



2023-2025
Community Health
Implementation Strategy

Community health improvement is an effective tool for creating a shared vision and supporting a planned and integrated approach to improving health outcomes. The basic premise of community health improvement is that entities identify community health issues, prioritize those that can be addressed, and then develop, implement, and evaluate strategies to address those issues. Tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and develop an implementation strategy every three years to document how the hospital will address prioritized community health needs.

The following outlines a summary of the CHNA process and provides details on the Mental Health Emergency Center's plans to address their prioritized community health needs in 2023-2025.

Summary of Milwaukee County Community Health Needs Assessment Process

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.

The Milwaukee County CHNA relies on three sources of information:

- **Community Health Survey (primary data):** an online 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. 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](#).

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.

Significant Health Needs Identified and Selected for Implementation Strategy and Why

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

Mental Health, Access to Care and Workforce Development

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 improvement process 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 and was prominent in the analysis of secondary data sources.

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 overall, 14% of adults rate themselves as having poor mental health, and the rates are 17%-20% in the zip codes surrounding the Mental Health Emergency Center (CDC PLACES, 2020).

Mental health was assessed as a health issue 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. The most common reasons for not seeking mental health services included cost and wait time.

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.

The Mental Health Emergency Center will serve as a collaborative partner to local organizations currently addressing mental health in Milwaukee County. The following priorities and strategies are unique to the capacities of the Mental Health Emergency Center’s ability to address these community health needs.

Note: Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.

<p>HEALTH PRIORITY: Workforce Development</p> <p>IMPACT: Increased numbers of professionals equipped to respond to Behavioral Health needs</p> <p>DESCRIPTION OF HEALTH NEED DATA:</p> <ul style="list-style-type: none"> Across the majority of the Mental Health Emergency Center’s footprint, there are HRSA-designated mental health provider shortages from the census tract level to a county-wide level 	
<p>ALIGNMENT WITH EXISTING STRATEGIES</p> <p>NATIONAL: HEALTHY PEOPLE 2030</p> <ul style="list-style-type: none"> Settings and Systems: Health Care 	
<p>STRATEGY #1: Increase trained Behavioral Health professionals</p>	
<p>Specific Interventions</p> <ul style="list-style-type: none"> Recruit and retain Mental Health Emergency Center personnel with focus on ensuring racial and ethnic representation Implement Mental Health Emergency Center Psychiatry Residency Program 	<p>Objectives</p> <ul style="list-style-type: none"> Reduce vacancy rates, increase retention rates, and enhance workforce diversity Enhance the learning experience and support the increase of trained psychiatrists in Southeast Wisconsin
<p>MEASURING OUR IMPACT</p> <ul style="list-style-type: none"> MHEC vacancy rates, turnover rates and workforce diversity Number of residents and resident MHEC service hours 	

Collaborative Partners:

- Medical College of Wisconsin

PRIORITY: Mental Health and Access to Care

IMPACT: Improve mental health among residents by creating conditions that provide accessible, available, affordable, and targeted Behavioral Health care and services

DESCRIPTION OF HEALTH NEED DATA:

- Ten percent of Milwaukee County residents reported an inability to access mental health services in the last 12 months
- Eleven percent of City of Milwaukee residents reported an inability to access mental health services in the last 12 months

Source: Milwaukee Community Health Survey, 2021

ALIGNMENT WITH EXISTING STRATEGIES

NATIONAL: HEALTHY PEOPLE 2030

- Health Conditions: Mental Health and Mental Disorders

Collaborative Partners:

- Aurora Health Care
- Ascension Wisconsin
- Children’s Wisconsin
- Froedtert Health
- Milwaukee County Department of Health and Human Services – Behavioral Health Services
- Granite Hills Hospital
- Rogers Memorial
- Law Enforcement
- Gerald L. Ignace Indian Health Center
- Milwaukee Health Services.
- Outreach Community Health Centers
- Progressive Community Health Centers
- Sixteenth Street Community Health Centers

STRATEGY #1: Increase access to Behavioral Health care

Specific Interventions	Objectives
<ul style="list-style-type: none"> • Provide 24/7/365 emergency mental health services for adults, children, and adolescents 	<ul style="list-style-type: none"> • Increase access to emergency mental health services
<ul style="list-style-type: none"> • Develop and implement robust voluntary patient discharge planning and transition care management system 	<ul style="list-style-type: none"> • Increase community-based referrals, reduce length of emergency stay and reduce readmission rates
<ul style="list-style-type: none"> • Facilitate admission to inpatient care for voluntary and involuntary patients 	<ul style="list-style-type: none"> • Reduce length of emergency stay and ensure timely inpatient treatment for patients
<ul style="list-style-type: none"> • Provide emergency psychiatric consultation to community hospital emergency departments 	<ul style="list-style-type: none"> • Enhance community hospital emergency psychiatric assessment capabilities and ensure timely patient clinical and legal disposition and transfers

MEASURING OUR IMPACT

Measures to include breakdowns by age, race/ethnicity, gender and zip code

- Number of Mental Health Emergency Center admissions by voluntary/involuntary status
- Number of voluntary community-based discharges by type (inpatient or community)
- Number and rate of voluntary and involuntary inpatient
- Number of patients prevented from going to community hospitals
- 48-hour and 72-hour return to MHEC bounce back data