

Wisconsin

Mental Health and Substance Abuse

Needs Assessment Update



STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
Division of Mental Health and Substance Abuse Services
P-00613 (02/2016)

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Executive Summary

The purpose of this 2015 update to the *Wisconsin Mental Health and Substance Abuse Needs Assessment* report published in 2014 is to present and analyze more recent data to determine if any significant changes occurred in key data that could affect the selection of priorities identified in the federal fiscal year (FFY) 2016 mental health and substance abuse block grant application. The priorities in the previous mental health and substance abuse block grant applications included:

- Tuberculosis
- Intravenous drug use
- Culturally appropriate and comprehensive services for special populations
- Youth access to tobacco products
- Pregnant women and mothers with dependent children
- Substance abuse services in the criminal and juvenile justice systems
- Adult binge drinking
- Prescription drug abuse
- Children's mental health
- Improve mental health and substance abuse service outcomes and quality of care
- Mental health services in the criminal justice system
- Suicide prevention

Mental Health Summary

The prevalence of mental health conditions in specific demographic groups in Wisconsin, estimated with national rates, indicates patterns in 2013 similar to those in the previous report when females and middle-aged individuals were most likely to have mental health needs.

This update focuses on the county mental health service system only in regards to consumers' ability to access services. The original report documented access across both the private and public sectors.

The number of youth accessing the county mental health system has been steadily declining; only 4.7 percent of youth with any type of mental illness access county services, compared to 8.9 percent of adults. However, the last report also documented that many youth access Medicaid services through non-county Medicaid providers to meet their needs. The county system also plays a major role in crisis care as 43 percent of all episodes of care included only a single crisis intervention, an emergency room visit, or an admission to an inpatient hospital.

County mental health services are also used as a proxy for the system's workforce capacity. While the array of community mental health services is still expanding, the relative amount of community, crisis, and inpatient services varies widely across counties indicating where gaps in service array and workforce capacity may exist. Efforts to broaden the use of certified peer specialists to expand the county's capacity for services have resulted in an increase from 193 to 333 peer specialists between 2012 and April 2015, as well as an expansion to several new counties who did not use peer specialists in 2012.

An area of concern is the increase in Wisconsin's suicide rate in 2013 from 12.6 to 14.4 per 100,000 people. Middle-aged (45-64 years old) males continue to have the highest suicide rates.

The 30-day inpatient hospital readmission rates for consumers in the county mental health system have been added to this update and indicate a decline in Wisconsin over the last five years from 9.7 percent to 7.7 percent, although county rates vary indicating some areas of the state may still have a need to prevent recurring expensive acute care. Mental health consumer satisfaction levels are updated through 2013 indicating results similar to the last report—Wisconsin’s consumers are generally satisfied with their access and quality of care, but their satisfaction with the outcomes of their care remains below the national average.

Substance Abuse Summary

Adult misuse of alcoholic beverages across Wisconsin has not changed and remained above the national average. However, in 2013, Wisconsin youth who reported consuming five or more drinks during an occasion of drinking in the past 30 days dropped below the national average for the first time in 10 years. The rate of youth who reported having their first full drink of alcohol before age 13 was down and remained below the national average. Alcohol-related traffic crashes and fatalities continued to decline.

Unhealthy and life-threatening use of alcohol and other drugs among adults resulting in death continued to rise in Wisconsin. Largely preventable, there were 1,202 alcohol and 1,054 illicit or habit-forming drug deaths in 2013. The average age for these substance-related deaths was mid-50s. Opiate (heroin and narcotic pain medications) treatment admissions and deaths continued to rise and are second only to alcohol. Opiate-related deaths have risen nearly 40 percent in the past five years to 667 statewide. At the same time, Wisconsin lagged behind the national average in the use of medication adjuncts in the treatment of heroin and narcotic addiction. Illicit drug use among youth remained below the national average.

Safety-net, county-authorized or subsidized, publicly supported substance use services continued to decline at a rate of about 3 percent each year. In 2013, 30 county agencies identified services that were not available due to lack of sufficient funds such as residential or housing services, narcotic treatment, intensive outpatient counseling, case management, wrap-around services, and transportation. Counties with the highest rate of uninsured persons and having a slightly higher need for publicly supported safety-net services included Clark, Jefferson, Milwaukee, Vilas, and Waupaca. Wisconsin continued to provide less residential and intensive outpatient treatment services than the national average. Successful treatment completion rates for African Americans, American Indians, females, adolescents, and heroin/opiate-abusing clients were below the state average of 52 percent.

A first-ever Wisconsin statewide client satisfaction with publicly supported substance abuse services survey was completed in the fall of 2014. Seventy-four percent (74 percent) of former clients responding to the survey reported service satisfaction. This compares favorably with national benchmark surveys.

While the federal Bureau of Labor Statistics projects a 33 percent increased need for substance abuse professionals by the year 2016, Wisconsin recently gained only 1 percent in its substance abuse professional workforce.

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Introduction

Two federal block grants bring \$7.5 million in mental health and \$28 million in substance abuse services funds to Wisconsin each year. Federal guidance for the FFY 2016 mental health and substance abuse block grant application(s) required states to complete a data-driven behavioral health assessment and plan, hereafter referred to as the needs assessment. The intent of the needs assessment was:

- To assess the strengths and needs of the service system's response to specific populations.
- To identify the unmet service needs and gaps within the service system.
- To develop priorities, objectives, and strategies to address the identified needs and gaps.

Through the block grants, the federal government desires to achieve “good and modern” state mental health and substance abuse service systems. A good and modern system is accessible, accountable, organized, controls costs, improves quality, equitable, effective, prevents conditions, reduces cultural disparities, promotes individualized service plans, empowers and involves consumers, uses available technology, encourages natural support systems, and establishes links with health care. Many of these attributes can be analyzed by this needs assessment. With the many healthcare reforms in the Federal Patient Protection and Affordable Care Act, federal guidance requests that the needs assessment address issues related to the changing healthcare environment and the impact on uninsured persons.

Needs Assessment Update

This report is an update of the *Wisconsin Mental Health and Substance Abuse Needs Assessment* completed and published in February 2014. The 2014 report contained data through 2010 on most indicators presented. For this 2015 update, selected needs assessment data and analyses are refreshed through calendar year 2013 (most recent year available) to inform planners and policy makers in their determination of mental health and substance abuse priorities and programs. Data updates are organized in the following sections:

- I. Prevalence
- II. Access to Services
- III. Service and Workforce Capacity
- IV. Quality and Outcomes

The updated data and information come from a variety of secondary sources including the U.S. Census Bureau, National Survey on Drug Use and Health, Centers for Disease Control and Prevention, Wisconsin Program Participation System, Wisconsin Crime Information Bureau, Wisconsin Department of Transportation, and many others. The specific sources are noted with each figure, chart, or table presented.

I. Prevalence

Mental Health Prevalence

Prevalence rates of mental health for large populations typically change gradually over one-to-two-year periods. The initial *Wisconsin Mental Health and Substance Abuse Needs Assessment* included data for a 2010-2011 combined period. The updated mental health prevalence rates for the United States and Wisconsin are described below for 2012-2013, the most recent period available at the time of this update. The national and state mental health prevalence estimates have fluctuated just one percentage point or less. The rates for a few smaller demographic groups have changed slightly more.

Two types of mental health prevalence rates are described. If both symptoms and functional impairment exist, the individual is estimated to have a serious mental illness (SMI). The term for children in this category is severe emotional disorder (SED). A second group of individuals with more mild mental health conditions experience symptoms but are still able to function in their daily life for the most part. Together, these two groups are sometimes called individuals with any mental illness (AMI).

The most recent estimates indicate an overall national prevalence of AMI at 18.5 percent and of SMI at 4.1 percent for adults 18 and older. Wisconsin's specific overall adult rates of AMI and SMI are estimated to be very similar at 18.3 percent and 4.2 percent respectively. For children, the same national prevalence estimate of children's mental health from the initial needs assessment is still relevant. The rates of AMI and SED are significantly higher for children.

Table 1: Prevalence Rates of Mental Illness, United States and Wisconsin, 2012-2013

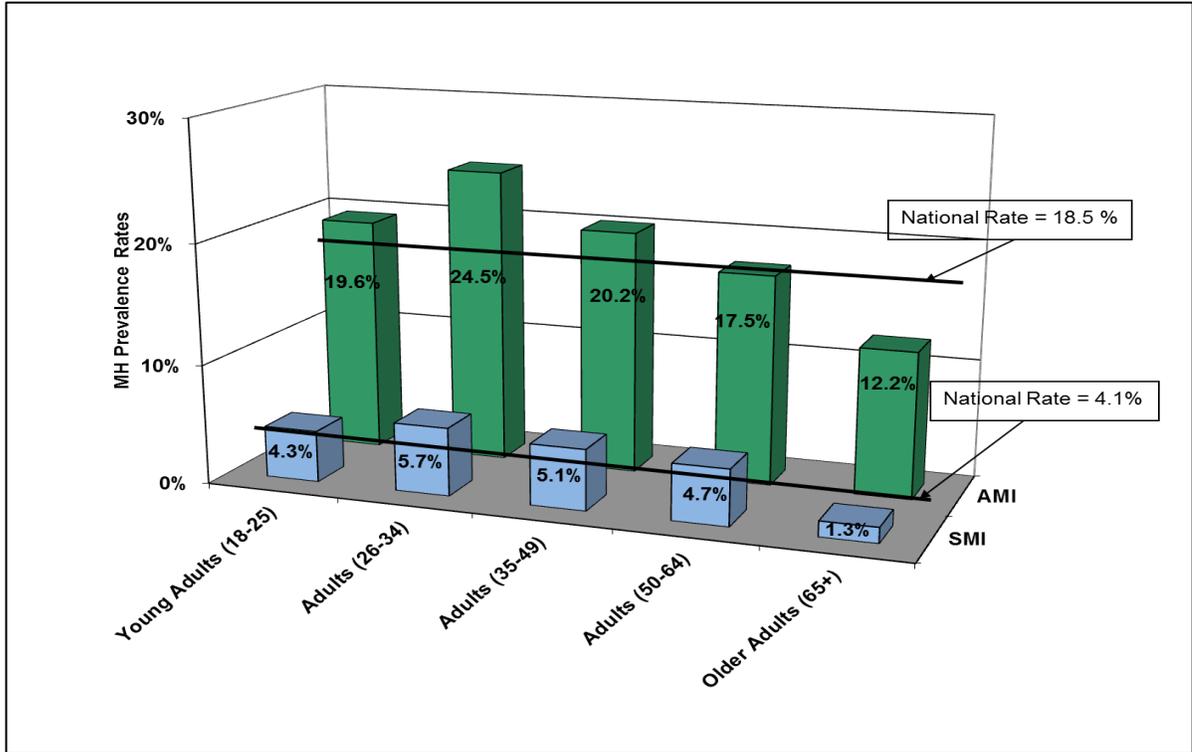
	Any Mental Illness (AMI)	Serious Mental Illness (SMI/SED)
Adults (National) ^a	18.6%	4.1%
Adults (Wisconsin) ^a	18.3%	4.2%
Children (National) ^b	21.0%	11.0%
Children (Wisconsin)	Not available	Not available

Data Sources: (a) National Survey on Drug Use and Health, 2012-2013; (b) National Institute of Mental Health Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) study.

Because Wisconsin mental health prevalence rates are not available for all demographic groups, national rates are described below.

Relative to the national 18.5 percent rate of AMI, young adults ages 26-34 have the highest rates of AMI (at 24.5 percent); this rate declines with each older age group, similar to the previously cited 2009 prevalence data in the initial needs assessment report. The rate for young adults ages 18-25, however, has changed significantly from 30.0 percent in 2009 to 19.6 percent in the 2012-2013 combined period. However, prevalence estimates for smaller age groups such as this one are susceptible to larger fluctuations over time because fewer individuals are used to create the estimate. In addition, the prevalence rate methodology was improved after 2009, which also explains the large decrease in mental health prevalence for this group. Rather than a large decrease in mental health prevalence for the 18-25 age group, much of the change should be attributed to the improved estimate.

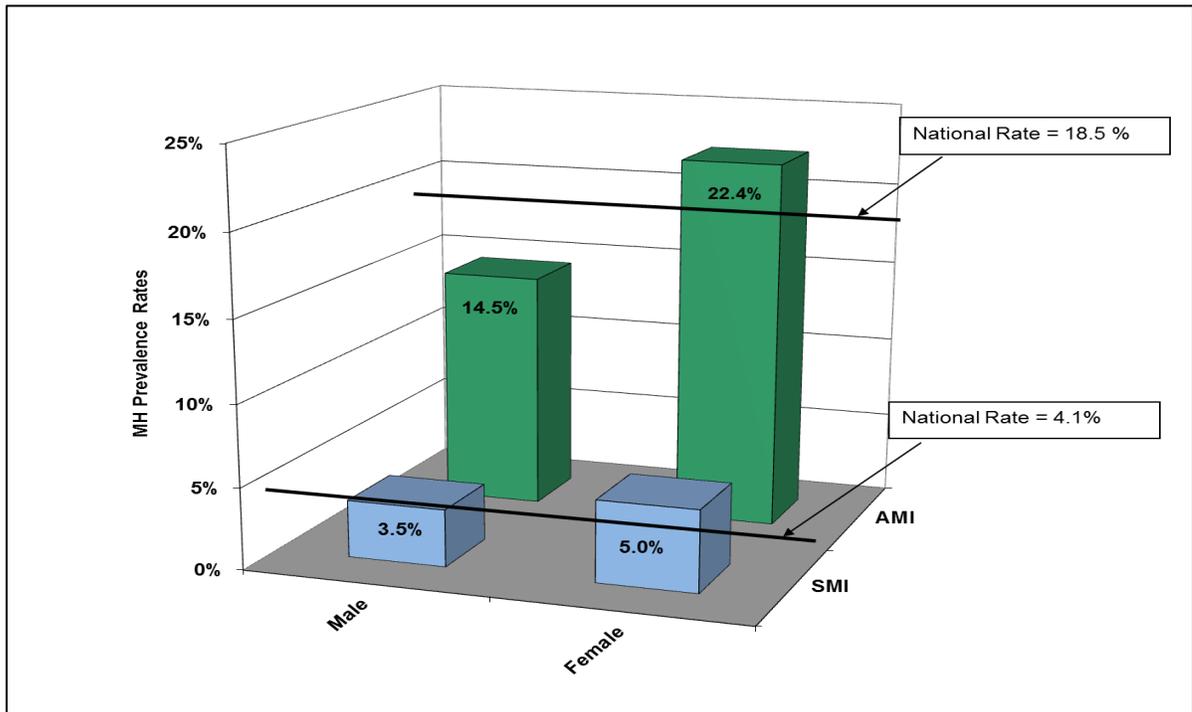
Figure 1: Adult Mental Health Prevalence Rates, by Age Group, 2012-2013



Data Source: National Survey on Drug Use and Health, 2012-2013.

Females continue to have significantly higher rates of mental health needs than males.

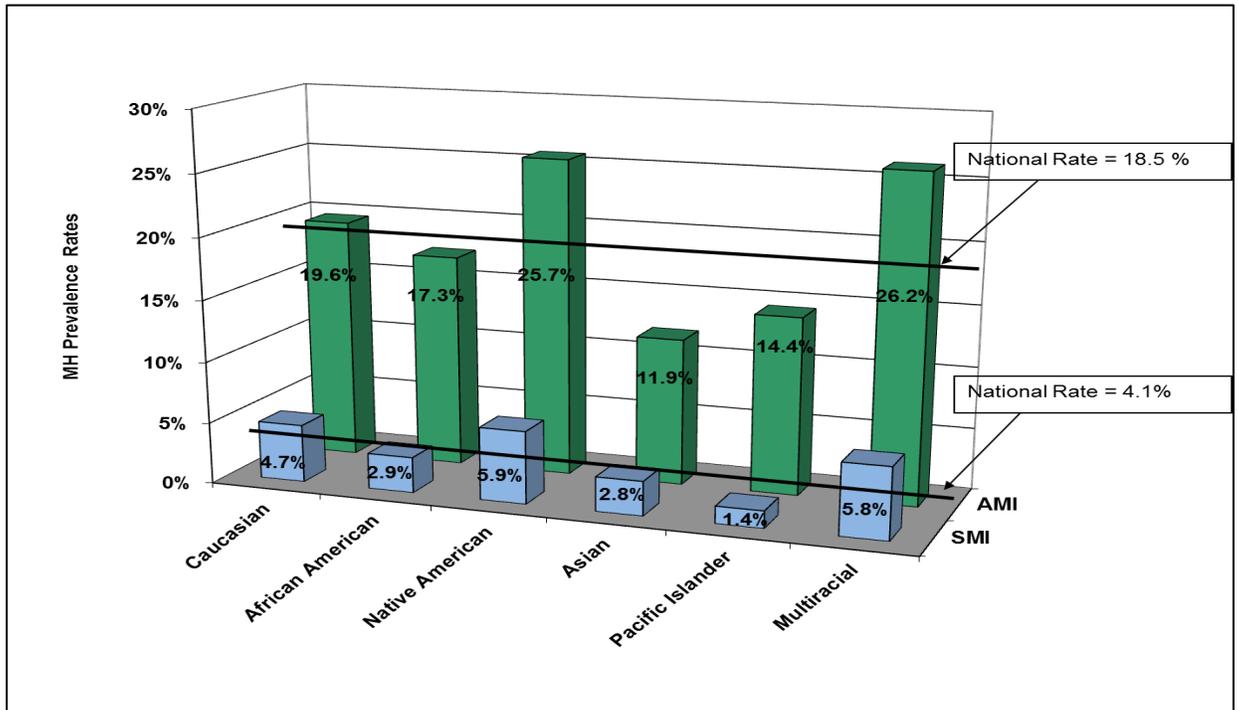
Figure 2: Adult Mental Health Prevalence Rates, by Gender, 2012-2013



Data Source: National Survey on Drug Use and Health, 2012-2013.

When racial and ethnic groups are examined, Native Americans and individuals with multiracial backgrounds have the highest mental health prevalence rates; Asians and Pacific Islanders have the lowest. While rates for most groups stayed the same or decreased slightly, the rate for Native Americans increased since 2009 by approximately 4 percent.

Figure 3: Adult Mental Health Prevalence Rates, by Race, 2012-2013

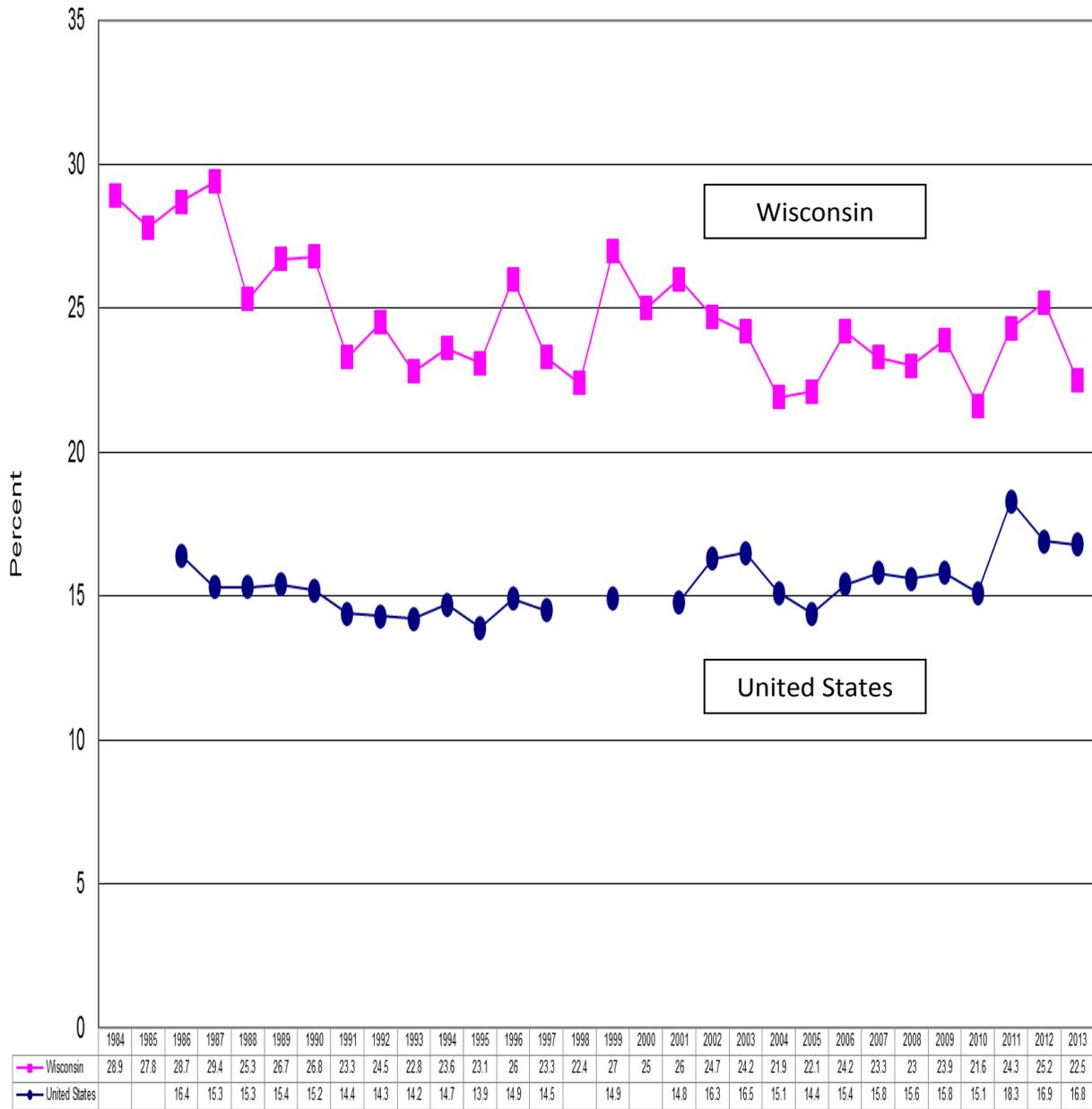


Data Source: National Survey on Drug Use and Health, 2012-2013.

