



2022

Community Health Needs Assessment Report



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I. Executive Summary

Every three years, the health system members of the Milwaukee Health Care Partnership (Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health) conduct a collaborative Community Health Need Assessment (CHNA) in Milwaukee County. The CHNA serves as the foundation from which hospitals, including the Mental Health Emergency Center, and local health departments develop their respective community health improvement strategies.

These findings are also intended to inform a broader audience — community health centers, government health agencies, public health departments, philanthropy, community-based organizations, and civic leaders — about the top health issues facing our community.

The Mental Health Emergency Center CHNA relies on three sources of information:

- Community Health Survey (primary data): an on-line survey conducted August – October 2021, with more than 8,600 Milwaukee County residents completing 50 questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social drivers of health, including racism and health equity.
- Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 103 individuals representing 93 organizations to identify the community's most pressing health issues and effective health improvement strategies. The focus groups were selected to assure input from organizations representing vulnerable populations and those with expertise in public health. The groups included leaders and representatives from Safety Net clinics, local public health departments, youth serving organizations, and organizations serving low-income populations.
- Health Compass Milwaukee (secondary data): a dynamic website providing more than 300 of the most current health indicators for Milwaukee County at the county, municipal, zip code, and census tract levels (where available), as well as related demographic data such as race/ethnicity, education, income, and housing. [Healthcompassmilwaukee.org](https://healthcompassmilwaukee.org)

This report along with additional Milwaukee County CHNA materials can be found on [Health Compass Milwaukee in the Local Reports section](#).

The members of the Milwaukee Health Care Partnership utilized Conduent HCI's Data Scoring Tool to identify and rank pertinent findings. This identified mental health, violence, drug use and overdose, alcohol misuse and abuse, and access to health care services as top health issues.

Based on its scope and services, Mental Health Emergency Center has prioritized mental health and access as significant needs to address in the 2023-2025 Implementation Strategy.

II. Description of Mental Health Emergency Center

Formed as a joint venture between Milwaukee County and the area's four health systems, The Mental Health Emergency Center (MHEC) is the new county-wide psychiatric emergency department located at 1525 N. 12th Street in the City of Milwaukee. Just one component in the broader array of mental health services in Milwaukee County, the center is a national model for emergency crisis care that is patient-centered, recovery-oriented and culturally informed.

The Care We Offer

- 24/7/365 emergency mental health services for adults, children and adolescents
- Assessment, stabilization and treatment of mental health emergencies
- Connecting patients and families to ongoing treatment and supportive services
- MHEC provides separate child and adolescent emergency treatment area
- Timely emergency treatment, stabilization and transfer to appropriate continuing care
- Six adult inpatient beds for short-term stabilization, if needed
- Children/adolescents are promptly transferred to a pediatric mental health facility if inpatient services are required
- No appointments are taken
- The MHEC does not provide prescription refills
- Individuals experiencing both serious mental health and medical conditions go to the closest medical hospital emergency department
- MHEC does not provide emergency medical services such as laboratory or radiography care

The MHEC is the emergency receiving facility for law enforcement, who under Chapter 51 of the State of WI statutes, activate emergency detentions for individuals who are at risk to themselves. To learn more about the Mental Health Emergency Center, visit:

<https://mentalhealthmke.org/>

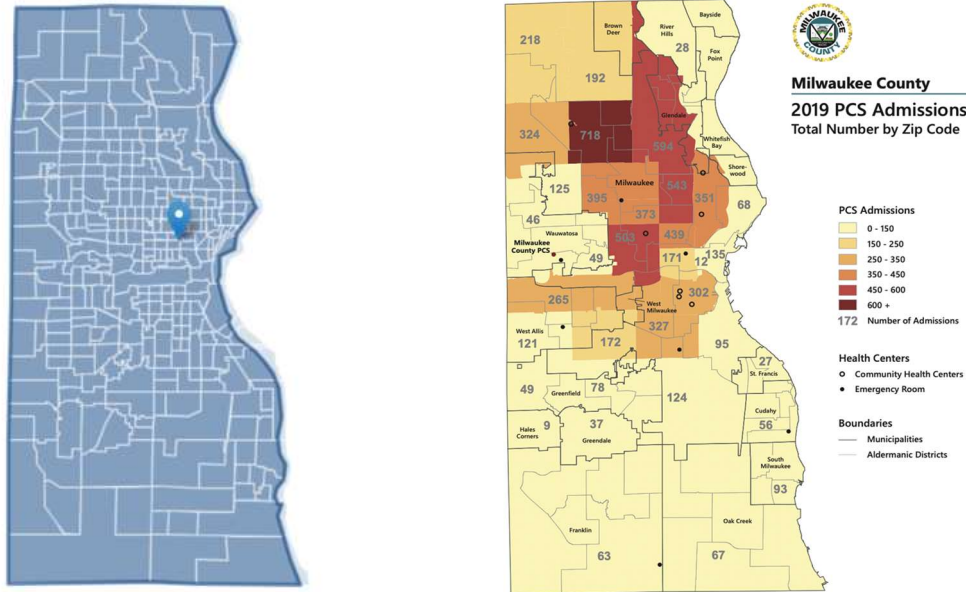
III. 2022 Community Health Needs Assessment

A. Community Definition

When determining the location of the new Mental Health Emergency Center, 2019 admissions to the Milwaukee County Behavioral Health Division's Psychiatric Crisis Services (PCS) Emergency Room were analyzed. Ninety-three percent of these patient visits originated from the City of Milwaukee. Seventy percent of patients served live near the Mental Health Emergency Center location and proximate to the most active

police districts. For the purposes of this assessment, “community” is defined as Milwaukee County. Exhibit 1 shows the Mental Health Emergency Center location within Milwaukee County, as well as 2019 Psychiatric Crisis Services admissions.

Exhibit 1: Mental Health Emergency Center Location and 2019 Psychiatric Crisis Services Admissions



Source: Metopio, 2022

1. Population

The 2020 Milwaukee County population was 939,489.

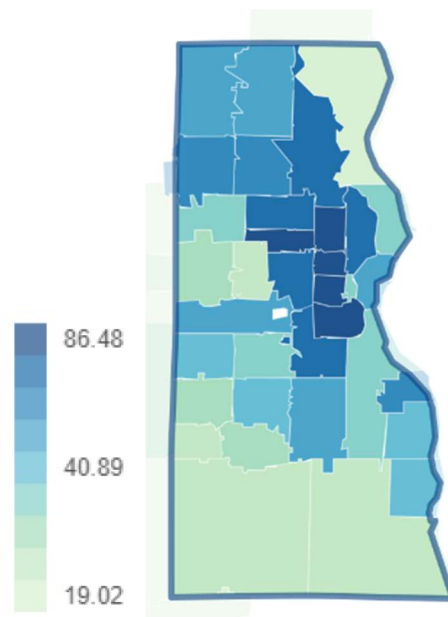
2. Social Determinants of Health

In 2018, Milwaukee County was in the 80.6 percentile for Social Vulnerability Index. The Social Vulnerability Index (SVI) was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).

In 2015-2019, Milwaukee County had a Hardship Index of 51.4, higher than the Wisconsin average of 36.5 and United States average of 50.0. The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics and with poor health outcomes.

