

Wisconsin Mental Health and Substance Use Needs Assessment 2019



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Division of Care and Treatment Services

P-00613 (09/2020)

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Introduction and Background

Two federal block grants bring approximately \$11 million in mental health and \$28 million in substance use services funds to the Wisconsin Department of Health Services (DHS) each year. This needs assessment is used by DHS to inform ongoing program and policy planning as well as to develop funding and program priorities for the federal fiscal year 2021-2022 applications for the Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant.

This report is descriptive, not prescriptive. It does not draw conclusions nor make recommendations about what DHS should do to address the needs in the mental health and substance use services systems. This report was written in 2019.

DHS publishes a needs assessment report every other year that is an accumulation of indicators from state and national data sets. This report features fewer indicators than previous reports because it is designed to complement the 2019 Wisconsin Behavioral Health System Gaps Report. The 2019 Wisconsin Behavioral Health System Gaps Report is a one-time report commissioned by DHS and written by the UW-Madison Population Health Institute that assessed needs and offered solutions based on the knowledge and experience of stakeholders in the mental health and substance use services system through interviews, surveys, and focus groups.

The indicators featured in this report are from three broad categories traditionally assessed every other year by DHS. Data sets covering mental health and substance use services are highlighted in each of these categories.

- **Prevalence of Needs:** The prevalence of disorders, conditions, and associated problems for the entire population is examined. The prevalence in subpopulations is examined when available.
- **Access to Services:** Data on access to services is examined to determine which and how many individuals receive services. Barriers to access are explored.
- **Service Workforce and Capacity:** Available information on the size of mental health and substance use services workforce is examined including the number of providers of these services and the geographic dispersion of the workforce across the state.

The most recent data consistently available at the time this report was written was from calendar year 2017 unless otherwise indicated.

Prevalence of Needs

Mental health

Most recent statewide prevalence rates

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. The term for children in this category is severe emotional disorder. A second group of individuals with more mild mental health conditions experience symptoms but are still able to function for the most part in their daily life. Together, these two groups are sometimes called individuals with any mental illness. The adult any mental illness and serious mental illness national rates for the most recent year available (2017) and the year of the previous Wisconsin needs assessment (2015) are compared in Table 1 to examine the current rates and any changes in the past two years.

Table 1: Adult Mental Health Prevalence – 2015 and 2017 National Rates

Demographic Characteristic	Any Mental Illness		Serious Mental Illness	
	2015	2017	2015	2017
TOTAL	17.9	18.9	4	4.5
AGE				
18-25	21.7	25.8**	5	7.5
26-49	20.9	22.2	5	5.6
50 or Older	14	13.8	2.8	2.7
GENDER				
Male	14.3	15.1	3	3.3
Female	21.2	22.3	5	5.7
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino				
White	19.3	20.4	4.5	5.2
Black or African American	15.4	16.2	2.9	3.5
American Indian or Alaska Native	21.2	18.9	6.3	5.1
Native Hawaiian or Pacific Islander	14.8	19.4	1.8	4.8
Asian	12	14.5	1.7	2.4
Two or More Races	29.5	28.6	9.5	8.1
Hispanic or Latino	14.5	15.2	2.9	3.2
CURRENT EMPLOYMENT				
Full-Time	15.4	17**	3.1	3.7**
Part-Time	20.3	22.1	4.5	5.6
Unemployed	24.5	26.6	6	7.5
Other	19.7	19.4	4.9	5

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

**Statistically significant difference from a smaller value on 2016 National Survey on Drug Use and Health survey year (.01 level).

- The overall national rates of any mental illness and serious mental illness have increased slightly in the last two years, but not significantly.
- National trends show adults ages 18-25 and individuals who are currently employed full-time have an increasing rate of mental health needs relative to other groups. The increase from 2015 to 2017 in any mental illness for these two groups is the only significant change in prevalence among the different demographic groups in Table 1.
- Multi-racial and unemployed individuals have relatively higher rates of mental health needs.

Table 2: Mental Health Prevalence Indicators for Wisconsin - 2017

Wisconsin	12-17 years	18-25 years	26+ years	18+ years – All Adults
	Percent			
Major Depressive Episode	13.66	13.99 ^{a***}	6.44	7.5
Serious Mental Illness	--	7.53 ^{b***}	4.45 ^b	4.88 ^b
Any Mental Illness	--	25.53 ^b	17.4	18.54

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

a - Top 20 percent rate across all states

b - Top 20-40 percent rate across all states

***Statistically significant increase from the 2016 National Survey on Drug Use and Health survey results (.01 level).*

- In Table 2, Wisconsin adults rank higher than several other states on the prevalence of serious mental illness.
- Wisconsin adults ages 18-25 rank higher than many other states on all three prevalence indicators and especially for prevalence of major depressive episode.

Estimating the prevalence of mental health needs in the youth population is difficult. The above adult rates were generated from surveys and interviews conducted as part of the annual National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration. However, the National Survey on Drug Use and Health assesses a narrow component of youth mental health called major depressive episode, which is defined as a period of at least two weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Because major depressive episode is narrowly defined, it cannot be used to estimate the total prevalence of youth mental health needs throughout the state.

In the table below, the number of adults and children with any mental illness and serious mental illness or severe emotional disorder is estimated using the Wisconsin-specific adult rates from the National Survey on Drug Use and Health (18.54 percent and 4.88 percent, respectively) and the national children's rates from the National Institute of Mental Health Methods for the Epidemiology of Child and Adolescent Mental Disorders study (21 percent and 11 percent). Since these prevalence rates are not specific to differences among Wisconsin's county populations, the figures below are only meant to provide a general approximation.

Table 3: Wisconsin County Estimates of Individuals with Mental Health Needs in 2017

	2017 Adult (18+) Population Estimate	Estimated Number of Adults with Any Mental Illness (18.54%)	Estimated Number of Adults with Serious Mental Illness (4.88%)	2017 Child (5-17) Population Estimate	Estimated Number of Children with Any Mental Illness (21.0%)	Estimated Number of Children with Severe Emotional Disturbance (11.0%)
Adams	17,111	3,172	835	2,353	494	259
Ashland	12,233	2,268	597	2,700	567	297
Barron	35,516	6,585	1,733	7,302	1,533	803
Bayfield	12,349	2,290	603	2,055	432	226
Brown	195,461	36,238	9,538	45,476	9,550	5,002
Buffalo	10,453	1,938	510	2,058	432	226
Burnett	12,480	2,314	609	2,104	442	231
Calumet	37,289	6,913	1,820	9,509	1,997	1,046
Chippewa	49,084	9,100	2,395	10,685	2,244	1,175
Clark	24,371	4,518	1,189	7,316	1,536	805
Columbia	44,208	8,196	2,157	9,523	2,000	1,048
Crawford	12,881	2,388	629	2,627	552	289
Dane	413,209	76,609	20,165	78,848	16,558	8,673
Dodge	69,701	12,923	3,401	13,795	2,897	1,517
Door	22,964	4,258	1,121	3,463	727	381
Douglas	34,654	6,425	1,691	6,623	1,391	729
Dunn	35,389	6,561	1,727	6,557	1,377	721
Eau Claire	81,442	15,099	3,974	15,047	3,160	1,655
Florence	3,646	675	177	530	111	58
Fond du Lac	79,739	14,784	3,891	16,740	3,515	1,841
Forest	7,196	1,334	351	1,315	276	145
Grant	41,146	7,628	2,008	7,898	1,659	869
Green	28,463	5,277	1,389	6,433	1,351	708
Green Lake	14,476	2,684	706	3,240	680	356
Iowa	18,063	3,349	881	4,148	871	456
Iron	4,923	912	240	661	138	72
Jackson	16,018	2,970	782	3,290	691	362
Jefferson	65,968	12,230	3,219	14,166	2,975	1,558
Juneau	21,085	3,909	1,029	3,999	840	440
Kenosha	127,772	23,689	6,235	30,162	6,334	3,318
Kewaunee	15,892	2,946	776	3,447	724	379
La Crosse	93,806	17,392	4,578	17,516	3,678	1,927
Lafayette	12,594	2,335	615	3,068	644	337
Langlade	15,445	2,864	754	2,833	595	312
Lincoln	22,550	4,181	1,100	4,162	874	458
Manitowoc	62,891	11,660	3,069	12,578	2,641	1,384
Marathon	103,781	19,241	5,065	23,351	4,904	2,569
Marinette	32,804	6,082	1,601	6,085	1,278	669

	2017 Adult (18+) Population Estimate	Estimated Number of Adults with Any Mental Illness (18.54%)	Estimated Number of Adults with Serious Mental Illness (4.88%)	2017 Child (5-17) Population Estimate	Estimated Number of Children with Any Mental Illness (21.0%)	Estimated Number of Children with Severe Emotional Disturbance (11.0%)
Marquette	12,184	2,259	595	2,206	463	243
Menominee	3,044	564	148	1,088	228	119
Milwaukee	724,283	134,282	35,345	164,964	34,642	18,146
Monroe	33,744	6,256	1,647	8,518	1,789	937
Oconto	29,854	5,535	1,457	5,786	1,215	636
Oneida	29,292	5,431	1,429	4,501	945	495
Outagamie	139,252	25,817	6,795	32,387	6,801	3,563
Ozaukee	68,649	12,728	3,350	14,720	3,091	1,619
Pepin	5,707	1,058	279	1,161	244	128
Pierce	32,519	6,029	1,587	6,640	1,394	730
Polk	33,913	6,287	1,655	7,197	1,511	792
Portage	56,515	10,478	2,758	10,288	2,160	1,132
Price	11,222	2,081	548	1,842	387	203
Racine	148,890	27,604	7,266	34,115	7,164	3,753
Richland	13,729	2,545	670	2,976	625	327
Rock	122,950	22,795	6,000	28,448	5,974	3,129
Rusk	11,243	2,084	549	2,282	479	251
St. Croix	64,620	11,981	3,153	17,010	3,572	1,871
Sauk	48,754	9,039	2,379	10,789	2,266	1,187
Sawyer	13,115	2,432	640	2,434	511	268
Shawano	32,183	5,967	1,571	6,727	1,413	740
Sheboygan	88,928	16,487	4,340	19,680	4,133	2,165
Taylor	15,463	2,867	755	3,721	781	409
Trempealeau	22,254	4,126	1,086	5,270	1,107	580
Vernon	22,475	4,167	1,097	5,821	1,222	640
Vilas	17,869	3,313	872	2,760	580	304
Walworth	80,563	14,936	3,931	16,973	3,564	1,867
Washburn	12,613	2,338	616	2,270	477	250
Washington	103,436	19,177	5,048	23,325	4,898	2,566
Waukesha	308,790	57,250	15,069	67,582	14,192	7,434
Waupaca	40,812	7,567	1,992	8,290	1,741	912
Waushara	19,640	3,641	958	3,377	709	371
Winnebago	134,257	24,891	6,552	25,829	5,424	2,841
Wood	57,452	10,652	2,804	11,838	2,486	1,302
Wisconsin Total	4,469,267	828,602	218,100	956,478	200,860	105,213

Sources: National Survey on Drug Use and Health 2017, Substance Abuse and Mental Health Services Administration; Methods for the Epidemiology of Child and Adolescent Mental Disorders Study, National Institute of Mental Health.

Specific population prevalence rates

Table 4 highlights specific population groups known to have high rates of mental health needs that are above 25 percent. These groups and their rankings have not changed much in the past decade.