Substance Abuse Prevalence

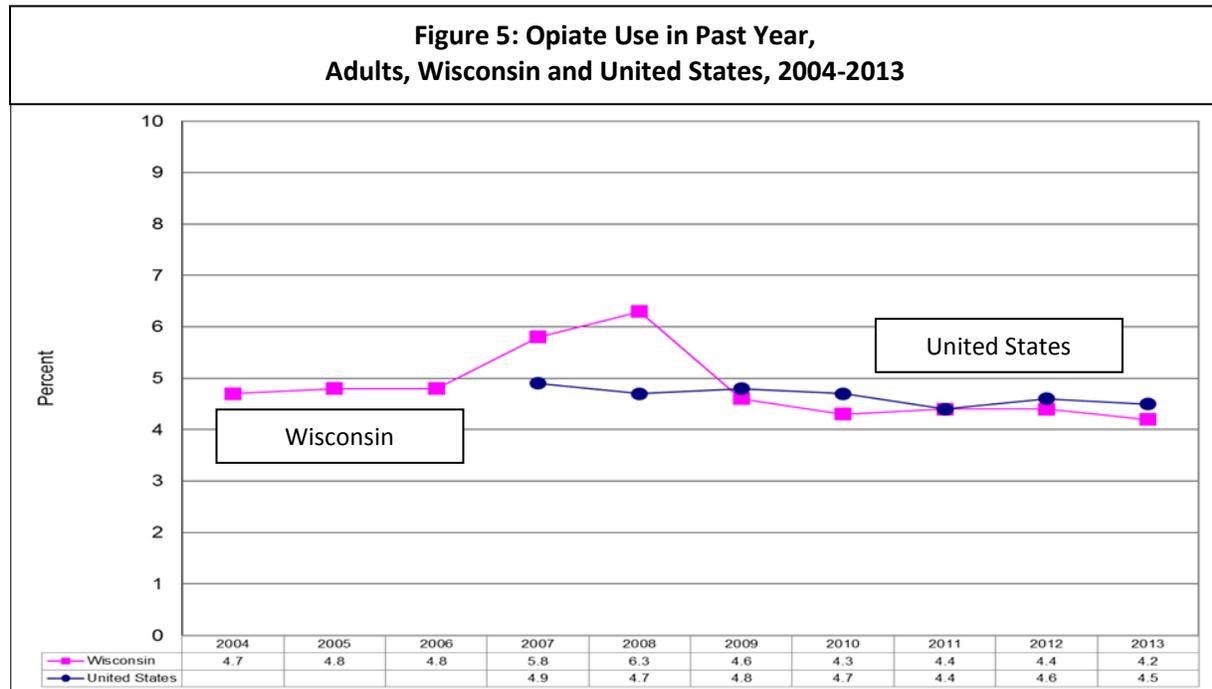
Figure 4 presents the percent of adults in the general population who report consuming five or more drinks during an occasion of drinking in the past 30 days. Wisconsin continues to exceed the national rate by nearly six percentage points.

Figure 4: Heavy Occasion (Binge) Alcohol Use, Adults, Wisconsin and United States, 1994-2013



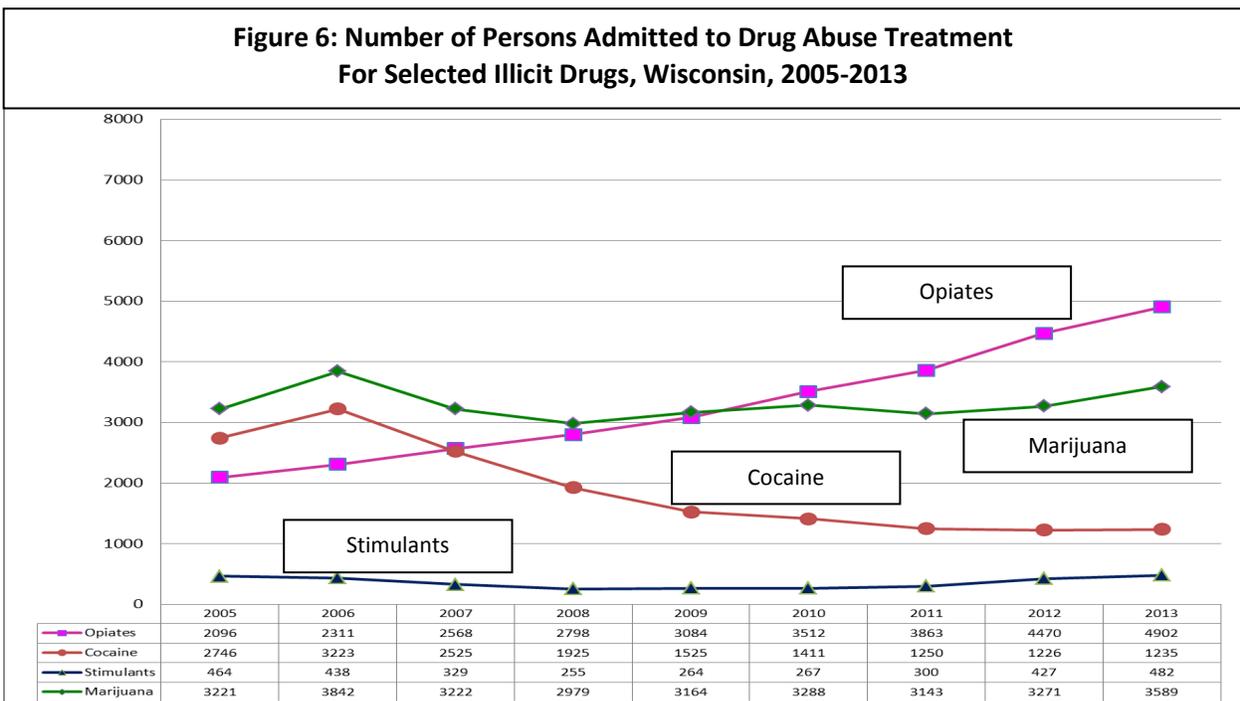
Data Source: Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC)

The reported non-medical use of opiate-based medications in the past year continues at above 4 percent of the adult population in Wisconsin but is slightly less than the national average.



Data Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA)

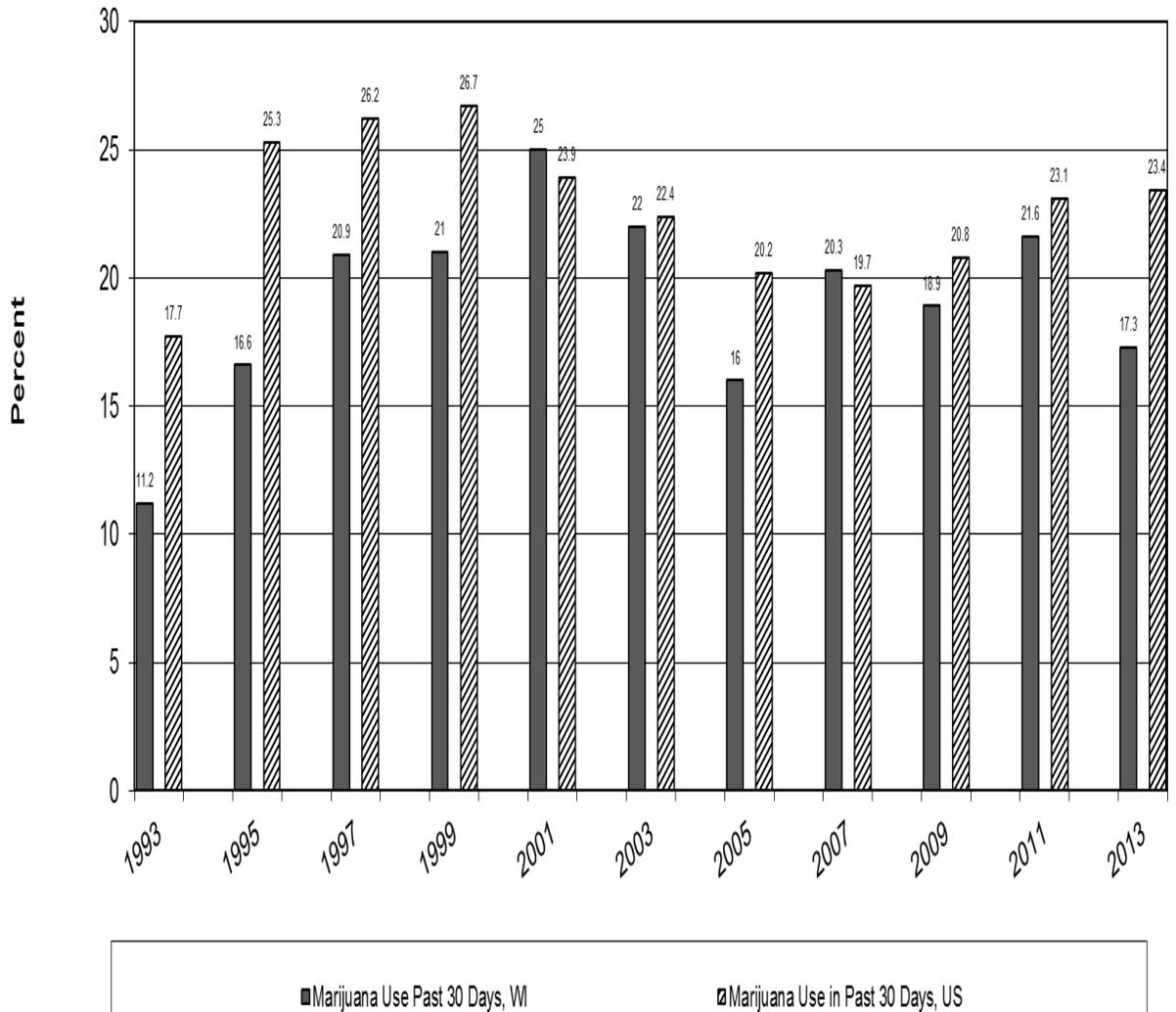
An indication of the magnitude of Wisconsin’s opiate abuse problem comes from state treatment admission data. Opiate use and addiction treatment admissions continue to increase and are much greater than admissions for other illicit drugs such as marijuana, cocaine, and stimulants.



Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

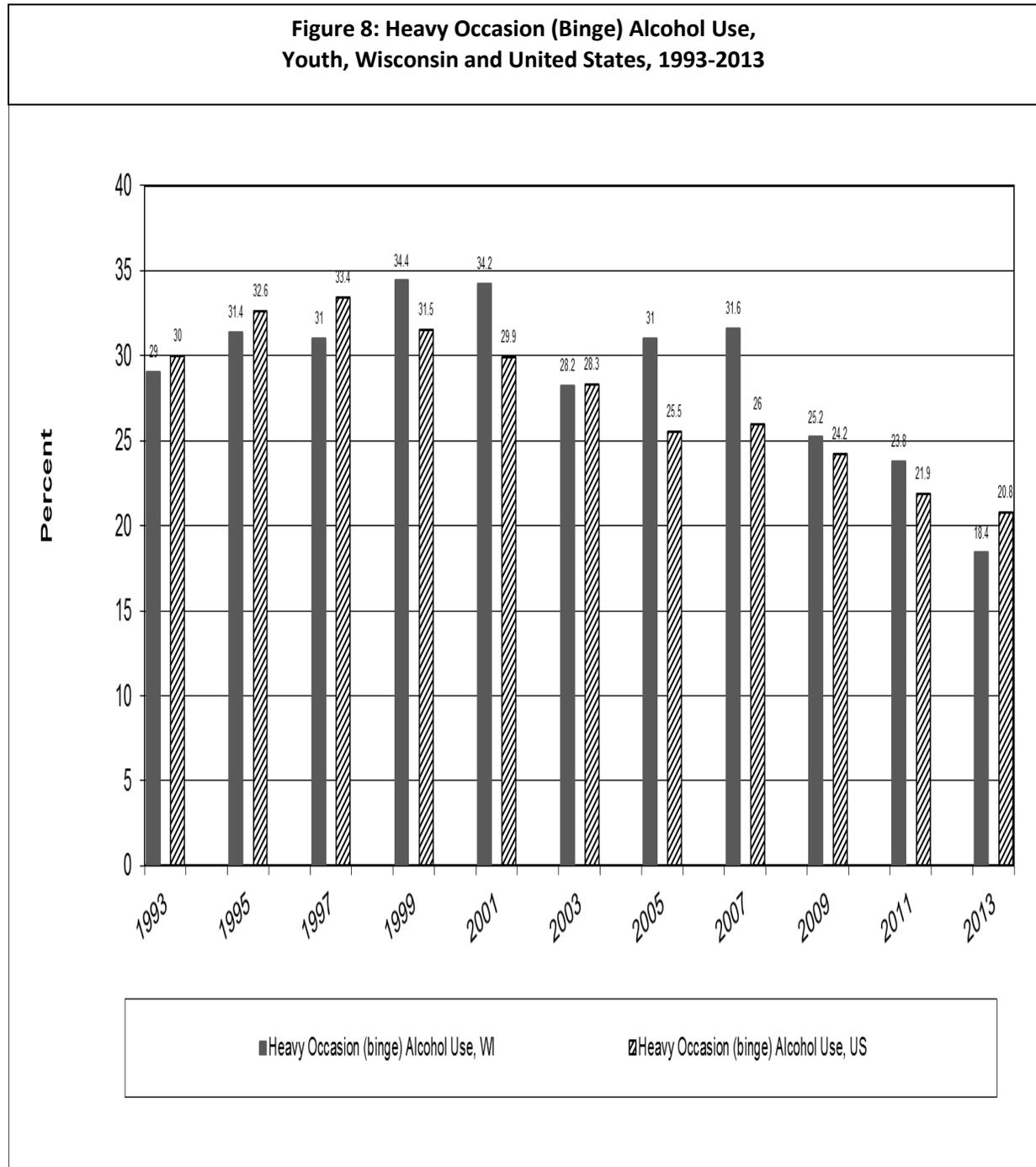
Recent marijuana use among Wisconsin youth under age 18 dropped to 17 percent, remains lower than the national average, but continues to be higher than Wisconsin marijuana use rates from the 1990s.

Figure 7: Marijuana Use in Past 30 Days, Youth, Wisconsin and United States, 1993-2013



Data Source: Youth Risk Behavior Survey (YRBS), Centers for Disease Control and Prevention (CDC)

Figure 8 presents the percent of youth who report consuming five or more drinks during an occasion of drinking in the past 30 days. In 2013, Wisconsin dropped below the national average for the first time in 10 years.



Data Source: Youth Risk Behavior Survey (YRBS), Centers for Disease Control and Prevention (CDC)

New cases of tuberculosis in Wisconsin remain low in comparison to the national average: Wisconsin saw less than one new case of tuberculosis for every 100,000 people in the state, while the rate of new cases across the total US was over three times as high.

Table 2: New Cases of Tuberculosis Per 100,000 Population, Wisconsin and United States, 2013	Wisconsin	United States
	0.9 new cases	3.0 new cases

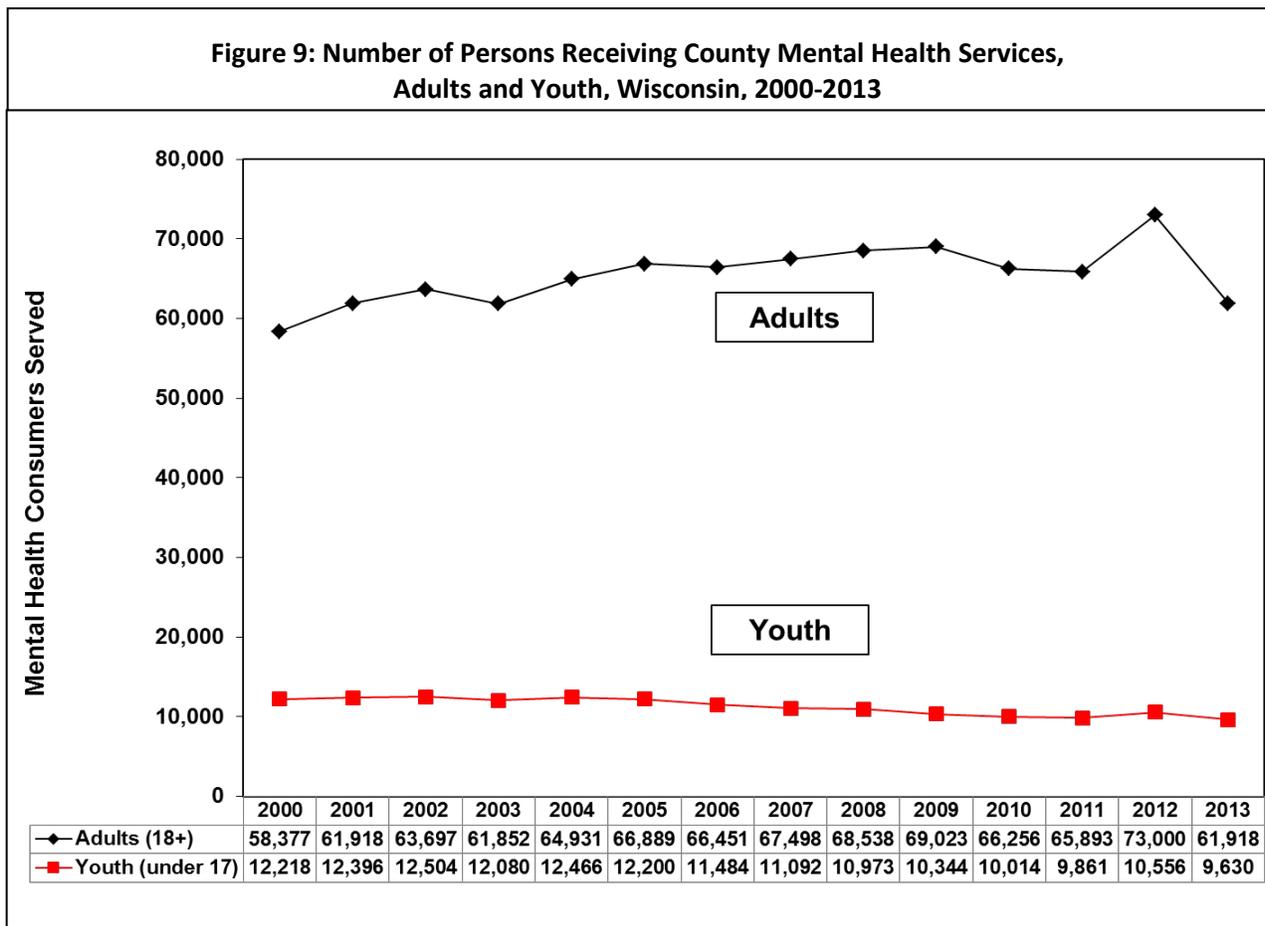
Data Source: Centers for Disease Control and Prevention (CDC)

II. Access to Services

Number of Mental Health Consumers Served

Issues with initially accessing mental health services and maintaining adequate access to services are both updated in this section. Figure 9 describes the number of individuals who were able to access the county public mental health services system in the last 14 years.

The total number of individuals served through the county public mental health service system has remained fairly consistent overall in the range of approximately 74,000-79,000 during the 2000-2013 time period. The fewest individuals (70,595) were served in 2000 and the second lowest number of individuals (71,548) were served in 2013.



Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

The numbers of adults and children who have accessed the county mental health system has been less consistent over time. Except for the unexplained decline in 2013, the number of adults has increased by 6 percent and the number of children has gradually declined by 21 percent over the 2000-2013 period. While these are consistent trends, the fluctuations in the adults served in 2012 and 2013 illustrated in Figure 9 may have to wait for 2014-15 data to determine if it is a trend. A change in the Wisconsin Department of Health Services data system for counties that occurred in the 2012-2013 period may account for some of the unusual increase and decrease.

Geographic Disparities in Access to Mental Health Treatment

For each county in 2013, the table below displays the estimated number of adults and youth with any mental illness (AMI), the number of mental health consumers served through the county system, and the percentage of individuals with an AMI who accessed the county system for services. Although the prevalence of individuals with AMI (18.3 percent among adults and 21.0 percent among youth) has changed only slightly, this update includes only the county mental health consumers who were served and does not include all Medicaid recipients or individuals served through other sectors as the initial needs assessment report.

The initial report revealed that 42 percent of youth with AMI accessed services using any type of public funding compared to just 28 percent of adults. Table 3 below illustrates that the opposite is true in the county mental health system where a higher percentage of adults (8.9 percent) are able to access services compared to youth (4.7 percent). Youth are more likely to access Medicaid services outside of the county system. However, the greater variation in the access rates for youth compared to adults across different counties indicates youth access to services could be improved. Less than 2 percent of youth with AMI accessed mental health services in 21 counties while only two counties had a rate of 2 percent or less for adults.

Table 3. Utilization of County Mental Health Services, by County/Region, 2013

County	Estimated Number of Adults w/AMI	Number of Adults Served	Percent of Adults w/AMI	Estimated Number of Youth w/AMI	Number of Youth Served	Percent of Youth w/ AMI
Adams	3,178	661	20.8%	532	160	30.1%
Ashland	2,275	170	7.5%	567	<25	1.8%
Barron	6,559	723	11.0%	1,542	106	6.9%
Bayfield	2,243	91	4.1%	455	<25	3.7%
Brown	34,655	4,234	12.2%	9,399	422	4.5%
Buffalo	1,941	25	1.3%	460	<25	0.7%
Burnett	2,290	260	11.4%	469	32	6.8%
Calumet	6,650	629	9.5%	2,061	139	6.7%
Chippewa	8,820	567	6.4%	2,224	82	3.7%
Clark	4,515	719	15.9%	1,520	156	10.3%
Columbia	8,028	709	8.8%	2,048	121	5.9%
Crawford	2,386	429	18.0%	579	68	11.7%
Dane	71,392	3,100	4.3%	15,918	438	2.8%
Dodge	12,705	1,183	9.3%	3,021	235	7.8%
Door	4,178	256	6.1%	783	<25	1.1%
Douglas	6,353	224	3.5%	1,430	<25	1.5%
Dunn	6,428	620	9.6%	1,373	<25	1.5%
Eau Claire	14,507	846	5.8%	3,121	100	3.2%
Florence	674	62	9.2%	122	<25	9.0%
Fond du Lac	14,483	2,468	17.0%	3,554	479	13.5%
Forest/Oneida/Vilas	9,938	1,393	14.0%	1,909	186	9.7%
Grant/Iowa	10,687	1,073	10.0%	2,510	173	6.9%
Green	5,140	504	9.8%	1,374	66	4.8%
Green Lake	2,703	563	20.8%	680	132	19.4%

County	Estimated Number of Adults w/AMI	Number of Adults Served	Percent of Adults w/AMI	Estimated Number of Youth w/AMI	Number of Youth Served	Percent of Youth w/AMI
Iron	901	195	21.7%	158	54	34.2%
Jackson	2,916	103	3.5%	706	<25	0.0%
Jefferson	11,754	1,167	9.9%	3,071	113	3.7%
Juneau	3,861	620	16.1%	873	59	6.8%
Kenosha	22,856	1,533	6.7%	6,632	48	0.7%
Kewaunee	2,900	64	2.2%	757	<25	0.7%
La Crosse	16,718	1,384	8.3%	3,665	195	5.3%
Lafayette	2,298	342	14.9%	659	80	12.1%
Lincoln/Langlade/Marathon	25,628	3,714	14.5%	6,640	566	8.5%
Manitowoc	11,571	525	4.5%	2,801	53	1.9%
Marinette	6,111	1,126	18.4%	1,324	325	24.6%
Marquette	2,264	647	28.6%	486	134	27.6%
Menominee	531	184	34.6%	206	63	30.6%
Milwaukee	130,889	8,647	6.6%	34,969	539	1.5%
Monroe	6,118	551	9.0%	1,764	51	2.9%
Oconto	5,351	675	12.6%	1,297	130	10.0%
Outagamie	24,525	2,433	9.9%	6,800	259	3.8%
Ozaukee	12,210	511	4.2%	3,241	<25	0.2%
Pepin	1,046	<25	1.4%	259	<25	0.0%
Pierce	5,850	399	6.8%	1,380	42	3.0%
Polk	6,188	824	13.3%	1,600	175	10.9%
Portage	10,210	807	7.9%	2,192	59	2.7%
Price	2,084	133	6.4%	426	<25	4.2%
Racine	26,985	2,159	8.0%	7,414	134	1.8%
Richland	2,532	505	19.9%	632	87	13.8%
Rock	22,110	1,715	7.8%	6,110	254	4.2%
Rusk	2,086	130	6.2%	506	<25	1.8%
St. Croix	11,370	1,186	10.4%	3,537	243	6.9%
Sauk	8,705	1,192	13.7%	2,270	159	7.0%
Sawyer	2,412	121	5.0%	517	<25	0.6%
Shawano	5,948	1,017	17.1%	1,463	268	18.3%
Sheboygan	16,111	821	5.1%	4,230	53	1.3%
Taylor	2,864	163	5.7%	768	<25	1.0%
Trempealeau	4,035	138	3.4%	1,057	<25	0.7%
Vernon	4,051	228	5.6%	1,199	<25	1.8%
Walworth	14,520	1,838	12.7%	3,690	150	4.1%
Washburn	2,335	119	5.1%	488	<25	0.8%
Washington	18,409	3,005	16.3%	5,034	682	13.5%
Waukesha	54,701	1,959	3.6%	14,940	207	1.4%
Waupaca	7,506	766	10.2%	1,836	91	5.0%
Waushara	3,620	753	20.8%	761	272	35.7%
Winnebago	24,131	4,117	17.1%	5,459	538	9.9%
Wood	10,620	1,520	14.3%	2,573	278	10.8%
State total	802,557	71,570	8.9%	204,041	9,632	4.7%

Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

Access to Crisis Services through the County System

While Wisconsin's county mental health system serves as an access point for many outpatient and psychosocial rehabilitation services, individuals primarily access the system in a crisis. Human Services Reporting System 2012 data reported by counties to the Wisconsin Department of Health Services revealed that 50 percent of all episodes of care began with a crisis intervention, an emergency room visit, or admission to an inpatient hospital. In addition:

- 43 percent of all episodes of care included only a single crisis intervention, an emergency room visit, or an admission to an inpatient hospital;
- 75 percent of consumers who began their county episode of care with a crisis intervention service received three or fewer total services.