Exhibit 2 shows a graph of the ALICE index in Milwaukee County. ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

Exhibit 2: Milwaukee County ALICE Map 2018



Source: Metopio, United Way ALICE Data, 2022

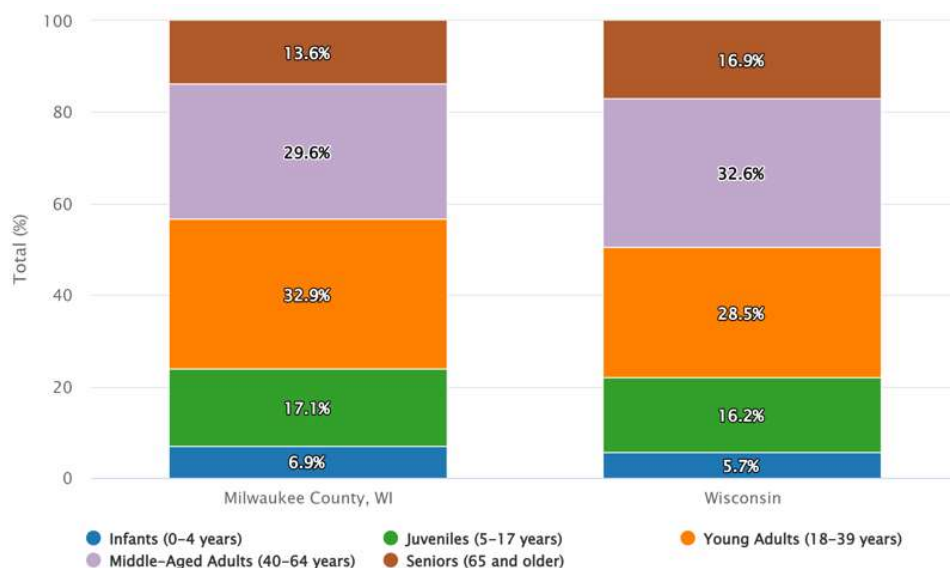
3. Demographics

Age and Gender

In 2016-2020, the median age in Milwaukee County was 35.0 years old, lower than the Wisconsin median age of 39.6. The median age was 36.1 for females and 33.7 for males. In 2016-2020, 51.6 percent of the Milwaukee County population was female, and 48.4 percent was male, compared to 50.2 percent female and 49.8 percent male in Wisconsin overall.

Out of the total Milwaukee County population, 6.9 percent is under 5 years old, 17.1 percent of the population is between the ages of 5 and 17, 32.9 percent of the population is between the ages of 18 and 39, 29.6 percent of the population is between the ages of 40 and 64 and 13.6 percent of the population is 65 years or older. Exhibit 3 shows the Milwaukee County population by age group, compared to Wisconsin averages.

Exhibit 3: Milwaukee County Population by Age 2016-2020

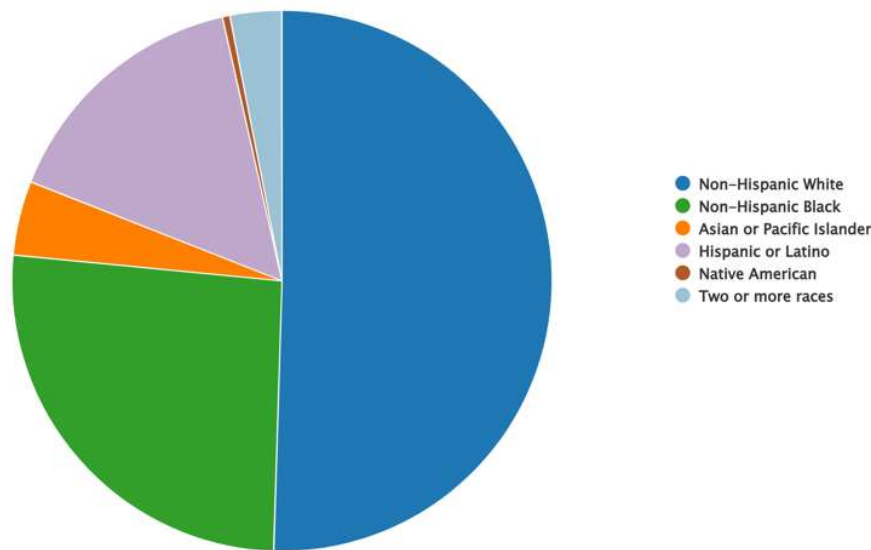


Source: Metopio, American Community Survey, 2022

Race and Ethnicity

Demographic data shows that Milwaukee County is 50.5 percent Non-Hispanic White, which is the largest racial group followed by Non-Hispanic Black population at 26.0 percent, Hispanic or Latino at 15.5 percent, Asian or Pacific Islander at 4.4 percent, two or more races at 3.1 percent and Native American at 0.4 percent. A graph showing the racial and ethnic composition of Milwaukee County is displayed in Exhibit 4.

Exhibit 4: Milwaukee County Population by Race/Ethnicity 2016-2020



Source: Metopio, American Community Survey, 2022

In 2016-2020, 10.2 percent of Milwaukee County residents spoke Spanish as their primary language at home.

Household/Family

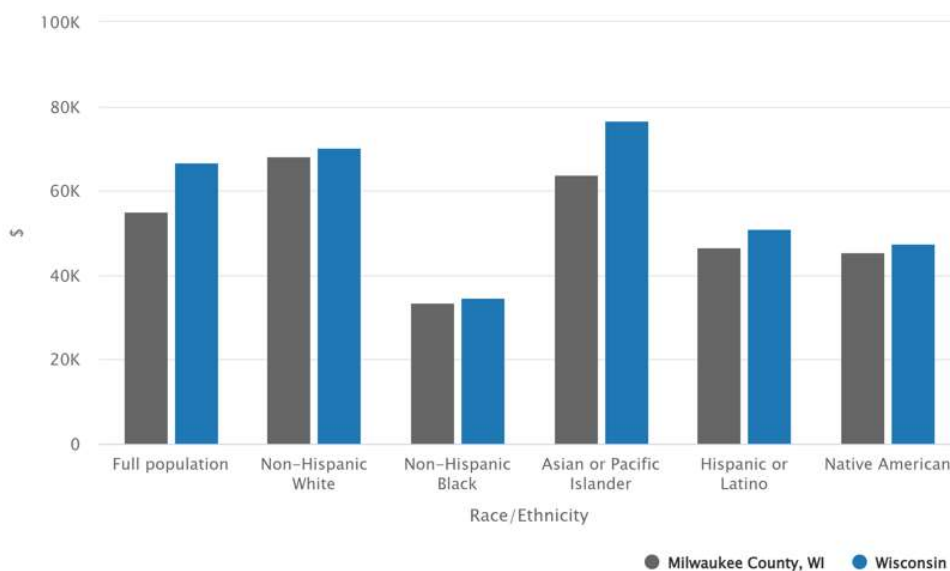
In 2019, 9.2 percent of Milwaukee County households were single parent households, meaning there are children present and are headed by a single parent (mother or father), with no partner present. Additionally, 35.9 percent of Milwaukee County seniors live alone (2016-2020).

4. Economics

Income

The median household income in Milwaukee County is \$55,078, which is lower than the state's median household income of \$66,706. There is a large racial disparity in the median household income with the Non-Hispanic White and Asian or Pacific Islander populations having the highest household incomes and the Non-Hispanic Black, Native American and Hispanic or Latino populations having the lowest median household incomes. Exhibit 5 shows the Milwaukee County median household income by race/ethnicity compared to Wisconsin.

Exhibit 5: Milwaukee County Median Household Income by Race/Ethnicity 2016-2020



Source: Metopio, American Community Survey, 2022

Employment

The unemployment rate among Milwaukee County residents that are 16 years of age and older is 5.1 percent, which is higher compared to the state of Wisconsin at 3.6 percent.