Table 4: Population Groups with Highest Prevalence Rates

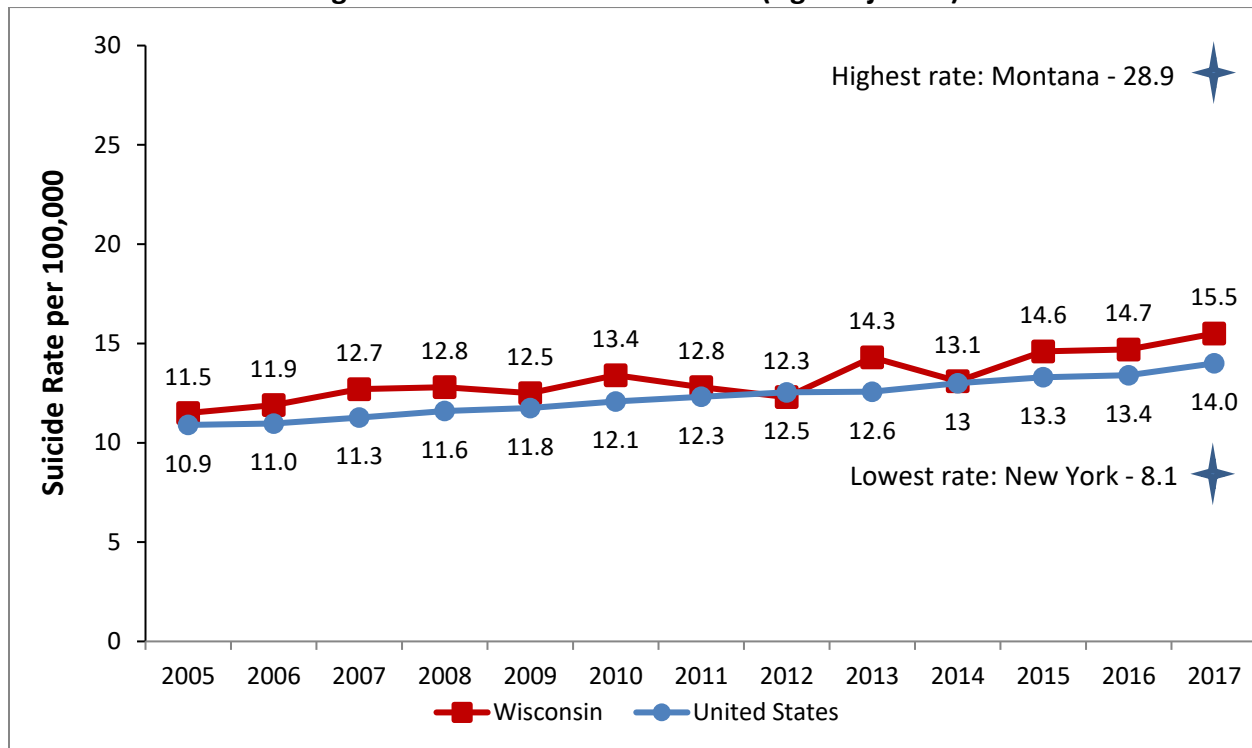
Population Group	Any Mental Illness Prevalence Rate (% of population)
County Jails	64.0
Corrections (Adults)	50.1
Substance Use Disorder (Adults)	45.6
Homeless	45.0
Lesbian, Gay, or Bisexual (LGB)	37.4
Two or More Races	28.6
Unemployed	26.6
Age 18-25	25.8
Poverty	25.6

Sources: See Appendix.

Priority highlight: Suicide

Wisconsin has had a suicide rate slightly higher than the national average over the last 13 years and calendar year 2017 was no different as illustrated in Figure 1. Wisconsin's suicide rate has been higher than the national rate every year except for once since 2005 and both rates have experienced a generally increasing trend over that period. Wisconsin's rate in 2017 was not only the highest it's been since 2005 (15.5), the gap with the national rate was the largest it's been since 2005 with the exception of 2013.

Figure 1: Suicide Rates 2005-2017 (Age-Adjusted)



Source: Center for Disease Control’s WISQARS Injury Mortality Reports for Suicides.

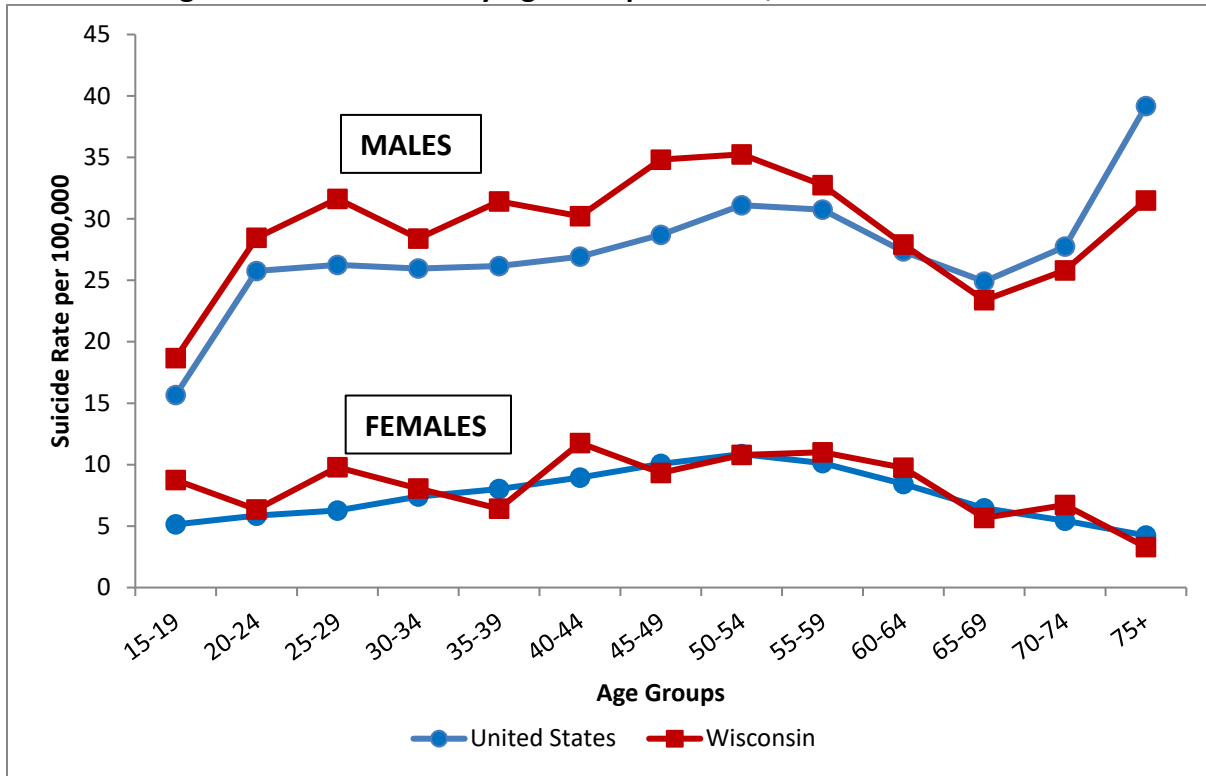
In addition to the comparison of the overall Wisconsin and national rates, other notable Wisconsin suicide rate trends per 100,000 people include:

- Wisconsin’s suicide rate was higher in 2017 than the average Midwestern state rate (15.5 vs. 14.8) and was also higher every other year since 2005 with the exception of 2012.
- Wisconsin residents in rural counties with less than 50,000 people had a higher suicide rate (15.5) in the 2013-2017 period than residents in urban counties (14.6).
- When metro and non-metro areas are defined regardless of county boundaries, an even greater rural-urban disparity exists (16.6 vs. 15.1 in 2017). The national gap was even greater in 2017 when non-metro areas had a rate of 19.2 compared to 13.2 for metro areas. While the national rural-urban disparity has grown since 2005, Wisconsin’s disparity has narrowed slightly from a difference in suicide rates of 2.6 to 1.5.
- Wisconsin’s racial and ethnic minority groups are too small to examine suicide rate annual trends over time reliably. However, when 2013-2017 are combined to provide reliable comparisons amongst groups, American Indians (15.6) and Caucasians (15.3) have significantly higher rates than Blacks (5.3), Asians (6.5), and Hispanics (6.2).

Additional disparities in Wisconsin’s suicide rate exist based on age and sex. The rate of suicide amongst males is significantly higher than amongst females in Wisconsin and nationally for every age group (Figure 2). Both young males and females in Wisconsin have higher rates through age 34 relative to the national rates and the disparity for Wisconsin males continues through age 64. The suicide rate peaks at ages 45-54 for males in Wisconsin and at ages 40-44 for females.

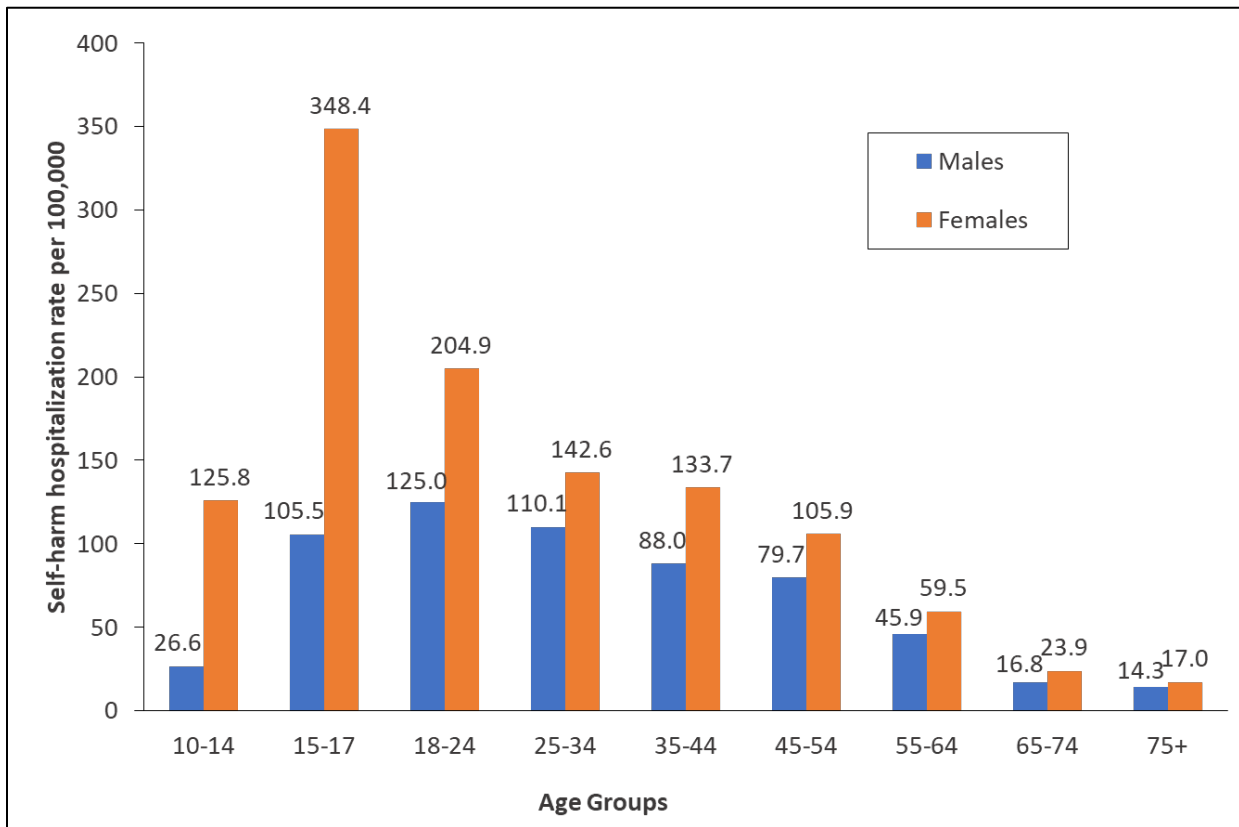
Although suicide rates for females are lower than males, evidence exists that the disparity narrows for young females in Wisconsin when “at risk” of self-harm is used rather than suicide as an indicator. Females ages 10-14 and 15-17 are hospitalized for self-harm behaviors at rates that are 4.7 and 3.3 times higher than males respectively (Figure 3). While young males have higher rates for completing suicide, young females are still a significant at-risk group that may warrant additional attention for suicide prevention efforts.

Figure 2: Suicide Rates by Age Groups and Sex, 2015-2017 Combined



Source: Center for Disease Control’s WISQARS Injury Mortality Reports for Suicides; multiple years are combined to provide more reliable rates within the narrow age groups.

Figure 3: Self-Harm Hospitalization Rates by Age and Sex for 2016-2017



Source: Wisconsin Hospital Association hospital discharge data.

Substance use

Most recent statewide prevalence rates

A person having a substance use disorder means that they meet the screening criteria of a negative pattern of alcohol or other mood-altering drug misuse or addiction, resulting in significant health, social, psychological, or vocational impairment or distress and where intervention or treatment is advised. Table 5 displays the rate of substance use disorder among Wisconsin residents compared with the national rate. Wisconsin's rate of substance use disorder exceeds the national rate for both adults ages 18 and older and youths ages 12-17.

Table 5: Wisconsin Substance Use Disorder in the Past Year, by Age, 2016-2017

Measure	2015-2016		2016-2017	
	Wisconsin	U.S.	Wisconsin	U.S.
Substance Use Disorder, 18+	9.1%	7.9%	8.5%	7.7%
Substance Use Disorder, 12-17	5.2%	4.6%	4.2%	4.1%

Source: 2017 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Table 6 below portrays rates of substance use among different substances compared to the U.S. average. In particular, the rate of past month alcohol use in Wisconsin is higher than the national average. Additionally, the rate of past year cocaine use has increased significantly in Wisconsin from the 2015-2016 combined survey to the 2016-2017 combined survey.