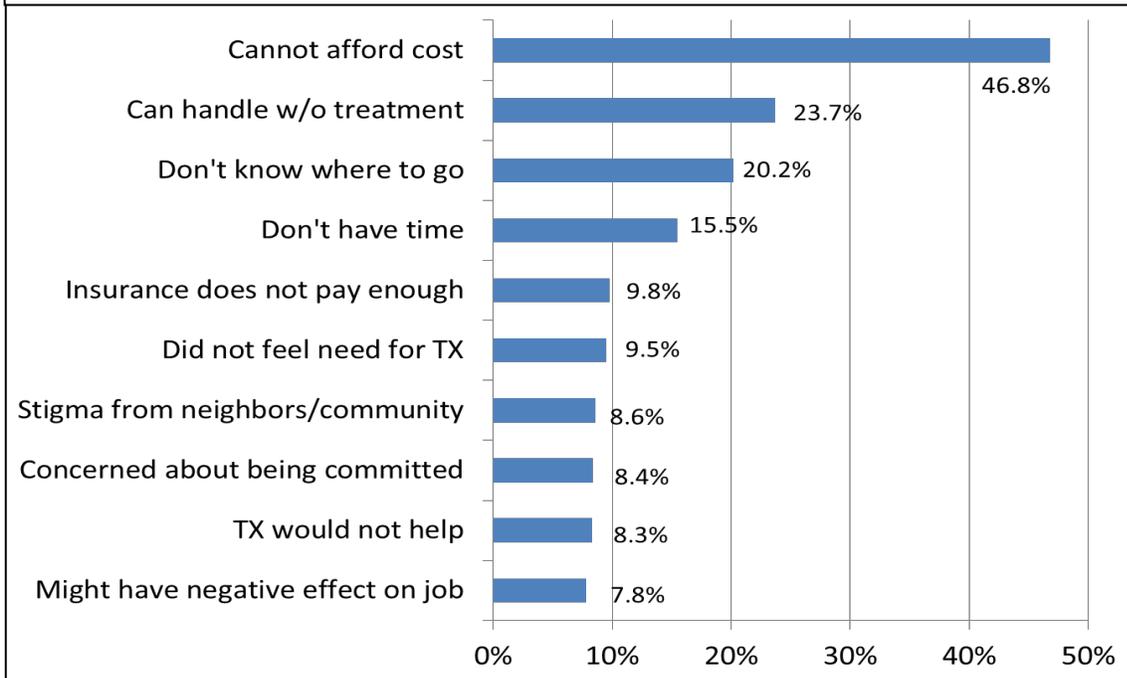
While a large percentage of individuals are accessing the county system for crisis services, many of them are not immediately accessing other community-based services after discharge from crisis services.

Barriers to Mental Health Treatment, the Individual Perspective

A 2013 National Survey on Drug Use and Health (NSDUH) estimate indicated a high proportion of adults with AMI (56.1 percent) or SMI (31.6 percent) did not receive any mental health services. The NSDUH also asked individuals whether they had a mental health need, if they received treatment, and if they experienced barriers to accessing treatment.

In 2013, respondents who had an unmet mental health need for treatment cited the top 10 reasons for why they did not access treatment (shown in Figure 10, multiple answers could be given). Cost was cited as the number one reason by 46.8 percent of respondents, far and above any other reason for not receiving treatment. Just under 24 percent of people indicated they could handle their problems without treatment and another 9.5 percent felt they didn't need treatment at all. The third and fourth ranked reasons were that people didn't know where to go or didn't have time for treatment. About 8 percent of persons indicated at least one of two reasons related to stigma, including the risk of feeling stigma in the community or at work. These results were very similar to the 2011 NSDUH results in the initial needs assessment report.

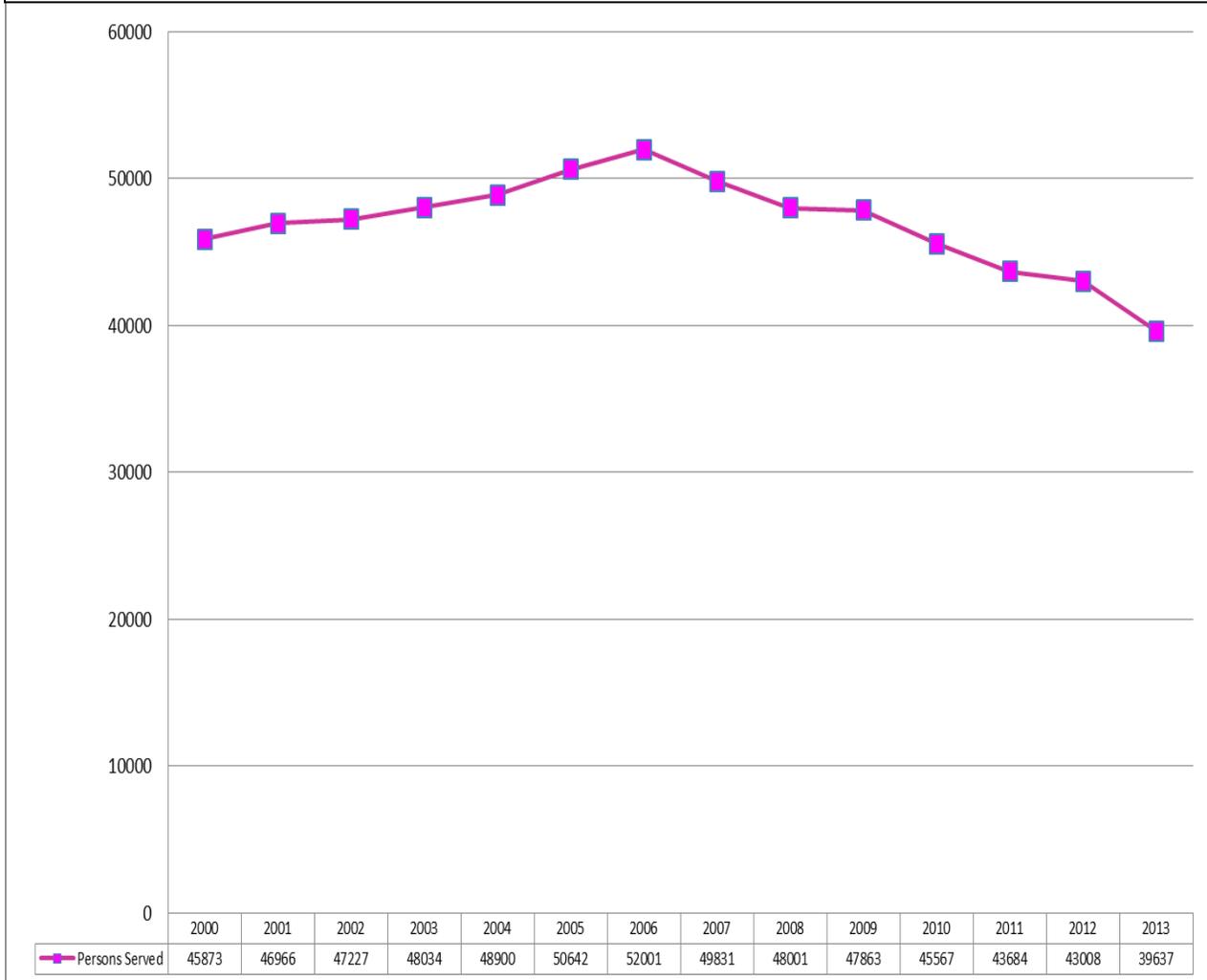
Figure 10: Percent of Persons Citing Each Reason for Not Receiving Mental Health Treatment, United States, 2013



Substance Abuse Services and Gaps

Persons receiving county authorized or subsidized substance use services continue to decline at a rate of about 3 percent each year. National survey data, Wisconsin sample, show that the prevalence of substance abuse is declining at a rate of about one-half of a percentage point each year. This coupled with rising health insurance coverage, tighter local government budgets, and general service access issues are contributing to the decline in persons receiving publically supported substance use services. However, as was presented in the 2014 needs assessment report referenced previously, just 23 percent of persons needing substance use services received services.

Figure 11: Number of Persons Receiving Substance Abuse Services, Wisconsin, 2000-2013



Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

Disparities in Substance Abuse Treatment

Data on the proportion of services received by population groups can shed light on whether certain population groups have access to services or are underserved. Caucasian males, people living in urban areas, and those having an alcohol use disorder generally make up a large percentage of persons receiving substance use services. Table 4 describes the relative distribution of services provided to select population groups (by gender, age, race, and ethnicity) compared to their substance abuse prevalence. Females, youth under 18 years, persons age 65 and over, and Whites are underserved relative to their substance abuse prevalence. For example, 33 percent of people with a substance abuse disorder across the United States are female, but only 29 percent of substance abuse clients served in Wisconsin are female.

**Table 4: Substance Abuse Prevalence in United States, 2009-2010,
and Substance Abuse Clients Served in Wisconsin, 2013**

	Substance Abuse Prevalence, 2009-2010 Combined, NSDUH		Substance Abuse Clients Served, 2013, HSRS and PPS	
	Number	Percent	Number	Percent
Female	149,674	33%	11,389	29%
Male	298,326	67%	28,248	71%
Total	448,000	100%	39,637	100%
Age under 18	39,986	9%	1,039	3%
Age 18-64	394,800	88%	38,126	96%
Age 65 and over	13,214	3%	472	1%
Total	448,000	100%	39,637	100%
White	387,896	87%	31,278	79%
Black	25,282	6%	4,531	11%
Hispanic	25,079	6%	2,265	6%
Native American	6,075	1%	1,207	3%
Asian	3,668	<1%	356	1%
Total	448,000	100%	39,637	100%

Data Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA); Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services.

Barriers to Substance Abuse Treatment, the Individual Perspective

One of the principal reasons persons with substance use problems do not obtain treatment is that they are unemployed and without health insurance. The Wisconsin Department of Health Services, Division of Public Health, conducts its own annual Family Health Survey from a representative sample of Wisconsin residents. The latest available survey results (from 2012) confirm that 89 percent of Wisconsin residents had health insurance the entire year. Another 5 percent have health insurance for part of the year, and 6 percent are uninsured all year. The counties with the highest rate of uninsured persons were Clark (14 percent), Jefferson (13 percent), Vilas (13 percent), Waupaca (11 percent), and Milwaukee (10 percent).

III. Service and Workforce Capacity

County Mental Health Services

An assessment of the actual mental health workforce capacity across the entire state in terms of number of mental health staff and their training and expertise is not conducted regularly. As a proxy, the number of individuals receiving county mental health services and the types of services they receive is used to indicate how mental health service systems use their resources to meet the needs of individuals in their area. The following tables, from the *Mental Health and Substance Abuse Services Programs Provided by Wisconsin Counties and Regions* report, produced by the Wisconsin Department of Health Services in 2015, show the number of individuals who received mental health services by service category in each Wisconsin county/region during calendar years 2012 and 2013. A blank cell indicates no individuals were reported to have received services in that category. Because individuals may have received more than one type of mental health service, individuals are duplicated across the service categories.

In Table 5 below in 2013, the county mental health system provided crisis intervention services to 18,951 individuals, or 31.1 percent of all individuals. The county system also provided emergency detentions, inpatient hospitalization, and residential treatment to 7.6 percent, 4.1 percent, and 3.2 percent respectively. Comparatively, the county system provided case management to 15.9 percent, Community Support Program services to 11.0 percent, and Comprehensive Community Services to 2.9 percent. This may reflect the capacity and emphasis of the Wisconsin public mental health service system to serve individuals with high-level intensive needs often requiring crisis and inpatient care. It may also indicate an underutilization of intensive community care, although such programs have expanded after 2013.

Table 5: Count of Consumers Receiving Mental Health Services, by Service Category, Wisconsin, 2012 and 2013		
Mental Health Service Category	Count of Consumers	
	2012	2013
Community Support Program (CSP)	7,148	6,683
Comprehensive Community Services (CCS)	1,661	1,791
Community Recovery Services (CRS)	166	227
Coordinated Services Teams (CST)	763	883
Crisis Intervention/Emergency Outpatient	23,001	18,951
Emergency Detention (ED)	4,115	4,643
Inpatient Services	4,397	2,497
Residential Services	2,272	1,939
Partial Day Services	449	332
Court Services	868	1,026
Medication Management	17,986	15,981
Intake Assessment	4,411	4,531
Case Management	10,634	9,707
Outpatient Services	25,486	27,093
Supportive Services	1963	1,800
Other Services	121	58

**Table 6: Count of Consumers Receiving Mental Health Services,
by Service Category and County/Region, Wisconsin, 2012**

2012 County/Region	Community Support Program (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Teams (CST)	Crisis Intervention / Emergency Outpatient	Emergency Detention (ED)	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medication Management	Intake Assessment	Case Management	Outpatient Services	Supportive Services	Other Services
Statewide	7,148	1,661	166	763	23,001	4,115	4,397	2,272	449	868	17,986	4,411	10,634	25,486	1,963	121
Adams		<25				55	<25	<25			284		<25	322		
Ashland	67			<25	46	<25		43			66	<25	<25	<25		<25
Barron	61			<25	527	41	<25	54		37	109	114	82	68	27	<25
Bayfield	38		<25		<25	<25	31	<25	<25	<25	<25	37	42	<25	<25	<25
Brown	84	92			1134	251	356	55		<25	190		323	109	59	<25
Buffalo	<25			<25		<25	<25	<25	<25		<25		<25	<25	<25	
Burnett	26				205	<25	<25				36		25	57	<25	
Calumet	37	47				<25	38	<25		101			448	379	38	<25
Chippewa	44		<25	<25	551	<25	<25	28					<25	<25	<25	<25
Clark	35			28		<25	32	<25			297		<25	312	<25	
Columbia	68	<25		<25	422	82	49	<25	<25	<25	41	<25	223	111	<25	<25
Crawford	25				48	<25	<25	<25		34	259	127	40	194	<25	<25
Dane	536		39		1062		111	264	174	241		34	1246	715	620	
Dodge	71	32			135	<25	87	45			417	322	640	829	<25	
Door	62			35		<25	<25				248	37	242	172		
Douglas	100				<25	<25	<25	27		<25	<25	109	75	<25	<25	<25
Dunn	36			<25	<25	<25	<25	<25	<25	<25	397	37	39	304	<25	<25
Eau Claire	160			112	<25	<25	<25	61			349		362	36	69	<25
Florence						<25					<25			47		
Fond du Lac	124	<25		41	309	182	110	31	28		1609			1397		
Forest/Oneida/Vilas	40	26			730	273	34	44	<25		580		321	251	<25	
Grant/Iowa	45			<25	<25	105	<25	<25	<25	<25			25	936	<25	<25
Green	68	35		<25	<25	52	<25				226			246		
Green Lake	<25	<25			124	<25	25	<25			204	<25	<25	163		
Iron	28					<25	<25				<25		67	133	<25	
Jackson	<25	<25				<25	<25	<25			<25		<25	41	<25	<25
Jefferson	156	84	<25		556	40	<25	109			651		362	514	27	
Juneau	72		<25	<25	183		<25				222		48	323		
Kenosha	171	77		52	385		55	41			501	106	<25	339	58	
Kewaunee	<25	<25		<25	79	<25	<25		<25	<25	147	65	127	71	<25	
La Crosse	119	144	<25		976		47	<25	<25	<25	<25		<25	393	<25	
Lafayette	54				66	<25	<25	<25	<25	<25	183	<25	<25	157	<25	<25
Lang/Linc/Marathon	257	247			614	589	160	196		<25	1397	1095	68	1317		
Manitowoc	55	<25			<25		74	55			331			382		
Marinette	94	25		<25		<25	37		29		424	<25	54	843		
Marquette	30	<25	<25	<25	140	<25	<25	<25		<25	26		57	410	37	<25
Menominee	<25			<25	49	25	<25	<25			94	52	28	41		
Milwaukee	2422				6372	1352	587	152	52		673		288	2174	<25	
Monroe	37				308		37	<25	<25	<25	159	72	45	146	64	
Oconto	<25			<25	251	<25	36	<25			233			256		
Outagamie	118	155			977	36	287	70		<25	1038	<25	287	1101	239	<25
Ozaukee				<25							26	<25	<25	<25		
Pepin	<25					<25	<25	<25			<25		<25	<25		
Pierce						<25	<25	<25			186		42	261		
Polk					<25	<25	<25	40		<25	466	199	104	324	<25	<25
Portage		41	<25	26	45	26	74	30		<25	558		234	239	<25	<25
Price	52			<25	97	<25	<25	<25				<25	29	<25	<25	
Racine	128			<25	1300		200	40	76			<25	253	332	<25	
Richland		83				<25	<25				256	166		201		
Rock	292			35	781	252	69	<25			431	203	143	417		
Rusk	<25				73	<25	<25			<25	<25	<25	64	37	<25	
Sauk	182	61			398	80	39	40			428		<25	604	<25	
Sawyer	54			<25		<25		<25			55	<25		32		
Shawano	35			<25	479					<25			50	686	<25	
Sheboygan	122	32	<25	47	59		147	134	<25		270	65	426	599	224	25
St. Croix	99					85	<25	<25			545		56	717		
Taylor	<25				80	<25	<25	<25			97	<25	90	104	<25	<25
Trempealeau	57			<25		<25	<25	<25	<25		48	<25		39	<25	
Vernon	66			<25	<25	<25	<25	<25	<25	<25				95	<25	
Walworth	51				71	<25		<25		<25	707		46	276	<25	<25
Washburn	<25			<25		<25	<25	<25			<25		37	65		
Washington	92	58	<25	<25	1422		277	116	49	122	106		30	1460	86	<25
Waukesha	152	114	31	42	61	<25	508	77	<25	244	<25	519	268	848	64	<25
Waupaca	26				334	102	<25	50			357		240	239	79	
Waushara	36	33		<25	130	33		<25			174		<25	420	<25	<25
Winnebago	122	102			1852	49	200	203	<25		1663	607	2920	1473	<25	
Wood	154	76	28			88	383	<25	<25			371		830	47	<25

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

**Table 7: Count of Consumers Receiving Mental Health Services,
by Service Category and County/Region, Wisconsin, 2013**

2013 County/Region	Community Support Program (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Coordinated Services Teams (CST)	Crisis Intervention / Emergency Outpatient	Emergency Detention (ED)	Inpatient Services	Residential Services	Partial Day Services	Court Services	Medication Management	Intake Assessment	Case Management	Outpatient Services	Supportive Services	Other Services
Statewide	6,683	1,791	227	883	18,951	4,643	2,497	1,939	332	1,026	15,981	4,531	9,707	27,093	1,800	58
Adams		<25				42					235	<25	<25	467	<25	
Ashland	39			<25	58			50			58			<25	<25	<25
Barron	61			27	501	27	<25	62		42	105	90	87	44	<25	<25
Bayfield	33		<25		<25	<25	<25	<25		<25	<25	25	29	<25	<25	<25
Brown	76	73			1440	457	148	48			112	486		294	265	144
Buffalo				<25		<25	<25				<25	<25	<25	<25	<25	
Burnett	<25				186	<25	<25	<25			40		<25	38		
Calumet	36	38				<25	48	<25		112	223		406	434	35	<25
Chippewa	38		<25	<25	525	<25	<25	<25					<25	<25		
Clark	32			<25	181	<25	29	<25			267	<25	<25	372	<25	
Columbia	66	<25		<25	472	78	28	<25		<25	65	37	94	131	<25	
Crawford	25				94		<25	<25	<25	<25	252	123	<25	173	<25	<25
Dane	488		107		974		66	183	165	182		<25	1592	617	266	
Dodge	64	31			138	56	81	49			640	295	634	403	<25	
Door	48			44							141		157	47		
Douglas					43		<25	<25				158	60		<25	
Dunn	33			<25	<25	<25	<25	<25			127	<25	51	480	<25	
Eau Claire	147			101		<25	<25	60			362		369	<25	69	<25
Florence					<25	<25	<25				26			50		
Fond du Lac	135	<25		54	291	212	109	32	28		1454		<25	1355		
Forest/Oneida/Vilas	39	<25			676	242	26	41	<25		533		344	234	<25	
Grant/Iowa	43			<25	<25	74		<25	<25				37	959	<25	<25
Green	67	28		<25		42	<25				241			253		
Green Lake	<25	<25			233		<25	<25			229	<25	<25	219		
Iron	28		<25			<25					<25		108	128		
Jackson	<25	<25			<25	<25	<25	<25			<25			40	<25	
Jefferson	156	88	<25		528	133		73			594		341	517	<25	
Juneau	74		<25		188		<25	<25			228		45	318		
Kenosha	153	88		95	497		<25	42			<25	125	<25	784	49	
Kewaunee	<25	<25		25	<25				<25	<25	<25		<25	<25	<25	
La Crosse	102	160	<25		939		38	<25			148			336		
Lafayette	42				84	<25	<25	<25			196	<25		187		
Lanc/Linc/Marathon	245	404	<25		553	653	129	172		<25	1674	1272	42	1331		
Manitowoc	55	25					123	55			238			385		
Marinette	80	73		31		<25	<25		<25		410		41	830		
Marquette	33	<25		31	222	<25	<25	<25		<25	57		48	404	40	<25
Menominee	<25				73	<25	<25	<25		<25	31	62	<25	52	<25	
Milwaukee	2435				1124	1314	<25	51	49		<25		245	1883	<25	
Monroe	32		<25		294	<25	<25	<25		<25	167	63	86	133	351	
Oconto				<25	318	<25	44				236			259		
Outagamie	99	131			976		264	161		<25	1142		236	1508	274	<25
Ozaukee	44			49										207		
Pepin	<25					<25	<25	<25			<25		<25	<25	<25	
Pierce					63	29	<25	<25			170	<25	40	245		
Polk	26				147	<25	<25	34	<25	<25	414	36	97	305	<25	<25
Portage	<25	36	<25	26	66	<25	57	25		<25	460		201	232	<25	
Price	41				81	<25	<25	<25				<25	34	<25	<25	<25
Racine	117			<25	1490	119	105	39			539		622	719	<25	
Richland		70	<25		130	<25	<25				216	195		170	<25	
Rock	268			62	1033	300	156				373	207	117	440		
Rusk	<25				58	<25	<25				<25	<25	97	<25	<25	
Sauk	164	73			400		90	<25			483		<25	689	<25	
Sawyer	56			27		<25		<25			43			<25		
Shawano	38			33	292					<25			60	526	<25	
Sheboygan	76	57	<25		38	<25	<25	31	86	<25	<25		138	375	39	
St. Croix	87			<25	<25	<25	<25	26			600		77	672		
Taylor					<25	<25	<25	<25			89	<25	87	84	<25	
Trempealeau	49			<25		<25	<25	<25		<25	41	25		32	<25	
Vernon	67			<25	38	<25	<25	28	<25	27			<25	84	29	
Walworth	<25	<25			<25						131		<25	193		
Washburn	<25			<25		<25	<25	<25		<25	<25		35	63		
Washington	85	56	<25	<25	1551		275	129	57	109		<25	32	1686	79	<25
Waukesha	174	68	30	<25	73	<25	107	57	<25	390	<25	658	282	948	79	<25
Waupaca	27				339	119	<25	53			346	<25	95	266	125	<25
Waushara	40	32		<25	173	<25	<25	<25			259	<25	<25	455	<25	<25
Winnebago	109	96			1851	40	210	147			1262	592	2251	2376		
Wood	166	76	<25	<25	<25	401	30	<25	<25			479		912	46	<25

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

Table 8 lists the mental health service categories (combining related Service Program Category (SPC) service codes) used in the above tables.

