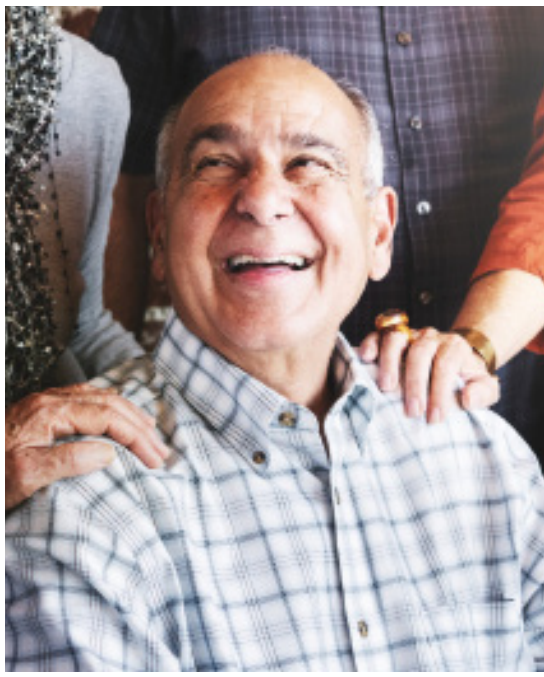
Mental Health
Emergency Center





2025

Mental Health Emergency Center

Community Health Needs Assessment Report

1525 N. 12th Street
Milwaukee, WI 53205

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EXECUTIVE SUMMARY

The Mental Health Emergency Center (MHEC) is a joint venture between Milwaukee County and the area's four health systems - Aurora Health Care, Ascension Wisconsin, Children's Wisconsin, and Froedtert Thedacare. Aurora Health Care serves as the manager of MHEC and is responsible for the employment of physicians and staff, and the day-to-day operations under the direction of the joint venture's Board of Directors. The Milwaukee Health Care Partnership (MHCP), a public/private consortium dedicated to improving health care for low-income, underserved populations in Milwaukee County, was instrumental in the development and opening of MHEC.

Every three years, MHCP members conduct a joint Milwaukee County Community Health Needs Assessment (CHNA), most recently completed in 2024. MHEC leverages this CHNA process. The CHNA comprehensively combines data collected through the Milwaukee community health survey, interviews with key leaders and community members, focus groups, and various health indicators that can be found on Health Compass Milwaukee. New in 2024, we have developed a framework based on the 2024 findings demonstrating the relationship between community-identified key health issues, the factors that drive them, and the resulting health outcomes we see in the data. The top five health issues identified in this CHNA are:

- Violence
- Mental health
- Substance use
- Chronic disease
- Maternal & child health

Importantly, the CHNA elevates numerous health factors the community identified as driving and impacting Milwaukee County's top health issues. These health factors are interconnected with each other and interrelated with all the top health issues. Ultimately, health factors significantly contribute to the downstream health outcomes and the health disparities we see in the community. The health factors include:

- Economic opportunities: Employment opportunities that pay a fair living wage and support financial stability
- Housing: Access to safe, affordable, quality housing
- Food security: Access to healthy, affordable food
- Health Care: Access to affordable, timely, quality health care
- Racism & Discrimination: Systemic racism, and interpersonal bias and discrimination impact health

Health outcomes are what we see in the data today that describe the overall health of our community and the direct impacts of disease and injury in health care utilization, morbidity, and mortality. In the report, we examine life expectancy, years of potential life lost, and other outcomes that demonstrate stark differences across geographies and populations in Milwaukee County.

The 2024 CHNA Framework demonstrates the complex nature of these health issues and our ability to make meaningful improvements in tomorrow's health outcomes. We can close gaps in health disparities by understanding the interrelatedness of today's health factors and outcomes and addressing them through collective efforts.

From the MHCP CHNA, based on its scope and services, Mental Health Emergency Center has prioritized mental health and access as significant needs to address in the 2026-2028 Implementation Strategy.

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 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 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
- 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

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this Community Health Needs Assessment (CHNA), community refers to the individuals and groups who live, work, learn, and engage across the municipalities and neighborhoods within Milwaukee County, Wisconsin. This includes residents of the City of Milwaukee as well as surrounding areas such as West Allis, Wauwatosa, the South Shore community, and others.

The county includes urban, suburban, and semi-rural areas, each with unique health needs, resources, and challenges. It is home to diverse populations including African American, Hispanic/Latino, Hmong, Native American, and other ethnic and cultural groups whose experiences shape health outcomes and priorities.

This definition informs the CHNA's approach to identifying health priorities, addressing disparities, and fostering health for all residents across Milwaukee County.

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.

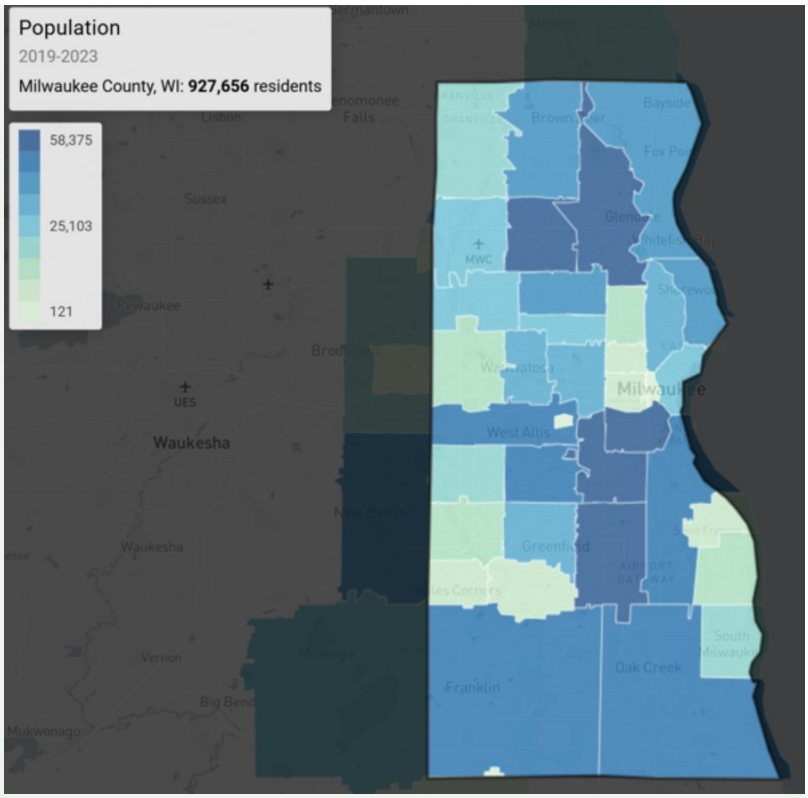


Exhibit 1: Population by ZIP Code, Milwaukee County, 2019-2023
Source: Metopio, U.S. Census Bureau, American Community Survey (ACS), 2019-2023

Milwaukee County 2019-2023 Data Estimates

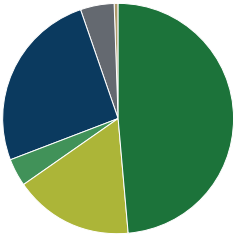
Population
927,656
The population has decreased by 4.16% since 2013.

Gender
48.6% Male
51.4% Female

Median Age
35.4

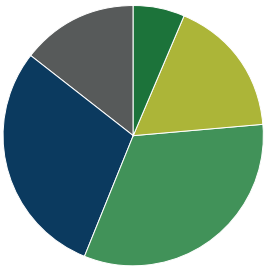
Race/Ethnicity

Non Hispanic (NH) White	48.8%
Hispanic	16.7%
Two or more races	3.8%
Non Hispanic (NH) Black	25.7%
Asian	4.7%
Native American	0.3%



Population by Age Group

Infants 0-4	6.54%
Juveniles 5-17	17.34%
Young Adults 18-39	32.44%
Middle-Age 40-64	29.29%
Seniors 65+	14.39%



With age distribution across Milwaukee County ZIP codes, Youth (ages 5–19) are concentrated within the City of Milwaukee, while older adults (65+) are more prevalent outside city limits. State projections show a decline in the under-18 population and a significant rise in those 65 and older by 2050. This aging trend will increase the prevalence of chronic conditions like dementia, heart disease, and diabetes—impacting future community health strategies and interventions (2024, Milwaukee Health Care Partnership).

Primary language at Home, other than English

10.7% Spanish
2.57% Asian Languages

Education

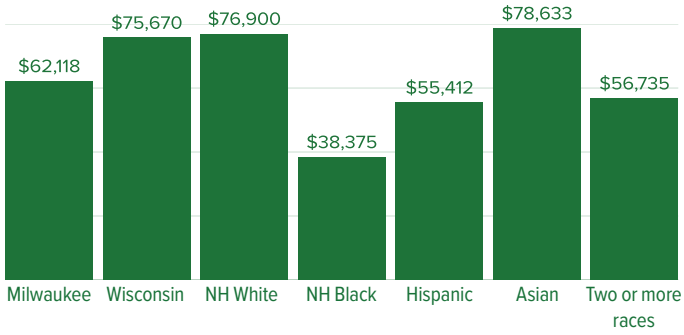
High School Graduation Rate

89.6% Milwaukee Co
93.4% Wisconsin

College Graduation Rate

33.9% Milwaukee Co
32.8% Wisconsin

Median Household Income



Employment

Unemployment rate

4.67% Milwaukee Co
3.36% Wisconsin

Household/Family

9.39% Single Parent Families
36.25% Seniors Living Alone

Population Living Below Poverty Level

At 150%
27.15% Milwaukee Co
17.33% Wisconsin

At 200%
36.76% Milwaukee Co
25.28% Wisconsin

Sources: Metopio, American Community Survey (ACS), U.S. Census Bureau, 2019-2023
Metopio, Decennial Census, U.S. Census Bureau, 2010 & 2020.
**Note on data availability. Not all data indicators have stratifications available for certain populations due to limitations from the original data sources or small sample sizes.*

Social Drivers of Health

Social drivers of health are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

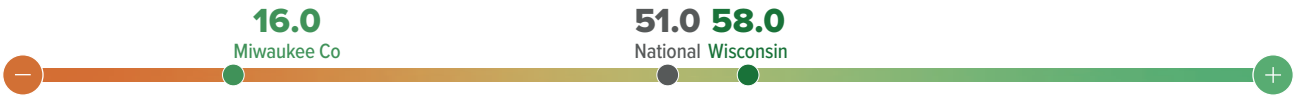
Social Drivers of Health can also cause **health differences** between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough—we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

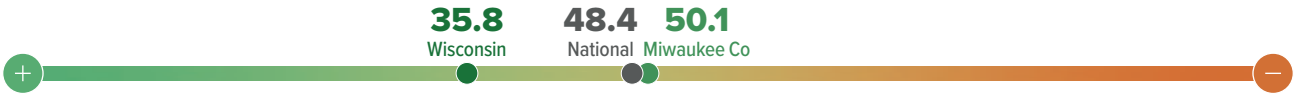
To better understand these factors and identify health inequities in a community, Aurora Health Care has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

Social Vulnerability Index (SVI) – The Social Vulnerability Index (SVI) shows how vulnerable a community is based on 15 social factors like unemployment, disability, and minority status to help identify and map the communities that will most likely need support before, during, and after a hazardous event. Scores range from 0 (least vulnerable) to 100 (most vulnerable). In Milwaukee County, the SVI is significantly higher than state and national averages, indicating that Milwaukee County residents are amongst the most vulnerable in the nation. *(Source: Metopio, Agency for Toxic Substances and Disease Registry - SVI Data, Centers for Disease Control and Prevention (CDC), 2022).*