Table 6: Substance Use, by Substance, Age 12+, 2016-2017

Measure	2015-2016		2016-2017	
	Wisconsin	U.S.	Wisconsin	U.S.
Past month alcohol use	60.9%	51.2%	60.6%	51.2%
Past year marijuana use	12.2%	13.7%	12.7%	14.5%**
Past year cocaine use	1.4%	1.8%	2.0%**	2.0%**
Past year heroin use	0.3%	0.3%	0.4%	0.3%
Past year pain reliever misuse	4.0%	4.5%	3.8%	4.2%**
Past year opioid misuse*	3.3%	4.6%	--	--

Source: 2015-2017 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

*Past year opioid misuse measure is not released yet for combined 2016-2017 National Survey on Drug Use and Health survey.

**Statistically significant difference from value on previous National Survey on Drug Use and Health survey year (.05 level).

Population group prevalence rates

Estimates from the National Survey on Drug Use and Health suggest that rates of substance use disorder vary across different population groups and some groups may be of particular interest also due to their projected prominence in the U.S. population. Table 7 shows the prevalence rates of individuals having a substance use disorder for selected target populations.

Table 7: Population Groups with Highest Prevalence

Population Group	Substance Use Disorder Prevalence Rate (% of population)
Corrections (Adults)	56.0
Homeless	34.7
Corrections (Juveniles)	35.1
County Jails	32.0
Trauma	21.5
Mental Illness	18.3
Pregnant	16.6
LGBT	16.4
Native American	12.8
Deaf or Hard of Hearing	12.0

Sources: See Appendix.

Priority highlight: Opioids

Since the early 2000s, Wisconsin has been experiencing a surge in opioid misuse and its related harmful consequences. Among Wisconsin's 72 counties, the number of counties with any opioid-related deaths increased from 36 counties to 60 counties between 2004 and 2017. The prevalence of illicit and nonmedical use of opioids can be estimated from the National Survey on Drug Use and Health, Wisconsin sample data. Averaged across 2015 and 2016, 3.3 percent of Wisconsin individuals age 12 and older misused opioid-based medications in the past year, slightly less than the national average.

Table 8: Opioid Use in the Past Year, Age 12+, 2015-2016

Measure	Wisconsin	U.S.	Midwest
Past Year Opioid Misuse	3.3%	4.6%	4.3%

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Table 9: Opioid Use in the Past Year, Age 12+, 2015-2016, (Rates per 1,000 Population)

Measure	Wisconsin	U.S.
Past Year Opioid Use Disorder	7.40	8.41
Past Year Opioid Use Disorder and Did Not Receive Treatment at a Specialty Facility	6.98	6.65

Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Many individuals with an addiction to opioids begin their opioid use with a prescription for pain medication such as codeine, oxycodone, or hydrocodone. In recent years, the number of individuals in Wisconsin who obtain an opioid prescription has decreased, as has the number of opioid prescriptions filled each year (Table 10).

Table 10: Wisconsin Opioid Prescriptions

Prescription Indicator	2014	2015	2016	2017	2018
Individuals Obtaining an Opioid Prescription	1,148,713	1,137,214	1,076,501	964,638	872,222
Prescriptions Dispensed	5,081,327	5,014,011	4,709,813	4,062,133	3,569,147
Average Prescriptions Filled Per Person Obtaining an Opioid Prescription	4.23	4.40	4.37	4.21	4.09

Source: Prescription Drug Monitoring Program, Wisconsin Department of Safety and Professional Services.

In 2018, 70 of Wisconsin's 72 counties have ambulance runs where naloxone is administered. According to the DHS ambulance run data system, there were 3,791 ambulance runs in 2018 across Wisconsin where naloxone was administered. This is a slight decrease since 2015 (3,857 ambulance runs with naloxone administration). This may be due to the increasing availability of naloxone through community organizations.

Table 11 displays some disparities across race and ethnicity in opioid-related deaths out of the Wisconsin population. From 2015-2017, American Indians have the highest rate of opioid-related deaths followed by Black individuals.

Table 11: Drug Overdose Deaths Involving Any Opioid by Race or Ethnicity, Wisconsin, 2012-2014 and 2015-2017 Combined (Rates per 1,000 Population)

Race or Ethnicity	2012-2014 Number	2012-2014 Rate	2015-2017 Number	2015-2017 Rate
Black	159	.13	251	.20
American Indian	21	.10	51	.23
White	1441	.09	1961	.13
Hispanic	70	.06	125	.11
Asian	8	.02	4	.01

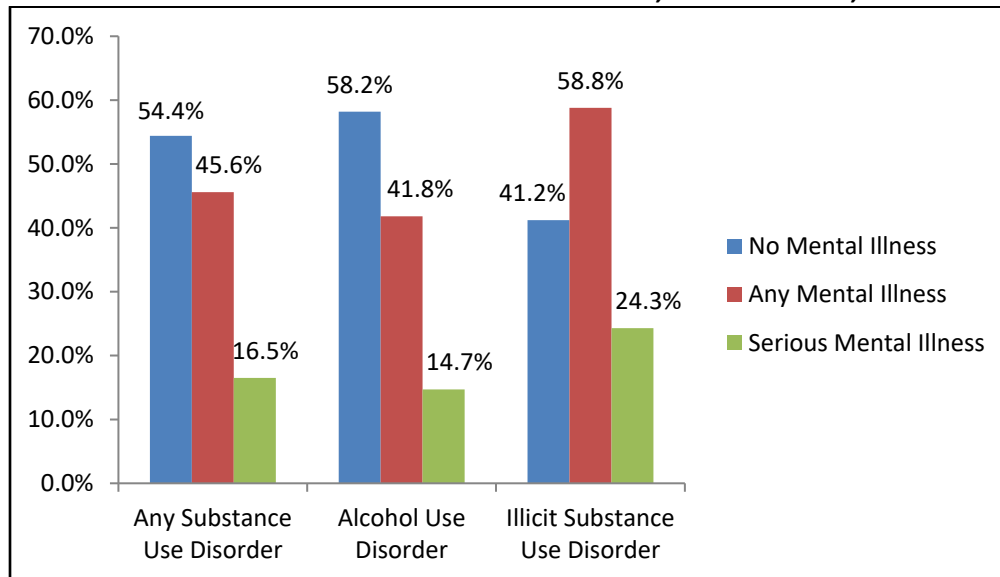
Source: Wisconsin Death Certificates, DHS.

Co-occurring mental health and substance use

Prevalence of mental health and substance use disorders co-occurring

This section presents national and Wisconsin data on the co-occurrence of mental health and substance use needs. Individuals with any substance use disorder have a very high prevalence rate of any mental illness (45.6 percent), with an estimated 150,000-172,000 individuals affected in Wisconsin in 2017. Those with any mental illness are more likely to have a substance use disorder than the general U.S. population.

Figure 4: Substance Use Disorder Prevalence among Adult Individuals with and without Mental Health Disorders, United States, 2017

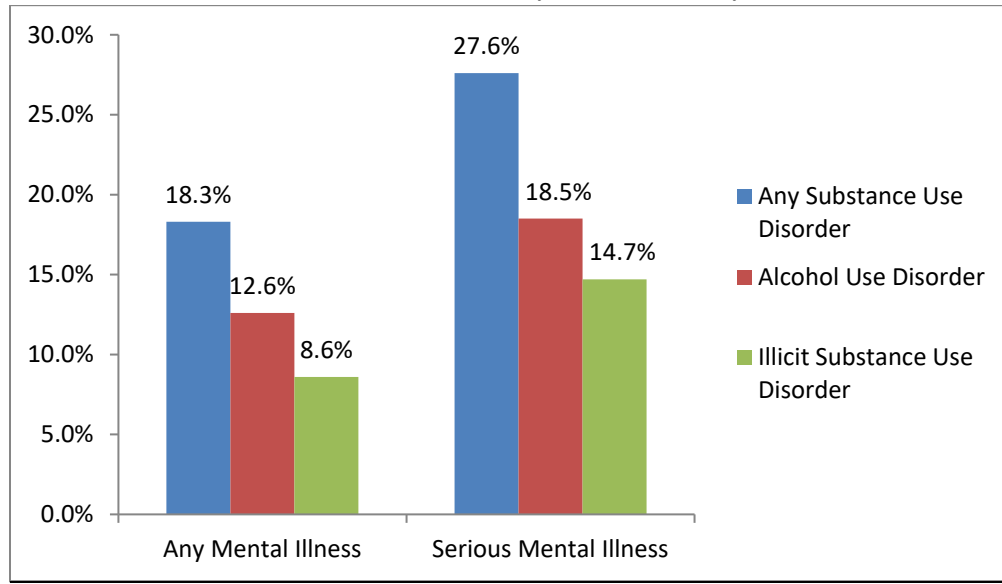


Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Note: Figures are for mental health and substance use status occurring within the past year of survey administration in 2017.

Figure 5 below presents data on the prevalence of substance use disorders among adults with any mental illness or serious mental illness. In general, individuals qualifying as having a serious mental illness are more likely than those with any mental illness to have a substance use disorders.

Figure 5: Mental Illness Prevalence among Adult Individuals with Substance Use Disorders, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

Note: Figures are for mental health and substance use status occurring within the past year of survey administration in 2017.

Access to Services

Treatment gap

The number of participants served is sometimes referred to as treated prevalence. Treated prevalence is defined as the percentage of individuals with needs who actually received services. The untreated prevalence describes the treatment gap between the population in need and the population that is served.

Individuals served in both public and private systems are included in analyses below. Figure 6 illustrates all major providers and insurers of mental health services in Wisconsin and provides a general portrayal of how services may overlap or remain distinct. The public system is defined as both services provided by public agencies and services paid for with public funds. The public providers are primarily the county-based service system and the two state mental health institutes. The state correctional institutions provide services to a small number of individuals which could also be categorized as a component of the public service system. The largest single funder of public services is Medicaid for both mental health and substance use, although private providers may also use Medicaid. The largest provider of mental health services overall is the commercial insurance sector. Commercial insurance plays a major role in the substance use system as well, but Medicaid funds are used more than any other funding source for substance use services. Two smaller groups for which no data is available include individuals who use employer-funded insurance plans or pay directly. The treatment gap for mental health services will be examined below first followed by the substance use treatment gap.