Table 8: Mental Health Service Categories, with Grouped SPC Service Codes		
Mental Health Service Categories	SPC Code(s)	Service(s)
Community Support Program (CSP)	509	
Comprehensive Community Services (CCS)	510, 510.10	
Community Recovery Services (CRS)	511, 511.10	
Coordinated Services Teams (CST)	NA	
Crisis Intervention or Emergency Outpatient	501, 501.10 503.2 205	Crisis Intervention Emergency Room—Hospital Setting Shelter Care
Emergency Detention	503.1	
Inpatient Services	503 703, 705 925	Inpatient Detoxification (Hospital, Social Setting) Institution for Mental Disease
Residential Services	202, 204 203 504 505 506	Adult Family Home, Group Home Foster Home Residential Care Center Developmentally Disabled Center/Nursing Home County-Based Residential Facility (CBRF)
Partial Day Services	704, 706	Day Treatment (medical, non-medical)
Court Services	301 303	Court Intake and Studies Juvenile Probation and Supervision
Medication Management	507.10	
Intake Assessment	603	
Case Management	604	
Outpatient Services	507 507.20, 507.50 507.3 507.4	Counseling/Therapeutic Resources Individual Counseling, Intensive In-Home Group Counseling Family or Couple Counseling
Supportive Services	104, 104.10 106 107 108 110 601, 602 605 606 615	Supportive Home Care Housing/Energy Assistance Specialized Transportation and Escort Work-Related Services Daily Living Skills Training Outreach, Information/Referral Advocacy and Defense Resources Health Screening and Accessibility Supported Employment
Other Services	102 103, 103.10 112 403 406 408	Adult Day Care Respite Care Interpreter Services/Adaptive Equipment Recreation/Alternative Activities Protective Payment/Guardianship Community Prevention/Organization/Awareness

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

Status of Efforts to Increase Capacity

The Wisconsin Department of Health Services allocates \$1 million annually to Community Support Programs (CSPs) to help relieve these waitlists. The waitlist totals are at least a partial indicator of the size of the gap in capacity for CSPs. Approximately 31 percent of programs reported the use of a waitlist, and they reported 410 consumers who were on the waitlist at some point in 2013. Of programs that used waitlists, the average wait was 5.1 months. The use of waitlists in 2013 is very similar to use in 2011, as described in the initial needs assessment report, indicating that CSPs have similar capacity and demand for their services on an annual basis. Capacity did not expand from 2011 to 2013.

Table 9: Count of Persons on CSP Waitlists, by Wisconsin County, 2013	
County	Count of Persons
Ashland	27
Bayfield	<25
Clark	<25
Columbia	28
Dane #1	<25
Dane #2	<25
Green	<25
Iron	<25
Jefferson	<25
Kenosha	72
Lafayette	<25
Monroe	<25
Polk	<25
Price	<25
Rock #1	<25
Rock #2	<25
Sauk	56
Sawyer	37
Sheboygan	<25
Vernon	27
Waukesha	37
Total CSP Waitlists	410

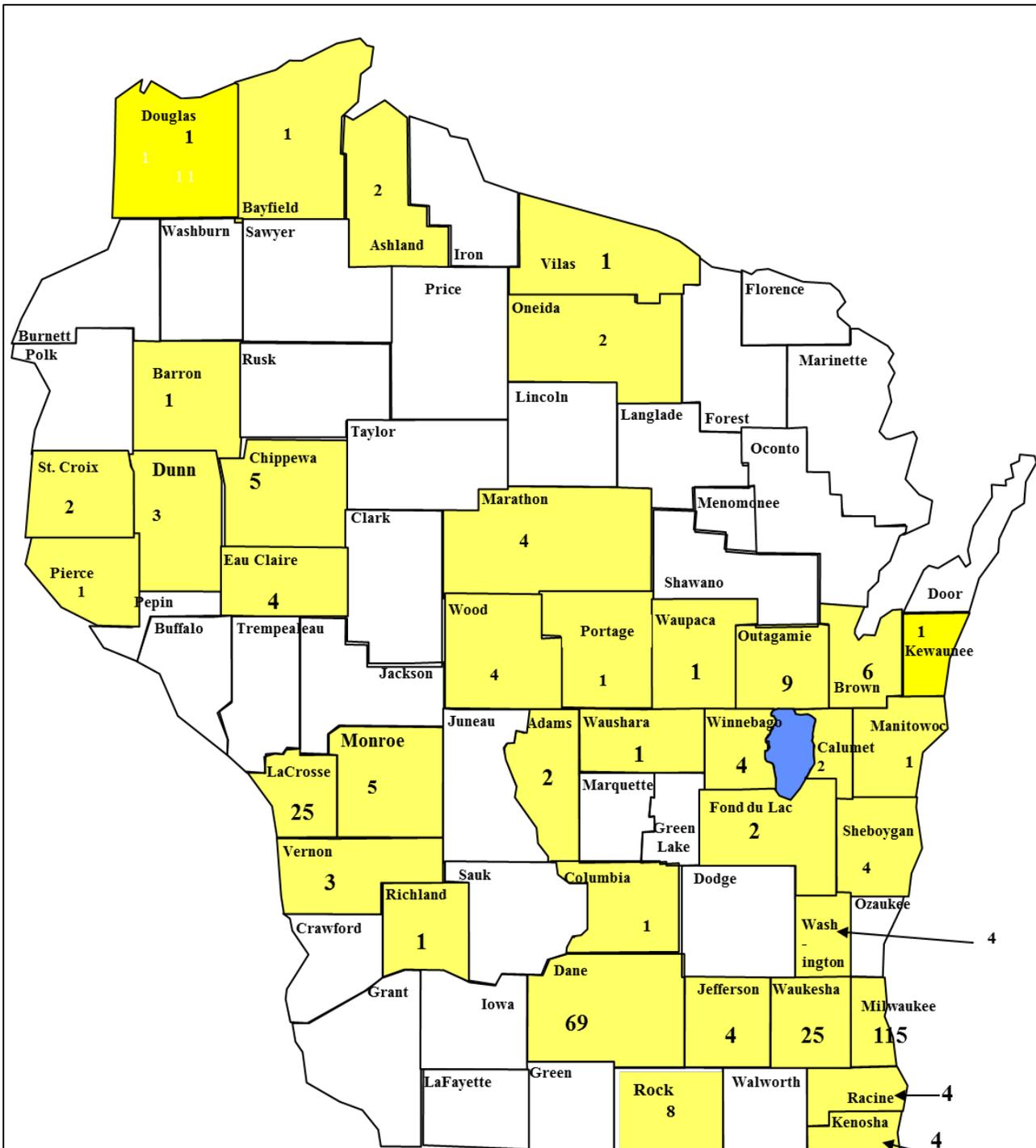
Data Source: Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services. 2013 Community Support Program Survey Annual Report.

Certified Peer Specialists

The use of peer specialists to expand the capacity of the Wisconsin mental health system continues. The number of certified peer specialists has grown exponentially since the initial needs assessment report. Peer specialists cannot only increase the capacity of an agency's work

force, they can also improve the quality and effectiveness of treatment by establishing a collaborative, trusting relationship between the provider agency and the individuals receiving services. As of April 2015, there were 333 Certified Peer Specialists in Wisconsin, compared to 193 in 2012. A March 2015 survey of certified peer specialists found that 66.9 percent of respondents were currently employed and 62.5 percent of the employed peer specialists had been employed for more than one year.

Figure 12: Wisconsin Certified Peer Specialists, by County, as of April 2015



Certified Adult Mental Health Peer Specialists as of April 2015- according to their residence. (County data was not available 2010-2011) This map does not reflect what counties CPS are employed in.

CPSs whose certification lapsed through March 2015 were deducted from this count. Data updates supplied by UW-Milwaukee. This map will be updated twice a year (April & October.) Please direct data inquiries to Dee Barnard at 800-362-9877.

County Substance Abuse Services

In a County Mental Health Services report to the state Legislature published in January 2015, Wisconsin’s Program Participation System data showed that 40,978 and 39,465 persons in calendar years 2012 and 2013, respectively, came in contact with the publically supported substance abuse services system, a decline from the 45,560 reported in 2010.

Table 10 data—taken from Tables 5 and 6 in the *Mental Health and Substance Abuse Services and Programs Provided By Wisconsin Counties and Region* report—shows the statewide count of consumers who received substance abuse services by service category during each of the two years. [Note: Because individual consumers may have received services in more than one service category, the “total” number of consumers served cannot be calculated by adding up the count of consumers across categories (and the percent of consumers served in each category cannot be calculated by dividing each category count by that “total”).]

Table 10: Count of Consumers Receiving Substance Abuse Services, by Service Category, Wisconsin, 2012 and 2013		
Substance Abuse Service Category	Count of Consumers	
	2012	2013
Community Support Programs (CSP)	45	42
Comprehensive Community Services (CCS)	171	< 25
Community Recovery Services (CRS)	0	< 25
Crisis Intervention/Emergency Outpatient	367	388
Detoxification Services	5,310	4,690
Inpatient Services	57	73
Residential Services	1,940	1,896
Partial Day Services	976	860
Court Services	2,390	478
Intake Assessment	21,112	19,517
Case Management	5,100	10,281
Outpatient Services	16,252	16,606
Medication Treatment	492	514
Supportive Services	746	1,325
Other Services	< 25	191

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

Tables 11 and 12—Tables 5 and 6 in the *Mental Health and Substance Abuse Services and Programs Provided By Wisconsin Counties and Regions*—show the count of consumers who received substance abuse services by service category, in each Wisconsin county/region, during calendar years 2012 and 2013. Blank cells indicate where no services were reported to have been provided.

**Table 11: Count of Consumers Receiving Substance Abuse Services,
by Service Category and County/Region, Wisconsin, 2012**

2012 County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Intervention / Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medication Treatment	Supportive Services	Other Services
Statewide	45	171		367	5,310	57	1,940	976	2,390	21,112	5,100	16,252	492	746	<25
Adams		<25		<25			<25			118		109			
Ashland				<25	<25	<25	<25			118		79			
Barron				<25	<25	<25	25			176	<25	224		<25	<25
Bayfield				<25	<25		<25	<25		94	47	55	<25	<25	<25
Brown		<25			175	<25	<25			1650	<25	42	<25	36	<25
Buffalo				<25	<25		<25			<25	<25	<25			<25
Burnett				<25	<25		<25				42	49		<25	
Calumet					<25		<25		<25	153	45	40		<25	
Chippewa					<25		<25					54			
Clark	<25				<25	<25	<25			<25		153	<25		
Columbia		<25		<25	<25		<25		<25	388	<25	125	<25	<25	<25
Crawford				<25	<25		28			63		74		<25	<25
Dane					1261		211	136	2382	661	1581	1440		<25	
Dodge				25	54	<25	<25			645	40	276	<25	<25	
Door					<25		<25			177	<25	154			
Douglas	<25			<25	136		<25	<25		132	<25	154		<25	
Dunn				<25			73	<25		45		189	<25	<25	
Eau Claire	41				93	<25	<25				177	169		85	<25
Florence				<25			<25			<25		<25			
Fond du Lac	<25			49	151		<25			527		715			
Forest/Oneida/Vilas					56	<25	171			408	61	540		<25	
Grant/Iowa				<25	44		<25			327		351			
Green					<25					254	<25	215	<25		
Green Lake		<25		<25			<25			91		89	<25		
Iron							<25			28		36			
Jackson					<25		<25					53	<25		
Jefferson					48		<25			501	218	290	173		
Juneau					<25	<25	<25			250		151	<25		
Kenosha	<25			41	96		25			748		252	<25	<25	<25
Kewaunee				<25	<25		<25		<25	133	89	78			
La Crosse					34		<25	<25		519	231	346		62	
Lafayette				<25		<25	<25			61		60			
Lang/Linc/Marathon					172			180		1647		1105			
Manitowoc					26		41			395		<25	<25		
Marinette				<25			<25			319	<25	377		<25	
Marquette				<25	<25					94	122	127		<25	<25
Menominee				<25	<25		<25			134		118			
Milwaukee		154			2073		521	428				2544	217		
Monroe				<25	<25		<25			285	264	116	26	100	
Oconto				<25			<25			176		98			
Outagamie					43		125	33		100	420	153		122	
Ozaukee										385		<25	<25		
Pepin							<25	<25				<25			
Pierce					<25		<25			242		117			
Polk					<25					319		287			
Portage					49		27	<25		381	392	283		30	
Price				<25	<25	<25				60	26	27			
Racine					79	<25		35		849	65	217		<25	
Richland						<25	<25			149		132	<25	<25	
Rock					309		46			1103		533		85	
Rusk				<25	<25					47	<25	<25			
Sauk		<25		60	63		<25	<25			<25	124			
Sawyer					<25					195		198		<25	
Shawano				45	<25	<25				322		223			
Sheboygan					<25		62			352	<25	162		<25	
St. Croix					<25		30			381		416			
Taylor					<25		<25			126		92			
Trempealeau					<25		<25			101		55			
Vernon							<25	<25				64			
Walworth				54	50					551		196			
Washburn					<25		<25				<25	46			
Washington					62		59	75		662	93	369			
Waukesha				<25	74		74			1061	<25	689		44	
Waupaca				36	<25					265	<25	29		<25	
Waushara		<25		<25	<25		<25			164		129			
Winnebago				<25	<25	<25	127			1374	1091	319	<25	<25	
Wood					<25		42	45		608		336		52	

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

**Table 12: Count of Consumers Receiving Substance Abuse Services,
by Service Category and County/Region, Wisconsin, 2013**

2013 County/Region	Community Support Programs (CSP)	Comprehensive Community Services (CCS)	Community Recovery Services (CRS)	Crisis Intervention / Emergency Outpatient	Detoxification Services	Inpatient Services	Residential Services	Partial Day Services	Court Services	Intake Assessment	Case Management	Outpatient Services	Medication Treatment	Supportive Services	Other Services
Statewide	42	<25	<25	388	4,690	73	1,896	860	478	19,517	10,281	16,606	514	1,325	191
Adams					<25					113		170			
Ashland						<25	<25			124		90	<25		
Barron					<25		<25		<25	105	<25	155		<25	
Bayfield			<25		<25		<25			83	28	43	<25	<25	
Brown		<25		<25	<25		<25			1627	<25	200		<25	
Buffalo	<25				<25		<25				<25	<25			
Burnett					<25		<25				<25	35			
Calumet					<25	<25	<25		<25	282	115	41		<25	
Chippewa					<25		<25					42			
Clark					<25	<25	<25			<25	<25	166			
Columbia				<25	<25	<25	<25		<25	345	<25	156	27	<25	
Crawford					<25		<25			70		61			
Dane					1252		178	162	457	698	1593	1360			33
Dodge				37	69	<25	<25			642	36	220	34	<25	
Door										132	<25	121	26		
Douglas					121		<25			104	<25	55	<25		
Dunn				<25	<25		70	<25		50		157		<25	
Eau Claire	38				83	<25	<25				159	152		48	
Florence							<25			<25		25			
Fond du Lac				79	139		33			497		800			
Forest/Oneida/Vilas					65	<25	177			359	56	515		26	
Grant/Iowa					27		<25			293		347			
Green					<25		<25			206	<25	170	<25		
Green Lake		<25		<25						111		73			
Iron					<25					26		32			
Jackson					<25		<25				<25	57			
Jefferson					66		<25			531	242	300	157		
Juneau					<25		<25			219	<25	128	<25		
Kenosha	<25	<25		57	179		<25			643		299	<25	<25	
Kewaunee				<25					<25	125	99	68		<25	
La Crosse					40		25	<25		714	129	337		42	
Lafayette					<25		<25			113		82			
Lanc/Linc/Marathon					153	<25		108		1695		1104			
Manitowoc					<25		53			377		<25			
Marinette										253	<25	366			
Marquette				<25	<25		<25			146		156		<25	<25
Menominee				<25	<25		<25			132	<25	108		<25	
Milwaukee					1783		505	392			4099	2977	194	534	
Monroe					<25	<25	<25			272	255	130	<25	335	
Oconto					<25		<25			204		127	<25		
Outagamie							130	<25		42	409	170		26	
Ozaukee										344	37	56			
Pepin	<25				<25	<25	<25					<25			
Pierce					<25	<25	<25			176		119			
Polk				<25	<25		<25			336	<25	295		<25	<25
Portage					50		<25			385	358	278		<25	
Price					<25	<25	<25			71	27	<25			
Racine					71					495	977	316			190
Richland									<25	107		95	<25		
Rock	<25				246		<25		<25	1111	<25	497	26	99	
Rusk				<25	<25		<25			65	41	27			
Sauk		<25		53	53		29	<25				116			
Sawyer					<25		<25			168		161		<25	
Shawano				44						289		194			
Sheboygan					<25		64					190			
St. Croix					<25	<25	38	<25		298		373			
Taylor					<25	<25	<25			106	<25	77			
Trempealeau					<25		<25	<25		143		43	<25		
Vernon							<25					66			
Walworth				33	<25					320		187			
Washburn						<25	<25				<25	46			
Washington					50		48	76		616	75	368			
Waukesha					70		103			775	93	757		42	
Waupaca				<25	<25		<25			277		41		<25	
Waushara		<25			<25		<25			227		180	<25		
Winnebago				<25	<25	<25	133			1325	1353	283		<25	
Wood					<25		40	68		598		311		52	

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

Table 13 lists the substance abuse service categories (combining related Service Program Category (SPC) service codes) used in the above tables.

Table 13: Substance Abuse Service Categories, with Grouped SPC Service Codes		
Substance Abuse Service Categories	SPC Code(s)	Service(s)
Community Support Program (CSP)	509	
Comprehensive Community Services (CCS)	510, 510.10	
Community Recovery Services (CRS)	511	
Crisis Intervention/Emergency Outpatient	501, 501.10 507.50	Crisis Intervention Emergency Outpatient
Detoxification Services	703.10 703.20 703.50 705, 705.10	Medically Managed Inpatient Detoxification Medically Monitored Residential Detoxification Ambulatory Detoxification Detox (Social Setting, Residential Intoxication Monitoring)
Inpatient Services	503.50 503.60 925	Medically Managed Inpatient Medically Monitored Hospital Treatment Institution for Mental Disease
Residential Services	503.70 504 506.10, 506.20 202, 204 205	Medically Monitored CBRF Treatment Residential Care Center (children) Transitional Residential Adult Family Home, Group Home Shelter Care
Partial Day Services	704.10, 706	Day Treatment (medical, non-medical)
Court Services	301	Court Intake and Studies
Intake Assessment	603	
Case Management	604	
Outpatient Services	507, 507.10, 507.20, 507.30 507.05, 507.15, 507.35 507.40, 507.45	Outpatient, Regular (general, indiv, family, group) Outpatient, Intensive (general, indiv, group) Outpatient, In-home (regular, intensive)
Medication Treatment	507.65 507.70 507.75 507.80	Medication Management Methadone or Narcotic Detoxification Methadone Maintenance/Narcotic Treatment Suboxone Management
Supportive Services	101 104, 104.10, 106 107 108 110 507.64 601 602, 602.10 606 615	Child Care Home Supports Specialized Transportation and Escort Work-Related Services Daily Living Skills Training Drug Testing Outreach Information and Referral Health Screening and Accessibility Supported Employment
Other Services	112 112.55 403 406 408 507.62	Interpreter Services/Adaptive Equipment Specialized Medical Supplies Recreation/Alternative Activities Protective Payment/Guardianship Community Prevention/Organization/Awareness Other medical services

Data Source: Program Participation System (PPS), Wisconsin Department of Health Services

Wisconsin and National Service Distribution

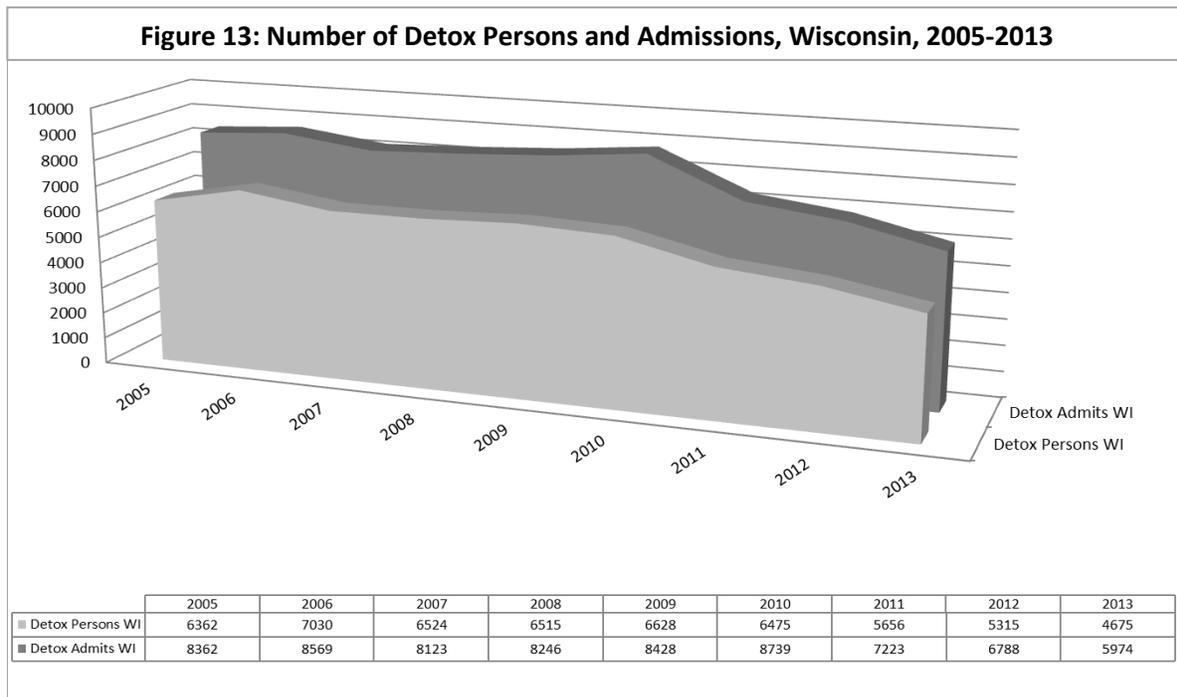
Table 14 compares Wisconsin's substance abuse services array with the average array of services across the United States. Wisconsin continues to provide a smaller percentage of residential and intensive outpatient treatment services (and a larger percentage of regular outpatient services) than the national average.