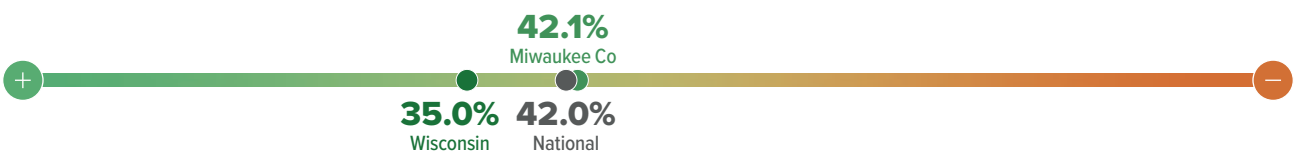
Childhood Opportunity Index (COI) – The COI measures how well neighborhoods support children's healthy growth. Scores range from Very Low (1–19) to Very High (80–100). Milwaukee County's COI falls within the Low range, indicating that children within the county have less opportunities than children overall when compared to others in the state and across the nation. *(Source: Metopio, Diversitydatakids.org, 2023).*



Hardship Index – This index shows how much hardship a community faces. It includes things like unemployment, poverty, and crowded housing. Higher scores mean more hardship. Milwaukee County has a higher score than the state, meaning Milwaukee County residents endure a higher level of hardship as compared to others in the state and around the U.S. *(Source: Metopio, U.S. Census Bureau, ACS, 2019-2023).*



ALICE Threshold – ALICE stands for Asset Limited, Income Constrained, Employed. It shows the percentage of working households that earn above the poverty line but still can't afford basic needs like housing, food, and childcare. Milwaukee County residents are worse off compared to the rest of the state; 42% of residents are struggling in the county. *(Source: Metopio, United Way, ALICE Data, 2023).*



How the CHNA Was Conducted

Every three years, MHCP's health system members – Aurora Health Care, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health — share the funding and design of Community Health Needs Assessments (CHNAs) for Milwaukee County. This year, the Milwaukee Health Department and Milwaukee County Department of Health & Human Services also partnered with the health systems, creating a unique and significant opportunity for public and private organizations to support the community through the CHNA. The CHNAs are the foundation for hospitals and local health departments to develop their community health improvement strategies. It is the foundation from which MHCP builds its shared priorities and is also intended to inform a broader audience about the top health issues facing their communities.

The Milwaukee County CHNA is comprised of three data sources:

- **Community Health Survey** — An online survey of more than 6,200 Milwaukee County residents that addressed adult and child health risk factors, health behaviors and perceptions of pressing community health needs.
- **Community Partner Interviews** — Conducted by health system community benefit leaders with 42 individuals representing 36 key informants and 11 focus groups to identify community health needs, root causes and contributing social factors. Interviewees offered insight on effective health improvement strategies currently in place as well as suggestions for future opportunities.
- **Health Compass Milwaukee** — A compilation of numerous publicly reported health data and other sources on one website.

Milwaukee County CHNA reports were developed in collaboration with the Center for Urban Population Health and INPOWER.

Summary of Findings

Overall Health Status

Milwaukee County ranks near the bottom in health outcomes among Wisconsin's 72 counties - 70th overall - due to higher rates of premature death, low birth weight, and racial disparities, especially affecting Black residents who experience premature mortality at roughly double the rate of White residents. These outcomes are significantly worse than both the state and national averages, highlighting deep inequities in access to health and civic resources. (2024 Milwaukee Health Care Partnership).

Significant health disparities exist across all social and health issues, especially among Black, Indigenous, and People of Color (BIPOC) and Hispanic/Latinos. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021).

In reviewing data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Top 10 Causes of Death by Gender, Milwaukee County, 2023

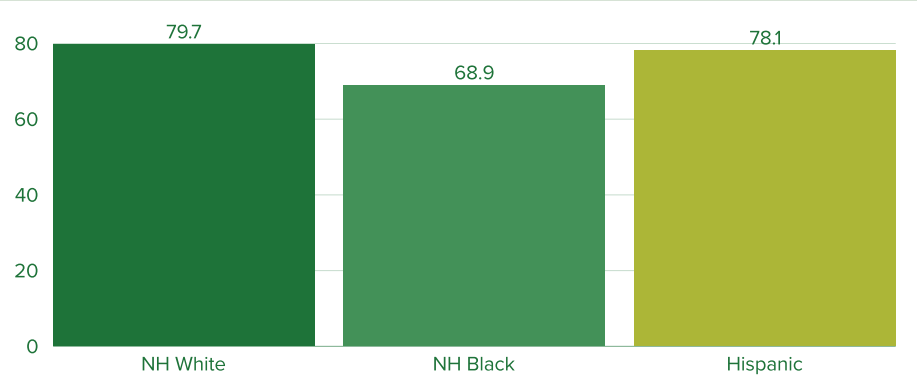
	All	Female	Male
1	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
2	Cancer	Cancer	Cancer
3	Other Causes	Other Causes	Accidents/Unintentional Injuries
4	Accidents/Unintentional Injuries	Accidents/Unintentional Injuries	Other Causes
5	Cerebrovascular Disease (CVD)	Cerebrovascular Disease (CVD)	Cerebrovascular Disease (CVD)
6	COVID-19	Chronic Lower Respiratory Diseases	Assault (Homicide)
7	Chronic Lower Respiratory Disease	Alzheimer's Disease	Chronic Lower Respiratory Disease
8	Alzheimer's Disease	Diabetes	Diabetes
9	Diabetes	High Blood Pressure (Hypertension)	Intentional Self-harm/Suicide
10	Assault (Homicide)	Nutritional Deficiencies	Chronic Liver Disease and Cirrhosis

Data source: WISH Mortality Module, Milwaukee County, Year of Death 2023

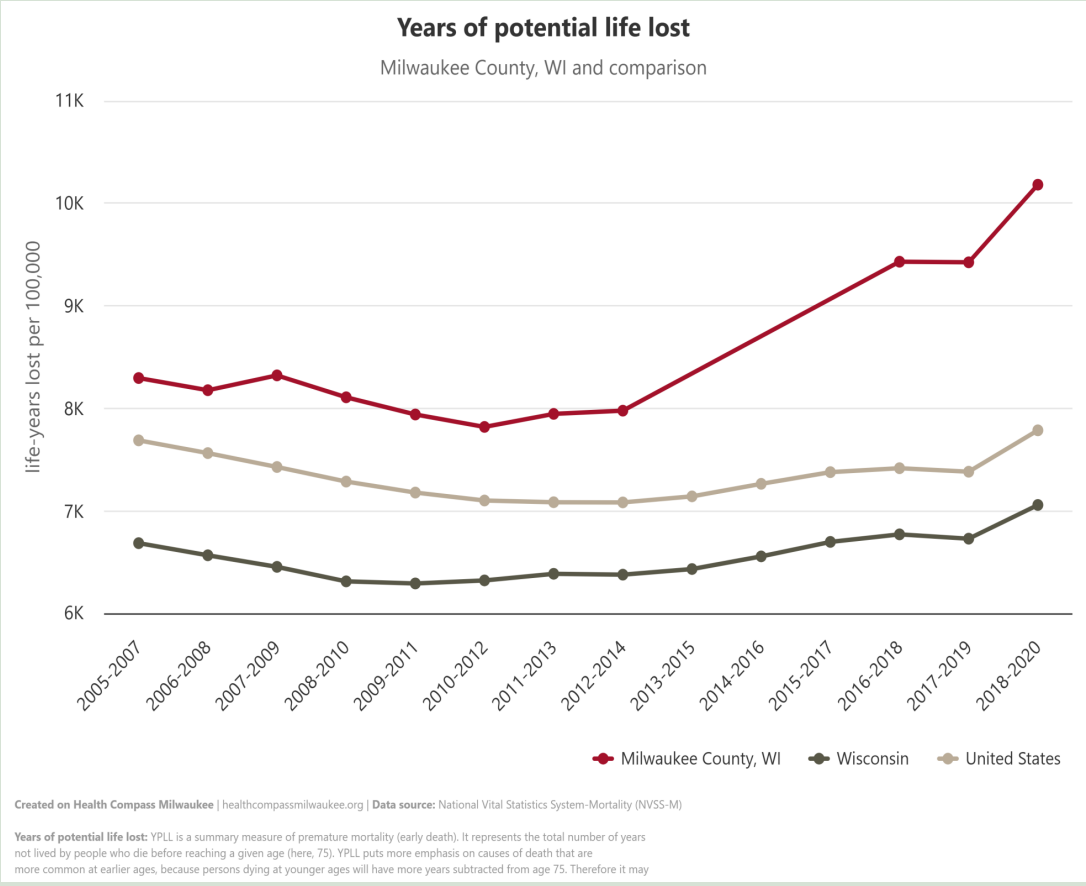
Life Expectancy

Life expectancy reflects overall population health and is commonly used for regional comparisons. In Milwaukee County, the average life expectancy is 74.9 years, but significant racial disparities exist. Non-Hispanic Black residents live ten years less than White residents. In 2024, life expectancy was 78.1 for Hispanics, 68.9 for non-Hispanic Black residents, and 79.7 for non-Hispanic White residents. These differences are shaped by factors like socioeconomic status, healthcare access, and community violence. Understanding both lifespan and causes of death helps target efforts to reduce health disparities.

(County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, 2025) & (Milwaukee Health Compass, Wisconsin Department of Health Services, 2024)



Years of Potential Life Lost (YPLL) measures premature death by estimating years lost before age 75. It highlights causes of death affecting younger populations and can underrepresent chronic conditions in older adults. In Milwaukee County, racial disparities are stark: White residents lose 7,900 years per 100,000, while Black residents lose over 18,100—more than double—reflecting deeper systemic health inequities.



Building on Community Strengths

Before reviewing the significant health needs, it is important to recognize the assets, support systems, and health improvements within the community. These include hospitals, clinics, community organizations, and programs that help people stay healthy.

This section highlights key organizations and services that support community health, along with improvements made since the last assessment. By understanding existing resources and recent progress, we can build on these strengths and find better ways to address remaining gaps in care.

- **The Beacon** is a $50 million planned health and wellness initiative by Aurora Health Care to transform the historic Wisconsin Avenue School into a community hub focused on health for all. Located on Milwaukee's near west side, it aims to close a 13-year life expectancy gap between nearby neighborhoods by providing accessible physical, mental, and social wellness services. The Beacon's mission is to remove barriers to care and empower residents to lead healthier lives. "The Beacon" symbolizes guidance, hope, and safety, drawing from Milwaukee's history of lighthouses. It reflects Aurora's commitment to being a steady source of support and a catalyst for health transformation in the community.

  The Beacon will offer:
  - » Prenatal and postnatal virtual care
  - » Violence prevention and trauma support
  - » Eviction and housing assistance
  - » Access to fresh food
  - » Chronic disease prevention
  - » Early childhood education
  - » Community wellness programming
  - » These services are being shaped by extensive community input, including 14 listening sessions with over 200 residents and 40 organizations.

