran and First Responder Program, developed to assist participants in recovering from traumatic and morally injurious experiences, and Written Exposure Therapy (WET), a specialized intervention for PTSD with over 60 staff members delivering this evidence-based intervention.

In terms of observed outcomes, these training programs have led to significant improvements in staff competencies and patient care. Treatment effectiveness has been bolstered by the integration of evidence-based interventions like written exposure therapy for trauma (WET), which have shown promise in helping patients with PTSD recover more efficiently. Moving

forward, our 2025 initiatives will focus on expanding our offerings to include more specialized trauma-informed training and developing additional telehealth services to further support underserved populations. These goals align with our ongoing commitment to enhancing both staff and patient outcomes through comprehensive, trauma-informed care programs.

Mental Health & Addiction Recovery (MHAR) Academy

- 167 are enrolled in the MHAR Academy
- 32 individuals have received their state credentials through the MHAR Academy
- The supervisor academy has trained 34 individuals to be eligible for their clinical supervisor credential
- Ethics training had 406 individuals in attendance

Community Workforce Development Efforts:

Resident Development: Twelve (12) second-year pediatric residents from Children's Wisconsin and the Medical College of Wisconsin have completed a shadowing experience on Rogers' inpatient and residential units to gain an understanding of more acute mental health treatment levels of care that are not offered in traditional medical-surgery hospital environments. This number increased to 26 per year starting in July 2024, with two more groups of residents and fellows from child/adolescent medicine and family practice being added.

Psychologist Intern Program:
Rogers Behavioral Health attracts interns from across the US and Canada with our first intern from Puerto Rico and Macao in 2024. Our program has graduated a total of 72 interns since 2010, approximately 8 interns per academic year.

An internship is the culminating set of clinical experiences of a doctoral student's graduate program and serves as a gatekeeper function into the psychology profession. Interns must meet very specific and high-level competencies to graduate from the program.

When: Takes place <u>after</u> all doctoral academic work is complete
What: A full-time, one-year commitment (August through July)
How: Students apply using a formal application process through the Association of Psychology Postdoctoral and Internship Centers (APPIC) portal
Why: To assure students are graduating with real-life work experience in applying science to clinical care and creating competent, ethical, and effective psychologists for the field.

Interns provide all clinical services for the units where they are assigned. Additionally, they immerse themselves in the community by providing both a community presentation and capstone project.

Examples of these include:

- A twelve series presentation to the staff at Walkers Point, a community organization that supports families in crisis in the city of Milwaukee to decrease youth runaway behaviors
- A parent education series for the parents of students at the Milwaukee Academy of Sciences
- Group skill building sessions for the clients at Journey 21, a community-based organization that supports young adults who have been diagnosed with Autism

Serving as guest lecturers for high-level clinical education at the Carroll University masters level program

Developing a distress tolerance manual for use with the residents of Meta House, a substance use treatment facility in Milwaukee

Research Internship Program:

Over the summer seasons of 2023 and 2024, the Rogers Research Center welcomed five college students and recent college graduates who participated in mentorship and training in behavioral health related research. Research Center staff conducted community-based education at local middle schools presenting on the topic of genetics and participated in local high school career days to inspire students and engage future researchers. Additionally, lectures were provided at the Medical College of Wisconsin and Marquette University.

Appendix 2: Morning Consult Consumer Survey Questions

1 - Thinking about your community as a whole, how would you rate it in each of the following?
--- Economic health
--- Access to quality education
--- Access to healthcare
--- Availability of affordable housing
--- Access to parks and community spaces
--- Sense of community
2 - In the last 3 years, do you think mental health in your community has improved or worsened?
3 - How would you rate the availability of mental health care resources in your community?
4 - And how would you rate the quality of the mental health care resources in your community?