Substance Abuse Service	Wis., 2013	U.S., 2012
Detox	19.5%	22.8%
Inpatient	0.2%	0.3%
Residential, short-term (30 days or less)	1.3%	9.2%
Residential, long-term (more than 30 days)	4.5%	7.5%
Intensive outpatient or day treatment	5.1%	12.0%
Regular outpatient	69.4%	48.2%
All Substance Abuse Services	100.0%	100.0%

Data Source: Treatment Episode Data Set, SAMHSA; Program Participation System (PPS), Wisconsin Department of Health Services.

Detoxification Services

Alcohol and certain other drug withdrawal can be life threatening. Detoxification services provide a protective environment for the safe withdrawal of alcohol and other drugs from the body and an opportunity for the client to get connected with continuing treatment. Detox is a medically necessary service, however, repeated detox episodes can, in some instances, be prevented. The decline in publically supported detox services (seen in Figure 13) includes a slight decrease in repeat detox episodes from an average of 1.35 admissions per person in 2010 (8,739 admits among 6,475 persons) to 1.28 admissions per person in 2011 through 2013.



Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

Medication-Assisted Treatment

The use of medications such as naltrexone, buprenorphine, and methadone to supplement psychosocial addiction treatment is an evidence-based approach to care. According to data on the percent of client admissions that include medication services (in Table 15), Wisconsin lags behind the national average in the use of medication adjuncts.

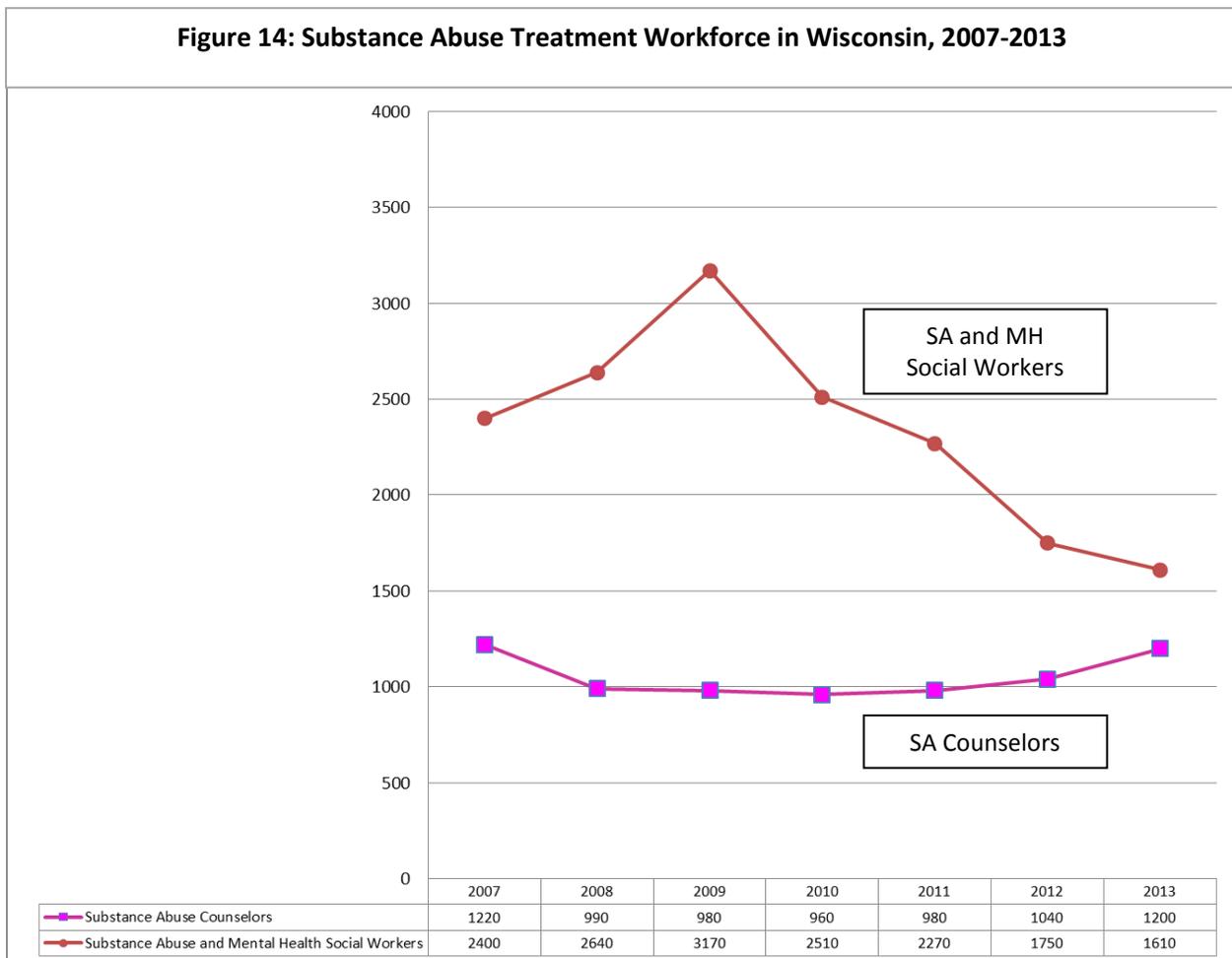
Table 15: Percent of Client Admissions that Received Medication-Assisted Treatment, Wisconsin 2013 and United States 2012	Wis., 2013	U.S., 2012
	0.3%	6.8%

Data Source: Treatment Episode Data Set, SAMHSA

Substance Abuse Treatment Workforce

In 2013, there were an estimated 1,200 employed substance abuse (SA) counselors in Wisconsin and another 1,610 substance abuse and mental health (SA and MH) social workers. While the U.S. Bureau of Labor Statistics is projecting a 33 percent increased need for substance abuse professionals by the year 2016, Wisconsin has seen an overall decline in its substance abuse treatment workforce since 2009, with only a 1 percent gain between 2012 and 2013.

Figure 14: Substance Abuse Treatment Workforce in Wisconsin, 2007-2013



Data Source: U.S. Bureau of Labor Statistics

Substance Abuse Services Availability and Waiting List Issues

Each year the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, gathers data from county agencies administering or providing substance abuse services. Data on waiting lists and unavailable services are collected. In 2013, 530 persons statewide were denied a needed service such as residential, intensive outpatient counseling, or narcotic treatment due to lack of availability or lack of public funding. An additional 1,660 persons statewide were placed on a waiting list for services such as residential, intensive outpatient counseling, regular outpatient counseling, or narcotic treatment where they were required to wait two to three weeks before receiving services. Studies show that clients from waiting lists are at higher risk of not starting treatment or withdrawing from treatment. Thirty county agencies identified services that were not available due to lack of sufficient revenue such as residential or housing services, narcotic treatment, intensive outpatient counseling, case management, wraparound services, and transportation.

IV. Quality and Outcomes

The purpose of this section is to examine to what degree consumers are treated effectively in Wisconsin's mental health and substance abuse services system. Two broad areas will be examined:

- Quality and Appropriateness of Services
- Consumer Outcome Indicators

Once consumers access services, many factors can influence whether consumers' needs have been met before being discharged from treatment. Services provided to consumers must be appropriately matched to their specific needs and services must be delivered in a quality manner according to treatment standards and using best practices when possible. Needs and gaps in the areas of quality and appropriateness are important to examine because they sometimes can be more readily addressed through the addition of training components for staff.

Ultimately, the effectiveness of services must be assessed based on the outcomes of the service experience for the individual consumer. Consumer outcomes, such as reduction in alcohol use and employment status, are examined. An epidemiological approach is used to examine broad system and societal impacts such as hospitalization rates and alcohol-related traffic deaths.

Quality and Appropriateness of Services

Two important issues related to the quality and appropriateness of services received by consumers are examined in this section:

- Using evidence-based practices to deliver quality services with proven effectiveness
- Delivering services in a recovery-based manner

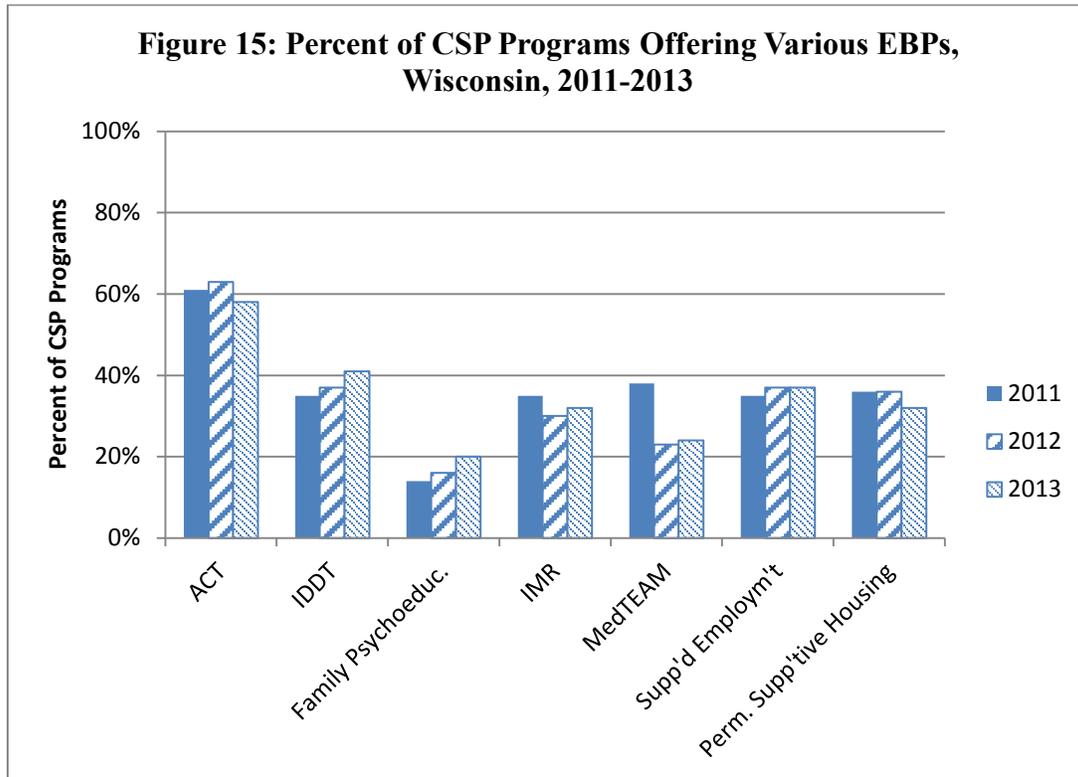
Use of Evidence-Based Practices to Provide Quality Mental Health Services

The Division of Mental Health and Substance Abuse Services (DMHSAS) conducts an annual program survey of all CSPs and CCS programs across the state. These surveys have asked program staff for information on their use of evidence-based practices (EBPs) among CSPs since 2007 and CCS programs since 2011. DMHSAS provided grant funding to select counties from 2006-2008 to implement EBPs for adults in CSPs and has more recently funded training for Supported Employment, but counties and CSPs have been on their own otherwise to select and implement EBPs.

Community Support Programs (CSPs)

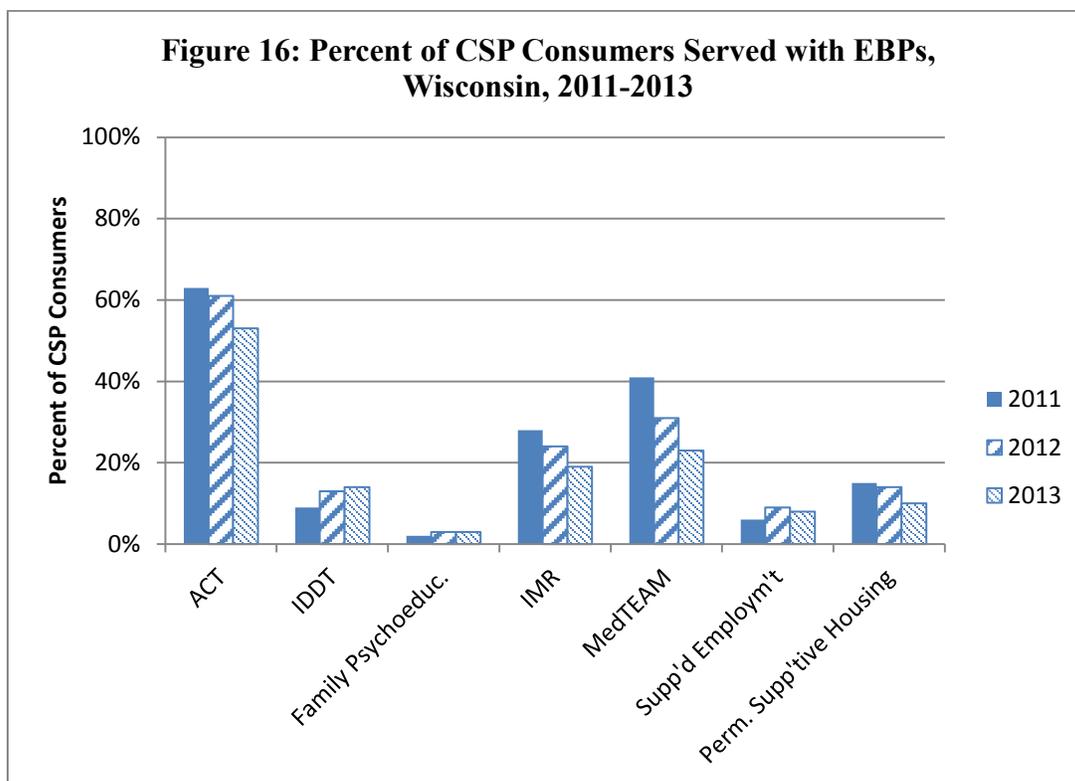
About 80 percent of CSPs offered at least one EBP to their consumers and many (almost one in every five CSPs) offered five or more EBPs. The types of EBPs offered by CSPs over the past three years (2011-2013) are displayed in Figure 15. Since the CSP model was originally based on a variation of ACT, it is not surprising that of the CSPs responding to the program surveys each year, Assertive Community Treatment (ACT) was the most common EBP, offered by about 60 percent of the programs. Integrated Dual Disorder Treatment (IDDT), Illness Management and Recovery (IMR), Supported Employment, and Permanent Supportive Housing were offered by about one third of the programs, while MedTEAM and Family Psychoeducation were even less common, offered by less than a quarter of CSPs. Very few programs (about 10 percent) offered any EBPs beyond the list provided in the survey. However, several programs mentioned that they

offered Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Peer Specialists/Peer Support.



Data Source: CSP Annual Program Surveys, Wisconsin Department of Health Services

Most CSP programs offered at least one EBP, but the percent of consumers actually served using those EBPs remained fairly low. ACT was the only EBP received by more than half of all CSP consumers each year (2011-2013). MedTeam and IMR services were somewhat less common (received by two to four of every 10 CSP consumers), but all other models were received by relatively few (only about 10 percent) of CSP consumers.



Data Source: CSP Annual Program Surveys, WI Department of Health Services

The program surveys also asked CSPs to report on the degree to which they implemented EBPs that are faithful to the prescribed treatment model, ensuring they provide high quality and effective services. CSPs were asked to report on several aspects of the implementation of each EBP, including:

- Have CSP staff been specifically trained to implement this EBP?
- Did you use the official EBP toolkits to guide your implementation?
- Did you monitor the fidelity of your implementation?
- Did you use an outside monitor to review fidelity?

The first issue of EBP provision is to what degree CSPs implemented ACT, the model on which CSPs are based. Of the CSPs who used ACT, almost 90 percent trained their staff to implement the model; however, just over half used the official ACT implementation toolkit to guide implementation. Generally less than half of all CSPs that use ACT monitored the fidelity of their implementation of the model, and most monitored their own fidelity rather than enlisting an independent outside monitor.

Many CSPs noted that their main obstacle to faithfully applying the ACT model was meeting the maximum consumer-to-staff ratio (10:1) that ACT requires. Staffing shortages are thus a significant barrier to meeting this best practice. For those using ACT, more emphasis may be needed on using the official ACT toolkit, including its fidelity measures. A similar pattern of implementation exists for the other EBPs used among CSPs as well.

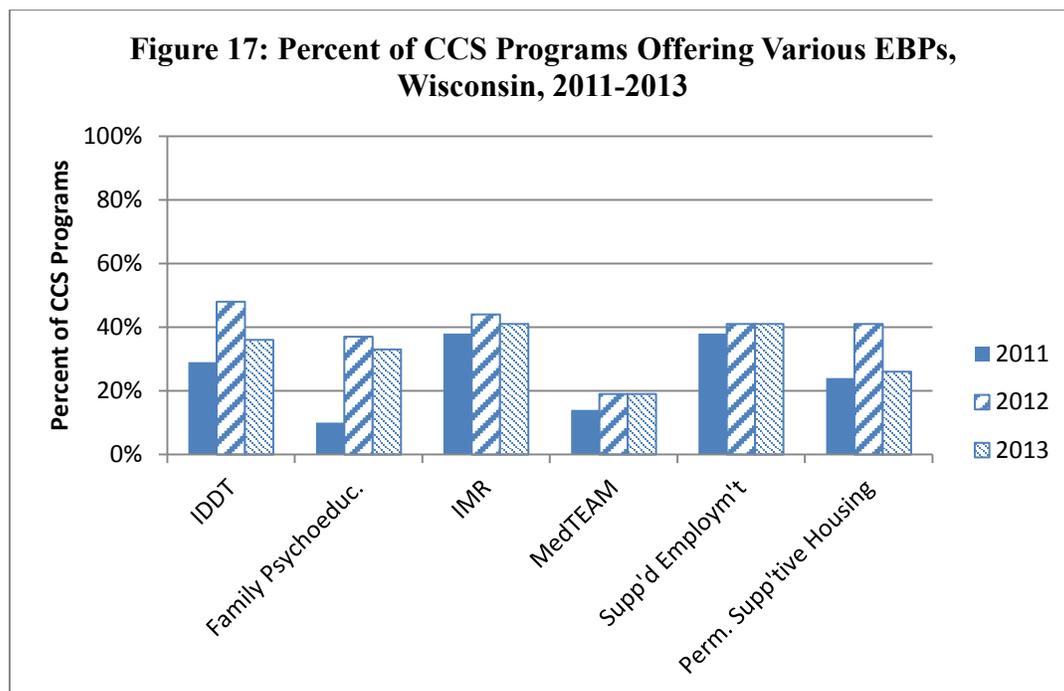
Implementation Step	2011	2012	2013
Trained Staff	86%	89%	88%
Used Toolkits	57%	61%	56%
Monitored Fidelity	52%	43%	41%
Outside Monitor	14%	7%	10%

Data Source: CSP Annual Program Surveys, Wisconsin Department of Health Services

Comprehensive Community Services (CCS)

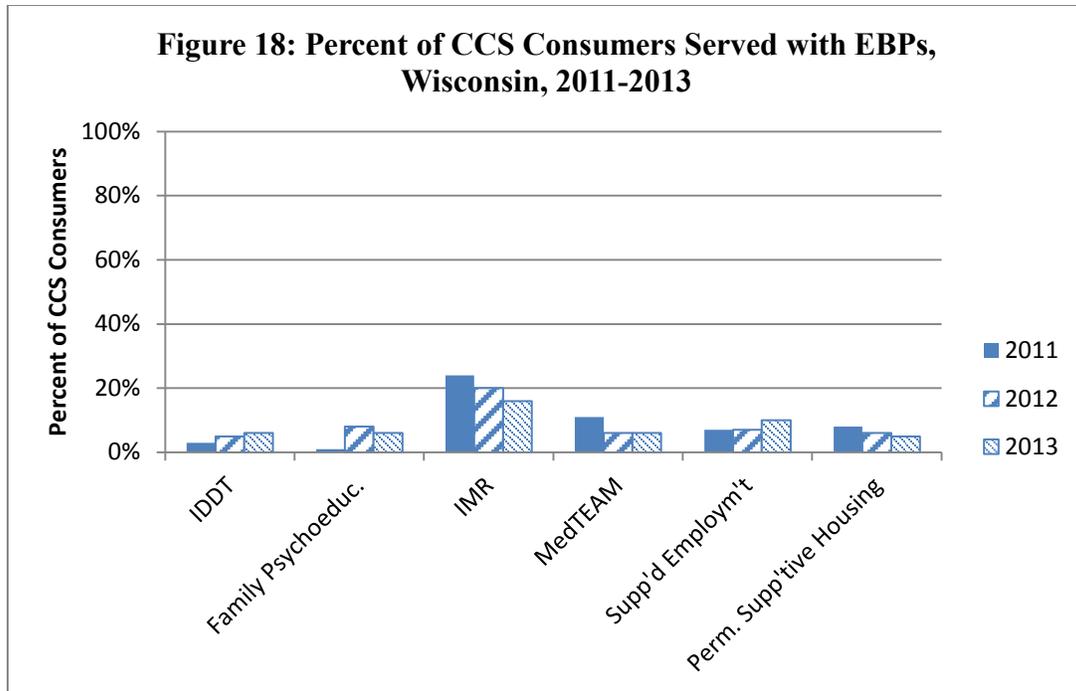
While CCS programs are not required to use EBPs, they are encouraged to incorporate EBPs to the best of their ability. Between 2011 and 2013, about two-thirds (between 62 and 67 percent) of CCS programs offered at least one EBP to their consumers; each year, several programs reported offering as many as five or more EBPs.