- **Thrive On Collaboration** is a joint effort by Greater Milwaukee Foundation (GMF), the Medical College of Wisconsin (MCW) and the Royal Capital (RC) to eliminate racial, health, economic, and social disparities in Milwaukee through long-term investments in community well-being. Anchored by the redevelopment of the historic Gimbels-Schuster's building into Thrive On King, the initiative focuses on five priority areas:
  - » Housing – Expanding access to safe, affordable homes.
  - » Early Childhood Education – Improving quality and access to early learning
  - » Health & Wellness – Increasing access to health services and healthy food
  - » Social Cohesion – Strengthening community connections and inclusion
  - » Economic Opportunity – Supporting small businesses and workforce development

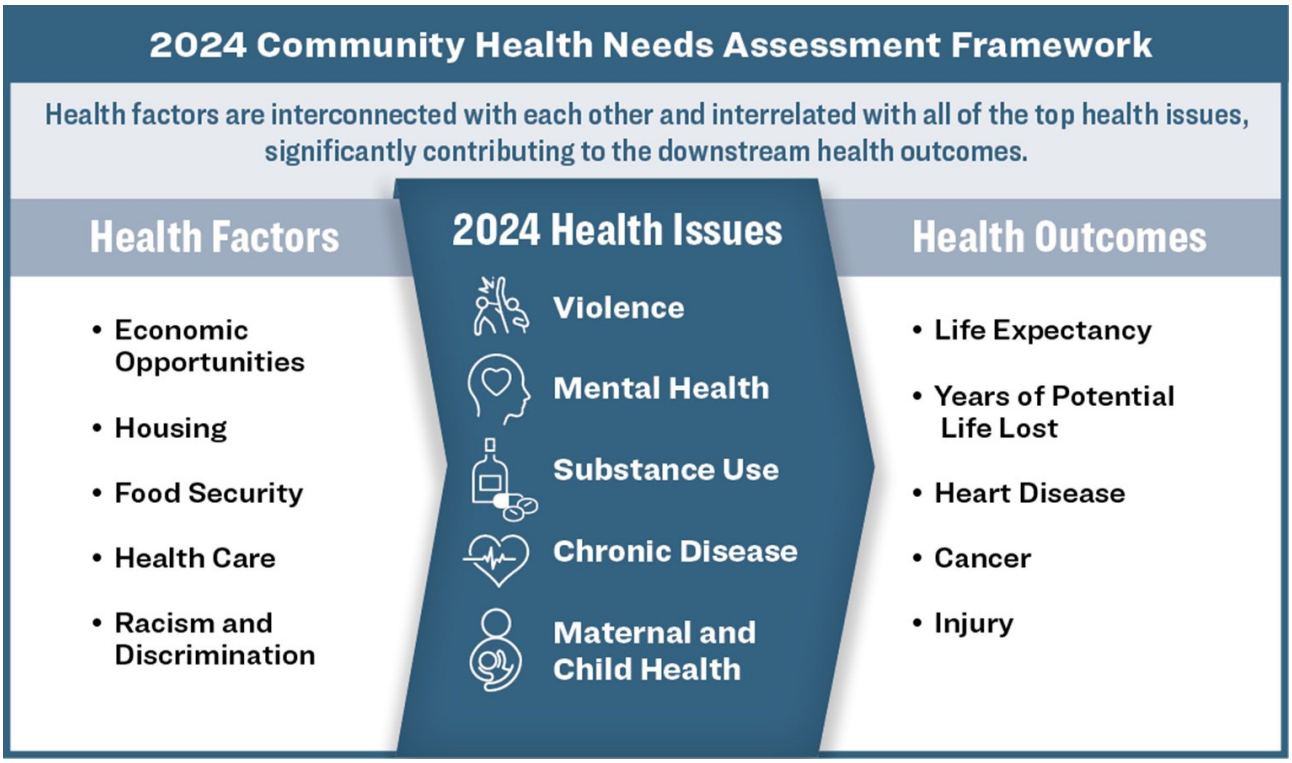
  Guided by community input and data, Thrive On recognizes that where people live deeply affects how they live and aims to create lasting changes starting in neighborhoods surrounding the new development.

- Milwaukee County has increased **Narcan availability** throughout, including Harm Reduction Vending Machines. These can be found in almost 20 locations across the county, within 1-2 blocks of public transportation, and are within a 10-minute walk or drive. These vending machines provide products that help prevent overdoses, reduce stigma and access barriers, and lower the risk of HIV/AIDS, Hepatitis C, and other diseases. Products found in the vending machines include but are not limited to:
  - » Naloxone (Narcan)
  - » Fentanyl and Xylazine drug testing strips
  - » Medication Deactivation Bags
  - » Drug Deactivation Bags
  - » Medication Lock Bags
  - » Gun Locks.

Data Bright Spots:

- 87.1% of people surveyed said they have a primary care provider, which was higher than the Healthy People 2030 goal of 84%.
- 82.6% of females in the county have received a mammogram in the last two years, which is higher than the state and U.S.
- Since early 2023, the number of deaths due to overdoses has decreased in Milwaukee County.

Top Health Concerns in Milwaukee County



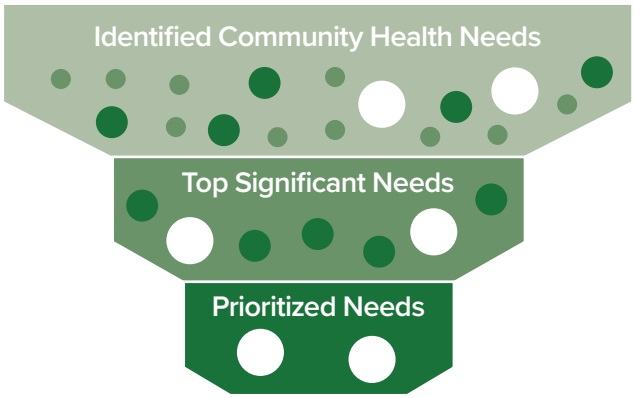
Identified Significant Needs

The following health needs section reviews parts of health such as health outcomes, social factors, and health behaviors.

- **Health outcomes** are the results of how healthy people are. This includes how many people in our community are affected by long-term illnesses, and the differences we see between groups of people.
- **Social factors** include things like income, education, jobs, and access to healthcare.
- **Health behaviors** are the choices people make, like what they eat and how much they move, and are often shaped by where people live and what is normal in their community.

Community input is important during this CHNA process, as it helps us decide which problems to focus on first. A health need is seen as important, or significant, if it's a big concern for the community, matches public health goals, and is backed up by data.

From the list of significant needs, we choose a smaller group of prioritized needs. These are the needs we will focus on first, in a very targeted way. This helps us make a plan to improve community health in the best way possible.



The following pages summarize the top identified needs - also known as significant needs - from the CHNA process.

Access to Care

SIGNIFICANT NEED

Why is this important? Access to healthcare in Milwaukee County is essential for improving health outcomes, building stronger communities, and advancing health for all. It means having affordable, timely, and responsive services to the needs of each community - from basic screenings and wellness programs which enable early detection and management of urgent care and chronic disease management. Expanding access helps close racial and economic health gaps, especially in underserved neighborhoods with provider shortages. Addressing non-medical barriers like transportation, cultural differences, language, and trust in the system ensures care is truly accessible. Overall, investing in healthcare access strengthens resilience, reduces long-term costs, and raises the quality of life for everyone.

Significant Need Reasoning

Access to affordable health care was ranked #1 health need by 47.5% of survey respondents.

Secondary data shows that Milwaukee County has made progress in reducing the uninsured rate but it is still higher than the state and national rates, and there are large disparities in coverage for certain populations.

Key Findings

	Milwaukee County	Wisconsin	U.S.
Uninsured Rate	7.12%	5.32%	8.55%
Uninsured Residents	65,560	309,885	+/-28M
Noncitizen Uninsured	17,999	48,651	>6.5M
Medicaid	28.05%	17.65%	20.68%
Medicare	16.22%	19.40%	18.13%
Public Health Insurance	40.70%	34.57%	36.31%
Private Health Insurance	62.10%	73.82%	67.33%

Source: Metopio, ACS, U.S. Census Bureau, 2019-2023

- In Milwaukee County , Marketplace coverage has increased overall. These are people who do not qualify for Medicaid, are younger than Medicare age, and who work with an employer who does not offer healthcare coverage and mus t purchase their own.
- Milwaukee County has a higher percentage of residents with no health insurance at 9.50% compared to only 7% across the state. Source: Metopio, PLACES, Centers for Disease Control and Prevention (CDC), 2022.
- Milwaukee County has significantly higher rates of preventable hospitalizations compared to the state. This can indicate residents are missing preventative care more than residents in the rest of the state.

Contributing Factors

- Access to healthcare in Milwaukee County is shaped by systemic challenges and community-specific needs. While major health systems are present, care remains uneven, especially in underinvested neighborhoods. Barriers like limited transportation, insurance disparities, and a shortage of culturally competent providers persist.
- Socioeconomic factors such as poverty, housing instability, and food insecurity further limit access. Safety concerns and historical mistrust in healthcare institutions, driven by systemic racism and disinvestment, also play a role. Language barriers and immigration status add complexity.
- The health system faces coordination gaps. However, growing community engagement and collaborative efforts - like those led by the Milwaukee Health Care Partnership - are helping align resources and advance solutions responsive to the unique needs of communities.

> I would say that our top priority is access to quality health care, quality equitable health care, and making sure that we're as culturally appropriate as possible. So that's my number one.
> – Focus Group Participant *(2024 Milwaukee Health Care Partnership)*
>
> Access to health care, to adequate health care, is definitely top of mind.
> – Focus Group Participant *(2024 Milwaukee Health Care Partnership)*

Access to Care

SIGNIFICANT NEED

Health Care Resources in the Defined Community

1. **Gerald L. Ignace Indian Health Center (GLIIHC)** in Milwaukee, WI is a comprehensive, culturally sensitive health care facility serving the Native American community and others in the area. Gerald L Ignace offers a wide range of integrated health services including family medicine, primary care, dental services, and behavioral health services.
2. **Sixteenth Street Community Health Centers (SSCHC)** in Milwaukee, WI is a Federally Qualified Health Center (FQHC) that has been serving the community since 1969. It provides comprehensive, bilingual, and culturally sensitive health care to individuals and families, especially on Milwaukee's south side and in Waukesha. Their core services include primary medical care serving adults and children, behavioral health services, urgent care walk-in services, and women's health services.
3. **Aurora Walker's Point Community Clinic** in Milwaukee, WI is one of the largest and most impactful free clinics in Wisconsin. It has been serving the community for over 30 years, focusing on providing high-quality, integrative care to uninsured and underserved populations. The clinic specializes in multilingual, culturally sensitive care and offers urgent care, primary care, specialty care, and mental health services. They welcome patients regardless of their ability to pay.
4. **Outreach Community Health Centers (OCHC)** in Milwaukee, WI is a Federally Qualified Health Center (FQHC) that has been serving the community for over 40 years. It provides comprehensive, integrated health and social services with a strong focus on underserved populations, including individuals experiencing homelessness. OCHC offers a wide range of health care and support services including primary care. Additionally, Outreach supports school-based health services as well as transitional housing.
5. **Progressive Community Health Centers (PCHC)** is a Federally Qualified Health Center (FQHC) based in Milwaukee, WI. Progressive provides high-quality, culturally competent health care and social services to underserved populations, regardless of insurance status or ability to pay. Along with offering primary care, Progressive has been designated as a Diabetes Center of Excellence.
6. **Milwaukee Health Services, Inc. (MHSI)** is a private, nonprofit Federally Qualified Health Center (FQHC) that has been serving the Milwaukee community since 1989. Its mission is to provide accessible, quality, primary and related health care services, with a strong focus on medically underserved families and individuals. MHSI provides a wide range of comprehensive medical services including primary care and dental services. Additionally, MHSI provides pharmacy services as well as podiatry services.