5 - In your view, which is a bigger barrier to receiving mental health care in your community: affordability or availability?
6 - When it comes to the issue of mental health and providing care to those who struggle with it, how high of a priority do you think this issue is to your local leaders?
7_ - How do the mental health resources in your community compare to 3 years ago in each of the following categories? For availability, this is focused more on the presence of providers or programs that fit your needs or insurance coverage who are accepting new patients. For accessibility, this is focused more on logistical barriers like times of care, transportation needs, childcare etc.
--- Availability
--- Affordability
--- Quality
--- Accessibility
8 - In your view, when it comes to the amount of funding and resources being spent on mental health resources in your community, is it too much, too little, or the right amount?
9 - How concerned are you personally about the following, if at all?
--- Maintaining my mental health
--- Addressing my health conditions
--- Living with physical disabilities
--- Ability to work
--- Ability to handle routine activities
--- Maintaining my financial stability
--- Living with addiction or a substance use disorder
11 - Thinking about adults in your community, how common are each of the following? --- Depression
--- Anxiety
--- Addiction or substance abuse
--- Eating disorders
--- Obsessive Compulsive Disorder (OCD)
--- Trauma Recovery or Post-traumatic stress disorder (PTSD)
--- Self-harm
--- Inability to cope with life changes
--- Mental health when dealing with chronic health conditions
12a - Thinking about adolescents and teenagers in your community, how common are each of the following?
--- Depression
--- Anxiety
--- Addiction or substance abuse

--- Eating disorders
--- Obsessive Compulsive Disorder (OCD)
--- Trauma Recovery or Post-traumatic stress disorder (PTSD)
--- Self-harm
--- Inability to cope with life changes
--- Mental health when dealing with chronic health conditions

12b - Thinking about adults age 50+ in your community, how common are each of the following?
--- Depression
--- Anxiety
--- Addiction or substance abuse
--- Eating disorders
--- Obsessive Compulsive Disorder (OCD)
--- Trauma Recovery or Post-traumatic stress disorder (PTSD)
--- Self-harm
--- Inability to cope with life changes
--- Mental health when dealing with chronic health conditions
13 - If you or a loved one were struggling with mental health challenges or addiction, how comfortable would you be in seeking help or treatment?
14 - How aware are you of the mental health resources available to you in your community?
15 - How would you rate the level of availability of each of the following resources within your community?
--- Peer support groups
--- Safe, affordable housing options
--- Employment resources and opportunities
--- Quality education options
--- Substance abuse and addiction support
--- Transportation services
--- Mental health support

16 - Some say the following are obstacles to seeking help or treatment for mental health challenges. Which of the following do you think would be obstacles for you or a loved one if you were seeking help with a mental health challenge?

17 - And, which of the following would be obstacles for you if you were seeking help or treatment for substance use or addiction?

18 - Which of the following measures, if implemented, would be the most helpful in making mental health care more accessible to you?

19 - In the past year, have you or someone you loved needed to access treatment for a mental health challenge or addiction?

20 - Were you or your loved one able to find the mental health or addiction treatment that was needed in your community?

21 - How easy or difficult was it to find the mental health or addiction treatment you or your loved one needed?

22 - In your community, is there too little, too much, or the right amount of support for people facing mental health challenges or addiction?

23 - In your community, is there too little, too much, or the right amount of support for people facing each of the following challenges?
--- Depression
--- Anxiety
--- Addiction or substance abuse
--- Eating disorders
--- Obsessive Compulsive Disorder (OCD)
--- Trauma Recovery or Post-traumatic stress disorder (PTSD)
--- Self-harm
--- Inability to cope with life changes
--- Mental health when dealing with chronic health conditions

1 - How would you rate your health generally?

2 - How would you rate your mental health?

3 - Compared to last year, would you say your mental health is better, worse, or has stayed the same?

4 - Do you have access to the internet?

5 - Do you have access to a device with a web camera?

Appendix 3: 2024 Annual Referent Survey Questionnaire

Page 1 Questions (for all respondents)

Based on your knowledge of Rogers, how likely are you to refer to or recommend Rogers for mental health and addiction treatment? 1-10 scale

1. How frequently do you refer to Rogers?
   - Weekly
   - Monthly
   - Less than monthly but at least once in the last two years.
   - I have not referred within the past two years.
   - I have never referred to Rogers.