The types of EBPs offered by CCS programs are displayed in Figure 17. Integrated Dual Disorder Treatment (IDDT), Illness Management and Recovery (IMR), Supported Employment, and Family Psychoeducation were generally the most common EBPs, offered, available in about 40 percent of CCS programs. Permanent Supportive Housing and MedTEAM were less common, offered by less than a quarter of CCS programs



Data Source: CCS Annual Program Surveys, Wisconsin Department of Health Services

While many CCS programs offered at least one EBP to their consumers, the percent of consumers receiving those EBPs remained very low. IMR was the only EBP received by 20 percent of all CCS consumers (and then only in 2011 and 2012). All other EBP services were received by 10 percent or less of CCS consumers.



Data Source: CCS Annual Program Surveys, Wisconsin Department of Health Services

The degree to which CCS programs faithfully implemented the EBPs they did provide was asked in the CCS program survey (as it was for CSP programs). CCS programs reported on various aspects of EBP implementation including staff training, use of toolkits, monitoring fidelity, and use of outside monitors. Table 17 shows the percent of CCS programs who took each of these four implementation steps (among those programs that offered each EBP).

While CCS staff were often trained to administer an EBP, the toolkits provided by the Substance Abuse and Mental Health Services Administration (SAMHSA)¹ to guide implementation of an EBP were used less consistently. Although some programs monitored the fidelity with which they implemented EBPs, monitors from outside the CCS program were rarely used to assess fidelity, with the notable exception of Supported Employment.

Note: In 2011, some CCS programs reported training staff in using an EBP despite not offering it to consumers that year; this may reflect preparation for using an EBP rather than a reporting error.

¹ SAMHSA Toolkits on Evidence-Based Practices (EBP), see: <http://store.samhsa.gov/pages/searchResult/ebp+kit>

Table 17: CCS Implementation of Various EBPs, by Implementation Step, Wisconsin, 2011-2013

IDDT	2011	2012	2013
Trained Staff	67%	92%	100%
Used Toolkits	67%	46%	67%
Monitored Fidelity	50%	38%	50%
Outside Monitor	33%	8%	10%
Family Psychoeducation			
Trained Staff	150%	80%	78%
Used Toolkits	100%	50%	56%
Monitored Fidelity	50%	40%	56%
Outside Monitor	0%	10%	0%
IMR			
Trained Staff	125%	83%	91%
Used Toolkits	50%	58%	82%
Monitored Fidelity	38%	50%	55%
Outside Monitor	0%	17%	9%
MedTEAM			
Trained Staff	100%	100%	100%
Used Toolkits	67%	60%	80%
Monitored Fidelity	67%	60%	40%
Outside Monitor	33%	20%	0%
Supported Employment			
Trained Staff	88%	82%	90%
Used Toolkits	25%	73%	60%
Monitored Fidelity	50%	64%	63%
Outside Monitor	63%	36%	36%
Permanent Supportive Housing			
Trained Staff	80%	82%	57%
Used Toolkits	20%	36%	29%
Monitored Fidelity	20%	27%	29%
Outside Monitor	0%	18%	0%

Data Source: CCS Annual Program Surveys, Wisconsin Department of Health Services

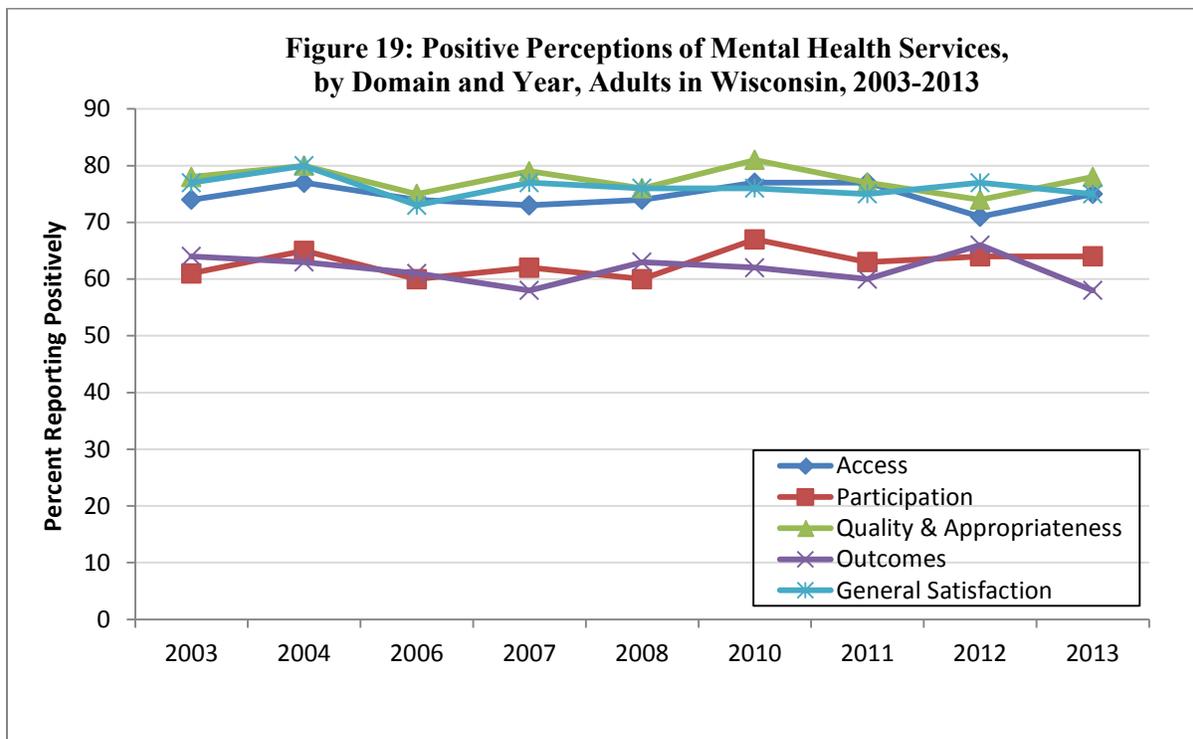
Delivering Services in a Recovery-Based Manner

Consumer Satisfaction with Mental Health Services

Every year, the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, distributes a satisfaction survey to a random sample of consumers served in the county mental health system across the state. The survey is administered to adult consumers with serious mental illness (SMI) and the primary caregivers of youth ages 6-17. Updated consumer satisfaction data through 2013 is included below. Consumer satisfaction levels are very similar to results described in the initial needs assessment report for previous years.

Highlights of adult consumers' satisfaction with their mental health services include:

- Adult consumers were consistently satisfied with the mental health services they received between 2003 and 2013. Levels of general satisfaction have not varied much over time, remaining between 73 and 80 percent across the 10 years.
- Adults' satisfaction with the quality and appropriateness of their mental health services also has been high (74 to 81 percent) compared to other domains; their satisfaction with access to services (71 to 77 percent) also has remained consistently high.
- Adult consumers have been satisfied with their participation in treatment planning over time (levels of satisfactions ranging from 60 to 67 percent); however, as many as 4 of 10 adults are neutral or unsatisfied about their participation in treatment planning.



Data Source: Annual MHSIP Satisfaction Surveys, Wisconsin Department of Health Services

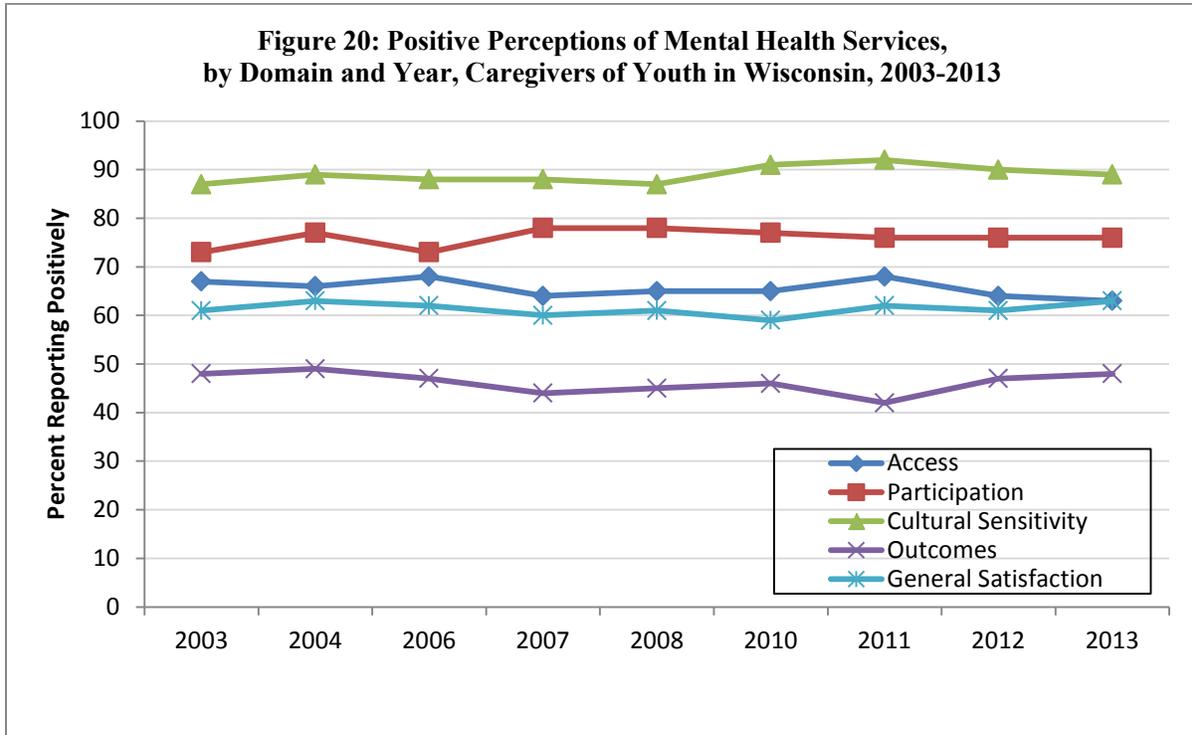
Table 18: Positive Perceptions of Mental Health Services, by Domain and Year, Adults in Wisconsin, 2003-2013					
Year	Access	Participation	Quality and Appropriateness	Outcomes	General Satisfaction
2003	74	61	78	64	77
2004	77	65	80	63	80
2006	74	60	75	61	73
2007	73	62	79	58	77
2008	74	60	76	63	76
2010	77	67	81	62	76
2011	77	63	77	60	75
2012	71	64	74	66	77
2013	75	64	78	58	75

Data Source: Annual MHSIP Satisfaction Surveys, Wisconsin Department of Health Services

A summary of caregivers' satisfaction with the quality and appropriateness of their child's treatment include:

- Similar to adults, the highest rated domain for youth was related to quality and appropriateness. Satisfaction with the cultural sensitivity of youth services was consistently high (between 87 and 92 percent over time).
- Caregivers were more satisfied (73 to 78 percent) with the level of participation in planning their child's services than adult consumers were with participation in their own treatment.

Although aspects of the quality of consumers' experiences with mental health services were rated relatively high, it did not appear to result in improved functional outcomes for everyone. Adults appear to be relatively unsatisfied with the outcomes associated with the services they received: less than two-thirds (58 to 66 percent) reported that services had made a positive impact on their lives. Caregivers were even less satisfied with the outcomes associated with services their child had received: less than half (42 to 49 percent) reported that their children's services had resulted in positive outcomes. In most years, over three-quarters (75 percent) of adult consumers were satisfied with the quality of their services, but less than two-thirds (66 percent) were satisfied with the functional outcomes of their services. The gap for youth is even greater: nearly 90 percent of caregivers were satisfied with the cultural sensitivity of services and their participation in treatment planning, but always less than half of caregivers were satisfied with the outcomes of their children's services.



Data Source: Annual MHSIP Satisfaction Surveys, Wisconsin Department of Health Services

**Table 19: Positive Perceptions of Mental Health Services,
by Domain and Year, Caregivers of Youth in Wisconsin, 2003-2013**

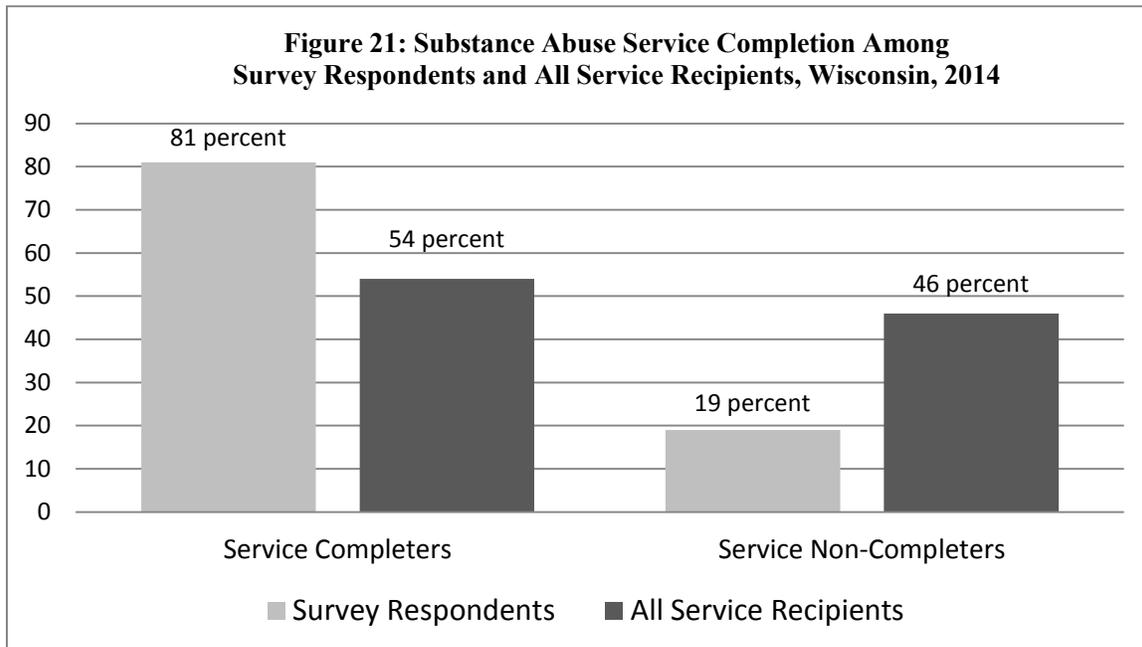
Year	Access	Participation	Cultural Sensitivity	Outcomes	General Satisfaction
2003	67	73	87	48	61
2004	66	77	89	49	63
2006	68	73	88	47	62
2007	64	78	88	44	60
2008	65	78	87	45	61
2010	65	77	91	46	59
2011	68	76	92	42	62
2012	64	76	90	47	61
2013	63	76	89	48	63

Data Source: Annual MHSIP Satisfaction Surveys, Wisconsin Department of Health Services

Consumer Satisfaction with Substance Abuse Services

A first-ever Wisconsin statewide survey of client satisfaction with substance use services was completed in the fall of 2014. The purpose of the mailed survey was to gauge the quality of and satisfaction with services delivered through substance use counseling programs and to identify areas for service quality improvement efforts. Two hundred eighty-six (286) service recipients from 44 of Wisconsin’s 72 counties returned completed surveys.

Customer satisfaction surveys of this kind can have a couple sources of bias, which may skew or inflate the results in a positive direction. First, persons are typically more likely to return a survey if they have completed alcohol or drug abuse counseling services. To give the reader an idea of the amount of this bias contained in the survey, we compared service completion percentages among survey respondents and a DHS database of all service recipients: 81 percent of survey respondents completed counseling services, compared with only 54 percent of all service recipients.



Data Source: Survey of Client Satisfaction with Substance Abuse Services, Wisconsin Department of Health Services; and Program Participation System (PPS), Wisconsin Department of Health Services.

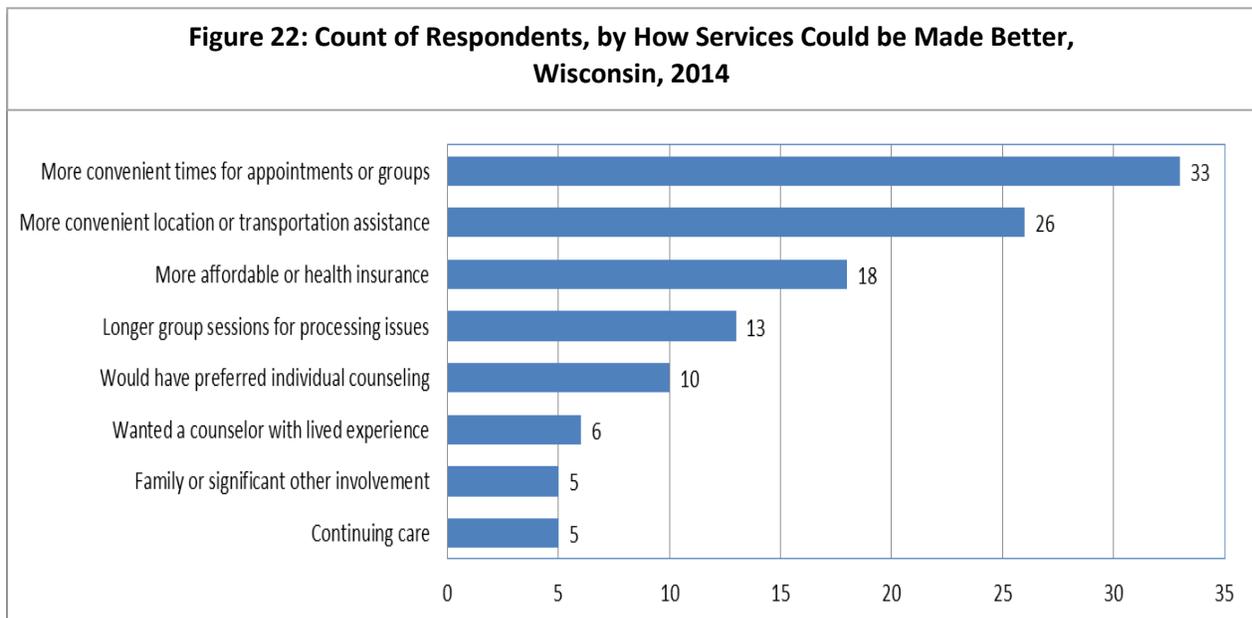
Also, service completers tend to report a higher rate of satisfaction with services than consumers who did not complete services.

- Among survey respondents *who completed services*, 86 percent indicated that the alcohol and drug counseling they received was a positive experience, 84 percent said they would recommend the services to others, and 78 percent said services helped them; an average of these three satisfaction indicators for service completers is 83 percent.
- In contrast, among survey respondents *who did not complete services*, 66 percent indicated that the alcohol and drug counseling they received was a positive experience, 70 percent would recommend services to others and 53 percent said services helped them; an average of these three satisfaction indicators for service non-completers is 63 percent.

For both these reasons, it is important to adjust the survey findings to take into account the imbalance of service completers among survey respondents. Using the average levels of satisfaction among service completers and non-completers, the average satisfaction rate among survey responders would be an adjusted 74 percent (if survey respondents had been more representative of all service recipients) compared with an unadjusted 80 percent.

How does the Wisconsin average service satisfaction rate of 74 percent compare? There is an indication that the Wisconsin alcohol/drug counseling satisfaction rate may be on par with or slightly higher than those reported in published studies. In surveys by Friedmann (2008) [Patient satisfaction and sustained outcomes of drug abuse treatment, *Journal of Health Psychology*, 13(3)] and Carlson (2001) [Patient satisfaction, use of services and one-year outcomes in publicly funded substance abuse treatment, *Psychiatric Services*, 52(9)], rates of alcohol and drug service satisfaction ranged from 65 to 75 percent. The MHSIP survey, conducted each year by the state, has found unadjusted mental health service satisfaction rates from Wisconsin adults ranging from 78 to 82 percent.

In an effort to improve the quality of services provided, respondents of the substance abuse services survey also were asked, “What would have made services better for you?” Figure 22 summarizes their input.



Data Source: Survey of Client Satisfaction with Substance Abuse Services, Wisconsin Department of Health Services

Consumer Outcome Indicators

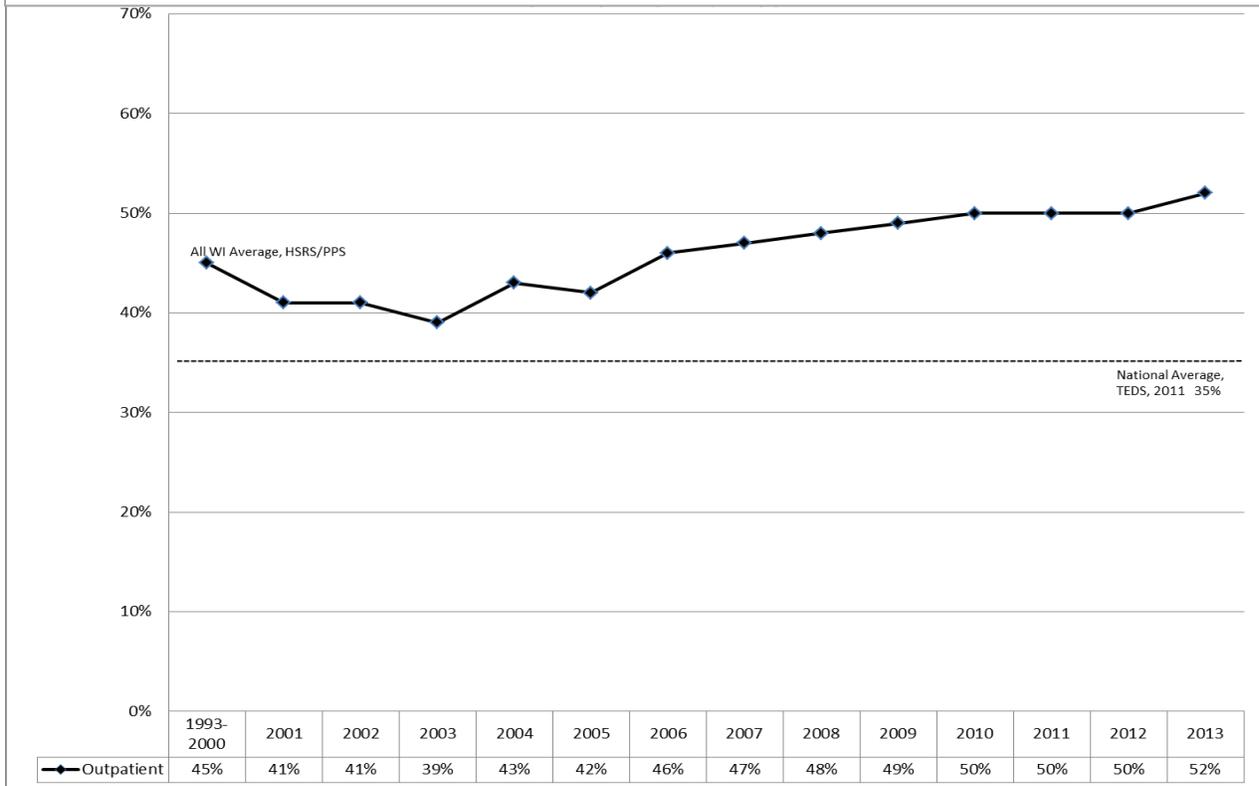
Treatment Completion

Three decades of research has demonstrated that substance abuse treatment completion is strongly associated with positive post-discharge social functioning outcomes. Therefore, one proxy indicator of the quality of services is an analysis of substance abuse treatment completion rates.