HIGHLIGHTED DISPARITIES

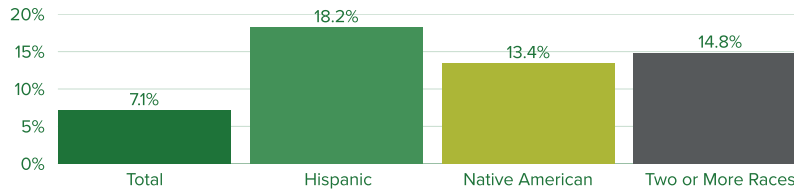
Uninsured Rates in Milwaukee County

Full Population: 7.1%

Hispanic or Latino: 18.2%

Native American: 13.4%

Two or More Races: 14.8%



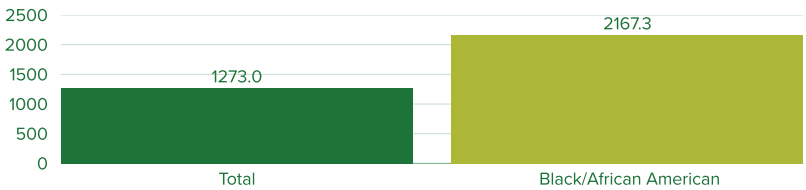
Source: Metopio, ACS, U.S. Census Bureau, 2019-2023

Preventable Hospitalization Rates in Milwaukee County

(Rates per 100,000 residents)

Full Population: 1,273.0

Black/African American: 2,167.3



Source: Metopio, Wisconsin Hospital Association Information Center (WHAIC). 2020-2024

Chronic Disease

SIGNIFICANT NEED

Why is this important? Chronic Diseases are long-term health problems that often develop slowly from genetic, environmental, and lifestyle factors. Some common ones are heart disease, diabetes, cancer, and asthma. These diseases can make daily life harder and often need ongoing medical care. Over half of Americans have at least one chronic disease. (CDC, 2024) Heart disease, diabetes, and asthma disproportionately affect communities of color and those in poverty. Addressing these challenges requires equity-focused strategies and comprehensive community health assessments to guide solutions.

Significant Need Reasoning

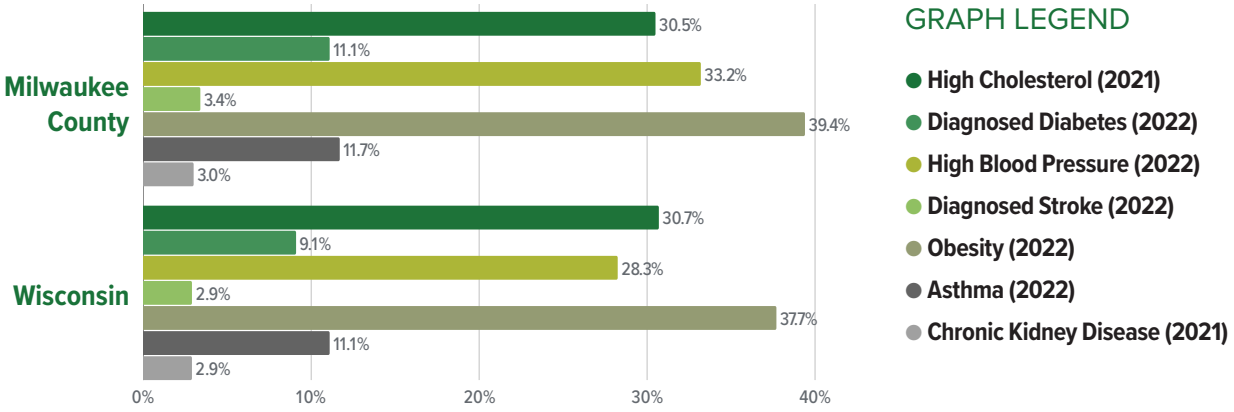
In Milwaukee County, 23% of the 2024 CHNA respondents named chronic diseases, like diabetes and heart disease, as one of the three most important health issues in Milwaukee. *(Milwaukee Health Care Partnership, 2024).*

- Secondary data shows vast disparities across many chronic diseases, with worse outcomes for certain populations. *(Milwaukee Health Care Partnership, 2024).*
- Cancers and heart disease are the leading causes of mortality in the county. *(County Health Rankings & Roadmaps, 2025)*

Key Findings

- Milwaukee County has a higher percentage of adults with numerous chronic diseases and conditions compared to the state and nation – including high blood pressure, diabetes, obesity and coronary heart disease. Rates are even higher for Black/African American and Hispanic/Latino residents.
- The mortality rates for numerous chronic diseases are also worse in the county compared to the state and nation. Mortality due to cancer, heart disease, diabetes, and stroke are all higher in Milwaukee County.
- ED and Hospitalization Rates for Diabetes is steadily increasing over time with the highest rates being among Non-Hispanic Black and Seniors (65 and older). According to the Office of Minority Health (2025), in 2024, non-Hispanic Black or African American adults were 1.24 times more likely than the total population to be diagnosed with diabetes.

Percentage of Adult Residents with Chronic Conditions

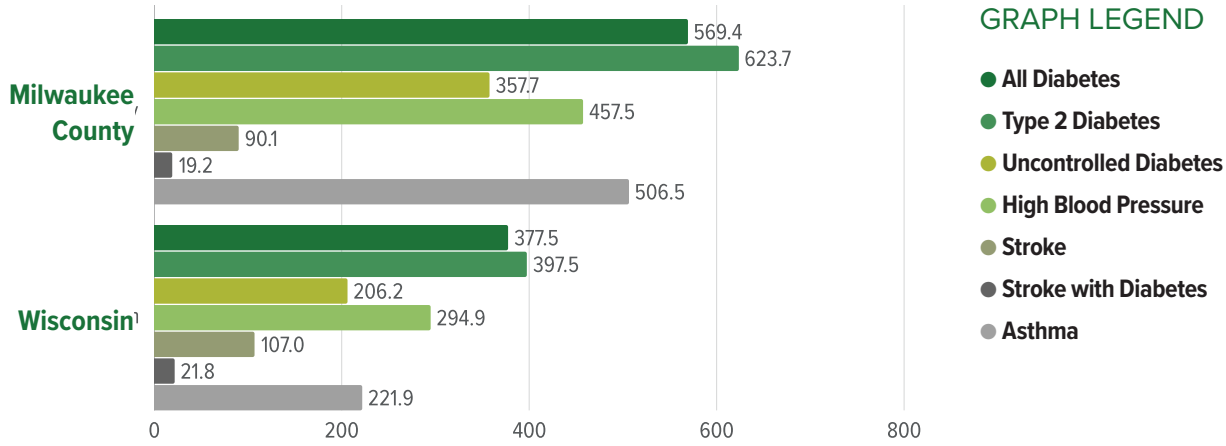


Source: Metopio, Behavioral Risk Factor Surveillance System (BRSS), 2021 & PLACES, Centers for Disease Control and Prevention (CDC), 2021 & 2022

Chronic Disease continued

SIGNIFICANT NEED

ED Visits by Chronic Conditions (rates per 100,000 residents)



Contributing Factors

Chronic disease in Milwaukee County is caused by many connected issues like poverty, lack of healthy food, and limited access to healthcare. Poverty is a key driver, with 16.6% of Milwaukee County households experiencing poverty. Many families, especially Black and Latino residents, struggle with housing instability, food insecurity, and limited access to preventive care. Many residents fall below the ALICE threshold, forcing trade-offs between health and basic needs. Food deserts, unsafe environments, and lack of green space contribute to poor nutrition, inactivity, and stress, increasing rates of obesity, diabetes, and heart disease.

Health behaviors are shaped by limited access to resources that promote wellness, while insurance disparities, particularly among Hispanic/Latino and Black/African American populations, worsen gaps in screenings and disease management. Structural systems in place such as racism and historical disinvestment, have led to hyper-segregation and concentrated poor health outcomes. Fragmented healthcare systems and under-resourced behavioral health services further hinder coordinated care.

Limited access to nutritious food contributes to obesity, diabetes, and heart disease. In 2025, the City of Milwaukee had several closures of grocery stores further adding to the community's limitations to accessing healthy food options in their neighborhoods.

HIGHLIGHTED DISPARITIES

- In the US, non-Hispanic Black or African American adults were 50% more likely to have a stroke than non-Hispanic White adults.
  Source: U.S. Department of Health and Human Services, Office of Minority Health, 2025
- In Milwaukee County, 18.9% of Black/African American and 15.6% of Hispanic/Latinos stated they were told by their medical provider they have diabetes in the last 3 years, compared to 12.7% for the overall population.
- In Milwaukee County, in the last 3 years, 43.4% of Black/African Americans and 20.6% Hispanic/Latinos were told by their medical provider that they have high blood pressure, compared to 31.7% for the overall population.
- The indicator of heart failure ED visits by race and ethnicity demonstrates a rate over three times higher for Milwaukee County Black residents, at 504 visits per 100,000 residents versus 159 for White residents.
  Source: Milwaukee Health Care Partnership, 2024

Economic and Housing Opportunities

SIGNIFICANT NEED

Why is this important? Economic and housing opportunities are vital to community health in Milwaukee County as they directly influence physical, mental, and social well-being. Poor-quality housing - characterized by overcrowding, lead exposure, and inadequate utilities - can lead to chronic stress, respiratory issues, and mental health challenges. Additionally, housing instability, including homelessness and frequent evictions, is associated with higher rates of emergency room visits and preventable hospitalizations.

Significant Need Reasoning

Access to affordable housing ranked as the #2 health need, with 44.2% of survey respondents ranking it as a top need.

Secondary data shows that Milwaukee County has higher percentages of overcrowded housing, housing cost burden, housing insecurity and evictions, compared to the state and nation, and there are vast disparity gaps for many indicators.

Key Findings

- From 2019-2023, Milwaukee County had 23% of housing buildings with 2-4 units per building; across the state it's at 9.61%.
- During this same period, Milwaukee County had a higher percentage of crowded housing with 2.44% of units, while 1.6% across the state.
- Overcrowding of housing can negatively impact chronic health conditions like asthma and cardiac disease.

Sources: Metopio, ACS, U.S. Census Bureau, 2019-2023

Median Home Value: (2019-2023, from Metopio & Redfin)

- Milwaukee County: $216,500
- Wisconsin: $247,400

Median Rent:

- Milwaukee County: $1,069
- Wisconsin: $1,045

Contributing Factors

Economic and housing stability are critical to community health. In Milwaukee County, income disparities and a shortage of affordable housing leave nearly half of renters burdened by high costs. Racial gaps in homeownership persist due to limited access to credit, outdated zoning, and historic discrimination. Aging housing stock and restrictive zoning further limit affordable options.

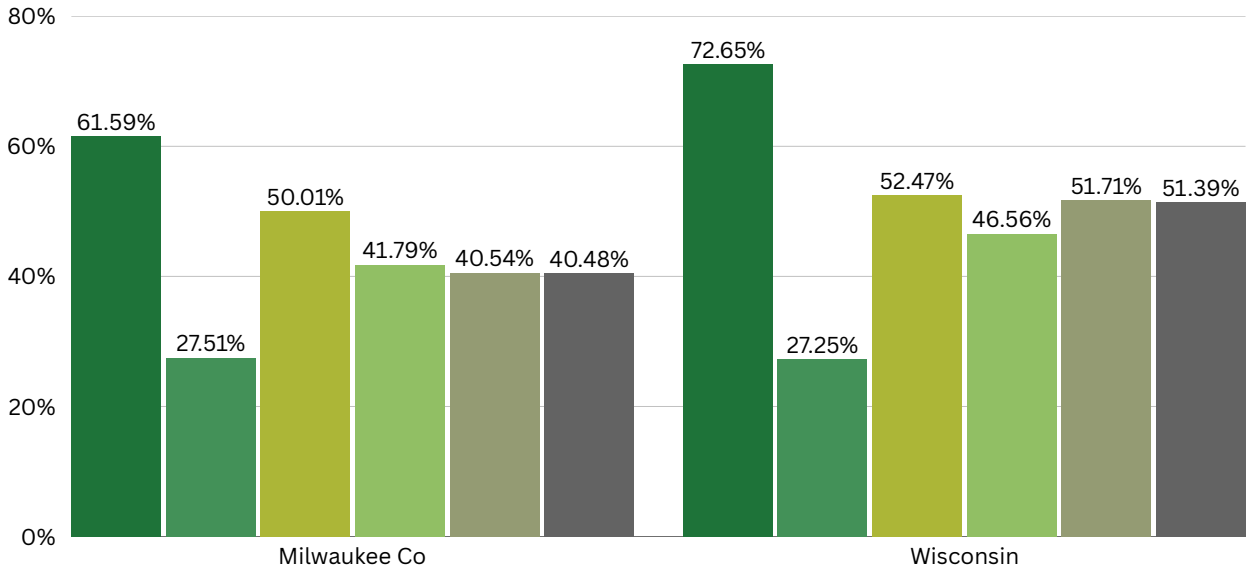
While unemployment has improved, wages often fall short of supporting housing stability. These challenges contribute to stress, chronic illness, and reduced access to care. Efforts like zoning reform and affordable housing initiatives are essential to advancing health for all and improving outcomes across the county.