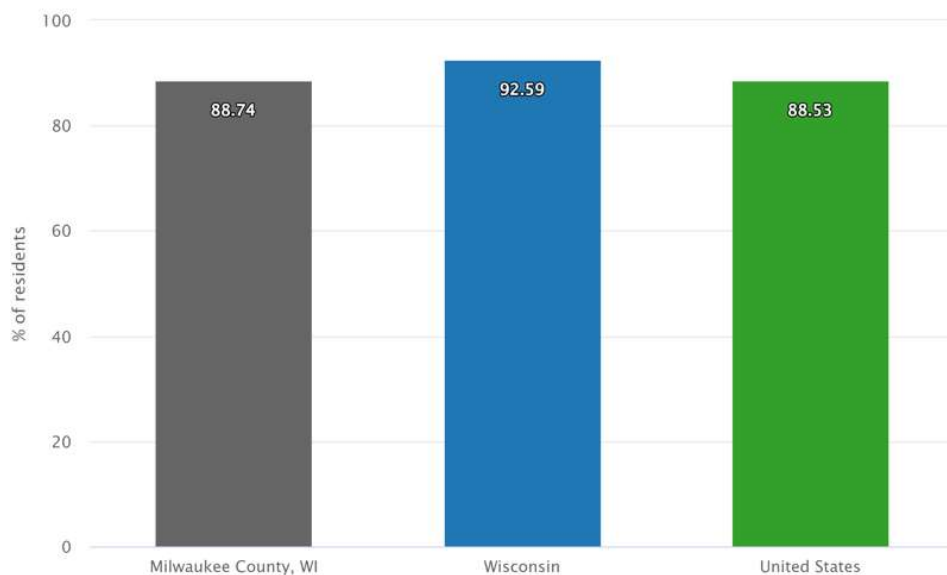
5. Education

Educational Level

Milwaukee County educational attainment data was also reviewed and analyzed to gain an in-depth understanding of educational levels across the county.

Educational attainment is one of the social determinants of health. Higher levels of education correlate with better health outcomes. The percent of individuals in Milwaukee County with a high school degree or higher is lower compared to the Wisconsin and US averages. Exhibit 6 shows high school graduation rates among individuals aged 25 and older residing in Milwaukee County, compared to Wisconsin and US averages.

Exhibit 6: Milwaukee County High School Graduation Rate 2016-2020



Source: Metopio, American Community Survey, 2022

6. Health Care Resources in the Defined Community

Resources include the Mental Health Emergency Center joint venture partners, including Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, Froedtert Health, and the Milwaukee County Department of Health and Human Services – Behavioral Health Services.

Other care delivery partners include, but are not limited to: Milwaukee County Behavioral Health Services including Mobile Crisis, Crisis Call Line, Team Connect, Crisis Access and Recovery Services, Crisis Transport, and a myriad of mental health and substance use disorder residential and care management programs, the State of Wisconsin Department of Health Services, 20 Milwaukee County based Municipal Law Enforcement Agencies, Milwaukee County EMS and Office of Emergency Management, 5 Milwaukee Community Health Centers (FQHCs), Milwaukee Center for Independence Crisis Resource Centers, Wisconsin Community Services and Lad Lake Youth Crisis Stabilization Facilities, Milwaukee County Housing Division and Continuum of Care, Peer Support Programs, Behavioral Health Services and Medicaid Care Management Programs, Milwaukee County Courts, Public Defenders Office, Consumer Mental Health and Advocacy Groups including Mental Health America and NAMI, 11 Milwaukee County-based municipal health departments, and health system Emergency Departments.

B. How the CHNA was Conducted

1. Process and Partnership

Every three years, the health system members of the Milwaukee Health Care Partnership (Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health) conduct a collaborative Community Health Need Assessment (CHNA) in Milwaukee County. The CHNA serves as the foundation from which hospitals and local health departments develop their respective community health improvement strategies.

These findings are also intended to inform a broader audience — community health centers, government health agencies, public health departments, philanthropy, community-based organizations, and civic leaders — about the top health issues facing our community.

2. Data Collection

The Mental Health Emergency Center's CHNA relies on three sources of information:

- Community Health Survey (primary data): an on-line survey conducted August – October 2021, with more than 8,600 Milwaukee County residents completing 50 questions related to the top health needs in the community, individuals' perception of their overall health, access to health services, and social determinants of health, including racism and health equity.
- Stakeholder Interviews and Focus Groups (primary data): conducted by health system community benefit leaders with 103 individuals representing 93 organizations to identify the community's most pressing health issues and effective health improvement strategies. Forty-eight (48) key informants and 55 participants in four focus groups. The focus groups were selected to assure input from organizations representing vulnerable populations and those with expertise in public health. The groups included leaders and representatives from Safety Net clinics, local public health departments, youth serving organizations, and organizations serving low-income populations.
- Health Compass Milwaukee (secondary data): a dynamic website providing more than 300 of the most current health indicators for Milwaukee County at the county, municipal, zip code, and census tract levels (where available), as well as related demographic data such as race/ethnicity, education, income, and housing. healthcompassmilwaukee.org

This report along with additional Milwaukee County CHNA materials can be found on [Health Compass Milwaukee in the Local Reports section](#).

C. Summary of CHNA Findings

1. Overall Health Status

Life expectancy, a projection of expected years of life to be lived, is one example of disparate health indicators in the secondary data. Overall life expectancy is 76.9 years for the general population, but when broken down by racial and ethnic groups, Black (71.7 years) and American Indian/Alaskan Native (75.2 years) live shorter lives than White (78.6 years).

The top five health issues identified by the members of the Milwaukee Health Care Partnership for Milwaukee County were:

- Mental Health
- Violence
- Drug Use and Overdose
- Alcohol Misuse and Abuse
- Access to Health Care Services

The assessment also identified additional health issues of concern:

- Maternal, fetal, and infant health, particularly infant mortality
- Infectious disease, including COVID, HIV, and sexually transmitted infections
- Chronic disease, such as diabetes, heart disease, and asthma

These findings were shared with community members during four community briefings held in May of 2022.

The CHNA employed an equity lens to identify disparities in each of these issue areas which yielded a focus on four priority populations with unique health needs — prioritizing their health will be essential for improving the health of Milwaukee County as a whole. They are:

- Black/African American
- Hispanic/Latino
- Children and Youth (< 18 years old)
- Older Adults/Elderly (> 65 years old)

Further employing an equity lens, the assessment surfaced significant findings related to ‘upstream’ factors, also known as determinants of health, from both community input (primary data) and publicly reported health indicators (secondary data). Most profound, was the theme of racism and discrimination, which was elevated in the community health survey and community stakeholder discussions. Additionally, access to safe and affordable housing was identified by community stakeholders as the single most contributing factor – and strongest opportunity –for improving health for vulnerable populations.

2. Top Health Needs – Mental Health and Access to Care

Mental Health

Mental Health and Mental Disorders was a top health need among respondents to the Milwaukee County Community Health Survey in 2021. The issue also ranked highest among key stakeholders and focus group participants.

Mental health includes our emotional, psychological, and social well-being and can be defined as a state of successful mental function, resulting in productive activities, fulfilling relationships, ability to adapt and cope with challenges. Mental health is essential to personal well-being, relationships and the ability to contribute to society. Mental illness are conditions that impact one's thinking, feeling, behavior and mood. Several examples of mental illnesses include anxiety disorders, depression, bipolar disorder, psychosis, and schizophrenia. CDC notes that while poor mental health and mental illness are often used interchangeably, they are not the same. A person can experience poor mental health and not be diagnosed with a mental illness and a person with a mental illness can experience periods of physical, mental, and social well-being.