Figure 23 tracks Wisconsin outpatient substance abuse treatment completion rates over the past 20 years (among the approximately 18,000 consumers discharged from substance abuse outpatient treatment each year). The increase in treatment completion seen in 2006 and the years

that follow is a result of the Department of Health Services’ Strengthening Treatment Access and Retention—Quality Improvement (STAR-QI) program, which consists of 45 substance abuse and mental health treatment providers pursuing various service quality improvement projects. The national outpatient treatment completion average in 2011, depicted by the dashed line, was 35 percent.

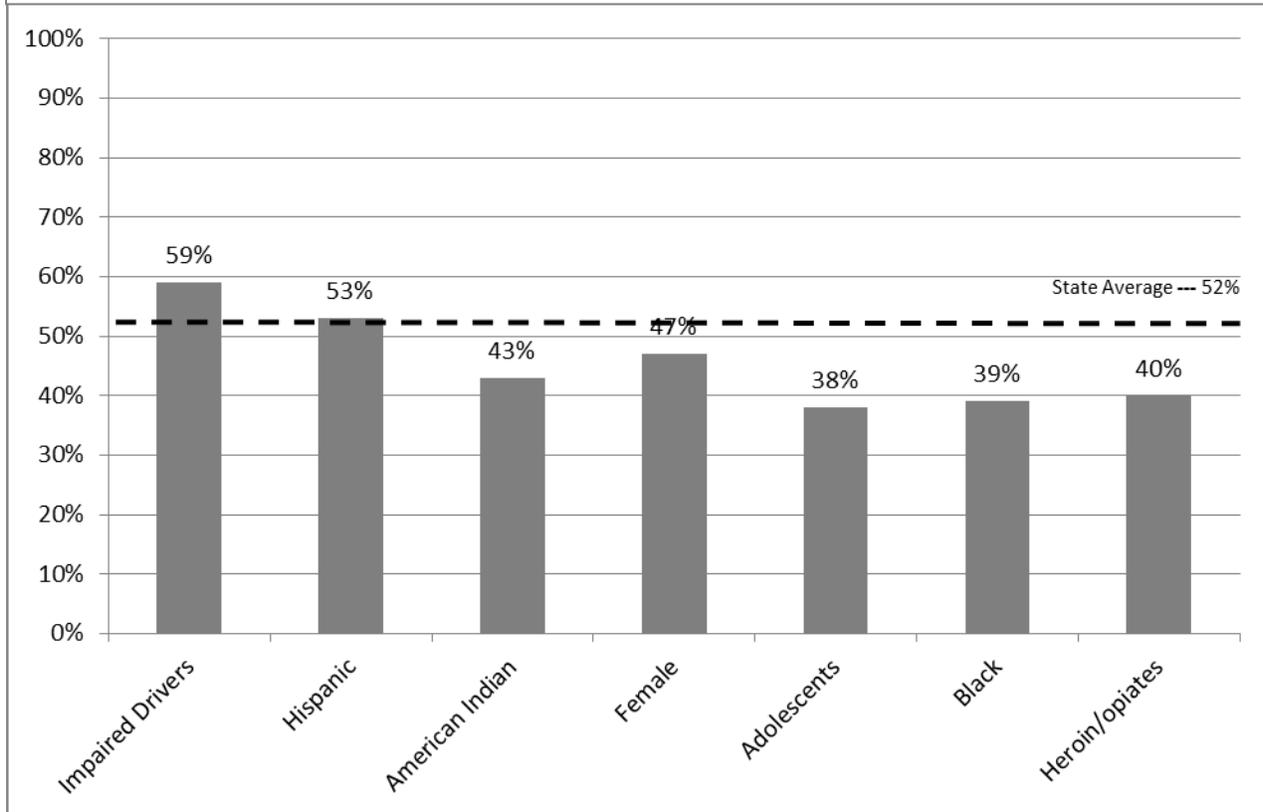
Figure 23: Substance Abuse Outpatient Treatment Completion Rates, Wisconsin and U.S. Average, 1993-2013 (n ~ 18,000 per year)



Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

While the overall statewide rate of outpatient treatment completion in Wisconsin exceeds the national average, disparities in treatment completion rates exist among several Wisconsin population groups for which data are available. Treatment completion rates in 2013 fall below the state average of 52 percent (dotted line in the following chart) for African Americans, American Indians, females, adolescents, and heroin/opiate abusing clients.

Figure 24: Substance Abuse Outpatient Treatment Completion Rates, Among Various Population Groups, Wisconsin, 2013

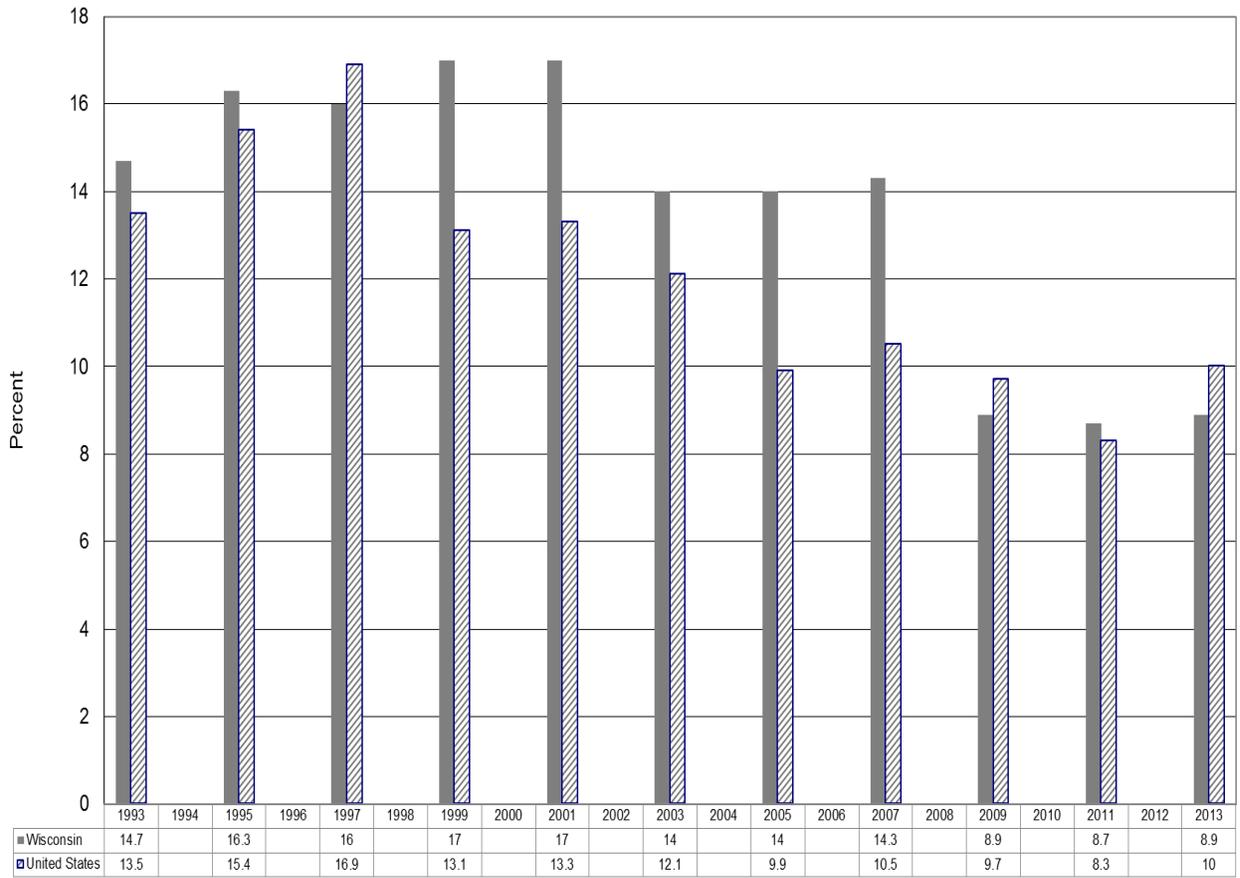


Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services

Substance Abuse Prevention Effectiveness

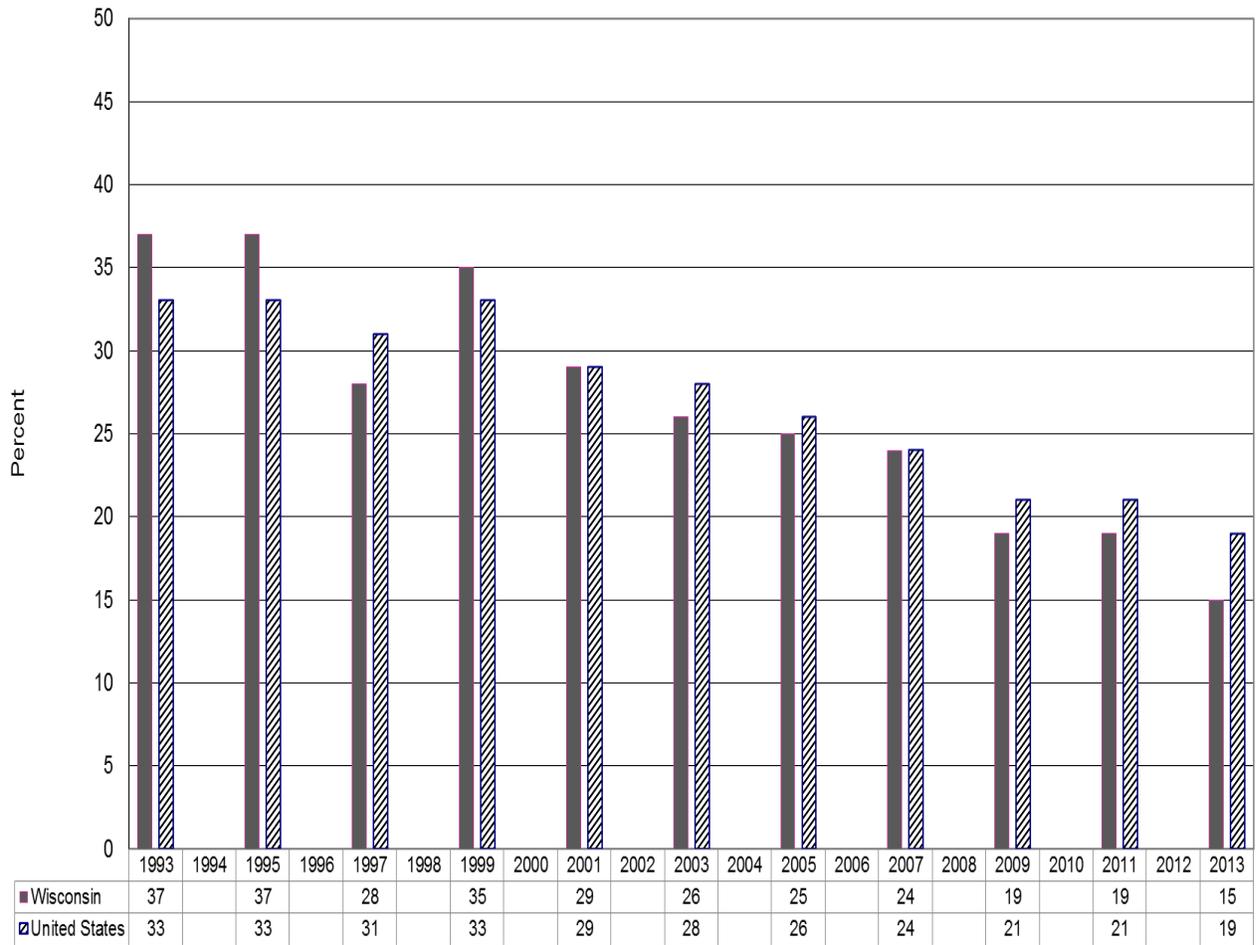
Figures 25 and 26 provide an update on two indicators of the effectiveness of Wisconsin prevention programs and strategies. Reported driving after drinking among Wisconsin high school students fell markedly after 2007 and remains below the national average in 2013. The percent of Wisconsin youth who report having their first full drink of alcohol before age 13 has dropped steadily since 1999 (along with the percent among U.S youth) and has remained at or below the national average since 2001.

Figure 25: High School Students Reporting Driving After Drinking Alcohol, In the Past 30 Days, Wisconsin and United States, 1993-2013



Data Source: Youth Risk Behavior Survey (YRBS), Centers for Disease Control and Prevention (CDC)

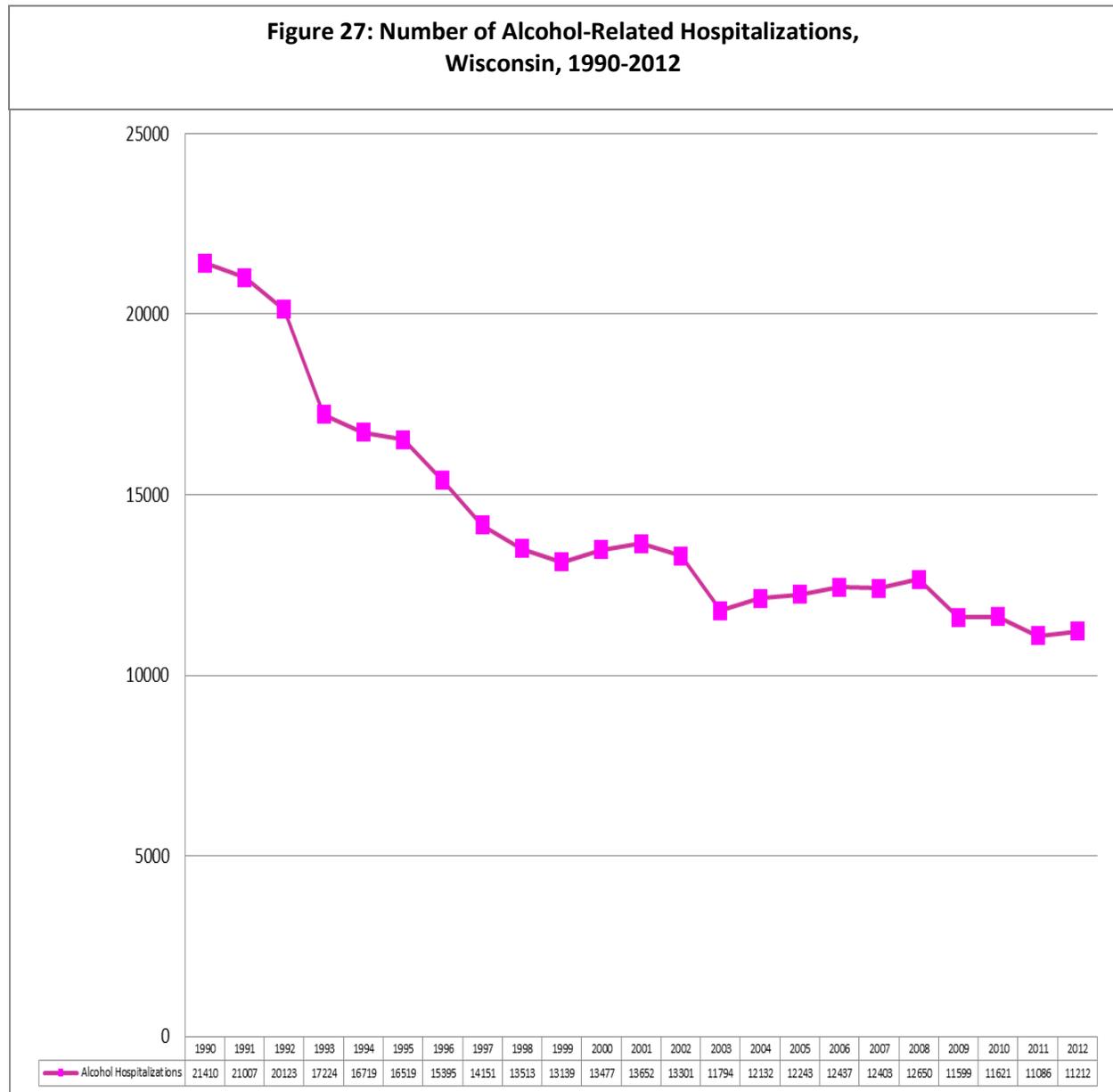
**Figure 26: First Use of Alcohol Prior to Age 13,
Wisconsin and United States, 1993-2013**



Data Source: Youth Risk Behavior Survey (YRBS), Centers for Disease Control and Prevention (CDC)

Alcohol-Related Hospitalizations

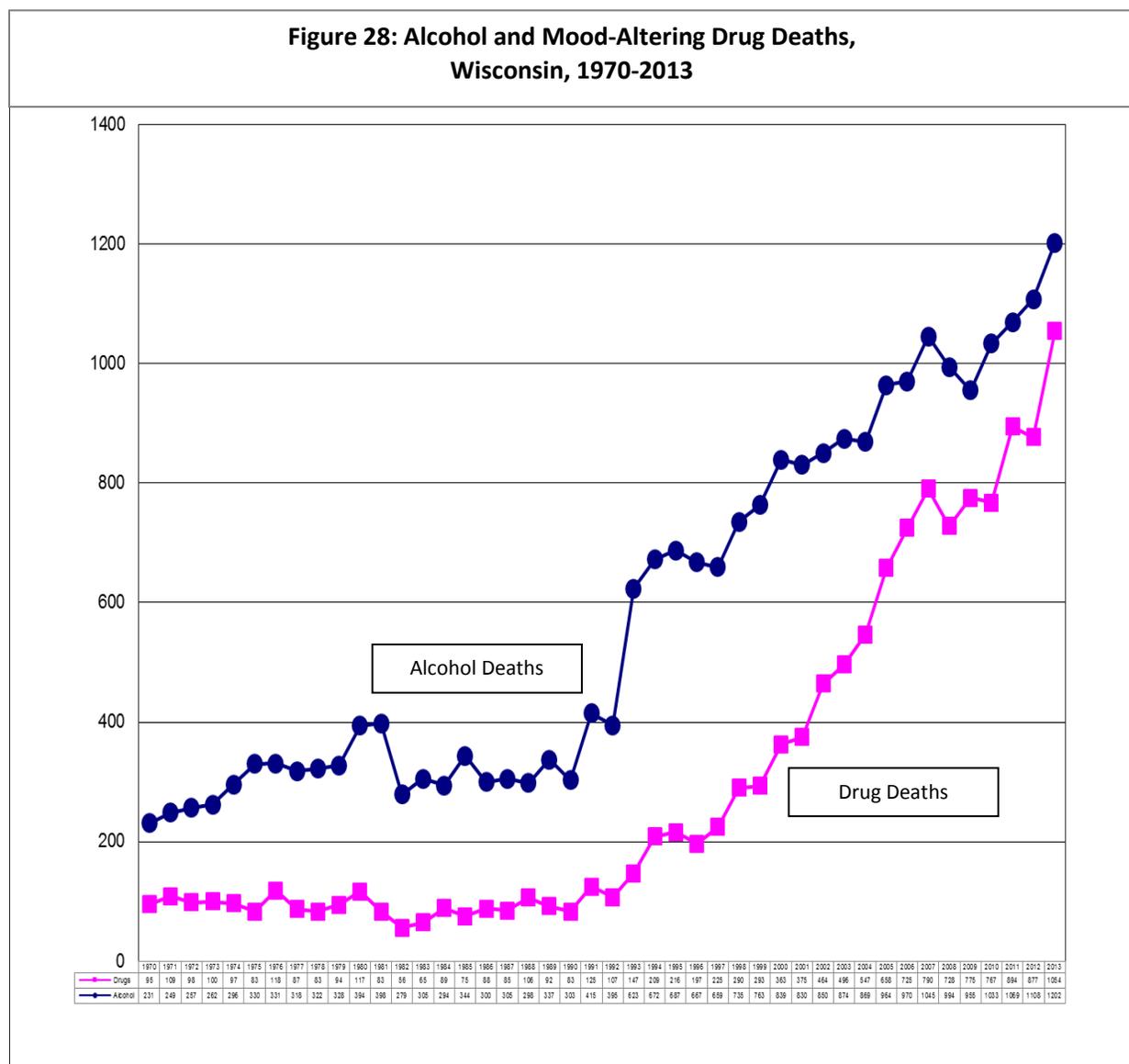
It is important to track hospitalizations for alcohol-related conditions such as acute poisoning or toxicity, liver cirrhosis, pancreatitis, and alcoholism. There were at least 11,212 alcohol-related hospitalizations reported in 2012 (most recent year available), down from the previous five-year average of 11,873 and the lowest number (aside from 2011) recorded over the past 20 years.



Alcohol-Related and Drug-Related Mortality

Conditions such as liver cirrhosis, pancreatitis, hepatitis C, overdose, and addiction are included in cause of death figures collected from Wisconsin death certificates. All causes of death combined, a total of 50,000 deaths occurred across Wisconsin in 2013; the leading causes of death were heart disease, cancer, and stroke.