Economic and Housing Opportunities
continued

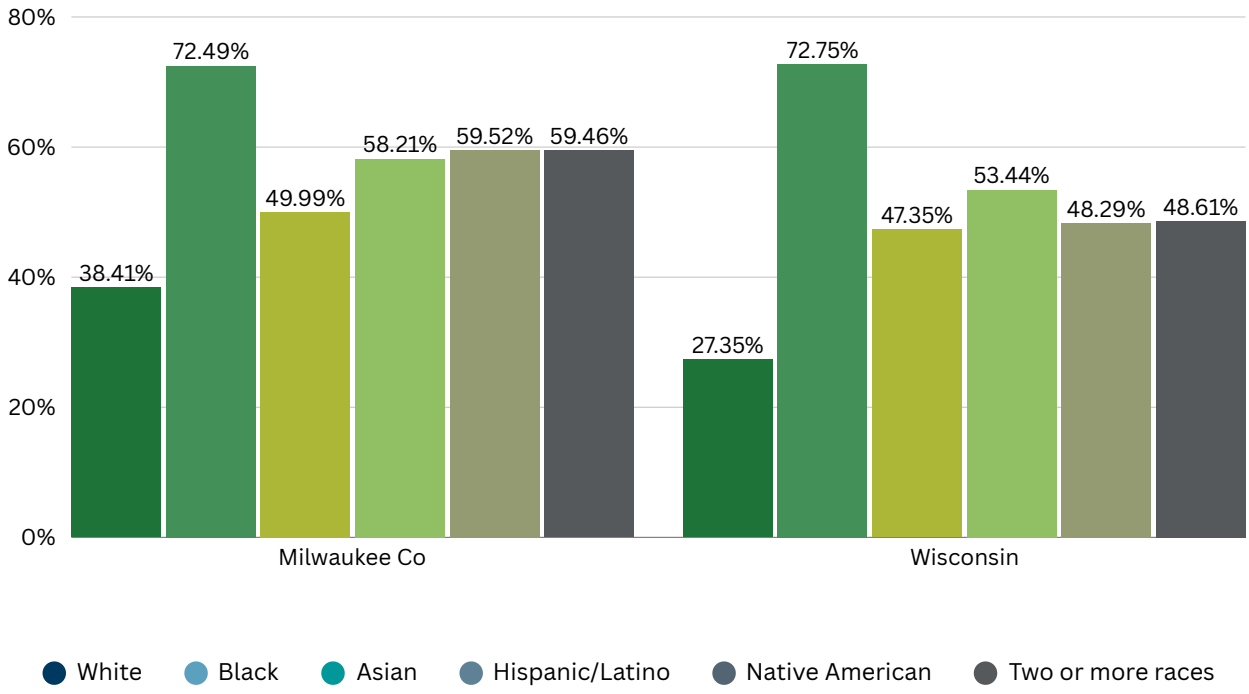
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

Owner Occupied: (2019-2023, Metopio)



Renter Occupied: (2019-2023, Metopio)

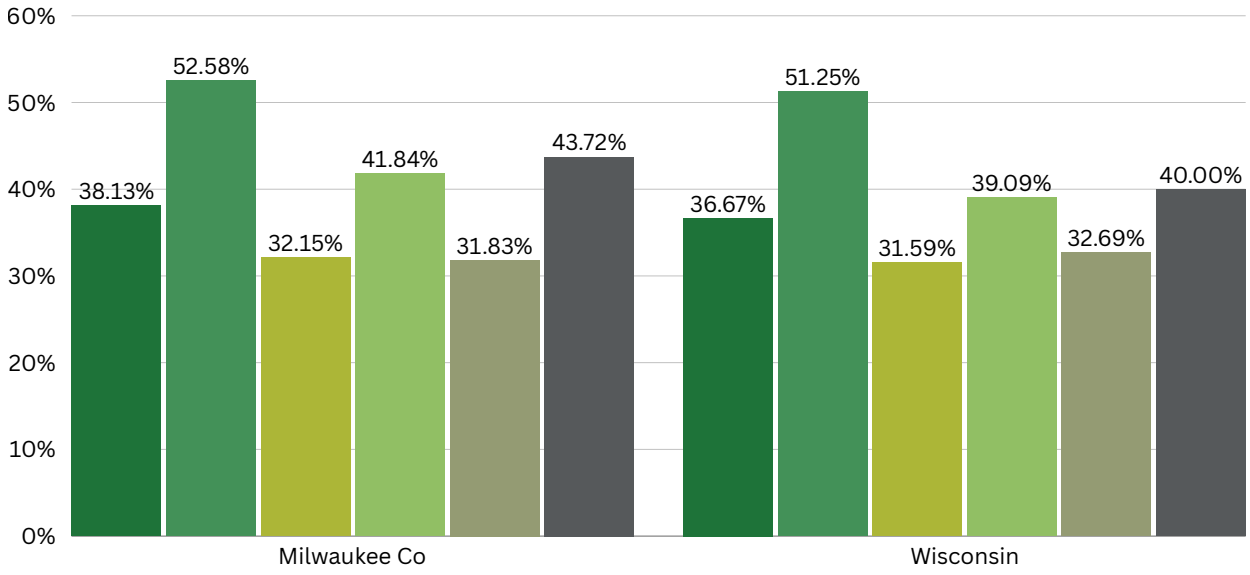


Economic and Housing Opportunities
continued

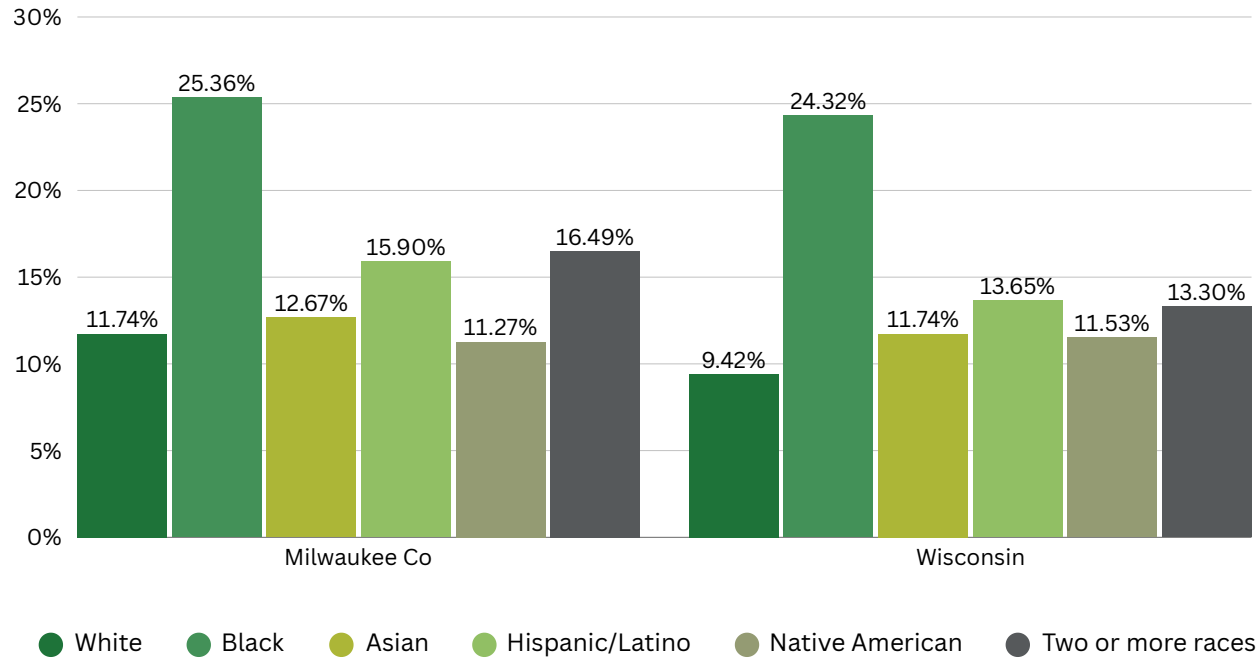
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

Rent-burdened: (2019-2023, Metopio)



Severe Housing Cost Burden: (2019-2023, Metopio)



Food Insecurity

SIGNIFICANT NEED

Why is this important? Food insecurity in Milwaukee County is a significant public health concern that directly impacts the overall health and well-being of the community. In 2023, over 138,400 residents experienced food insecurity, many of whom do not qualify for federal nutrition assistance programs (Feeding America, 2023). The issue extends beyond hunger to encompass chronic disease, mental health, and economic stability. Individuals living in food-insecure households are more likely to suffer from obesity, diabetes, and hypertension due to limited access to nutritious foods. Children in these environments face developmental delays, behavioral challenges, and poor academic performance, which can have lifelong consequences.

Significant Need Reasoning

From the community survey, 27.0% of respondents ranked access to affordable, healthy food as a top health need.

Secondary data highlights disparities in access to food throughout the county and city.

Key Findings

- During the 2024 CHNA, 13.9% of respondents answered yes when asked if they felt they ate less because there was not enough money for food or food.
- There are limited grocery stores within Milwaukee County. Dollar stores often serve as food retailers in many disinvested communities, providing residents with access to fresh produce, canned and dry goods. Within the city, there are only 28 and within the county there are 55 while across the state there is a total of 572. There are even fewer wholesale stores such as Costco or Sam's Club, at only three in the city and 11 throughout the county.
- Food deserts have become a significant issue in Milwaukee, with fewer grocery stores available to serve the large population. This contributes to negative health outcomes for individuals with conditions such as hypertension and diabetes.

	Milwaukee County	Wisconsin
Food Stamps	20.17%	10.76%
Houses in Poverty Not Receiving Food Stamps	46.65%	58.35%
Grocery Stores (2024)	85	568
SNAP Retailers (per 10K)	9.25	7.66
Children Eating Enough Fruits & Vegetables	40.2%	N/A

> I feel that there's more strain on our resources and a lot of the basic needs are not being met ... I think the biggest thing people [need] is food security...
> -Focus Group Participant (Milwaukee Health Care Partnership, 2024)

Contributing Factors

Food insecurity in Milwaukee County is driven by poverty, limited access to fresh food, and systemic inequities. Over 121,000 residents - many of them children and people of color - live below the poverty line. Food deserts, high housing costs, and barriers to assistance programs like SNAP make it difficult for families to afford nutritious meals. Racial disparities and historic disinvestment deepen the issue. Initiatives like FEED MKE help, but broader, coordinated efforts across sectors are needed to build a more food-secure community for all.

HIGHLIGHTED DISPARITIES

African Americans, who make up 38.86% of Milwaukee's population, account for 58.3% of those in deep poverty, making less than $10,000, highlighting deep racial disparities. (Statistical Atlas, 2018)

In Milwaukee County, many residents experience food insecurity, including 10% who are White, 25% who are Hispanic/ Latino, and 30% who are Black. (Metopio, Map the Meal Gap, 2022)

Sources: Metopio, ACS, U.S. Census Bureau, 2019-2023
Metopio, Food and Nutrition Service, US Department of Agriculture (USDA) - Economic Research Service, 2024
Metopio, Chain Store Guide, Chain Store Guide, 2024

Maternal and Child Health

SIGNIFICANT NEED

Why is this important? In the United States, more women die from problems during pregnancy or childbirth than in other wealthy countries. Maternal health is directly tied to child health. To lower the risk of death or illness for both mother and baby, it is important for women to get health care before and during pregnancy and avoid risky habits like smoking or drinking alcohol. Healthy moms are more likely to have healthy babies who live beyond their first birthday.