Mental health and physical health are interconnected. An unmet mental health need can lead to further complications and increase future costs; the burden of mental illness is among the highest of all diseases. Screening, early detection and access to services can improve outcomes and, over time, can provide savings to the health care system.

Half of all people will be diagnosed with a mental illness at some point in their lifetime and 20% of Americans will experience a mental illness in any given year. In Milwaukee County, 14% of adults rate themselves as having poor mental health.

The 2021 Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. The index layers multiple social, and economic factors in a Mental Health Index to show the collective impact of validated indicators related to access to care, physical health status, transportation, employment, and household environment. This analysis displays the highest need based on social determinants of health and maps the areas with highest risk for experiencing poor mental health. According to the index the three zip codes of highest need in Milwaukee County are 53206, 53205, and 53216.

Mental Health Index
Zip Code

Measurement Period: 2021
Data Source: Conduent Healthy Communities Institute

West Bend
Port Washington
Hartford
Grafton
Richfield
Mequon
Fish
Brookfield
Waukesha
New Berlin
Franklin
Caledonia
Racine
Burlington
Kenosha

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MAP LEGEND
greater need →

November 17, 2022

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Exhibit 8: Milwaukee County Mental Health Access Table

Top Five Issue Areas	Overall County n = 8616	Black / African American n = 642	Hispanic / Latino n = 463	High-Need Zip Codes (11) n = 1535	Child Households n = 1145	Older adult / Elderly n = 3450
Mental health	50.4%	51.1%	58.2%	49.5%	62.0%	37.4%
Violence*	35.1%	56.9%	27.4%	43.5%	35.2%	32.8%
Drug Use	34.8%	42.7%	37.7%	44.1%	36.3%	33.3%
Alcohol	30.7%	32.7%	36.6%	33.3%	30.4%	30.4%
Access**	19.4%	24.7%	29.5%	23.0%	27.0%	11.2%
Infectious Disease***	38.3%	29.6%	31.0%	30.2%	34.9%	43.3%
Chronic Disease	35.3%	40.7%	34.3%	34.9%	30.1%	38.7%

***primarily due to COVID-19

Exhibit 9: Community Health Survey Responses

Reason for not seeking mental health services	
Cost - too expensive/can't pay	38%
Wait is too long	24%
Office/service/program has limited access or is closed due to COVID-19	18%
Previous negative experience receiving care or services	18%
I did not know how treatment would work	17%
Hours of operation did not fit my schedule	14%
Lack of trust in health care services and/or providers	14%
Insurance not accepted	14%
I worried that others would judge me	13%

Focus group and key informant participants emphasized the impact of anxiety and stress that parents and families with children are experiencing presently because of COVID-19 and its effect on daily living. Social isolation was another common topic that was discussed during these conversations, specifically mentioning the impact on older adults and those community members with different abilities.

Separation from routines and social networks are impacting mental health for these groups. Finally, focus group and key informant participants discussed the challenge of accessing mental health services in the community. Cost, availability of appointments, system navigation, and knowledge about available services were all mentioned as barriers to care.

Access to mental health services is a critical driver of some of the differences observed in mental health outcomes.

Thirteen percent of Milwaukee County Community Health Survey respondents who live in the City of Milwaukee report being unable to access mental health services in the past 12 months. Only six percent of respondents living in the southwest part of Milwaukee County report an inability to access mental health services.

Access to Care: Health Care Coverage

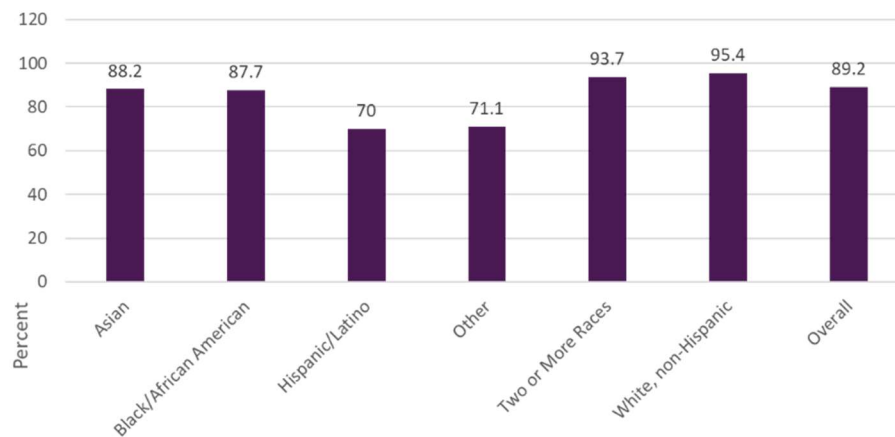
Milwaukee County falls behind Wisconsin and other counties for adults without health insurance, no recent dental visits, and clinical care ranking (for access and quality as reported in the County Health Rankings). Additionally, many of these indicators are seeing significantly worsening trends. The percent of adults with diabetes has

significantly increased over recent years, while adults who see a doctor or nurse practitioner for primary health care and women who have received a pap smear within three years are decreasing significantly over time.

Adequate and affordable health insurance coverage is important for health care and mental health care access and improving the health of individuals and our community. In Milwaukee, significant gaps exist in coverage between racial/ethnic groups.

Exhibit 10 shows the overall rate of insured residents in Milwaukee County (89.2 percent), and breakouts by race and ethnicity. The highest rate of insured residents is among the white non-Hispanic population (95.4 percent), and the lowest is among the Hispanic/Latino population (70.0 percent).

Exhibit 10: Milwaukee County Health Insurance by Race/Ethnicity 2019



Source: Health Compass Milwaukee, American Community Survey, 2022

Access to Care: Unmet Care Needs

Exhibit 11: Milwaukee County Access Table

Perceptions of community health care access	Overall County n = 8616	Black / African American n = 642	Hispanic / Latino n = 463	High-Need Zip Codes (11) n = 1535	Child Households n = 1145	Older Adult / Elderly n = 3450
There are quality health care services (No, Don't know)	4.8% 7.0%	16.1% 13.3%	12.0% 13.9%	10.9% 12.8%	8.2% 7.5%	2.1% 5.4%
There are affordable health care services (No, Don't know)	19.4% 29.3%	24.7% 29.9%	29.5% 29.9%	23.0% 30.5%	27.0% 25.2%	11.2% 30.3%
Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc. (No, Don't know)	12.1% 34.9%	16.0% 31.8%	17.2% 34.7%	17.5% 36.0%	14.8% 33.2%	8.3% 36.2%

Access to Care: Providers

The Primary Care Provider rate in Milwaukee County is 92.0 physicians per 100,000 residents, which has decreased since 2008.

The Mental Health Provider rate in Milwaukee County is 402.7 providers per 100,000 residents, which is higher than the Wisconsin average of 272.2 providers per 100,000 residents. However, community input stated that mental health care, resources and available providers are disproportionate to community need in Milwaukee County.