Page 2 Questions (for respondents who have referred at least once in the past 2 years)

2. Please check all the Rogers locations where you've made a referral.
   - California: Los Angeles
   - California: San Diego
   - California: San Francisco East Bay
   - Colorado: Denver
   - Florida: Miami
   - Florida: Tampa
   - Georgia: Atlanta
   - Illinois: Hinsdale
   - Illinois: Skokie
   - Minnesota: Minneapolis
   - Minnesota: St. Paul
   - Pennsylvania: Philadelphia
   - Tennessee: Nashville
   - Washington: Seattle
   - Wisconsin: Brown Deer (inpatient)
   - Wisconsin: Brown Deer (residential)
   - Wisconsin: Brown Deer (PHP/IOP)
   - Wisconsin: Oconomowoc (inpatient)
   - Wisconsin: Oconomowoc (residential)
   - Wisconsin: Oconomowoc (PHP/IOP)
   - Wisconsin: West Allis (inpatient)

- Wisconsin: West Allis (residential)
- Wisconsin: West Allis (PHP/IOP)
- Wisconsin: Appleton
- Wisconsin: Kenosha
- Wisconsin: Madison
- Wisconsin: Sheboygan (PHP/IOP)
- Wisconsin: Sheboygan (supportive living)
- Virtual Treatment

3. Please rate your level of satisfaction with the treatment and outcomes in the levels of care below: 1-10 scale for each option
- Inpatient
- Residential
- Partial Hospitalization Care (PHP) and Intensive Outpatient Care (IOP)
- Virtual PHP/IOP Care
- Outpatient Psychiatric Care and Medication Management

4. Please rate your level of satisfaction with the treatment and outcomes for the service lines below: 1-10 scale for each option
- Addiction Recovery or Mental Health and Addiction Recovery
- Depression Recovery
- Eating Disorder Recovery
- OCD and Anxiety
- Mental Health Recovery including Primary Behavioral Health
- Trauma Recovery
- DBT services
- Outpatient Psychiatric Care and Medication Management
- TMS Services

5. Please rate your level of satisfaction with the treatment and outcomes for the age levels below: 1-10 scale for each option
- Child
- Adolescent
- Adult

6. What contributed to your decision to refer to Rogers? Please check all that apply.
- Evidence-based treatment
- Relationship with Rogers community relations liaison (formerly outreach representative)

- Colleagues or professional contact
- Conference presentation or interaction with Rogers expert
- Continuing Education Webinar
- In person continuing education or other Rogers event
- Tour of a Rogers campus or clinic
- I am a former Rogers employee
- My client's insurance is accepted
- Email from Rogers
- Rogers advertisement
- Information received in the mail
- Content on Facebook, LinkedIn, Twitter, or Instagram
- Other (please specify)

7. Please rate your satisfaction regarding communication with Rogers during the referral and admissions process. 1-10 scale

8. Please rate your level of satisfaction regarding communication with Rogers' clinical team. 1-10 scale for each
- During treatment
- Discharge planning

<u>Page 3 Questions (for all respondents)</u>

9. How can Rogers better meet your needs or those of patients? To protect the privacy of our patients, please do not share names or other protected health information in your submission. We can discuss specific concerns with you in another way if we have a release of information from the patient/former patient. Thank you. (Open-ended question)

10. At Rogers, we believe in providing equitable and inclusive care to all patients, including those from diverse communities such as people of color, people living with disabilities, and LGBTQIA+ individuals. As a referring partner, we value your feedback on how we serve these communities. Please share your experience working with diverse patients, how you believe they view Rogers, and any barriers that may cause you to hesitate to refer them to us. (Open-ended question)

11. Please select any service you would like to learn more about. Check all that apply.
- Addiction Recovery or Mental Health and Addiction Recovery

- Anxiety and Depression Recovery in ASD
- Depression Recovery
- Eating Disorder Recovery
- OCD and Anxiety
- Mental Health Recovery including Primary Behavioral Health
- Trauma Recovery
- DBT services
- Outpatient Psychiatric Care and Medication Management
- TMS Services

12. Your name
13. Your email
14. Your city
15. Your state: Dropdown with all states listed, including DC, Puerto Rico, and Canadian Province as option

16. Your role (choose one)
- Attorney/legal professional
- Dietitian
- Emergency department professional
- First responder (fire, police, sheriff, EMT)
- Nurse
- Nurse Practitioner, Physician Assistant
- Physician (primary care and/or non-psychiatric)
- Psychiatrist
- Psychologist
- Therapist, Counselor, Case Manager/Worker, Social Worker
- School professional, Teacher, Principal, Counselor, Social Worker, Educational Consultant etc.
- Other profession not listed above (our apologies if your specific profession is not listed above)

17. If your specific role is not listed above, please enter it here. (Open-ended question)
18. If you would like us to reach out to you, please provide your preferred contact information.

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