Significant Need Reasoning

While not ranked as a top need in the survey, secondary data shows stark disparities in maternal and child outcomes:

- Significantly higher rates of low birthweight babies are born to Black women.
- Babies born to Black mothers are three times more likely to die.

Key stakeholders also elevated the burden Black mothers and infants face in Milwaukee as a concern.

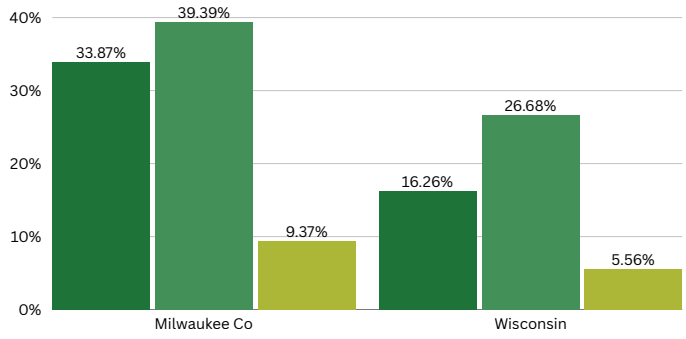
Key Findings

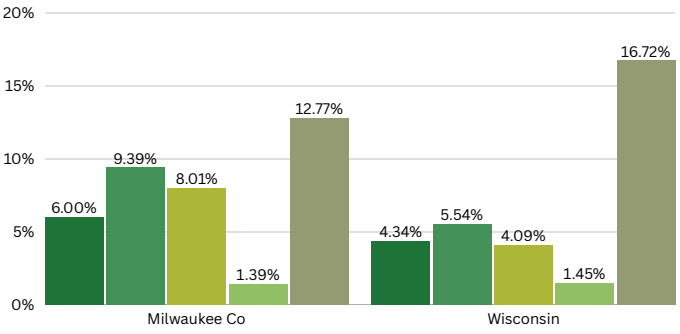
- Milwaukee County has a much higher rate of births to single/unmarried women, which may correlate with economic vulnerability, limited access to resources, and increased caregiving burdens. The rate in Milwaukee is almost double the state average, indicating a need for targeted reproductive health education and support services. There are also more births to women without a partner and a higher teen birth rate.
- The Economic Hardship Index (EHI), previously known as the Maternal Hardship Index (MHI), is a measure of a state's economic conditions based on crowded housing, dependency, education, income, poverty and unemployment. Values range from 1 to 100, with a higher value indicating worse economic conditions and a lower value indicating better economic conditions. (American Health Rankings). Milwaukee County has a higher (worse) score when compared to Wisconsin.

  Economic Hardship Index Scores
  - Milwaukee County: 45.1
  - Wisconsin: 40.8

  Source: Metopio, 2016-2023

- Black and Hispanic families are disproportionately represented in the EHI, suggesting systemic inequities in income, employment, and access to nutritious food. These indicators are critical for shaping community health strategies, policy interventions, and resource allocation to address inequities and improve outcomes for families and children.





Source: Metopio, ACS, U.S. Census Bureau, 2019-2023

Maternal and Child Health
continued

SIGNIFICANT NEED

Contributing Factors

Maternal and child health in Milwaukee is impacted by racial disparities, poverty, and limited access to care. Black, Latino, and Native communities face higher risks due to systemic racism, housing instability, and lack of prenatal services. Age, chronic stress, exposure to violence, and environmental hazards like lead also contribute to poor outcomes. Barriers such as provider shortages, transportation, and implicit bias reduce care quality. Addressing these issues is essential to improving birth outcomes and family well-being.

HIGHLIGHTED DISPARITIES

Wisconsin Women, Infants & Children (WIC) Participation for 2022

White	Hispanic	28,651	22%
	Non-Hispanic	51,228	39%
Black/African American	Hispanic	1,458	1%
	Non-Hispanic	28,187	21%
American Indian/Alaska native	Hispanic	1,250	1%
	Non-Hispanic	2,202	2%
Asian	Hispanic	149	0%
	Non-Hispanic	7,966	6%
Native Hawaiian/Pacific Islander	Hispanic	174	0%
	Non-Hispanic	315	0%

Source: Wisconsin WIC MIS, 2022

The **Severe Maternal Morbidity (SMM)** refers to the unexpected health outcomes in women from labor that have a short or long-term impact to their health. In Wisconsin, the SMM has been increasing over the years. Below is a table of the unexpected health outcomes among women in Wisconsin, by race/ethnicity, from 2016-2023, from most common to least common.

SMM Groups by Race & Ethnicity in WI, 2016-2023	Most Common				Least Common
Hispanic/Latino	Hemorrhage	Sepsis	Respiratory	Renal	Cardiac
American Indian/Alaska Native	Hemorrhage	Respiratory	Sepsis/Renal	Cardiac	N/A
Asian/Pacific Islander	Hemorrhage	Renal	Sepsis	Respiratory	Cardiac
Black/African American	Hemorrhage	Renal	Respiratory	Sepsis	Cardiac
White	Hemorrhage	Renal	Respiratory	Cardiac	Sepsis

In Wisconsin in 2020, 85.9% of women covered by private insurance received first-trimester prenatal care, compared to just 66.9% of women covered under Medicaid/BadgerCare.

– Insight from 2022 Wisconsin Women's Council

Mental Health

SIGNIFICANT NEED

Why is this important? Mental health impacts our emotional, psychological, and social well-being. Mental health influences how we manage stress, build relationships, make decisions, and engage with all areas of our lives. Mental health is not just the absence of a mental health condition but also the ability to thrive. (CDC, 2025).

Significant Need Reasoning

Mental health was the notes as the number one health issue selected during the key stakeholder interviews and focus groups and was ranked 2nd by all survey respondents. (Milwaukee Health Care Partnership, 2024)

Key Findings

- Emergency department visits for mental health often reflect acute crises, meaning people are not getting help early enough.
- The racial disparities suggest that Black residents in Milwaukee are facing the most severe mental health challenges, which may be due to systemic racism, poverty, and trauma.
- The urban-rural data differences (Milwaukee vs. Wisconsin) suggest the need for targeted mental health infrastructure in the city.

Self-reported Poor Mental Health, 2022 (Adults):
- » Milwaukee County: 16.70%
- » Wisconsin: 16.89%

Depression, 2022:
- » Milwaukee County: 22.5%
- » Wisconsin: 24.09%

Suicide and Self-injury Hospitalization Rate, per 100,000 residents, 2020-2024:
- » Milwaukee County: 68.6
- » Wisconsin: 70.7

Behavioral Health ED Visit Rate, per 100,000 residents, 2020-2024:
- » Milwaukee County: 2,369.9
- » Wisconsin: 1,446.2

Sources: Metopio, PLACES, CDC, 2022
Metopio, Wisconsin Hospital Association Information Center (WHAIC), 2022

Contributing Factors

Mental health in Milwaukee County is influenced by a complex interplay of social, economic, and systemic factors. Social drivers of health - such as housing instability, food insecurity, unemployment, and limited access to transportation - play a significant role in shaping mental health outcomes. Many residents face challenges related to neighborhood safety, educational disparities, and a lack of recreational spaces, all of which contribute to stress and poor mental well-being.

Milwaukee County also experiences high rates of depression, anxiety, and trauma, especially among youth. Substance use disorders, including opioid and alcohol misuse, are prevalent and often co-occur with mental health conditions. However, access to care remains limited due to a shortage of providers, long wait times, and gaps in crisis response infrastructure.

> I hear mental health, and I think that mental health is at the core of a lot of things when we're talking about safety, we're talking about health care, we're talking about being out in nature, we're talking about many things. So, access to quality care and mental health or behavioral health care.
>
> – Focus Group Participant (Milwaukee Health Care Partnership CHNA, 2024)

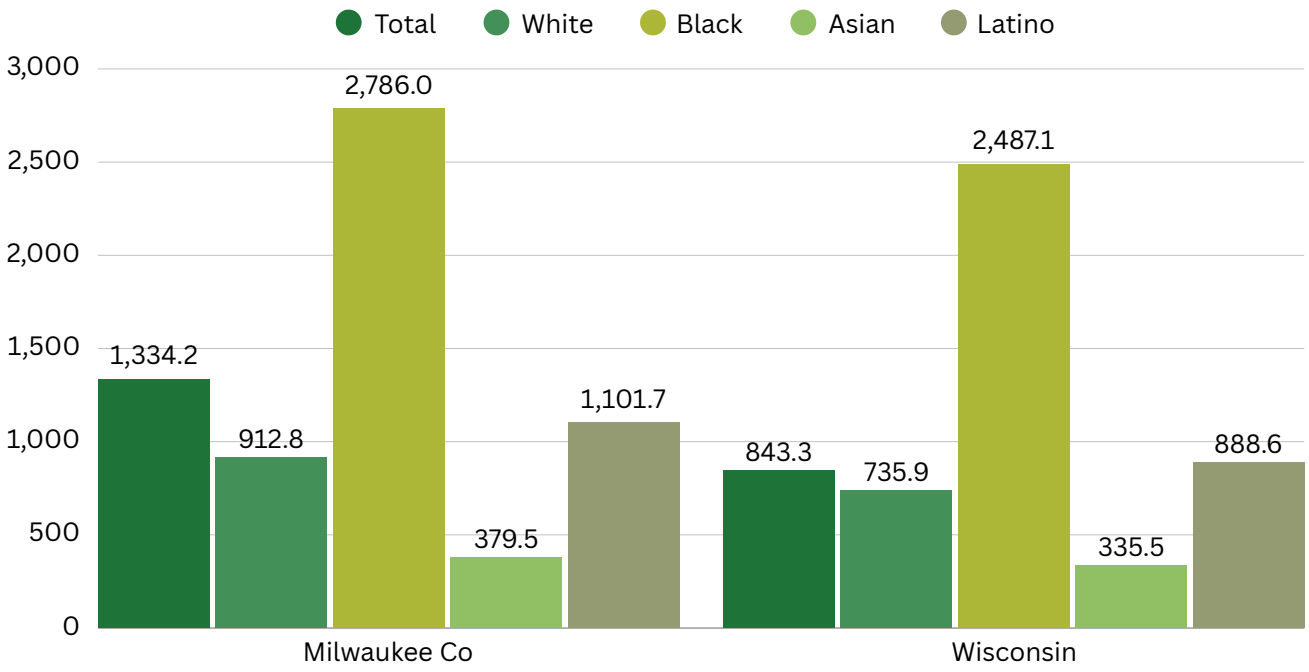
Mental Health continued

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

- Mental health ED visits are much higher in Milwaukee County compared to the state average, indicating widespread urban mental health challenges.
- The suicide and self-injury emergency department visit rate for non-Hispanic Black residents in Milwaukee from 2019 to 2023 was 207.6 per 100,000 residents, which is nearly double that of non-Hispanic White residents and significantly higher than the overall population. (2024, Milwaukee Health Care Partnership).
- Black residents face the highest ED visit rates overall, with a significant disparity compared to the state, reflecting systemic inequities and unmet mental health needs.

Mental Health ED Visit Rate per 100K Residents by Race/Ethnicity, 2020-2024



(Metopio, WHAIC, 2020-2024)

Safety and Violence

SIGNIFICANT NEED

Why is this important? Community safety means creating environments where people feel secure in their neighborhoods, schools, and public spaces. It involves preventing injuries, supporting survivors of violence, and strengthening emergency response systems. Exposure to violence and trauma - such as assault or chronic fear - can lead to long-term physical, mental, and financial harm. Feeling unsafe can cause anxiety, depression, and isolation, limiting access to social connections, physical activity, and healthy resources. Promoting safety is essential for overall health and well-being.