3. Mental Health Associated Health Needs – Substance Use and Violence

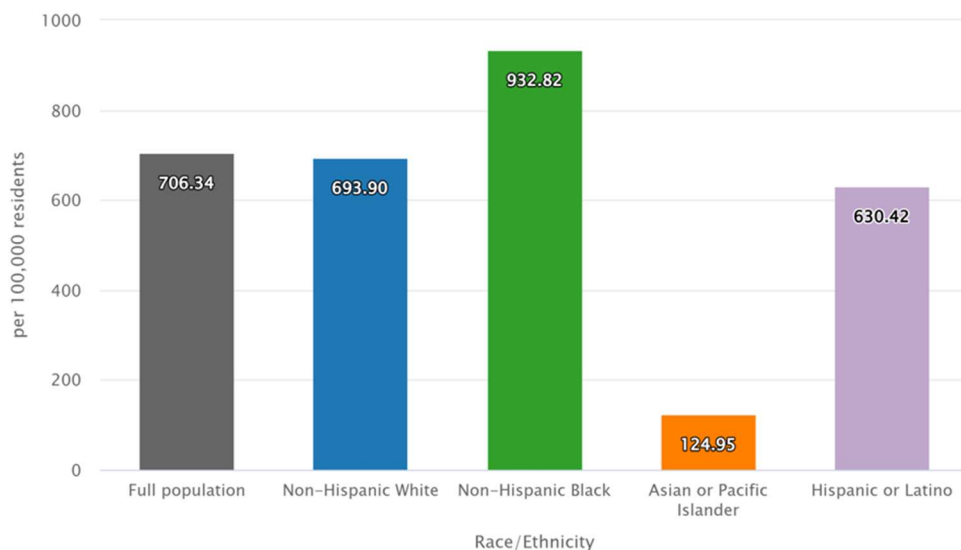
Substance use and abuse

In 2018, 18.3 percent of adults in Milwaukee County reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or most days, a decrease from the 1996 baseline of 28.9 percent.

In 2019, 21.6 percent of adults in Milwaukee County reported binge drinking in past month, higher than the national (17.9 percent) average. Binge drinking reflects the percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

As shown in Exhibit 12 below, from 2017-2021, the Milwaukee County alcohol use emergency department visit rate was 706.3 visits per 100,000 residents, 70 percent higher than the Wisconsin average of 415.5 visits per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 932.8 visits per 100,000 residents, which is 1.2 times higher than the Wisconsin alcohol use emergency department visit rate.

Exhibit 12: Milwaukee County Alcohol Use Emergency Department Visit Rate by Race/Ethnicity 2017-2021



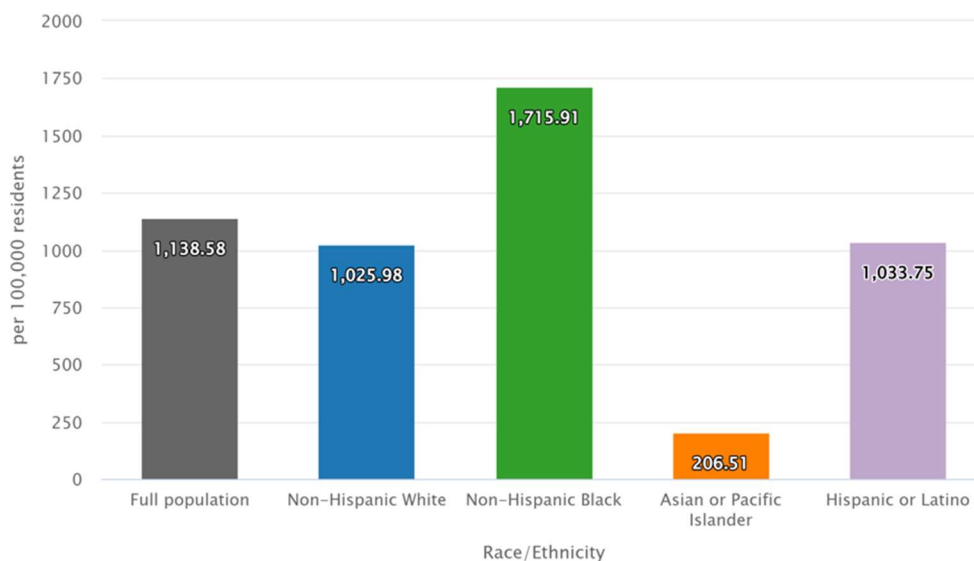
Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

From 2017-2021, the Milwaukee County alcohol use hospitalization rate was 333.6 admissions per 100,000 residents, higher than the Wisconsin average of 217.6 visits per 100,000 residents.

In Milwaukee County, the rate of drug overdose mortality was 41.7 per 100,000 population in 2016-2020, higher than Wisconsin rate of 21.7 per 100,000 population

As shown in Exhibit 13, from 2017-2021, the Milwaukee County substance use emergency department visit rate was 1,138.6 visits per 100,000 residents, 75 percent higher than the Wisconsin average of 649.3 visits per 100,000 residents. Non-Hispanic Black residents were disproportionately impacted, with a rate of 1,715.9 visits per 100,000 residents, which is 1.6 times higher than the Wisconsin emergency department visit rate.

Exhibit 13: Milwaukee County Substance Use Emergency Department Visit Rate by Race/Ethnicity 2017-2021



Source: Metopio, Wisconsin Health Association Information Center (WHAIC), 2022

From 2017-2021, the Milwaukee County substance use hospitalization rate was 532.8 admissions per 100,000 residents, 67 percent higher than the Wisconsin average of 319.2 visits per 100,000 residents.

Social Environment and Community Safety

Violence prevention and community safety was a top health issue identified from the community health survey, key stakeholder interviews, and focus group participants. Community input to the CHNA elevated community safety themes such as reckless

driving, civil unrest, and racial tension as well as violent crime and shootings. Survey data shows respondents' perception of violence-related issues and lack of economic opportunities as a root cause. While Milwaukee County residents overall reported their neighborhoods relatively safe to live in, those who lived in high-need zip codes and respondents of color were less likely to report that their neighborhood is safe. This reflects the geographically concentrated nature of the problem and segregation of communities in Milwaukee.

4. Other Health Indicators - Health Conditions

Cardiovascular Disease

The 2021 heart failure hospitalization rate in Milwaukee County was 604.9 admissions per 100,000 residents, higher than the Wisconsin average of 396.8 per 100,000. The 2021 heart failure emergency department visit rate was 231.5 visits per 100,000 residents, higher than the Wisconsin average of 206.2. The 2021 hypertension hospitalization rate in Milwaukee County was 74.0 admissions per 100,000 residents, higher than the Wisconsin average of 38.5. The 2021 hypertension emergency department visit rate was 408.1 visits per 100,000 residents, higher than the Wisconsin average of 299.5.

In 2019, 29.9 percent of Milwaukee County adults reported ever having been told by a doctor, nurse or other health professional they have high cholesterol. In 2019, 31.4 percent of Milwaukee County adults reported ever having been told by a doctor, nurse or other health professional they have high blood pressure.

Diabetes

The 2021 uncontrolled diabetes hospitalization rate in Milwaukee County was 44.9 admissions per 100,000 residents, higher than the Wisconsin average of 23.6 per 100,000. The 2021 uncontrolled diabetes emergency department visit rate was 356.0 visits per 100,000 residents, higher than the Wisconsin average of 215.0.

Cancer

Exhibit 14 shows the mortality, incidence, and screening rates for various types of cancer in Milwaukee County, compared to Wisconsin and national averages.

Exhibit 14: Milwaukee Cancer Table

Topic	Milwaukee County, WI	Wisconsin	United States
Breast cancer mortality deaths per 100,000, 2016-2020	11.4	10.0	10.8
Non-invasive breast cancer diagnosis rate per 100,000 female residents, 2014-2018	39.1	33.5	29.4
Mammography use Females % of adults, 2018	75.1	72.9	77.8
Colorectal cancer mortality deaths per 100,000, 2016-2020	14.8	12.4	13.4
Colorectal cancer screening % of adults, 2018	68.9	69.9	65.0
Cervical cancer diagnosis rate per 100,000 female residents, 2014-2018	8.8	6.6	7.7
Pap smear use Females, Adults (18-64 years) % of adults, 2018	85.0	85.3	84.6
Lung, trachea, and bronchus cancer mortality deaths per 100,000, 2016-2020	40.6	35.5	36.7
Lung cancer diagnosis rate per 100,000 residents, 2014-2018	69.5	58.8	57.3
Oral cancer diagnosis rate per 100,000 residents, 2014-2018	11.7	12.4	11.9
Prostate cancer diagnosis rate per 100,000 male residents, 2014-2018	127.8	112.5	106.2

Source: Metopio, 2022

Respiratory Disease

The 2021 asthma hospitalization rate in Milwaukee County was 36.1 admissions per 100,000 residents, higher than the Wisconsin average of 18.4 per 100,000. The 2021 asthma emergency department visit rate was 473.2 visits per 100,000 residents, higher than the Wisconsin average of 218.0.