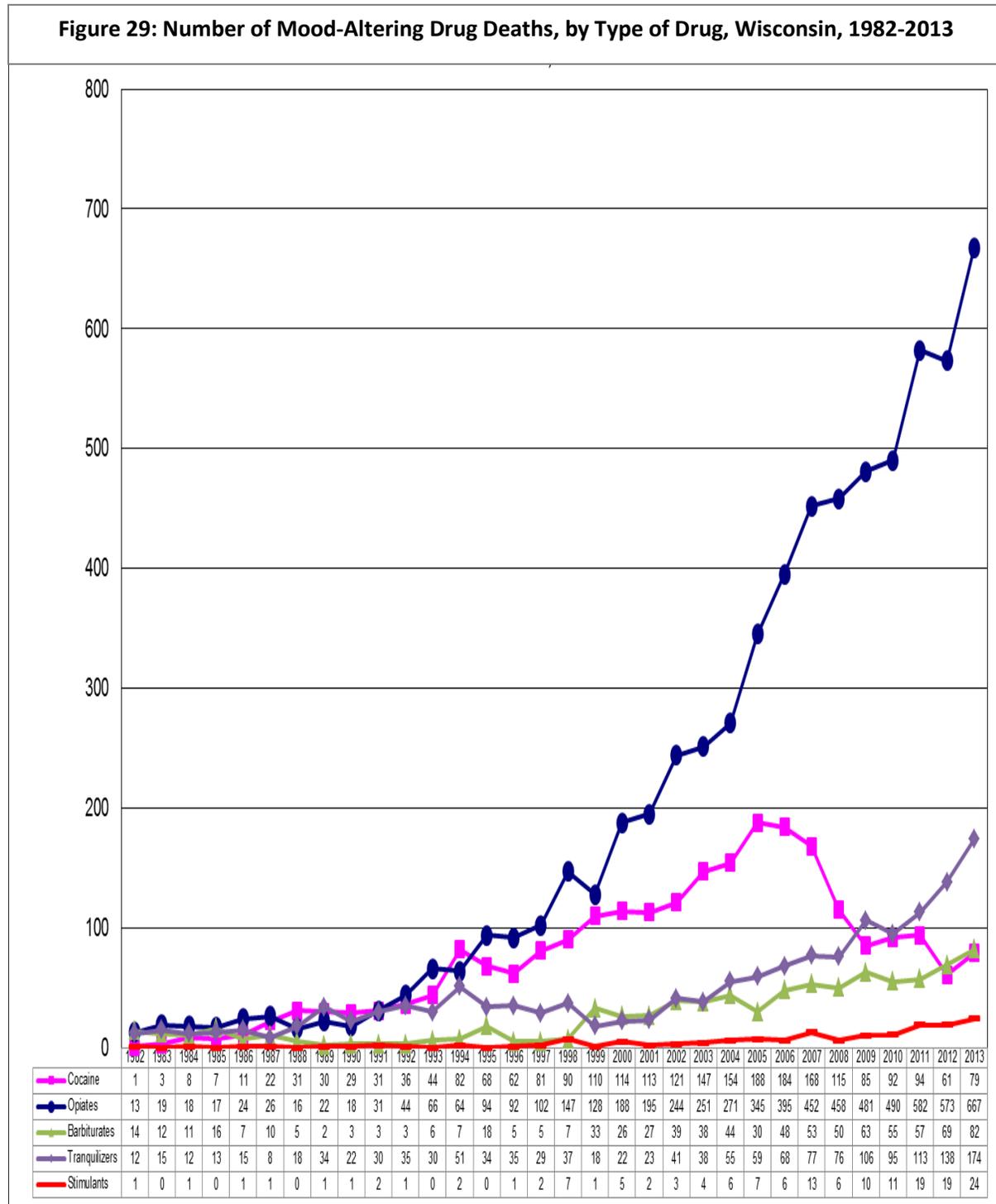
More in-depth examination and accurate reporting of the underlying cause of death in recent years is in part responsible for an increase in reported deaths related to habit-forming illicit drugs and medications and alcohol. However, extreme unhealthy and life-threatening use of these substances continues to rise in Wisconsin, resulting in increased alcohol- and drug-related mortality. Largely preventable, there were 1,202 alcohol and 1,054 habit-forming drug deaths in the state during 2013. The average age of death for these substance-related deaths was mid-50s.



Data Source: Death Certificates, Office of Health Informatics, Wisconsin Department of Health Services

Mood-Altering, Habit-Forming Drug Deaths

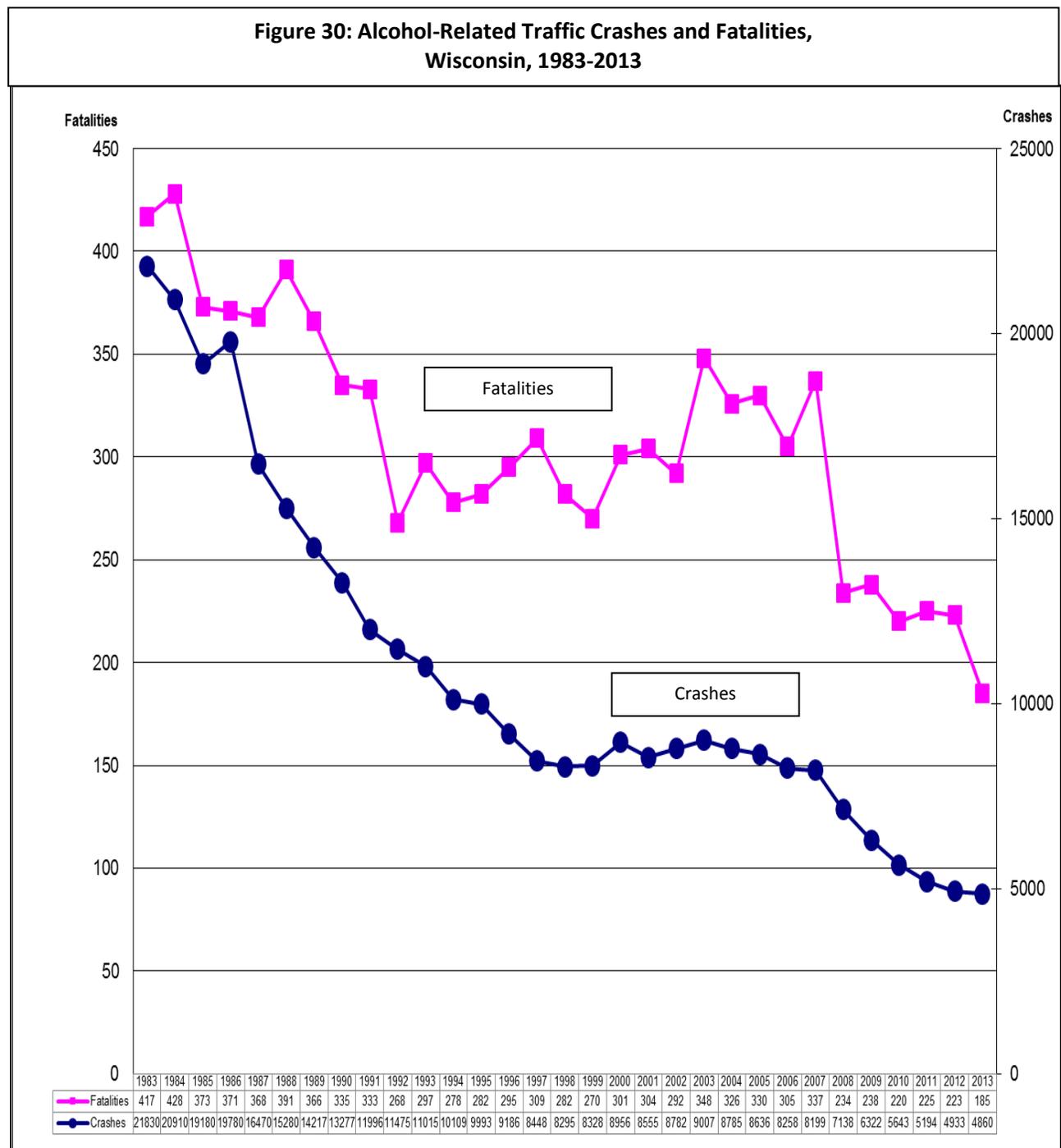
Figure 29 breaks out the deaths related to various individual habit-forming illicit drugs and medications. Opiate deaths in Wisconsin increased over 45 percent in the past five years, from 458 in 2008 to 667 in 2013.



Data Source: Death Certificates, Office of Health Informatics, Wisconsin Department of Health Services

Alcohol-Related Traffic Crashes and Fatalities

Many alcohol-related traffic fatalities are not counted in the previous death data and so a separate graph displaying these public safety deaths is provided. Public safety policy, law enforcement, and substance abuse, prevention, intervention and treatment efforts continue to drive alcohol-related traffic crashes, injuries, and deaths down. There were 4,860 alcohol-related traffic crashes and 185 alcohol-related traffic deaths across Wisconsin in 2013, down from 21,830 and 417 respectively, in 1983.

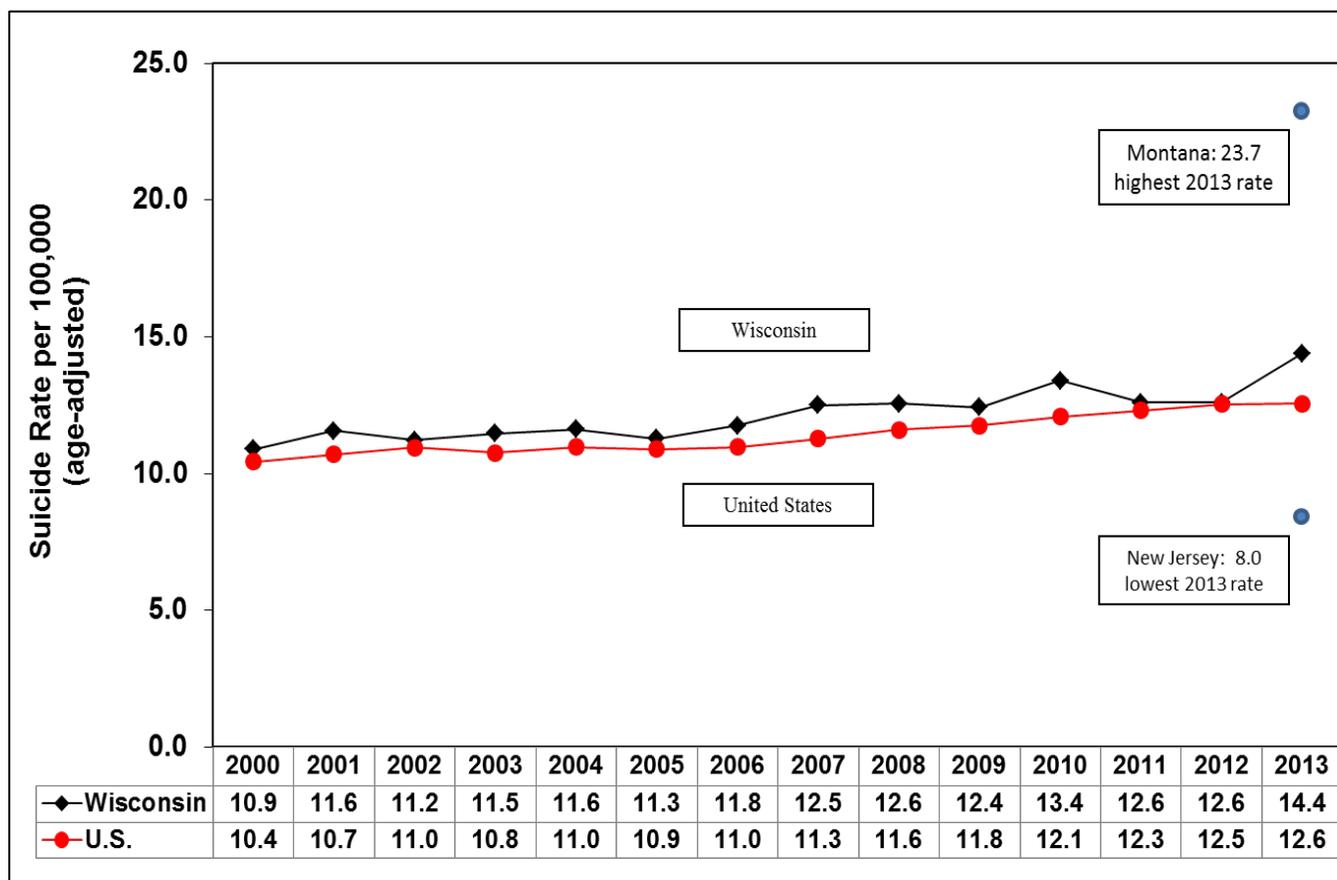


Data Source: Wisconsin Department of Transportation

Suicide Rates

Over the last 14-year period from 2000-2013, the national suicide rate in the United States has steadily risen from 10.4 to 12.6 per 100,000 in the population. Over the same period, the Wisconsin suicide rate has risen from 10.9 to 14.4 per 100,000 people. From 1999-2005, the Wisconsin suicide rate did not change, but from 2005-2013 the suicide rate increased by three people per 100,000 from 11.3 to 14.4 with a one-point increase occurring in 2010 and more recently in 2013. The national rate has consistently been below Wisconsin's rate by about one person per 100,000 or less. The state rates are more variable than the national rate, but the large increase to 14.4 in 2013 in Wisconsin will need to be monitored closely to determine if it is an ongoing trend. While Wisconsin's rate is much lower than Montana's rate, which leads the U.S. in 2013 at 23.7, a future target for Wisconsin could be New Jersey's rate, which was the lowest in 2013 at 8.0 per 100,000.

Figure 31: Wisconsin and U.S. Suicide Rates 2000-2013

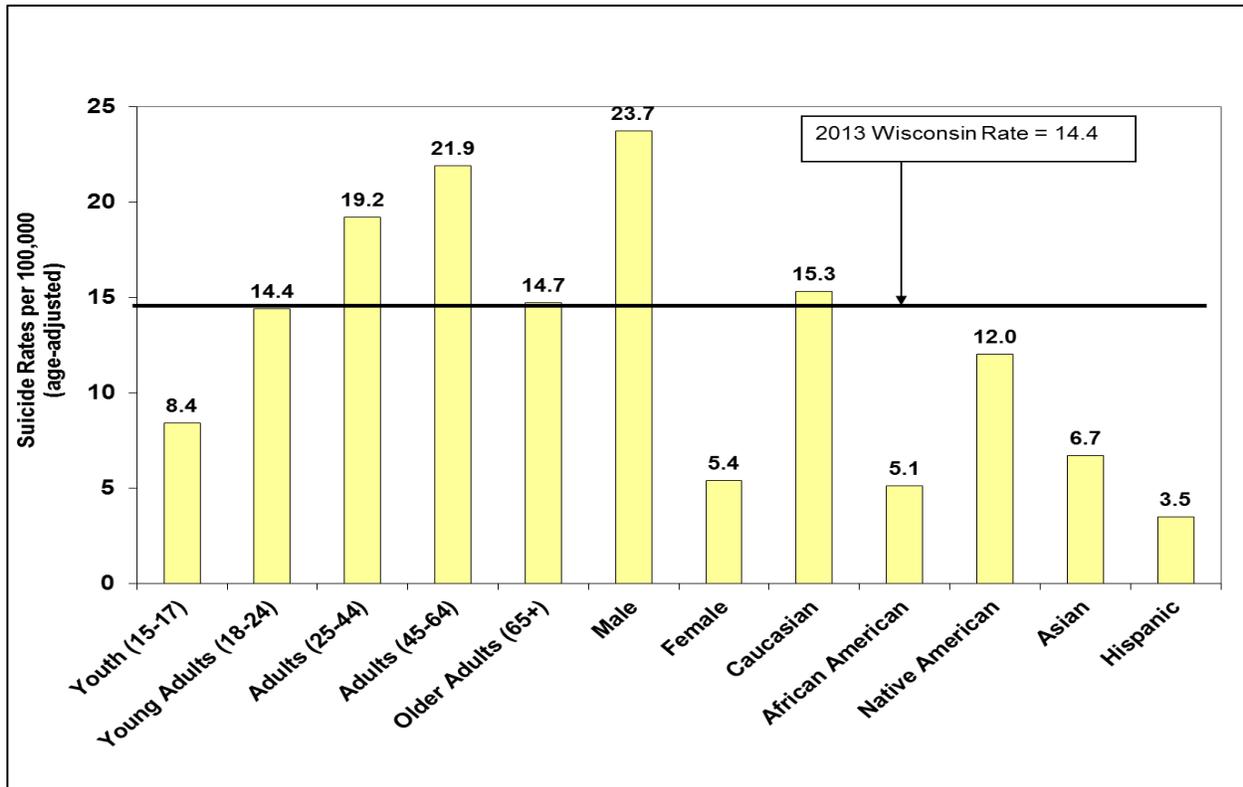


Data Source: CDC/NCHS; Wisconsin Interactive Statistics on Health (WISH).

Relative to other demographic groups, the highest suicide rate in Wisconsin in 2013 was for males at 23.7 per 100,000 people. The rise in the overall Wisconsin rate from 2012-2013 was driven by males as the female suicide rate did not increase over that same period. Similar to the 2011 Wisconsin suicide rates in the original needs assessment report, individuals in the 45-64 age range have the highest suicide rate, which is more than twice the rate of youth suicides. For racial and ethnic groups in Wisconsin, the rate for Caucasians is higher than for other individuals

with minority racial backgrounds. The number of suicides in non-Caucasian groups is often too small to show reliable trends as illustrated by the rate for Asians, which was 20.2 in 2010 and 6.7 in 2013.

Figure 32: Suicide Rates for Wisconsin Demographic Groups, 2013



Data Source: CDC/NCHS; Wisconsin Interactive Statistics on Health (WISH).

Mental Health Inpatient Hospital Readmission Rates

Unplanned hospital readmissions can be an indicator of poor quality mental health care. Thirty-day hospital readmissions are listed as a quality measure for the Patient Protection and Affordable Care Act (PPACA), the U.S. Department of Health and Human Services (HHS), and Centers for Medicare and Medicaid Services (CMS). It has become a common evaluation measure because unplanned readmissions are costly and generally indicates that the mental health system failed to properly address the consumer’s acute condition.

Multiple factors may contribute to the risk of psychiatric hospital inpatient readmissions. The severity of a consumer’s mental health and/or substance abuse needs are typically important factors, but agency processes also can influence the likelihood of a consumer’s readmission to an inpatient hospital. Poor medication adherence management, poor patient education, and deficient outpatient follow-up after discharge from inpatient care can increase the likelihood of a readmission. The Wisconsin Department of Health Services has been working with select counties since 2010 to reduce readmission rates through the use of quality improvement techniques to improve these agency processes.

Table 20 describes the 30-day readmission inpatient hospital rates for mental health consumers served in the county mental health system from State Fiscal Years (SFY) 2009-2013. The readmission rate has been declining in Wisconsin over the last five years from 9.7 percent to 7.7 percent. Another positive indicator of Wisconsin's performance in this area is that the average 30-day mental health inpatient readmission rate for 25 other states reported to SAMHSA is significantly higher at 13.4 percent. Readmission rates are inconsistent across counties, however. While incomplete data reporting by some counties has been documented to contribute to the variation in readmission rates, the variation is also a likely indicator that there is the potential for more improvement in certain areas of the state on this acute indicator.

Table 20: Mental Health Inpatient 30-Day Readmission Rates, by County/Region, SFY 2009-2013

County/Region	SFY2009	SFY2010	SFY2011	SFY2012	SFY2013
Adams	4.4%	10.1%	12.8%	3.9%	5.9%
Ashland	9.1%	0.0%	0.0%	11.1%	0.0%
Barron	5.6%	2.4%	4.1%	4.7%	7.1%
Bayfield	0.0%	4.3%	3.3%	7.3%	0.0%
Brown	13.7%	13.3%	11.6%	9.9%	11.6%
Buffalo	0.0%	16.7%	0.0%	0.0%	0.0%
Burnett	5.0%	5.0%	10.0%	0.0%	0.0%
Calumet	2.0%	4.0%	3.5%	3.0%	3.6%
Chippewa	6.5%	2.7%	8.0%	0.0%	4.5%
Clark	3.7%	1.7%	5.7%	5.3%	8.8%
Columbia	7.5%	7.6%	3.1%	5.1%	5.1%
Crawford	0.0%	21.9%	7.1%	9.5%	10.0%
Dane	10.0%	6.1%	10.9%	11.1%	9.4%
Dodge	12.5%	8.2%	6.9%	6.4%	5.2%
Door	0.0%	22.7%	10.3%	8.6%	5.6%
Douglas	0.0%	7.1%	0.0%	0.0%	0.0%
Dunn	7.4%	8.3%	6.3%	14.3%	16.7%
Eau Claire	3.3%	0.0%	0.0%	0.0%	0.0%
Florence	0.0%	0.0%	0.0%	0.0%	0.0%
Fond du Lac	9.3%	4.0%	5.7%	6.8%	9.7%
Forest/Oneida/Vilas	7.7%	6.6%	6.5%	5.7%	4.3%
Grant and Iowa	8.0%	10.2%	6.1%	5.2%	2.3%
Green	2.7%	5.5%	5.9%	4.3%	0.0%
Green Lake	5.9%	4.2%	0.0%	3.4%	8.7%
Iron	11.1%	0.0%	0.0%	20.0%	0.0%
Jackson	4.3%	10.0%	10.0%	0.0%	6.7%
Jefferson	10.8%	11.5%	6.2%	11.3%	5.9%
Juneau	6.2%	0.0%	0.0%	0.0%	0.0%
Kenosha	10.5%	8.0%	3.1%	4.3%	8.5%
Kewaunee	7.7%	12.5%	16.7%	0.0%	27.3%
La Crosse	4.5%	3.9%	3.1%	6.3%	2.3%
Lafayette	5.7%	11.8%	4.8%	13.3%	14.3%

County/Region	SFY2009	SFY2010	SFY2011	SFY2012	SFY2013
Lincoln/Langlade/Marathon	1.2%	3.0%	11.8%	1.2%	2.8%
Manitowoc	13.5%	9.2%	9.0%	5.8%	3.8%
Marinette	8.1%	5.7%	0.0%	6.1%	10.9%
Marquette	3.6%	5.6%	0.0%	0.0%	13.0%
Menominee	2.8%	0.0%	4.7%	9.1%	5.9%
Milwaukee	13.9%	13.4%	12.3%	11.2%	12.4%
Monroe	7.8%	4.2%	2.9%	0.0%	7.3%
Oconto	6.1%	5.0%	10.0%	7.7%	9.1%
Outagamie	7.0%	3.7%	6.9%	5.0%	6.9%
Ozaukee	0.0%	0.0%	28.6%	0.0%	13.6%
Pepin	0.0%	0.0%	0.0%	0.0%	0.0%
Pierce	2.4%	3.2%	0.0%	0.0%	0.0%
Polk	7.9%	3.5%	2.4%	9.0%	2.9%
Portage	4.1%	6.5%	1.8%	7.3%	16.7%
Price	12.5%	3.6%	4.5%	12.0%	6.3%
Racine	8.9%	8.6%	4.8%	9.5%	6.7%
Richland	22.9%	13.0%	27.3%	0.0%	0.0%
Rock	6.7%	8.4%	8.9%	6.8%	2.4%
Rusk	0.0%	0.0%	0.0%	22.2%	20.0%
Sauk	4.2%	9.0%	11.7%	6.3%	2.8%
Sawyer	0.0%	0.0%	6.3%	3.3%	1.1%
Shawano	5.0%	5.2%	6.7%	5.5%	0.0%
Sheboygan	13.7%	9.0%	11.6%	14.1%	9.4%
St Croix	9.1%	5.5%	5.6%	5.3%	1.4%
Taylor	3.6%	6.9%	20.8%	9.5%	0.0%
Trempealeau	6.5%	10.5%	17.6%	6.7%	11.8%
Vernon	0.0%	0.0%	0.0%	9.5%	0.0%
Walworth	5.1%	5.5%	13.5%	3.5%	7.2%
Washburn	0.0%	12.5%	0.0%	9.1%	0.0%
Washington	6.9%	7.5%	9.9%	4.5%	7.0%
Waukesha	8.0%	5.9%	6.9%	6.1%	6.2%
Waupaca	7.9%	3.9%	6.1%	6.0%	3.4%
Waushara	18.4%	6.1%	5.6%	7.9%	3.1%
Winnebago	6.1%	9.1%	8.4%	10.9%	7.9%
Wood	10.3%	11.2%	12.0%	7.9%	8.7%
Statewide Totals	9.7%	9.1%	9.4%	8.1%	7.7%

Data Source: Human Services Reporting System (HSRS) and Program Participation System (PPS), Wisconsin Department of Health Services; Mental Health Institute Insight System.