Figure 6: Sectors of Mental Health Providers and Insurers in Wisconsin

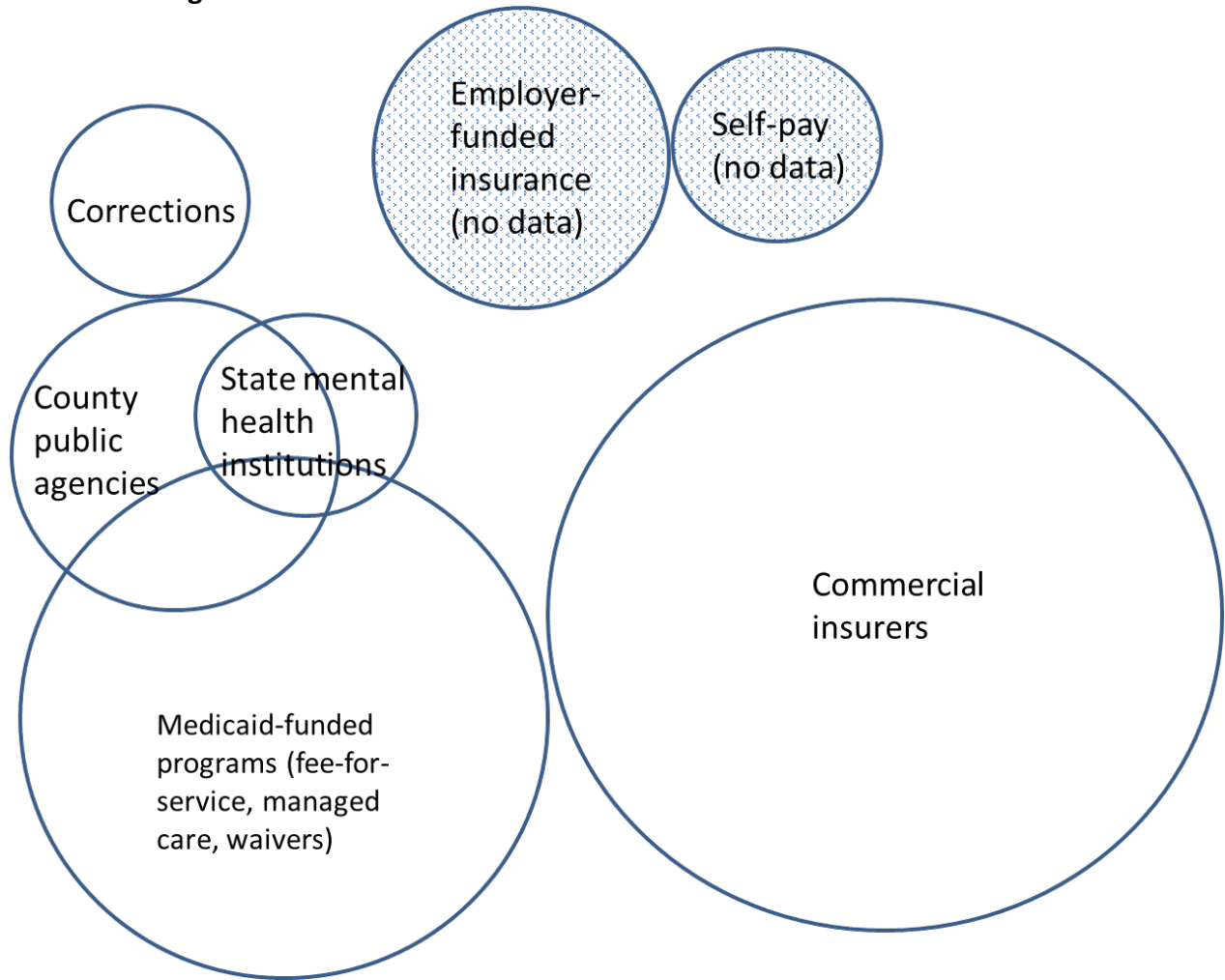


Table 12 describes how many adult and youth service participants received mental health services from different service sectors and funding sources in 2017. While many service participants (71,150) access mental health services through the public county system using a variety of potential funding sources, many more access services using a Medicaid fee-for-service (125,072) or Medicaid managed care (145,524) arrangement. While the different programs and providers listed in the table represent different data sets analyzed for this report, many participants use more than one of these programs and providers to access their mental health services. For example, 46 percent of participants served in the county service system used Medicaid fee-for-service and 25 percent used Medicaid managed care to fund at least some of their services. When all of the programs and providers in the top part of Table 12 are counted and unduplicated, it reveals 270,771 participants received services in the public service systems or were served with public funds.

The commercial insurance sector serves the most participants overall which included 274,606 people in 2017. The number of commercial insurance participants could not be unduplicated from the number of participants served in the public sector. When participants with commercial insurance and people served in the state mental health and correctional institutions are added to the public sector figures, an estimated 561,692 people received mental health services in 2017.

Table 12: Mental Health Adult and Youth Participants Served in Wisconsin, 2017^a

Wisconsin Programs Providing Mental Health Services	Adults Served (18+)	Youth Served (0-17)	Total Served
Public County System	58,673	12,477	71,150
Medicaid Fee-for-Service	91,124	33,948	125,072
Medicaid Managed Care	94,636	50,888	145,524
Medicaid Children’s Long-Term Care Severe Emotional Disturbance Waiver	0	1,277	1,277
Medicaid Milwaukee Wraparound/Dane Children Come First	0	1,771	1,771
Unduplicated Subtotal of Publicly-Funded Participants	188,815	81,143	269,958
State Mental Health Institutions	2,545	912	3,457
Corrections	12,736	122	12,858
Commercial Insurers ^b	230,540	44,067	274,606
Total Service Participants Served (partially unduplicated)^c	434,636	126,244	560,879

a - See Appendix for multiple references.

b - Commercial insurance data are based on approximately 85% of commercial insurance companies.

c - The total number of people served is unduplicated across the county system and Medicaid-funded services. However, some duplication of clients served through other providers may exist.

Table 12 also illustrates how adults and youth tend to access mental health services differently. In the adult mental health system, 53 percent access services using commercial insurance compared to only 34 percent of youth. Due to their dependent status, youth rely more heavily on Medicaid funding for accessing services. Fifty-four percent of youth used Medicaid funds for their mental health services in 2017 and 64 percent relied on Medicaid-funded and/or county-provided services.

Subtracting these figures from the number of individuals estimated to have any mental illness in 2017 in the Prevalence of Needs section of this report:

- The overall treatment gap is 46 percent, or 468,581 individuals annually.
- The overall adult treatment gap is 47 percent, or 393,965 adults annually.
- The overall youth treatment gap is 37 percent, or 74,616 youth annually.

Tables 13 and 14 provide adult and youth mental health treatment gaps for each county to examine where geographic disparities might exist. Each table lists the percent of individuals with any mental illness who are served in the public sector, served in the private commercial sector, and not served at all. The unserved individuals represent the treatment gap. Some county commercial insurance data was only available in multi-county groups to protect consumer confidentiality in smaller counties, so those county groupings had to be used to calculate individual county treatment gaps. Corrections data was not available by county, but is included in the statewide totals.

One common theme for both youth and adults is that the role of the public and private sectors varies significantly across different areas of the state. While 70 percent of adults with mental health needs are served in the private sector in Columbia County, just 8 percent are served in the private sector in Marinette County. The state totals reveal the public system plays a larger role in serving youth with mental health needs than in serving adults. While the public and private sectors serve a similar percentage of adults with needs (25% vs. 28%), the public sector serves nearly twice as many youth as the private sector (41% vs. 22%).

In addition, the size of the adult and youth treatment gaps are not always related to each other within a region. For example, in Shawano County where the adult treatment gap is higher than average (59%), the youth treatment gap is lower than average (24%). For DHS and local county efforts to increase access to mental health care through the public sector, adult and youth populations may require different approaches. Also, these data suggest that the impact may be greater in areas with a large public sector and minimized in areas with a large private commercial sector.

In Table 13 examining the adult mental health treatment gap, the size of the commercial sector often determines the size of the treatment gap. Of the seven counties with treatment gaps of 30% or less, five are in the Dane County metropolitan area (Dane, Columbia, Sauk, Green, and Rock) where a strong commercial sector exists. Of the ten counties with the largest treatment gaps, five of them have commercial sectors that serve just 13% or less of people with a mental health need. The public sector is more consistent in serving between 12-35% of adults across all areas.

Table 13: Wisconsin Mental Health Treatment Gap for Adults - 2017

County/Region^b	Adults Estimated # with Any Mental Illness (18.54%)^a	Total # of Adults Served	% Served with Any Mental Illness - Public Sector	% Served with Any Mental Illness - Commercial Sector	% Unserved - Adult Treatment Gap
Wisconsin Total	828,601	434,636	25%	28%	47%
Ashland, Bayfield, Burnett, Rusk, Sawyer, Washburn	13,726	7,338	34%	20%	46%
Barron	6,585	3,403	30%	21%	49%
Brown, Florence, Menominee	37,477	16,623	27%	17%	56%
Buffalo, Pepin	2,996	920	18%	13%	69%
Calumet	6,913	1,578	14%	9%	77%
Chippewa	9,100	4,418	26%	23%	51%
Clark	4,518	2,401	29%	24%	47%
Columbia	8,196	7,608	23%	70%	7%
Dane	76,609	78,002	15%	87%	-2% ^c
Dodge	12,923	7,580	23%	35%	42%
Door	4,258	1,286	17%	13%	70%
Douglas	6,425	3,261	25%	26%	49%
Dunn	6,561	3,047	27%	19%	54%
Eau Claire	15,099	7,983	26%	27%	47%
Fond du Lac	14,784	6,383	26%	17%	57%
Grant, Iowa	10,977	7,153	22%	43%	35%
Green	5,277	4,191	20%	59%	21%
Green Lake	2,684	1,408	30%	22%	48%
Jefferson	12,230	7,609	24%	38%	38%
Juneau	3,909	2,742	35%	36%	29%
Kenosha	23,689	10,025	31%	11%	58%
Kewaunee	2,946	1,012	19%	16%	65%
La Crosse	17,392	8,392	26%	22%	52%
Manitowoc	11,660	4,183	23%	13%	64%
Marathon, Lincoln, Langlade, Taylor	29,153	15,851	26%	28%	46%
Marinette	6,082	2,424	32%	8%	60%
Marquette, Adams	5,431	2,865	32%	21%	47%
Milwaukee	134,282	56,838	31%	12%	57%
Monroe	6,256	2,486	26%	14%	60%
Oconto	5,535	2,116	25%	14%	61%
Outagamie	25,817	11,943	24%	22%	54%
Ozaukee	12,728	4,526	14%	21%	65%
Pierce	6,029	2,657	17%	27%	56%
Polk	6,287	3,620	28%	29%	43%
Portage	10,478	4,986	20%	28%	52%
Racine	27,604	11,244	27%	13%	60%

County/Region^b	Adults Estimated # with Any Mental Illness (18.54%)^a	Total # of Adults Served	% Served with Any Mental Illness - Public Sector	% Served with Any Mental Illness - Commercial Sector	% Unserved - Adult Treatment Gap
Wisconsin Total	828,601	434,636	25%	28%	47%
Richland, Lafayette	4,880	2,910	28%	32%	40%
Rock	22,795	16,680	29%	44%	27%
St. Croix	11,981	5,764	17%	31%	52%
Sauk	9,039	7,801	26%	60%	14%
Shawano	5,967	2,434	27%	13%	60%
Sheboygan	16,487	5,604	23%	11%	66%
Trempealeau	4,126	1,714	20%	21%	59%
Vernon	4,167	1,862	22%	22%	56%
Vilas, Forest, Oneida, Iron, Price	13,071	7,640	33%	26%	41%
Walworth	14,936	6,270	22%	20%	58%
Washington	19,177	7,085	17%	20%	63%
Waukesha	57,250	19,571	12%	22%	66%
Waupaca	7,567	3,528	25%	21%	54%
Waushara	3,641	1,400	25%	14%	61%
Winnebago	24,891	12,586	29%	22%	49%
Wood	10,652	7,463	31%	39%	30%

a - Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration. See Appendix for all other sources.

b - Due to small numbers of consumers served which are protected through HIPAA, commercial insurance data for some counties was grouped with nearby counties. Data from Crawford and Jackson counties could not be combined with other counties and are individually excluded, but are included in state totals. The county groupings for the entire table reflect these adjustments.

c - Due to duplication of clients in the commercial data, Dane County's treatment gap appears as a surplus as if more clients were served than those with a mental health need.

Table 14: Wisconsin Mental Health Treatment Gap for Youth - 2017

County/Region^b	Estimated Number of Youth with Any Mental Illness (21.0%)^a	Total # of Youth Served	% Served with Any Mental Illness - Public Sector	% Served with Any Mental Illness - Commercial Sector	% Unserved - Youth Treatment Gap
Wisconsin Total	200,860	126,244	41%	22%	37%
Ashland, Bayfield, Burnett, Rusk, Sawyer, Washburn	2,908	2,450	72%	13%	15%
Barron	1,533	1,039	55%	12%	33%
Brown, Florence, Menominee	9,889	5,524	43%	13%	44%
Buffalo, Pepin	676	327	39%	9%	52%
Calumet	1,997	608	24%	6%	70%
Chippewa	2,244	1,554	52%	17%	31%
Clark	1,536	740	36%	12%	52%
Columbia	2,000	1,898	39%	56%	5%
Dane	16,558	18,368	30%	81%	-11% ^c
Dodge	2,897	2,107	42%	31%	27%
Door	727	422	46%	12%	42%
Douglas	1,391	937	48%	19%	33%
Dunn	1,377	1,019	57%	17%	26%
Eau Claire	3,160	2,376	49%	27%	24%
Fond du Lac	3,515	1,948	44%	12%	44%
Grant, Iowa	2,530	1,843	40%	33%	27%
Green	1,351	1,098	38%	43%	19%
Green Lake	680	391	44%	13%	43%
Jefferson	2,975	2,140	40%	32%	28%
Juneau	840	710	57%	28%	15%
Kenosha	6,334	3,257	42%	9%	49%
Kewaunee	724	384	40%	14%	46%
La Crosse	3,678	2,576	49%	21%	30%
Manitowoc	2,641	1,408	41%	12%	47%
Marathon, Lincoln, Langlade, Taylor	7,154	4,919	48%	20%	32%
Marinette	1,278	919	65%	7%	28%
Marquette, Adams	957	874	76%	15%	9%
Milwaukee	34,642	21,019	53%	7%	40%
Monroe	1,789	1,037	47%	11%	42%
Oconto	1,215	690	48%	9%	43%
Outagamie	6,801	3,608	37%	16%	47%
Ozaukee	3,091	1,209	19%	20%	61%
Pierce	1,394	871	35%	28%	37%
Polk	1,511	1,183	58%	21%	21%
Portage	2,160	1,416	43%	23%	34%
Racine	7,164	3,714	43%	9%	48%

County/Region ^b	Estimated Number of Youth with Any Mental Illness (21.0%) ^a	Total # of Youth Served	% Served with Any Mental Illness - Public Sector	% Served with Any Mental Illness - Commercial Sector	% Unserved - Youth Treatment Gap
Wisconsin Total	200,860	126,244	41%	22%	37%
Richland, Lafayette	1,269	814	45%	19%	36%
Rock	5,974	4,905	48%	34%	18%
St. Croix	3,572	2,049	29%	28%	43%
Sauk	2,266	1,994	43%	45%	12%
Shawano	1,413	1,076	67%	9%	24%
Sheboygan	4,133	1,848	37%	8%	55%
Trempealeau	1,107	503	32%	14%	54%
Vernon	1,222	548	30%	14%	56%
Vilas, Forest, Oneida, Iron, Price	2,326	1,997	70%	16%	14%
Walworth	3,564	1,793	36%	14%	50%
Washington	4,898	2,191	28%	17%	55%
Waukesha	14,192	5,643	21%	19%	60%
Waupaca	1,741	1,021	45%	13%	42%
Waushara	709	508	60%	12%	28%
Winnebago	5,424	3,867	53%	18%	29%
Wood	2,486	2,262	59%	32%	9%

a - Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration. See Appendix for all other sources.

b - Due to small numbers of consumers served which are protected through HIPAA, commercial insurance data for some counties was grouped with nearby counties. Data from Crawford and Jackson counties could not be combined with other counties and are individually excluded, but are included in state totals. The county groupings for the entire table reflect these adjustments.

c - Due to duplication of clients in the commercial data, Dane County's treatment gap appears as a surplus as if more clients were served than those with a mental health need.