The 2021 asthma hospitalization rate in Milwaukee County among ages 0-4 was 48.0 admissions per 100,000 residents, higher than the Wisconsin average of 18.2 per

100,000. The 2021 asthma hospitalization rate in Milwaukee County among ages 5-17 was 21.9 admissions per 100,000 residents, higher than the Wisconsin average of 7.7 per 100,000.

In 2019, 10.1 percent of Milwaukee County residents reported having ever been told by a doctor, nurse or other health professional that they have asthma, higher than the Wisconsin average of 9.5 percent.

Birth Outcomes

When analyzing low birth weight, preterm births and infant mortality data, significant gaps are revealed between non-Hispanic Black babies and babies of other races and ethnicities. Community input elevated the same concern related to infant mortality and the disparities that exist in African American communities. Stakeholders often linked the issue to access and utilization of prenatal care, infant care practices, and lack of trust in the health care system.

Sexually Transmitted Infections

The 2018 sexually transmitted infection rate in Milwaukee County was 1,683.0 new cases per 100,000 residents, higher than the Wisconsin average of 629.7. This includes chlamydia, gonorrhea, syphilis, and HIV/AIDS. More than half of these cases are from chlamydia alone.

Other Chronic Diseases and Health Conditions

The 2016-2020 Alzheimer's disease mortality was 25.5 deaths per 100,000, lower than the Wisconsin average of 31.3.

The 2016-2020 fall mortality was 25.9 deaths per 100,000, higher than the Wisconsin average of 22.1.

The 2021 dental problem emergency department visit rate in Milwaukee County was 684.3 visits per 100,000 residents, higher than the Wisconsin average of 459.7 per 100,000.

Impact of COVID-19

The Covid-19 pandemic brought profound changes to the way people work, communicate, learn, play, eat, socialize and receive health care. COVID-19 raced across the American landscape bringing illness, suffering, economic struggle and death to people across all racial, ethnic and socioeconomic groups. COVID-19 shined an even brighter light on the health inequities experienced by low-income communities and communities of color. Notably, communities of color were disproportionately affected by the disease, its many difficult side effects and higher death rates. COVID-19 case rate (2020): 12,651.3 cumulative cases per 100,000 population.

5. Key Drivers of Health

The socioeconomic and environmental conditions where people live, work, learn, play and pray have a direct impact on a wide range of health and quality of life outcomes.

Housing

From 2016-2020, 49.1 percent of Milwaukee County housing units were owner occupied, lower than the Wisconsin average of 67.1 percent. The rate of owner-occupied housing units is lowest among the Non-Hispanic Black population, at 24.7 percent. In Milwaukee County, 24.5 percent of renter-occupied housing units are rent-burdened, meaning renters are spending more than 50 percent of their income on rent.

Transportation

From 2016-2020, 13.2 percent of Milwaukee County households had no vehicle available, higher than the Wisconsin average of 6.7 percent. The mean travel time to work in Milwaukee County is 22.5 minutes, similar to the Wisconsin average of 22.2 minutes.

Food security and access to healthy foods

In 2020, 17.5 percent of Milwaukee County residents experienced food insecurity, meaning the household has experienced limited or uncertain access to food, an increase from 11.8 percent in 2019. The rate is higher for children, at 27.7 percent.

IV. Prioritization of Health-Related Issues

A. Priority Setting Process

The members of the Milwaukee Health Care Partnership utilized Conduent HCI's Data Scoring Tool® to identify and rank pertinent findings. This identified mental health, access to health care services, substance use, alcohol abuse, and violence as top health issues.

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons across Health Compass Milwaukee to rank indicators based on highest need.

For each indicator, the Milwaukee County value was compared to a distribution of Wisconsin and US counties, state and national values, Healthy People 2030, and significant trends. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best health outcomes and 3, the worst. According to this scale, topic areas with a score of 1.5 or greater indicate a significant health need. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

For the past decade, the Milwaukee County Behavioral Health Division has been engaged in a long-term transition to a more community-based continuum of care for residents needing mental health and substance use treatment and services. Recommendations from the 2018 Psychiatric Crisis Redesign Advisory Committee included a dispersed system with county investments largely in non-emergency department settings, with an intention of shifting the bulk of crisis episodes out of hospital emergency departments. In this model, private health system emergency departments would focus their attention on a smaller group of individuals with more complex healthcare needs who essentially need to be served at this level of care. The Committee recommended there be a dedicated psychiatric emergency department for Milwaukee County to serve the highest acuity voluntary and involuntary patients.

B. Health Needs Selected

Mental Health and Access to Care

Since 2010, significant input from consumers, community partners, advocates, and health care providers has helped shape the redesign of mental health services in Milwaukee County. In fall 2018, a multi-stakeholder planning, networking, and process improvement occurred for psychiatric crisis redesign, leading to the development of the new Mental Health Emergency Center.

Mental Health and Mental Disorders was a top health need among respondents to the Milwaukee County Community Health Survey in 2021. The issue also ranked highest among key stakeholders and focus group participants.

Half of all people will be diagnosed with a mental illness at some point in their lifetime and 20% of Americans will experience a mental illness in any given year. In Milwaukee County, 14% of adults rate themselves as having poor mental health.

Mental health was addressed in the community health survey at both the individual level and community level and ranked as the top health issues across all respondent groups. When respondents indicated they did not seek mental health or substance abuse services when needed, the survey sought reasons for the lack of utilization.

Focus group and key informant participants emphasized the impact of anxiety and stress that parents and families with children are experiencing presently because of COVID-19 and its effect on daily living. Social isolation was another common topic that was discussed during these conversations, specifically mentioning the impact on older adults and those community members with different abilities. Separation from routines and social networks are impacting mental health for these groups. Finally, focus group and key informant participants discussed the challenge of accessing mental health services in the community. Cost, availability of appointments, system navigation, and knowledge about available services were all mentioned as barriers to care.

C. Health Needs Not Selected

Substance Use, Alcohol

While the Mental Health Emergency Center Implementation Strategy does not include specific strategies to reduce substance use or alcohol abuse, the facility provides transfers to the appropriate level of care, extensive care management and navigation services for individuals with coexisting conditions, such as substance use disorders. The Mental Health Emergency Center will also serve as a collaborative partner to local organizations currently addressing substance use and alcohol abuse in Milwaukee County.

Violence

While the Mental Health Emergency Center Implementation Strategy does not include specific strategies to reduce violence, the facility serves as an anchor institution in the surrounding neighborhood, providing increased safety, revitalization and economic benefit.

The Mental Health Emergency Center will also serve as a collaborative partner to law enforcement and local public health and community-based organizations currently addressing violence in Milwaukee County.

V. Approval of Community Health Needs Assessment

The Mental Health Emergency Center Community Health Needs Assessment (CHNA) Report was adopted by the Board of the Mental Health Emergency Center on December 15th, 2022.