Significant Need Reasoning

53% of survey respondents identified gun violence/community violence as the top health issue.

Key Stakeholders ranked violence as the fourth most important issue in the community to address.

Secondary data shows Milwaukee County as having the worst outcomes in numerous violence and safety categories, including firearm assaults, robberies, unintentional falls and many others.

Contributing Factors

Safety and violence in Milwaukee County are influenced by a myriad of complex factors, including but not limited to, poverty, racial/ethnic disparities, limited access to education, employment, training, and historical disinvestment in certain neighborhoods, especially within Black and Hispanic/Latino neighborhoods. Gun violence disproportionately affects Black youth, and systemic challenges further contribute to cycles of trauma and instability. Local strategies focus on community policing, youth programs, restorative justice, and cross-sector collaboration between many community-serving organizations including healthcare, nonprofits, government, academia, and many others to promote healing and prevention for improved quality of life and health for all.

Key Findings

Milwaukee County has a higher violent crime rate, which includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery, than both Wisconsin and the United States overall. Gun violence is an ongoing concern in Milwaukee County.

**All rates are per 100,000 residents.*

- Assault by Firearms hospitalization rate (2020-2024):
  - » Milwaukee County: 59.4
  - » WI: 13.2
- Aggravated Assault/Battery (2023):
  - » Milwaukee County: 1,730.9
  - » WI: 775
- Homicide (2023):
  - » Milwaukee County: 24.1
  - » WI: 6.7
- Motor Vehicle Theft (2023):
  - » Milwaukee County: 684.4
  - » WI: 172.3
- Criminal Sexual Assault (2023):
  - » Milwaukee County: 104.5
  - » WI: 81.3
- Robbery: (2023)
  - » Milwaukee County: 190.3
  - » WI: 39.9

Additionally, accidents related to unintentional falls, which is a large concern for older adults, are higher in the city and county than in the state.

- Unintentional Fall ED Visit Rate (2020-2024)
  - » Milwaukee County: 3,113.2
  - » WI: 2,658.1
- Unintentional Fall Hospitalization Rate (2020-2024):
  - » Milwaukee County: 857.5
  - » WI: 632.3

> So if I, and of course, you know, if I think about Milwaukee County, in particular, there's just been a huge rise in violence, specifically, I won't say specifically, but gun violence, violence in general, which again, always, it's intertwined and enmeshed with mental wellness and substance use and abuse. So, I think I'll stop there. In my world, it all goes together.
>
> – Key Stakeholder (Milwaukee Health Care Partnership, 2024)

Sources: Metopio, WHAIC, 2020-2024
Metopio, FBI Crime Data Explorer, Federal Bureau of Investigation, 2023
Metopio, WIBR Crime Data, Milwaukee Police Department, 2023

Substance Use

SIGNIFICANT NEED

Why is this important? Understanding substance use is essential for healthy communities because it helps identify and address health disparities, especially among vulnerable communities disproportionately affected by addiction and mental health challenges. It also informs public policy and resource allocation by highlighting the areas with the most need. Additionally, tracking substance use trends enable early intervention and prevention strategies that can reduce overdose deaths, improve long-term health outcomes, and support healthier and more resilient communities.

Significant Need Reasoning

Drug use and abuse ranked as the third top health issue from the community survey, with 27.9% of respondents ranking it as an issue in the community. The issue ranked higher among specific populations, as shown below. *(Milwaukee Health Care Partnership CHNA, 2024).*

Secondary data shows Milwaukee County has worse outcomes in numerous substance-related instances than the state and nation, including higher ED and hospitalization rates for alcohol use and opioid-related issues, as well as mortality due to alcohol and drug overdoses.

Identified as a top need by MKE CO residents	Milwaukee County	Black/African American	Hispanic/ Latino	High need zip codes	Households with children	Older adults (65+ years of age)
Drug use and abuse	27.9%	29.7%	30.8%	32.9%	24.8%	27.5%
Alcohol use and abuse	24.7%	30.5%	34.4%	29.0%	24.5%	23.0%

Key Findings

- In 2023, Milwaukee County had more substance use emergency department visits (1,075.7 per 100,000 residents) when compared to Wisconsin (606.8 per 100,000 residents). In addition, that same year, the county had more substance use hospitalizations at 449.4 per 100,000 residents compared to only 265.6 per 100,000 in Wisconsin.
- Since March of 2023, opioid related deaths in Milwaukee County have been steadily decreasing, from 140 in March of 2023 to 83 in April of 2024, thanks to the many programs, services, and community resources available to residents including the strategic placement of harm reduction vending machines which have free Narcan.

Contributing Factors

Substance use in Milwaukee County is influenced by poverty, racial disparities, and limited access to care. Communities of color, especially Black and Native American community members, face disproportionate overdose deaths. Youth exposure to drugs remains a concern, and fentanyl now drives most overdose fatalities. Alcohol use is also high, with rising death rates statewide. Gaps in behavioral health services and workforce shortages worsen the issue. Harm reduction efforts like naloxone distribution and public education are helping, but more coordinated support is needed to address prevention, treatment, and recovery.

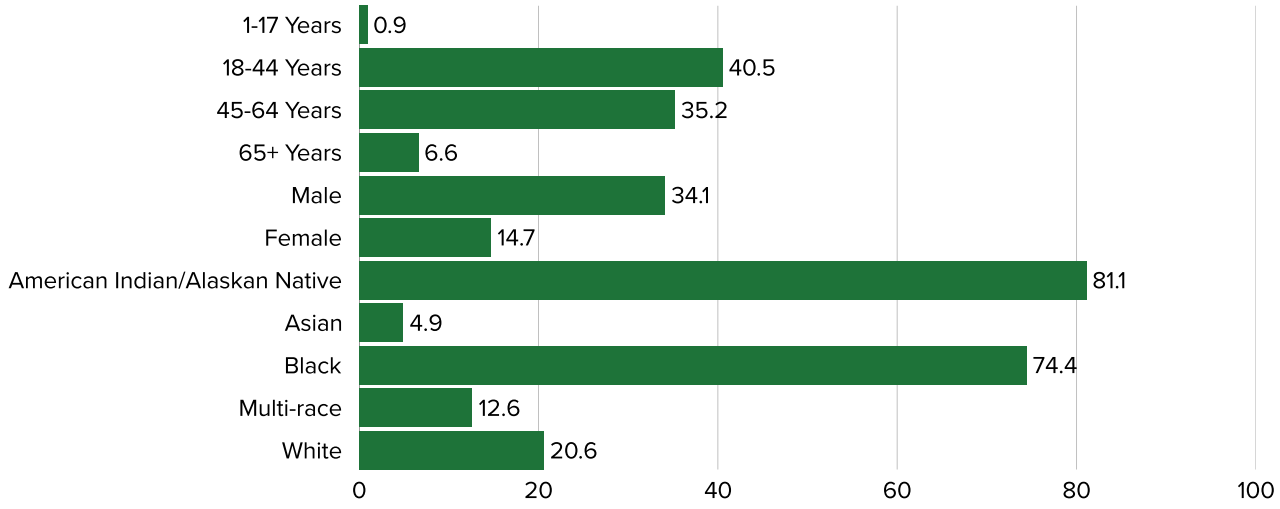
> This is a little qualifier, right? We know that these things are really all connected, right? If you talk about somebody who doesn't have a safe place to live or to stay, any of these other issues, right, sort of follow the side, though. If you've got substance abuse or mental health issues, you can't get those needs met. Then, you know, all these other things sort of fall to the side and any of those kinds of things.
>
> – Focus Group Participant (Milwaukee Health Care Partnership CHNA, 2024)

Substance Use continued

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

2021-2023 Milwaukee County Opioid-Related Deaths



**Deaths per 100,000 residents.*

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

In December 2025, collaborating partners determined the top priority areas for the hospital, using the following criteria.

- **Size/seriousness of the problem**
- **Effectiveness of available interventions**
- **Available resources to address the health issue**
- **Health care system adequately situated to address the health issue**
- **Meets a defined community need as identified through data**
- **Potential for issue to impact other health and social issues**
- **Ability to effectively address or impact health issue through collaboration**

Significant Health Needs Selected

Mental Health

Mental health was selected as a priority because it was voted as the most important health issue affecting our community during the survey process. Emergency departments across the system continue to see patients experiencing mental health crises. Mental health disorders such as anxiety and depression affect a significant portion of the population and are closely associated with poor overall health. As a specialty hospital with expertise in mental health care, we are committed to advancing community-based mental health initiatives and supporting efforts that improve access, awareness, and outcomes.

HEALTH NEEDS NOT SELECTED

Access to Care, Substance Use, Chronic Disease, Economic and Housing Opportunities, Maternal and Child Health, Food Insecurity, and Safety and Violence

As a specialty hospital, MHEC is uniquely positioned to address mental health. While other health issues remain important, the hospital will concentrate its efforts where it has the greatest expertise and resources.

Although these areas are not designated as primary priorities, the hospital recognizes the significant impact of social drivers of health on behavioral health outcomes. Accordingly, MHEC will integrate strategies to address these factors within its implementation plan.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 CHNA was presented to the Board of the Mental Health Emergency Center, the authorizing body of the hospital. The board approved the report on December 22, 2025.

VEHICLE FOR COMMUNITY FEEDBACK

Community Feedback

If you would like to provide feedback or have any questions, please send a message via: https://mentalhealthmke.org/contact/

This report can be viewed online at https://mentalhealthmke.org/about/reports/

A paper copy of this report may also be requested by contacting the hospital.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Priority #1: Workforce Development

Meeting behavioral health needs requires a robust, skilled workforce. MHEC's implementation strategy set out to increase the number of professionals equipped to respond to behavioral health needs.

MHEC vacancy rates, turnover rates and workforce diversity

- 2023
  - YE Vacancy Rate: 11.54%
  - YE Overall Voluntary Turnover: 19.88%
  - YE Overall Voluntary + Involuntary Turnover: 34.78%
  - Workforce Diversity:
    - Black or African American: 50.7%
    - White: 34.8%
    - Hispanic or Latino: 10.1%
    - Two or More Races: 2.9%
    - Unknown: 1.4%
- 2024
  - YE Vacancy Rate: 19.8%
  - YE Overall Voluntary Turnover: 11.98%
  - YE Overall Voluntary + Involuntary Turnover: 22.75%
  - Workforce Diversity:
    - Black or African American: 50.6%
    - White: 35.8%
    - Hispanic or Latino: 9.9%
    - Two or More Races: 1.2%
    - Unknown: 1.2%
    - Native Hawaiian or Other Pacific Islander: 1.2%
- 2025
  - YE Vacancy Rate: 15.96%
  - YE Overall Voluntary Turnover: 8.46%
  - YE Overall Voluntary + Involuntary Turnover: 10.16%
  - Workforce Diversity:
    - Black or African American: 57.0%
    - White: 26.6%
    - Hispanic or Latino: 10.1%
    - Two or More Races: 1.3%
    - Unknown: 2.5%
    - Native Hawaiian or Other Pacific Islander: 1.3%

Number of residents and resident MHEC service hours

- The first MCW Psychiatry Resident (PGY-3) rotation at MHEC launched in May 2023 (Q2).
  - Academic year 2022-2023:
    - 3 Psychiatry residents; 240 total clinical service hours
  - Academic year 2023-2024:
    - 7 PGY-3 Psychiatry residents; 1,470 total clinical service hours
  - Academic year 2024-2025:
    - 8 PGY-3 Psychiatry residents; 1,680 total clinical service hours
    - 2 PGY-4 Psychiatry residents (including the NEW Emergency Psychiatry Chief Resident role); 296 total clinical service hours

    TOTAL: 1,976 hours
  - Academic year 2025-2026:
    - 8 PGY-3 Psychiatry residents; 1,540 total clinical service hours
    - 3 PGY-4 Psychiatry residents (including the Emergency Psychiatry Chief Resident); 680 total clinical service hours
    - 1 PGY-4 Internal Medicine-Psychiatry resident: 160 total clinical service hours
    - 2 PGY-2 Internal Medicine-Psychiatry residents: 80 total clinical service hours
    - 8 PGY-1 Psychiatry residents; 320 total clinical service hours

    TOTAL: 2,780 hours

EVALUATION CONTINUED

Priority #2: Mental Health and Access to Care

To improve mental health among residents, the hospital has been committed to increasing access to emergency mental health services, discharge and transition planning, timely inpatient treatment, and consultations for community hospital emergency departments.