In Table 14 examining the youth mental health treatment gap, the public sector plays a more important role serving from 19-76% of youth with mental health needs. The three counties with the treatment gaps of 60% or larger (Waukesha, Calumet, and Ozaukee) also have public sectors that serve the fewest youth (19-24%) in the state. In the ten areas with the smallest youth treatment gap, three are in the Dane County area with a strong commercial sector, but three others have public sectors serving 70% or more of youth with needs and are from rural areas. Most of these three areas include eleven rural counties in the northernmost part of the state extending from Burnett County east over to Forest County.

Table 15 describes how many adult service participants received substance use services across different service sectors and funding sources in 2017. The same parameters for this data apply as described above for the mental health service participant data in Table 15. Very few youth receive substance use services, so only data on adults are included. Similar numbers of people access substance use services through the public system that DHS oversees (30,617) as access through Medicaid or medical assistance managed care programs (27,825) and Medicaid fee-for-service funded programs (33,024). When these groups are unduplicated, it reveals 70,267 service participants received services in the public system or were served with public funds. When the even larger group with commercial insurance who received services in 2017 is added, an estimated 118,722 received substance use services in 2017.

Table 15: Substance Use Service Adult Participants Served, Wisconsin, 2017^a

Wisconsin Programs/Agencies Providing Substance Use Services	Adults Served (18+)
County Public System	30,617
Medicaid Fee-for-Service	27,825
Medicaid Managed Care	33,024
Unduplicated Subtotal	70,267
State Mental Health Institutions	264
Corrections	3,089
Commercial Insurers ^b	45,102
Total Service Participants Served (partially unduplicated)^c	118,722

a - See Appendix for multiple references.

b - Commercial insurance data are based on approximately 85% of commercial insurance companies.

c - The total number of people served is unduplicated across the county system and Medicaid-funded services. However, some duplication of clients served through other providers may exist.

In the Prevalence of Needs section of this report, it was estimated that 8.5% of adults (379,888) have a substance use problem within a year in Wisconsin. Subtracting the 118,722 adults who received substance use services in 2017 from this figure, the number of individuals who did not receive services for their need was 261,166. This is a treatment gap of 69%.

In Table 16, the adult substance use treatment gap is displayed for the state as well as for each county to examine where geographic disparities might exist. The table lists the percent of individuals with any substance use problem who are served in the public sector, served in the private commercial sector, and not served at all. The unserved individuals represent the treatment gap. As with the mental health data, some county commercial insurance data was only available in multi-county groups to protect consumer confidentiality and corrections data was not available by county, but is included in the statewide totals.

Although the substance use treatment gap was 69% for the state, it ranged from 41-86% across different regions of the state. Similar to the mental health service system, many of the counties with the smallest treatment gaps under 60% were in the Dane County metropolitan area including Dane, Sauk, Columbia, Jefferson, Rock, and Green, but several were also rural counties in the far north region including Douglas, Forest, Oneida, Vilas,

Iron, and Price. The counties with the largest treatment gaps of 80% or higher were all rural counties from the far west including Buffalo, Pepin, and Vernon or counties near the Lake Michigan corridor including Ozaukee, Calumet, Door, Sheboygan, Waukesha, and Outagamie.

Individuals with a need who did access substance use services in 2017 more often used the public sector (19%) than the private sector (12%). However, both sectors had influence on the size of the treatment gap. The regions with the smallest treatment gaps often had the largest coverage from the private commercial sector. Of the nine counties or regions with the smallest treatment gaps under 60%, six had larger contributions from the private commercial sector than any other county in the state. The regions with the largest treatment often had the least coverage from their public sectors. For example, the five counties or regions with the largest treatment gap were the same counties or regions with the least coverage from their public sectors.

Table 16: Wisconsin Substance Use Treatment Gap for Adults - 2017

County/Regions ^b	# with Substance Use Need (8.5%) ^a	Total # Served	% Served with Substance Use Need - Public Sector	% Served with Substance Use Need - Commercial Sector	% Unserved - Treatment Gap
Wisconsin Total	379,888	118,149	19%	12%	69%
Ashland, Bayfield, Burnett, Rusk, Sawyer, Washburn	6,293	2,505	30%	10%	60%
Barron	3,019	758	19%	6%	75%
Brown, Florence, Menominee	17,183	4,385	19%	6%	74%
Buffalo, Pepin	1,374	233	10%	7%	83%
Calumet	3,170	452	10%	4%	86%
Chippewa	4,172	898	13%	8%	78%
Clark	2,072	564	16%	11%	73%
Columbia	3,758	2,209	16%	43%	41%
Dane	35,123	15,208	15%	28%	57%
Dodge	5,925	2,301	17%	21%	61%
Door	1,952	344	14%	4%	82%
Douglas	2,946	1,225	24%	18%	58%
Dunn	3,008	672	15%	7%	78%
Eau Claire	6,923	1,546	15%	7%	78%
Fond du Lac	6,778	2,115	25%	6%	69%
Grant, Iowa	5,033	1,582	16%	16%	69%
Green	2,419	1,095	17%	28%	55%
Green Lake	1,230	418	25%	9%	66%
Jefferson	5,607	2,509	22%	23%	55%
Juneau	1,792	842	24%	23%	53%
Kenosha	10,861	2,696	19%	5%	75%
Kewaunee	1,351	291	15%	7%	78%
La Crosse	7,974	2,365	21%	9%	70%
Manitowoc	5,346	1,238	18%	5%	77%

Marathon, Lincoln, Langlade, Taylor	13,365	4,878	23%	14%	64%
Marinette	2,788	828	24%	5%	70%
Marquette, Adams	2,490	986	27%	13%	60%
Milwaukee	61,564	19,710	26%	6%	68%
Monroe	2,868	756	20%	6%	74%
Oconto	2,538	612	18%	6%	76%
Outagamie	11,836	2,410	12%	8%	80%
Ozaukee	5,835	980	11%	6%	83%
Pierce	2,764	618	13%	9%	78%
Polk	2,883	1,156	22%	18%	60%
Portage	4,804	1,364	19%	10%	72%
Racine	12,656	4,340	27%	8%	66%
Richland, Lafayette	2,237	794	18%	17%	65%
Rock	10,451	5,454	25%	27%	48%
St. Croix	5,493	1,446	12%	14%	74%
Sauk	4,144	2,082	16%	34%	50%
Shawano	2,736	869	25%	7%	68%
Sheboygan	7,559	1,396	13%	5%	82%
Trempealeau	1,892	415	15%	7%	78%
Vernon	1,910	315	8%	9%	84%
Vilas, Forest, Oneida, Iron, Price	5,993	2,572	31%	12%	57%
Walworth	6,848	2,008	19%	10%	71%
Washington	8,792	2,015	14%	9%	77%
Waukesha	26,247	4,849	10%	9%	82%
Waupaca	3,469	951	17%	10%	73%
Waushara	1,669	523	24%	7%	69%
Winnebago	11,412	3,569	23%	8%	69%
Wood	4,883	1,801	23%	14%	63%

a - Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration. See Appendix for all other sources.

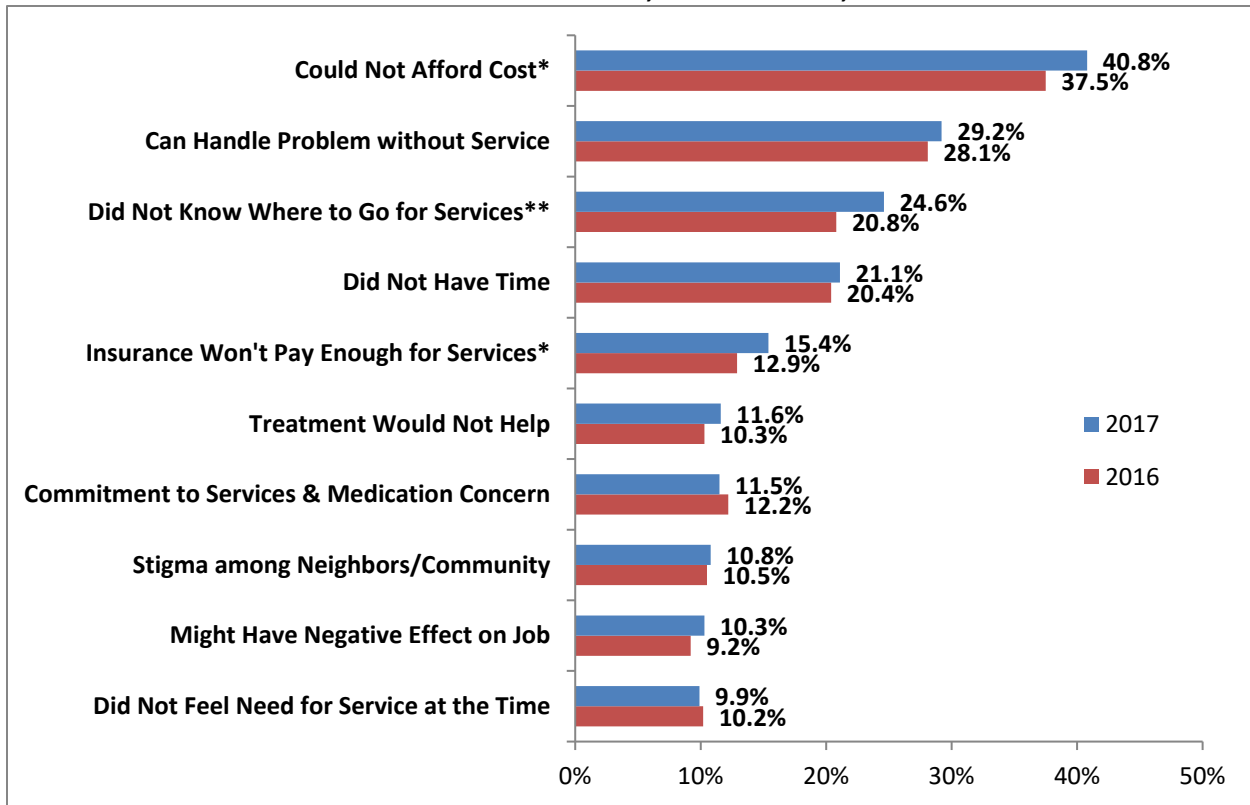
b - Due to small numbers of consumers served which are protected through HIPAA, commercial insurance data for some counties was grouped with nearby counties. Data from Crawford and Jackson counties could not be combined with other counties and are individually excluded, but are included in state totals. The county groupings for the entire table reflect these adjustments.

Barriers to access

Many adults with any mental illness (57.4 percent) or serious mental illness (33.3 percent) did not receive any mental health services according to the 2017 National Survey on Drug Use and Health.