VI. Vehicle for Community Feedback

Community Feedback

The Mental Health Emergency Center welcomes all feedback regarding the 2022 Community Health Needs Assessment. Any member of the community wishing to comment on this report can go to <https://mentalhealthmke.org/contact/>. Questions will be addressed and will also be considered during the next CHNA cycle. A paper copy of this report may also be requested through this link.

VII. Appendices

Appendix 1: Child Health Breakout

Milwaukee County Community Health Survey Data—2021

Children's Health

CHILDREN'S QUALITY OF LIFE	
Question: In general, would you say your child's quality of life is:	
Excellent	50.9%
Very good	37.5%
Good	10%
Fair	1.6%
Poor	0.2%
HEALTH PLAN COVERAGE FOR CHILDREN	
Question: Which type(s) of health plans(s) do children in your home have to cover the costs of health care services? Select all that apply.	
Insurance through an employer	77.8%
Medicaid/Children's Health Insurance Program/ (CHIP)/Badgercare	20.2%
Private insurance I pay for myself (HMO/PPO)	3.0%
I pay out of pocket/cash	2.3%
Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)	2.2%
CHILDREN'S HEALTH ISSUES	
Question: Have the children (under 18) in your home experienced any of the following health issues? Select all that apply.	
No, the child/children have not faced any health issues	49.0%
Mental or behavioral health (fearfulness, depression, self-regulation)	21.8%
Chronic diseases (allergies, asthma, diabetes)	13.7%
Oral health/dental health	8.4%
Overweight or underweight	8.2%
Hearing and/or vision	7.3%
Infant health (low birth weight, premature birth)	6.7%
Childhood disabilities or special needs	6.3%
Infectious diseases (measles, COVID-19)	5.4%
Other	5.0%
Unintentional injuries (bicycle crash, poisoning)	5.0%
Autoimmune disorders (for example, gluten sensitivity)	3.5%
Nervous system disorders (migraine, seizures)	2.7%
Lead poisoning	1.3%
Heart disease or other heart conditions	1.3%
CHILDREN'S ACCESS TO HEALTH SERVICES	
Question: In the past 12 months, was there a time when children in your home needed medical care or other health related services but did not get the services that they needed?	
No, they got the services that they needed	81.3%
Yes	8.9%
Does not apply, the child/children did not need services	9.7%
Which of the following services were the children in your home not able to get in the past 12 months when they needed them?	
Mental health services	34.1%
Dental care (routine cleaning or urgent care)	24.7%
Well child visit/check-up	23.5%
Sick visit/urgent care visit	20.0%
Services for special needs	17.7%
Prescription medications	16.5%
Select the top reason(s) that children in your home did not get the medical/health care services that they needed in the past 12 months.	
Office/service/program has limited access or is closed due to COVID-19	41.3%
Wait is too long	28.8%
Cost - too expensive/can't pay	26.3%
Insurance not accepted	20.0%
CONCERNS FOR CHILDREN'S HEALTH	
Question: Do you have concerns for any of the following activities for the children (under 18) in your home? Select all that apply.	
I have no concerns	65.1%
Nutrition and eating habits	23.5%
Physical activity and exercise	20.6%
Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed)	5.1%
Vaping, juuling and e-cigarette use	3.6%
Other	3.5%
Alcohol use	3.4%
Cigarette smoking and other tobacco use	2.1%

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Technical Notes:

- Sample sizes: County overall (n=8616), Black/AA (n=642), Hispanic/Latino (n=463), high-need zip codes (1535), Children in household (n=1145), older adult (n=3450)
- Sample size denominators vary across survey questions based on survey completion by respondent
- Convenience sample survey method was utilized; results may not be generalizable
- Survey methods: 50 total questions, online, English/Spanish, no incentive, voluntary, anonymous
- High need zip codes are based on a suite of social and economic indicators found on healthcompassmilwaukee.org. Those zip codes are: 53206, 53205, 53204, 53225, 53208, 53210, 53233, 53218, 53209, 53212, 53215
- The Community Health Survey is one of three data inputs for the Milwaukee Community Health Needs Assessment. View the full report at healthcompassmilwaukee.org

Survey Respondent Demographics

Total sample size: n=8616

RACE	n	%
White or Caucasian	6742	80.5%
Black or African American	642	7.7%
Asian or Asian American	108	1.3%
American Indian or Alaskan Native	53	0.6%
Two or more races	186	2.2%
Some other race	81	1.0%
Prefer not to answer	560	6.7%
ETHNICITY		
Hispanic/Latino/Latinx	463	5.4%
Mexican	156	36.5%
Mexican American	123	28.7%
Puerto Rican	121	28.2%
South American	27	6.3%
Central American	22	5.1%
Cuban	5	1.2%
Dominican	5	1.2%
Other	25	5.8%
Non-Hispanic/Latino/Latinx	7474	86.8%
Prefer not to answer	679	7.9%
AGE		
18-20	35	0.4%
21-24	128	1.5%
25-34	799	9.5%
35-44	1102	13.1%
45-54	1039	12.4%
55-64	1656	19.7%
65-74	2651	31.6%
75-84	751	9.0%
85 or older	48	0.6%
GENDER		
Female	5938	70.8%
Male	2221	26.5%
Transgender Male	10	0.1%
Transgender Female	9	0.1%
Non-binary	34	0.4%
Other	22	0.3%
Prefer not to answer	159	1.9%
SEXUAL ORIENTATION		
Straight	7334	87.5%
Gay	156	1.9%
Lesbian	86	1.0%
Bisexual	175	2.1%
Pansexual	48	0.6%
Queer	52	0.6%
Other	44	0.5%
Prefer not to answer	463	5.5%

EDUCATION	n	%
Less than 9 th grade	37	0.4%
Some high school	110	1.3%
High school graduate (GED)	2034	24.3%
Associate degree	1218	14.5%
Bachelor's degree	2614	31.2%
Master's/Professional degree	2372	28.3%
INCOME		
Less than \$25,000	738	8.8%
\$25,000-\$50,000	1332	10.6%
\$50,000-\$75,000	1392	16.6%
\$75,000-\$100,000	1132	13.5%
\$100,000-\$125,000	897	10.7%
\$125,000+	1186	14.2%
Prefer not to answer	1704	20.3%
EMPLOYMENT		
Employed part-time	754	9.0%
Employed full-time	3354	39.9%
Out of work, looking	110	1.3%
Not working by choice	186	2.2%
Unable to work	273	3.2%
Retired	3431	40.8%
Student	84	1.0%
Out of work, not looking	45	0.5%
HOUSEHOLD SIZE		
1	2141	25.8%
2	3853	46.4%
3	1142	13.7%
4	770	9.3%
5	278	3.3%
6 or more	129	1.6%
PRIMARY LANGUAGE		
English	8060	96.8%
Spanish	160	1.9%
Other	67	0.8%
Arabic	17	0.2%
Russian	12	0.1%
Hmong	10	0.1%

Appendix 2: Key Informant Interviews

Key Informant Guide

For primary data collection, community stakeholders were comprised of individual key informants and focus groups. They were identified and recruited by the 2021 Milwaukee County Community Health Needs Assessment (CHNA) work team members. All interviews and discussions were facilitated by health systems' community benefit staff, with Conduent providing content note taking, transcription, and analysis. Because the CHNA was conducted during the COVID-19 pandemic, community stakeholders were engaged through video meetings, rather than in-person data collection. Stakeholders provided insights about perceptions, attitudes, experiences, or beliefs held by community members about the community's health as well as their own health experience. They also provided assessments of current community assets and strategies for community health improvement.