- Admissions & Encounters
  - » Total Encounters (visits): 21,445
    - ◊ 2023: 7,641 | 2024: 7,825 | 2025 (Q1–Q3): 5,979
  - » Unique Patient Visits: 13,308
    - ◊ 2023: 4,385 | 2024: 5,464 | 2025 (Q1–Q3): 3,459
- Voluntary vs. Involuntary Admissions
  - » Voluntary: 11,214 (≈52%)
    - ◊ 2023: 3,934 | 2024: 4,196 | 2025: 3,084
  - » Involuntary: 10,230 (≈48%)
    - ◊ 2023: 3,707 | 2024: 3,628 | 2025: 2,895
- Discharge Patterns
  - » Voluntary Patients Discharged to Community: 12,983
  - » Voluntary Patients Discharged to Inpatient: 1,123
- Inpatient Transfers (All Patients)
  - » Voluntary Inpatient Admissions: 1,123
  - » Involuntary Inpatient Admissions: 3,633
- Return Rates
  - » 48-hour return (avg): ~13–14%
  - » 72-hour return (avg): ~15–16%

Impact on Community Hospitals:
MHEC likely prevented thousands of ED visits, especially for involuntary patients.

APPENDICES

Appendix 1: 2025 Community Health Needs Assessment Data Sources

To view the Milwaukee Health Care Partnership Community Health Needs Assessment report, which includes summaries of the community feedback, descriptions of the data collection methods, members of the collaborative, and the names of key stakeholders that provided input, along with the full survey reports, visit: https://healthcompassmilwaukee.org/community-health-needs-assessment

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, visit: https://advocateauroracommunity.org/

Access to Care

Organization	Website	Contact
Ascension Wisconsin	https://healthcare.ascension.org/wisconsin	See website
Aurora Health Care	https://www.aurorahealthcare.org/	833-528-7672
Children's Wisconsin	https://childrenswi.org/	414-266-2000
Froedtert Hospital	https://www.froedtert.com/	414-777-7700
The Gerald L. Ignace Indian Health Center	https://gliihc.net/	414-383-9526
Milwaukee Health Services	https://mhsi.org/	414-372-8080
Outreach Community Health Center	https://www.ochc-milw.org/	414-727-6320
Progressive Community Health Center	https://progressivechc.org/	414-935-8000
Sixteenth Street	https://sschc.org/	414-672-1353

Chronic Disease

Organization	Website	Contact
American Cancer Society	https://www.cancer.org/about-us/local/wisconsin.html	1-800-227-2345
American Diabetes Association	https://diabetes.org/tools-resources	800-342-2383
American Heart Association	https://www.heart.org/en/	414-271-9999
Aurora Walker's Point Clinic	https://www.aurorahealthcare.org/locations/aurora-walker-27s-point-community-clinic-milwaukee	414-384-1400
Bread of Healing Clinic	https://www.breadofhealingclinic.org/	414-977-0001

Economic and Housing Opportunities

Organization	Website	Contact
Community Advocates	https://communityadvocates.net/	414-449-4777
Journey House	http://www.journeyhouse.org/	414-647-0548
Milwaukee County DHHS Housing Division	https://county.milwaukee.gov/EN/DHHS/Housing	414-278-4894
Repairers of the Breach	http://www.repairers.org/	414-342-9323

Food Insecurity

Organization	Website	Contact
Feeding America Eastern Wisconsin	https://feedingamericawi.org/	414-931-7400
Hunger Task Force	https://www.hungertaskforce.org/	414-777-0483
Milwaukee County Aging & Disability Services – Senior Nutrition Programs	https://county.milwaukee.gov/EN/DHHS/Older-Adults-Services/Senior-Centers--Dining	414-289-6995
WIC: Women, Infants, & Children Nutrition Program	https://city.milwaukee.gov/Health/Services-and-Programs/MCH/Wic	Northwest Health Center: 414-286-8820 Southside Health Center: 414-286-8820 Keenan Health Center: 414-286-8820

Maternal and Child Health

Organization	Website	Contact
Children's Wisconsin - Parent Support and Family Resources	https://childrenswi.org/family-resources/parenting-resources/parent-support	414-453-1400
Healthy Start for Growing Families	https://healthystartgf.org/home	414-292-4243
The City of Milwaukee Health Department's Family and Community Health (FCH)	https://city.milwaukee.gov/Health/Services-and-Programs/MCH	414-286-8620
WIC: Women, Infants, & Children Nutrition Program	https://city.milwaukee.gov/Health/Services-and-Programs/MCH/Wic	Northwest Health Center: 414-286-8820 Southside Health Center: 414-286-8820 Keenan Health Center: 414-286-8820

Mental Health

Organization	Website	Contact
988 Lifeline	https://988lifeline.org/get-help/	988
Centers for Independence Behavioral Health	https://cfihope.org/programs-services/behavioral-health/	414-476-9675
Mental Health America of Wisconsin	https://www.mhawisconsin.org/	414-276-3122
Milwaukee County Behavioral Health Services	https://county.milwaukee.gov/EN/DHHS/BHD	414-257-7222 (crisis line) 414-257-6995 (general)
NAMI Southeast Wisconsin	https://namisoutheastwi.org/	262-524-8886

Safety and Violence

Organization	Website	Contact
Aurora Healing Center	https://www.aurorahealthcare.org/healing-advocacy-services	414-219-5555
City of Milwaukee Office of Community Wellness and Safety	https://city.milwaukee.gov/doa/Services-and-Programs/staysafe	414-286-5468
Pathfinders Crisis Line & Drop-In Center	https://www.pathfindersmke.org/	414-964-2565
Sojourner Family Peace Center	https://www.familypeacecenter.org/	414-933-2722

Substance Use

Organization	Website	Contact
Community Access to Recovery Services Department of Milwaukee County Behavioral Health Services	https://county.milwaukee.gov/EN/DHHS/BHD/Adult-Services-CARS	414-289-6085
IMPACT Alcohol & Drug Abuse Service	https://www.impactinc.org/substance-use-disorder-services/	1-866-211-3380
Milwaukee Health Department	https://city.milwaukee.gov/Health/Services-and-Programs/Substance-Use-and-Injury-Prevention	414-286-6800
Sirona Recovery	https://sirona-recovery.org/	See website

Appendix 3: Definitions

Community Health Needs Assessments: An analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

Community Health Implementation Strategy: A written plan in response to the CHNA to address the priority needs chosen. The CHIS is a requirement under the Patient Protection and Affordable Care Act (ACA).

Community Health Needs:

- **Identified Community Needs:** An identified community need is any issue that comes forward from the assessment process.
- **Significant Community Needs:** A identified health need is considered significant when it is a major concern for the community, aligns with public health goals, and is supported by reliable data. This is a smaller list of needs that a large number of people find to be concerning.
- **Prioritized Community Needs:** These are needs that a hospital team focuses on first, in a targeted way. A plan is created on these prioritized community needs to improve community health in the best way possible.

Disparities: Differences in outcomes exist between groups of populations in nearly every social and health issue. These disparities are often caused by barriers that these communities face.

Focus Groups: A small group of people who give feedback on a topic to help others learn what they think or feel.

Health Behaviors: The choices people make, like what they eat and how much they move, and are often shaped by where people live and what is normal in their community.

Health Outcomes: The results of how healthy people are. This includes how many people in our community are affected by long-term illnesses, and the differences we see between groups of people.

Key Stakeholders: Individuals and/or representatives of organizations that play an important role in informing the assessment process, often in the form of one-on-one interviews.

Race and Ethnicity: To ensure consistency and alignment with national standards, Advocate Health Care uses race and ethnicity definitions based on the U.S. Census Bureau, which follows the guidelines set by the 1997 Office of Management and Budget (OMB). These definitions help ensure accurate and respectful representation of the communities we serve.

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaiian Guam, Samoa, or other Pacific Islands.
- **Hispanic or Latino -** Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.

Sex: In Census Bureau surveys and the decennial census, sex indicates a person's biological sex.

Social Conditions / Factors: Includes things like income, education, jobs, and access to healthcare.

Social Drivers of Health: Things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

Appendix 4: References

Metopio. Accessed via a contract with Advocate Health. Website is unavailable to the public. The following data sources were accessed through the portal:

American Community Survey (ACS), U.S. Census Bureau, 2020

Aurora Health Care, The Beacon (2025), The Beacon | Aurora Health Care

Behavioral Risk Factor Surveillance System (BRFSS) (2022)

Centers for Disease Control and Prevention (CDC) (2022), PLACES

Decennial Census, U.S. Census Bureau, 2010 and 2020

Diversitydatakids.org, 2012-2023 (Childhood Opportunity Index (COI) 3.0)

Illinois Hospital Association (IHA) COMP data Informatics (2022)

United Way ALICE Data, 2022

Wisconsin Community Health Survey (2018)

Wisconsin Hospital Association Information Center (WHAIC) (2022)

America's Health Rankings United Health Foundation (2023), Economic Hardship Index in Wisconsin, Explore Economic Hardship Index in Wisconsin | AHR

Aurora Walker's Point Community Clinic (2025), Aurora Walker's Point Community Clinic - Milwaukee, WI - 53204

Gerald Ignace Indian Health Center (2025), Improving the Health, Peace and Well-being of urban Indians in the Greater Milwaukee Area. - Gerald L. Ignace Indian Health Center, Inc.

HealthCompassMilwaukee.org, Mammography Use (2022), Mammography use - Health Compass Milwaukee

Marquette University (2025) Neighborhood Kitchen: Hunger in Milwaukee, Hunger in Milwaukee // Neighborhood Kitchen // Marquette University

Milwaukee County Department of Health & Human Services (2024), MKE CTY HHS 2024 PowerPoint Presentation

Milwaukee Health Services Inc. (2025), Milwaukee Health Services, Inc. | Expert Medical Care

Milwaukee Health Care Partnership, 2024 Milwaukee County CHNA, 2024 Community Health Needs Assessment: Milwaukee County

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Milwaukee Neighborhood News Service (2025): 'The only grocery store in the neighborhood': Community weighs in on Pick 'n Save closing, 'The only grocery store in the neighborhood': Community weighs in on Pick 'n Save closing | Milwaukee Neighborhood News Service

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Sixteenth Community Health Center (2025), Home Page - Sixteenth Street

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ThriveOn Collaboration (2025), About | ThriveOn Collaboration

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Wisconsin Department of Health Services (2018) Diabetes in Wisconsin, Diabetes in Wisconsin: Facts and Figures from Wisconsin's Chronic Disease Prevention Program

Wisconsin Department of Health Services, Dose of Reality: Opioid Deaths by County Dashboard (2023), Dose of Reality: Opioid Deaths by County Dashboard | Wisconsin Department of Health Services

Wisconsin Department of Health Services (2017), Heart Health in Wisconsin, p01629.pdf

Wisconsin Department of Health Services-Women, Infants and Children (WIC): Annual Count of Participation Statewide (2022), 2022-wicy3008-1.pdf

Women's Council Wisconsin-Wisconsin Perinatal Health Inequities (2022), WWC-Perinatal-FactSheet.pdf

Mental Health
Emergency Center

Thank You

Phone

414-966-3030

Online

https://mentalhealthmke.org/

Address

1525 N. 12th Street
Milwaukee, WI 53205