Respondents from the same survey with an unmet mental health need cited the top 10 reasons why they did not access treatment (Figure 7). These reasons and their rankings have not changed much since 2013, but inability to afford the cost of treatment, lack of knowledge on where to go for treatment, and inability of insurance to cover enough of the cost of treatment have all increased significantly from the previous year's survey.

Figure 7: Percent of Adult Individuals Citing Each Reason for Not Receiving Mental Health Services, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.

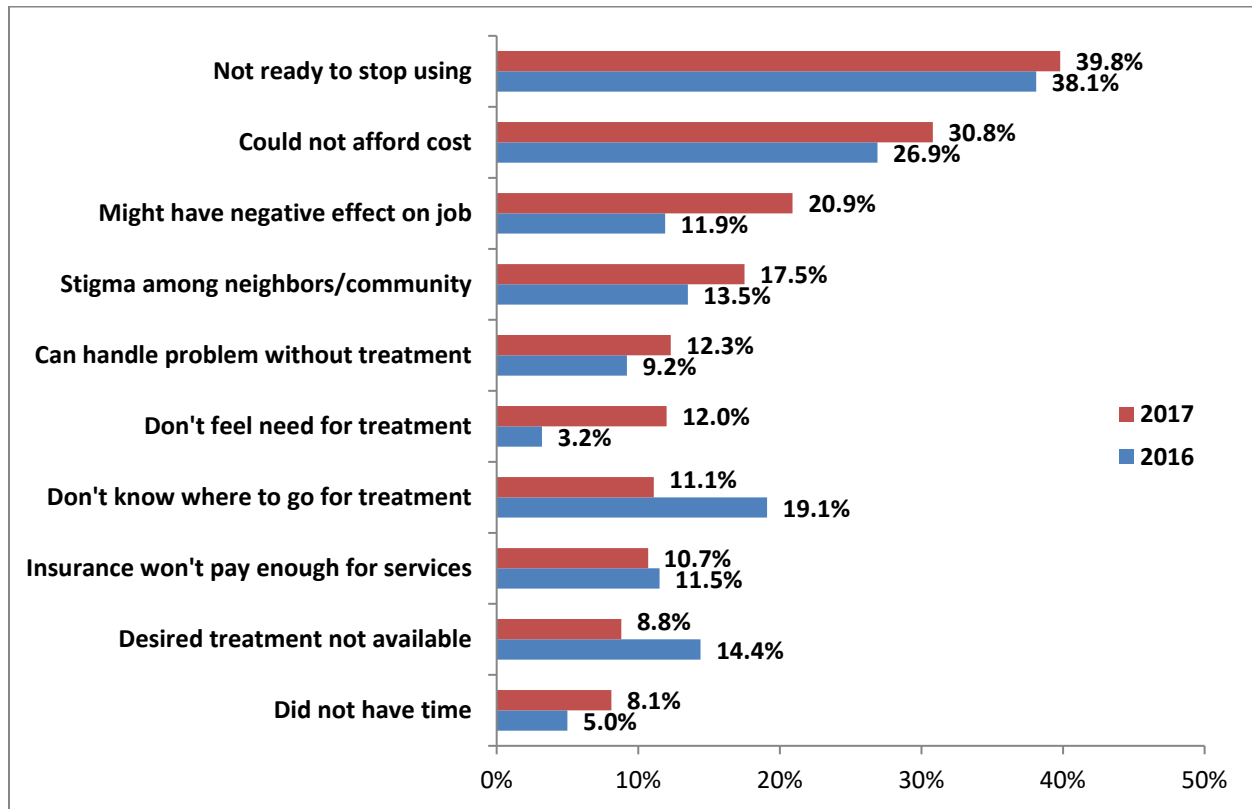
* - 2017 value statistically significant difference from value on 2016 National Survey on Drug Use and Health survey year (.05 level)

** - 2017 value statistically significant difference from value on 2016 National Survey on Drug Use and Health survey year (.01 level)

Note: Among top 10 identified reasons

The National Survey on Drug Use and Health also asked individuals whether they had a substance use need, if they received treatment, and if they experienced barriers to accessing treatment. In 2017, respondents who had an unmet substance use need for treatment cited the top 10 reasons for why they did not access treatment (Figure 8). For all of the below reasons except lack of knowledge on where to go for treatment, inability of insurance to cover enough of the cost of treatment, and lack of desired treatment availability, the percent of adults citing each reason has increased from the previous 2016 survey.

Figure 8: Percent of Adult Individuals Citing Each Reason for Not Receiving Substance Use Treatment, United States, 2017



Source: National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration.
 Note: Among top 10 identified reasons

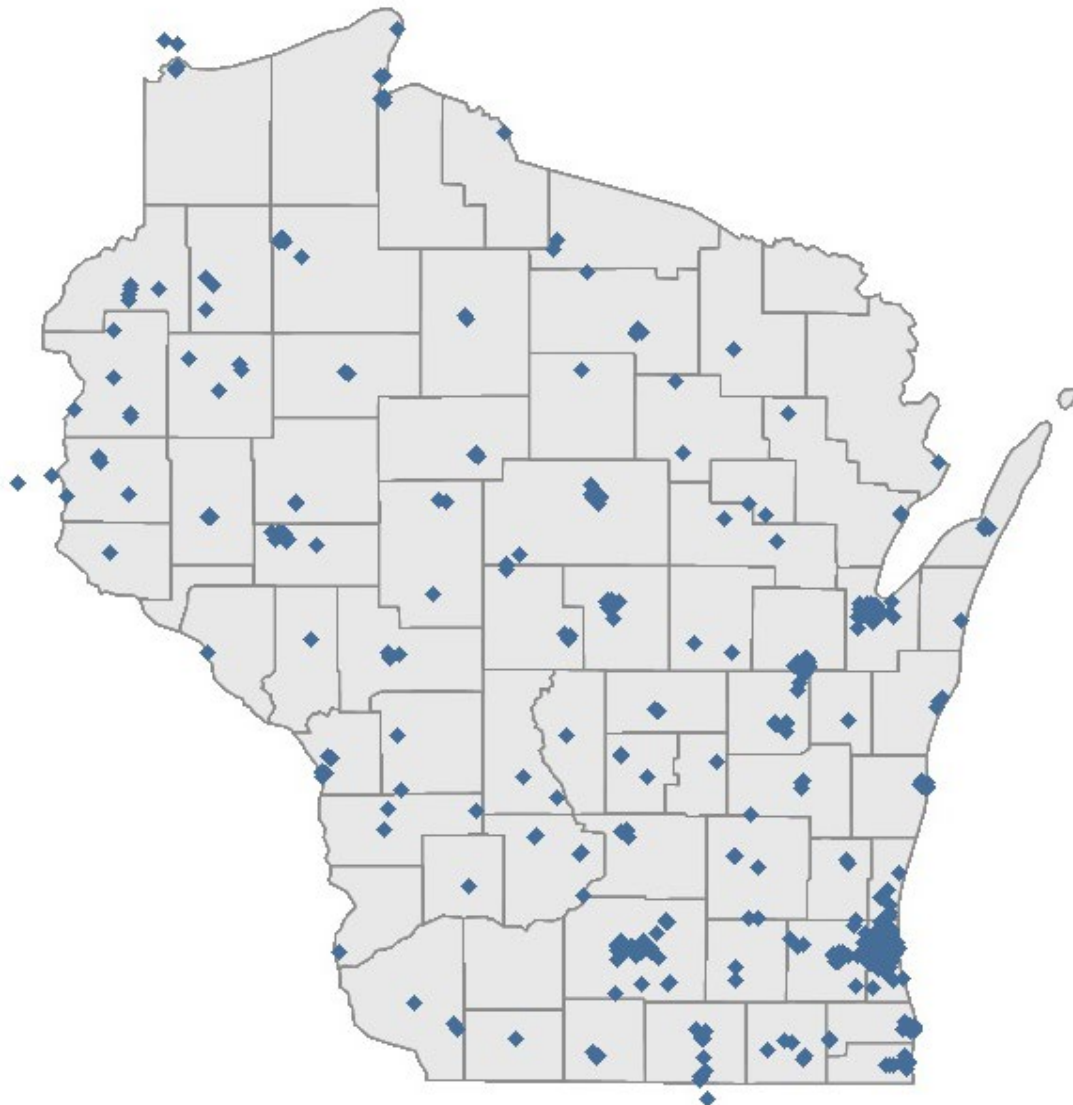
Service Workforce/Capacity

Mental health

Figure 9 below shows mental health services providers certified by the DHS Division of Quality Assurance. These providers perform inpatient, psychosocial rehabilitation services, outpatient, day treatment, and other types of services.

Wisconsin certified providers

Figure 9: State Certified Mental Health Providers



Source: Division of Quality of Assurance, DHS

Psychiatrist shortages

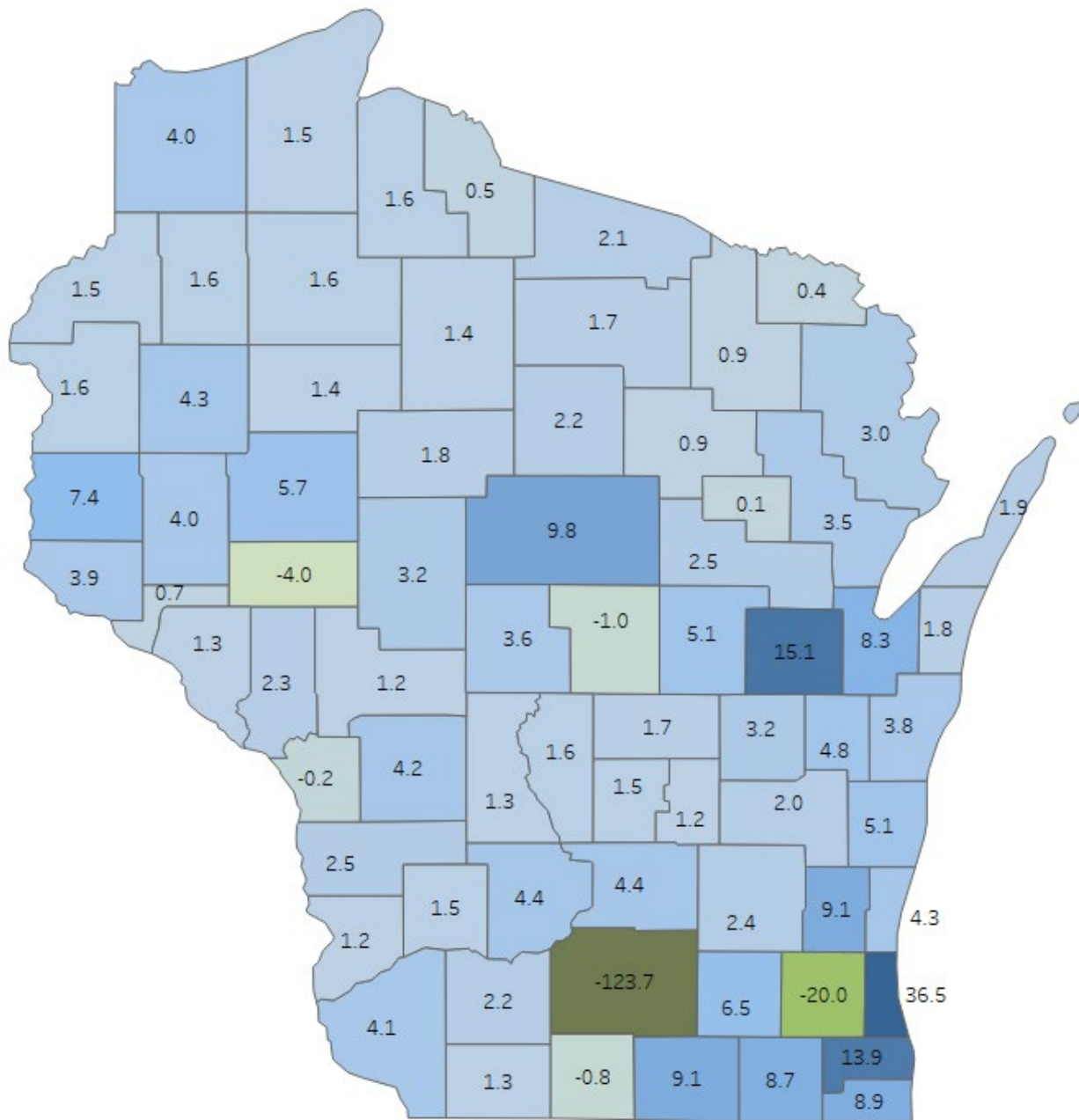
The DHS Primary Care Program is responsible for tracking health care professional shortages in Wisconsin, including psychiatrists, and coordinating federal grants targeted to address these shortages. The most recent available data on psychiatrist shortage areas is from March 2019 and is described below in Figure 10. For each county, the number of psychiatrist full-time equivalent positions that are needed to eliminate the shortage is calculated. A shortage designation can then be calculated to determine if an area can qualify for Health Professional Shortage Area federal funding. A significant shortage means having a ratio of 10,000 population to one full-time equivalent psychiatrist or higher. A 20,000 to one full-time equivalent ratio is required to qualify for a federal designation as a Health Professional Shortage Area and be eligible for federal benefits.