1. **To begin, could you please tell us a little about yourself, your background, and the organization you work for?**
 - What is your organization's mission?
 - Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?
2. **COVID-19 has significantly impacted everyone's lives. What have you seen as the biggest challenges in Milwaukee County during this time?**
 - What has gone well?
 - How has the current Pandemic changed the focus of your work or how you are doing your work now? Do you think these changes will be short term or long term?
3. **Now, we would appreciate your perspective on the major health needs/issues faced by people living in Milwaukee County. What are the major health needs/issues in Milwaukee County?**
 - a. *What are the top two priority health issues that your organization addresses?*
 - ☐ Alcohol use and abuse (underage use, binge drinking, DWI)
 - ☐ Asthma and other breathing issues, Infectious diseases (West Nile Virus, Tuberculosis, measles, COVID-19)
 - ☐ Chronic diseases like diabetes and heart disease
 - ☐ Cancer
 - ☐ Cigarette smoking and other tobacco use
 - ☐ Dementia, including Alzheimer's Disease
 - ☐ Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed)
 - ☐ Infant Mortality
 - ☐ Lead poisoning
 - ☐ Mental health and mental conditions (anxiety, depression)
 - ☐ Nutrition and healthy eating
 - ☐ Oral health
 - ☐ Physical activity and exercise

- ☐ Sexually transmitted infections (including HIV)
- ☐ Suicide
- ☐ Unintentional injuries (falls, motor vehicle crashes, poisonings)
- ☐ Vaping, juuling, and e-cigarette use

b. What do you think are the leading factors that contribute to these health issues?

- ☐ Access to affordable childcare/day care
- ☐ Access to affordable healthcare
- ☐ Access to affordable healthy foods
- ☐ Access to affordable housing
- ☐ Access to community parks and other recreation locations for physical activity
- ☐ Access to mental health services
- ☐ Access to social services/safety net for people who are struggling
- ☐ Bullying in schools and other youth settings
- ☐ Child abuse and neglect
- ☐ Clean air
- ☐ Clean water
- ☐ Community safety
- ☐ Criminal justice reform
- ☐ Domestic violence/Intimate partner violence
- ☐ Good paying jobs and strong economy
- ☐ Good schools and colleges
- ☐ Gun violence
- ☐ Human trafficking
- ☐ Public transportation
- ☐ Racism and discrimination
- ☐ Support services for seniors (meals, transportation, housing, respite support)
- ☐ Strong and supportive families/relationships

4. What strategies (programs or services) are being used to address the health issue(s) that you identified?

- What is working well? What is having impact?
- What are the barriers/challenges to addressing this issue – What could we do differently?
- What additional strategies are needed to address this issue?

5. Which groups in your community seem to struggle the most with the issues you've identified and how does it impact their lives?

- Are there specific challenges that impact low-income, under-served/uninsured, racial or ethnic groups, or age or gender in the community?
- How does your organization interact or work with these vulnerable groups?
- How could we target our efforts towards this subgroup?

6. What geographic parts of the county/community have greater health or social need?

- Which neighborhoods in your community need additional support services or outreach?
- How could we target our efforts towards this subgroup?

7. What barriers or challenges might prevent someone in the community from accessing health care or social services? *(Examples might include lack of transportation, lack of health insurance coverage, language/cultural barriers, etc.)*

8. When we conducted an initial analysis of the data available for Milwaukee County, we noticed a few health issues we wanted to explore and validate with experts such as yourself: maternal and child health, community safety/violence, sexually transmitted infections, wellness and healthy life, elder health were all higher areas of concern.

- Does this align with what you have seen in the community and through your work?

9. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?

What services or programs do you feel are having a positive impact in the community or could potentially have an impact on the needs that you've identified, if not yet in place?

10. Is there anything additional that should be considered for assessing the needs of the community?

- How would having a community health needs assessment report available to you/your organization be helpful?

11. Collaboration and partnerships are critical when addressing community health. What role(s) do you see your organization playing as a partner in the community?

- Who are the key groups in the community that we could/should partner with to improve community health?

Appendix 3: Mental Health Emergency Center Overview



A new facility for children and adults experiencing a mental health crisis



The new **Mental Health Emergency Center** is a joint venture between Milwaukee County and the area's four health systems: Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin and Froedtert Health. Just one component in the broader array of mental health services in Milwaukee County, **the center will serve as a national model for emergency crisis care that is patient-centered, recovery-oriented, and culturally informed.**

Opening Sept. 6, 2022

Scope of Services

- The emergency center will offer **24/7 crisis mental health assessment, stabilization, treatment, and transition care management for children, adolescents and adults.** There is a separate treatment area for child and adolescent patients, as well as a separate entrance for those arriving via law enforcement.
- The center will provide a **therapeutic environment for both voluntary and involuntary patients** and facilitate the timely transfer for those under law enforcement custody to the care of highly trained, compassionate mental health professionals.
- The **goal for all patients is to receive timely treatment and transfer to the appropriate level of care.** The emergency center has six inpatient beds for adults for short term stays if clinically needed. Children and adolescents needing observation or inpatient services will be promptly transferred to a pediatric mental health facility.
- The center will provide extensive **care management and navigation services,** ensuring safe and timely connections to continuing care- be that extended inpatient, residential or outpatient mental services or medications, housing, food, and other social supports.
- The center hopes to provide **crisis telepsychiatry services** to patients being served in other health care settings as well.

Community Need

About 1 in 5 individuals experience mental illness in their lifetime and access to mental health resources has been identified as an important need in local community health assessments for many years.

Since 2010, significant input from consumers, community partners, advocates, and health care providers has helped shape the redesign of mental health services in Milwaukee County.

The new Mental Health Emergency Center is the next major milestone in our community's journey toward holistic, decriminalized, de-stigmatized, and equitable mental health care.

Community Access

The center is located at 1525 N. 12th Street, in the City of Milwaukee, and will serve patients residing in Milwaukee County and possibly surrounding communities.

This location is served by public transportation and is adjacent to the freeway, ensuring ready access for those in need of care, as well as for county-wide law enforcement personnel assisting with a crisis response.



The Milwaukee County Behavioral Health Services will continue to provide emergency mental health care to patients at its Psychiatric Crisis Services (PCS) center in Wauwatosa, until Sept. 9, 2022.

Currently, 93% of the patient visits to Psychiatric Crisis Services (PCS) originate from the City of Milwaukee and 70% of patients served by PCS live in close proximity to the new center.

Joint Venture

The center is a **joint venture between Milwaukee County** and Milwaukee's four health systems: **Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health.**

Construction and start-up costs for the new center are projected to be \$18 million, with the County covering 50% of those costs and the health systems covering the other half. Once open, the center is expected to deliver care with an **operating loss of \$12 million annually.** Operating shortfalls will be similarly split 50/50 between the County and the health systems. Efforts are underway with the State of Wisconsin to enhance crisis reimbursement to ensure long-term viability.

Advocate Aurora Health will serve as the manager of the center and will be responsible for the employment of the physicians and staff, as well as the day-to-day operations under the direction of the joint venture's Board of Directors. As the largest provider of behavioral and mental health services in the State, Advocate Aurora Health brings significant clinical and patient service expertise to the delivery of care.

Local Impact

The new emergency center will serve as an 'anchor institution' in the surrounding neighborhood, providing **increased safety, revitalization, and economic benefit.**

Once open, the center will **employ about 70 full-time equivalent staff, including peer supports.** It will serve as a training center for psychiatric medical residents, and potentially offer professional educational opportunities for other mental health personnel in the future.

During construction, dozens of jobs were created through the project's construction firms, CG Schmidt, and minority owned JCP Construction.



1525 N 12th Street
Milwaukee, WI 53205

[MentalHealthMKE.org](https://www.MentalHealthMKE.org)

06/16