A summary of the highlights from the psychiatrist shortage data in Table 17 includes:

- All but six counties have some level of psychiatrist shortages.
- Although almost all rural areas have shortages of psychiatrists, larger counties have the largest shortages. The counties with the ten largest full-time equivalent shortages all have populations over 100,000 with the exception of St. Croix County. The counties with the largest shortages are Milwaukee, Outagamie, and Racine.
- Milwaukee County has a shortage of 36.5 full-time equivalent psychiatrists which is more than three times larger than the next county with a shortage.
- Of the six counties with an adequate supply of psychiatrists, all are counties with a large urban area with the exception of Green County.
- Waukesha and Dane are estimated to have a combined surplus of 144 psychiatrists with the majority of the surplus residing in Dane County.

Without the ability to relocate any full-time equivalent psychiatrists from where they are currently practicing, Wisconsin needs 117 more full-time equivalent psychiatrists statewide. However, if some psychiatrists were able to relocate from Dane and Waukesha counties, it is possible that the shortages could be eliminated. Although relocation for all surplus psychiatrists in these two counties is unlikely, the use of telehealth when appropriate could be used by psychiatrists in surplus areas to help address the need in shortage areas.

Figure 10: Number of Psychiatrist Full-Time Equivalents Needed to Reduce Significant Shortages for the Resident Population, March 2019



Source: Office of Primary Care, DHS

Table 17: Number of Psychiatrists Needed to Reduce Significant Shortage, March 2019

County	Resident Civilian Population	Number of Full-Time Equivalent Psychiatrists Needed to Reduce Significant Shortage
Adams	20,111	1.6
Ashland	15,779	1.6
Barron	45,358	4.3
Bayfield	15,004	1.5
Brown	258,004	8.3
Buffalo	13,243	1.3
Burnett	15,239	1.5
Calumet	49,737	4.8
Chippewa	63,445	5.7
Clark	34,513	3.2
Columbia	56,790	4.4
Crawford	16,313	1.2
Dane	522,837	-123.7
Dodge	87,833	2.4
Door	27,443	1.9
Douglas	43,503	4.0
Dunn	44,260	4.0
Eau Claire	102,388	-4.0
Florence	4,354	0.4
Fond du Lac	102,082	2.0
Forest	9,035	0.9
Grant	51,742	4.1
Green	36,869	-0.8
Green Lake	18,745	1.2
Iowa	23,576	2.2
Iron	5,748	0.5
Jackson	20,531	1.2
Jefferson	84,586	6.5
Juneau	26,427	1.3
Kenosha	167,886	8.9
Kewaunee	20,378	1.8
La Crosse	117,582	-0.2
Lafayette	16,755	1.3
Langlade	19,190	0.9
Lincoln	27,994	2.2
Manitowoc	79,680	3.8
Marathon	135,293	9.8
Marinette	40,712	3.0
Marquette	15,164	1.5
Menominee	4,506	0.1
Milwaukee	956,586	36.5
Monroe	45,303	4.2
Oconto	37,465	3.5

County	Resident Civilian Population	Number of Full-Time Equivalent Psychiatrists Needed to Reduce Significant Shortage
Oneida	35,352	1.7
Outagamie	183,288	15.1
Ozaukee	87,817	4.3
Pepin	7,282	0.7
Pierce	41,226	3.9
Polk	43,328	1.6
Portage	70,371	-1.0
Price	13,566	1.4
Racine	195,101	13.9
Richland	17,626	1.5
Rock	161,226	9.1
Rusk	14,211	1.4
Sauk	63,340	4.4
Sawyer	16,384	1.6
Shawano	41,136	2.5
Sheboygan	115,094	5.1
St. Croix	87,142	7.4
Taylor	20,344	1.8
Trempealeau	29,510	2.3
Vernon	30,378	2.5
Vilas	21,465	2.1
Walworth	102,917	8.7
Washburn	15,638	1.6
Washington	133,967	9.1
Waukesha	396,731	-20.0
Waupaca	51,651	5.1
Waushara	24,170	1.7
Winnebago	169,540	3.2
Wood	73,427	3.6

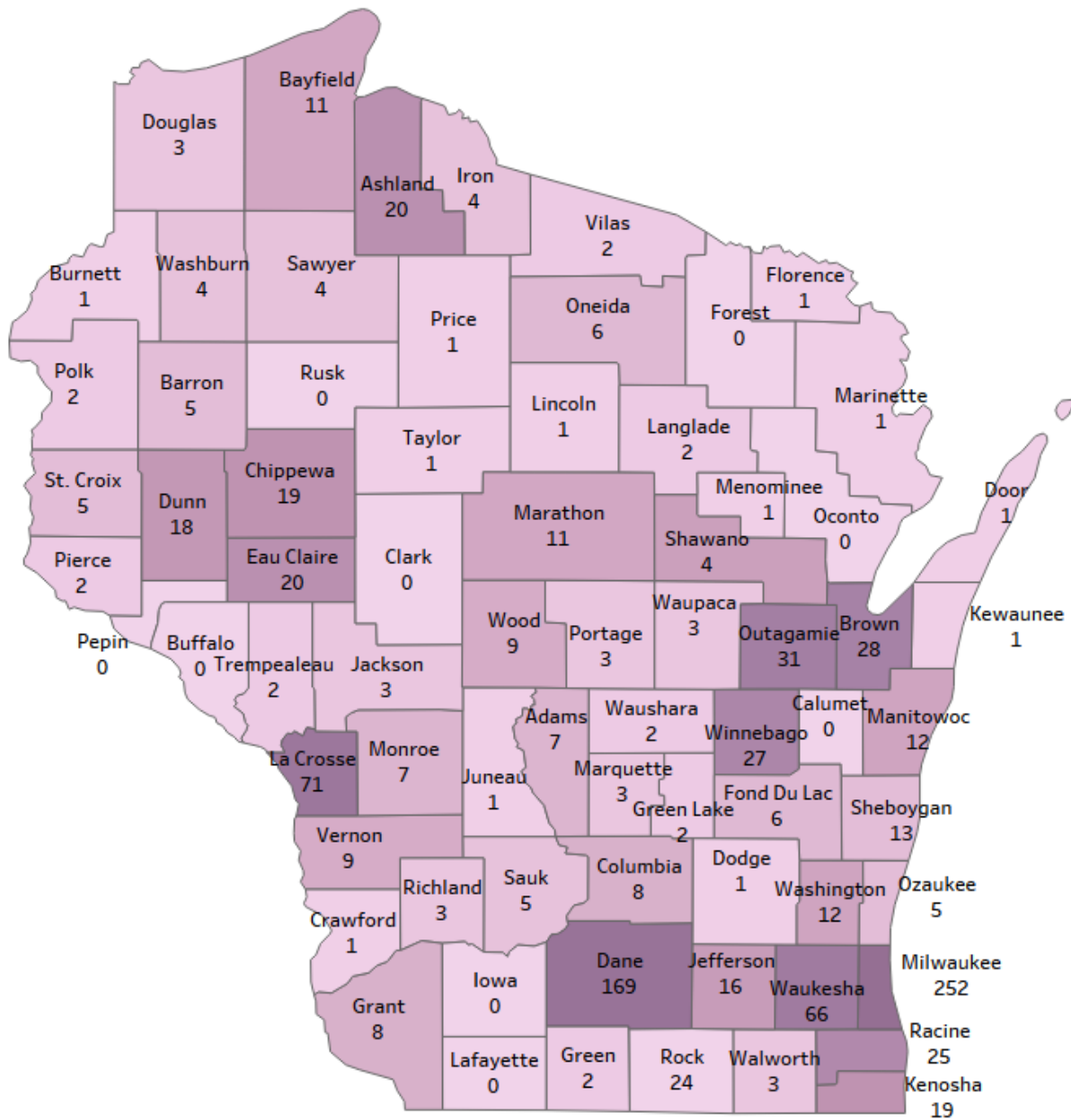
Source: Office of Primary Care, DHS

Map of certified peer specialists

The use of certified peer specialists to expand the capacity of the Wisconsin mental health system has grown exponentially in recent years. Certified peer specialists cannot only increase the capacity of an agency's workforce, 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.

The map in Figure 11 provides the most recent snapshot of certified peer specialists across Wisconsin as indicated certified peer specialist applicant testing data provided by Access to Independence, Inc., the agency contracted by DHS to manage the certification of peer specialists. In December 2018, there were 1,009 certified peer specialists in Wisconsin, up from 740 in December of 2017. As expected, there are more certified peer specialists in urban areas compared to rural areas. Rural counties in the northern and southwestern areas of the state are in the greatest need of certified peer specialists.

Figure 11: Wisconsin Certified Peer Specialists by County as of December 2018



Source: Certified peer specialist applicant testing score data, Access to Independence, Inc.
 Note: Counts in counties are according to certified peer specialist residence and not possible place of employment.
 Seven individuals listed counties that were outside of Wisconsin.

A 2018 survey conducted by Access to Independence, Inc., of certified peer specialists (n=143) found that 51 percent of respondents were currently employed as a certified peer specialist and 41 percent of those employed had been employed for more than one year. Lack of certified peer specialist jobs in their area was the top reason certified peer specialists reported they were unemployed.

Community Support Programs and Comprehensive Community Services programs, available in most areas of the state, may provide an accessible and sustainable environment for certified peer specialists to find employment. These programs are among some of the most common sources of employment for certified peer specialists (Table 18).

Table 18: Most Common Employment Environments Among Employed Certified Peer Specialists*

Employment Environment	Frequency	Percent
Comprehensive Community Services	15	17%
Substance Use Disorder Treatment and Recovery	11	13%
Community Support Programs	7	8%
Housing (Supported Living Arrangement)	7	8%
Drop-In Center (Peer run)	6	7%
Independent Living Center	5	6%
Reentry Program	5	6%
Peer-Run Respite	4	5%
Crisis Services	4	5%

Source: 2018 Survey of Peer Specialists (n=139), Access to Independence, Inc.

*Defined as present among 5 percent or more of certified peer specialist survey respondents

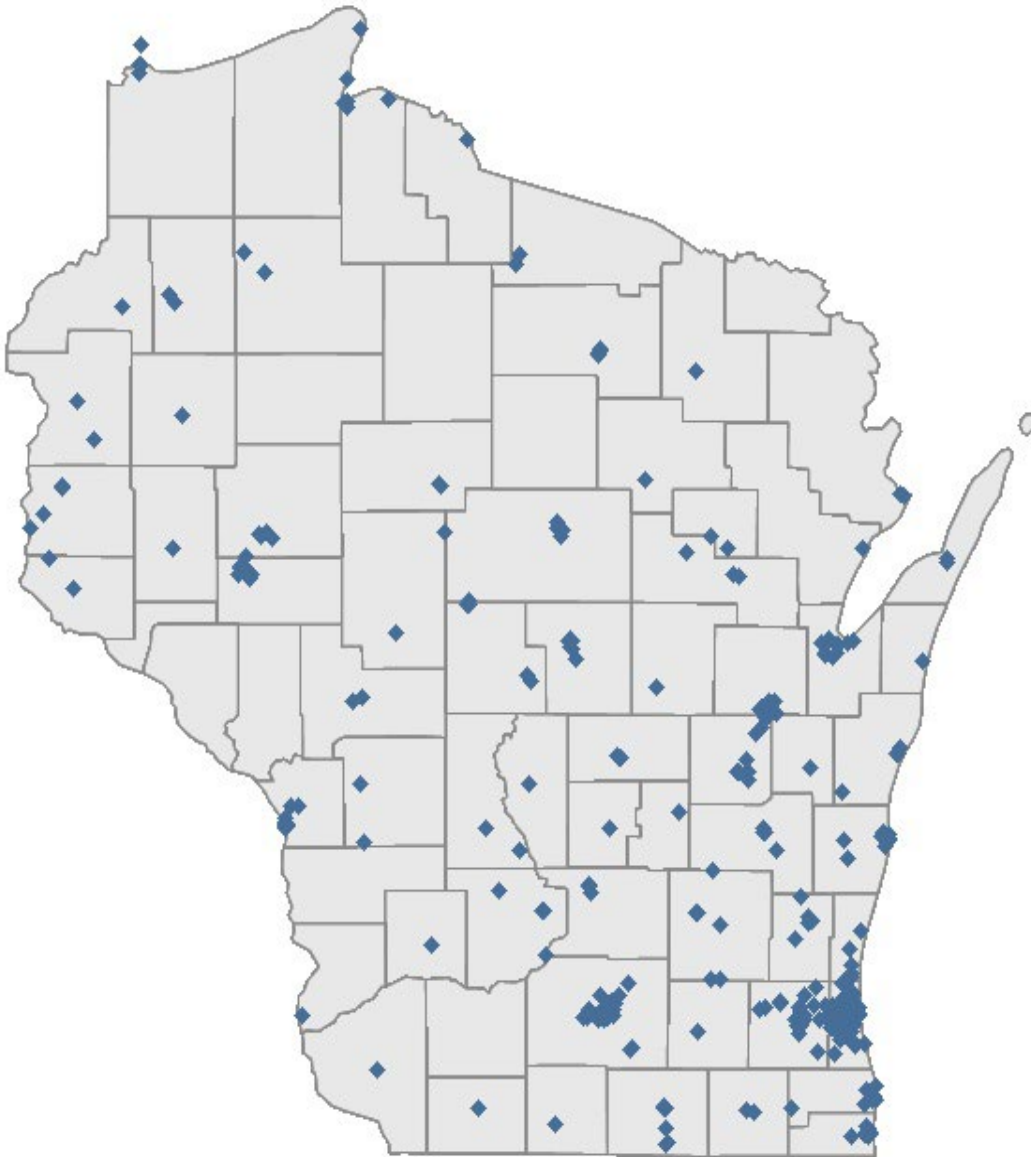
Note: "Other (Specify)" was the listed as employment environment among 12 peers (14%).

Substance Use

Figure 12 below shows the location of substance use services providers certified by the DHS Division of Quality Assurance. These providers perform inpatient, medically monitored treatment services, emergency outpatient, day treatment, and other types of services.

Wisconsin certified providers

Figure 12: State Certified Substance Use Providers

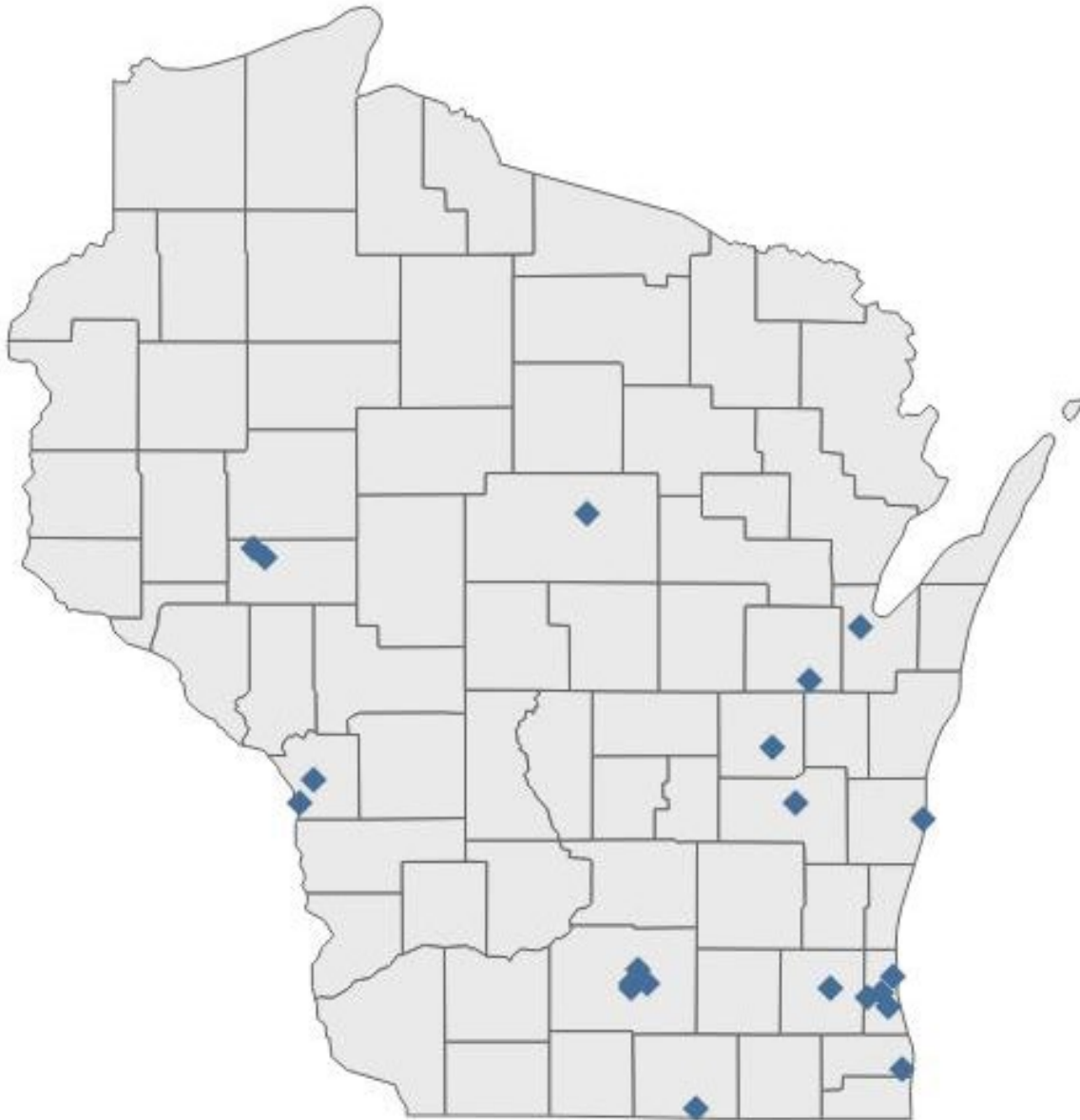


Source: Division of Quality Assurance, DHS

Opioid treatment programs

There are 21 opioid treatment programs in 13 Wisconsin counties as shown in Figure 13. These programs are specially licensed centers that provide Food and Drug Administration-approved medications combined with counseling and other support services.

Figure 13: Opioid Treatment Program Availability

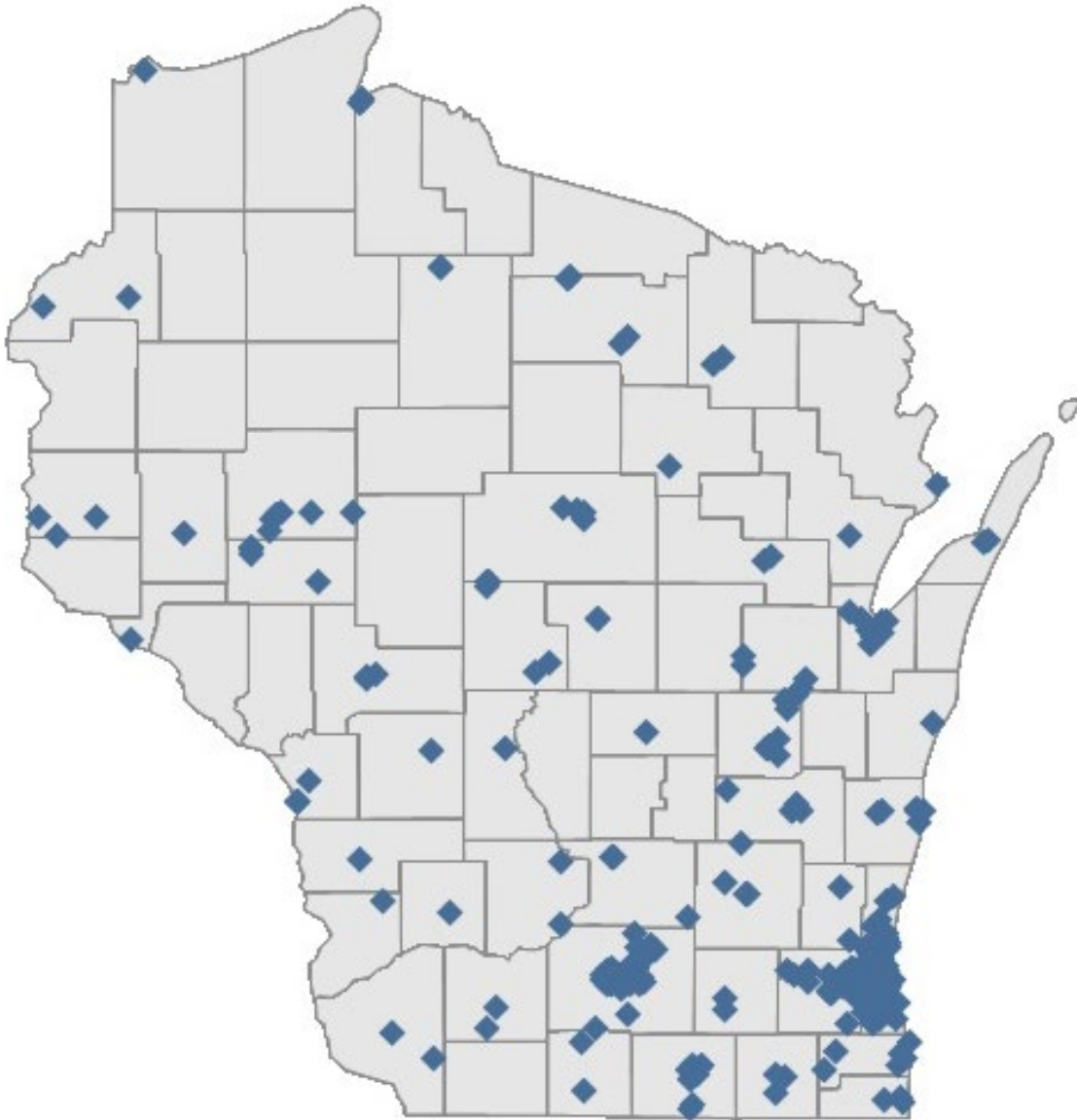


Source: DHS

Buprenorphine prescribers

The use of medications such as naltrexone, buprenorphine, and methadone to supplement psychosocial addiction treatment is an evidence-based approach to care. As of March 2019, there were approximately 880 federally approved prescribers of buprenorphine in Wisconsin. They are approved for varying caseloads of 30, 100, and 275 patients each. Even with this capacity, the availability of slots and prescribers for this medication continues to impede efforts to provide or expand opioid treatment in many areas of Wisconsin. Figure 14, from the National Registry of Buprenorphine Prescribers, shows the distribution of buprenorphine prescribers in Wisconsin. Fifteen (21 percent) of Wisconsin's 72 counties do not have access to a buprenorphine prescriber.

Figure 14: Buprenorphine Prescriber Availability by Wisconsin County



Source: National Registry of Buprenorphine Prescribers

Appendix: Additional Data Source References

Special Population Prevalence Rate Sources for Table 4 and 7

Indicator	Source
Substance Use Disorder (Adults)	National Survey on Drug Use and Health 2017, Table 8.21B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf
Poverty (Adults)	National Survey on Drug Use and Health, 2017, Table 8.3B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf
Ages 18-25	National Survey on Drug Use and Health, 2017, Table 8.1B; https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf
Lesbian, Gay, or Bisexual (Adults)	NSDUH Data Review – Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health 2015; https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.pdf
Corrections and County Jails (Adults)	U.S. Department of Justice – Special Report: Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 (June 2017). https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf
Two or More Races (Adults)	National Survey on Drug Use and Health 2017, Table 8.2B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf
Homeless	Mental Illness Policy Org, 2015 National Estimates; https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html
Unemployed	National Survey on Drug Use and Health, 2017, Table 8.2B; https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2017/NSDUHDetailedTabs2017.pdf

Participants Served and Treatment Gaps Sources for Tables 12-16

Indicator	Source
Public County System	Wisconsin Department of Health Services, Division of Care and Treatment Services, Program Participation System
Medicaid Fee-for-Service, Managed Care, Children’s Long-Term Care Severe Emotional Disturbance Waiver	Wisconsin Department of Health Services, Division of Medicaid Services
Medicaid Milwaukee Wraparound/Dane Children Come First	Dane County Children Come First program, Milwaukee County Wraparound Initiative
State Mental Health Institutions	Wisconsin Department of Health Services, Division of Care and Treatment Services, Institution Insight System
Corrections	Wisconsin Department of Corrections
Commercial Insurers	Wisconsin Health Information Organization (WHIO)