

Wisconsin Ranked List of Mental Health and Substance Abuse Needs

The needs below were identified through the Wisconsin Mental Health and Substance Abuse Needs Assessment and ranked by reviewers, including representatives from the Division of Mental Health and Substance Abuse Services, the State Council on Alcohol and Other Substance Abuse, and the Wisconsin Council on Mental Health. The priority scores below are based on a composite of those individual rankings. Please see the Wisconsin Mental Health and Substance Abuse Needs Assessment for additional information. These priorities were then used to inform the Community Mental Health and Substance Abuse Prevention and Treatment Block Grant Application.

Priority Score	Item Category	Item Description
81.2	SA-2	Reduce substance use disorders for pregnant women and mothers with infants and young children.
79.9	MHSA-3	Increase children and youth who receive effective treatment and wrap-around services for mental health or substance use disorders. Youth have high rates of mental health and substance abuse needs.
79.6	MH-1	Increase psychiatrist availability including, but not limited to, child psychiatrists in northern Wisconsin.
77.7	MHSA-4	Increase persons coming in contact with the criminal justice system that receive effective services for mental health or substance use disorders. These persons have high prevalence rates.
77.4	MH-2	Reduce Wisconsin's suicide rate below the national average including but not limited to persons age 50-59, veterans and active service members.
77.0	SA-8	Reduce alcohol and other substance-impaired motor vehicle crashes, injuries and fatalities among persons age 16-34.
75.8	MHSA-11	Improve mental health and substance abuse service outcomes and quality of care by addressing the use of evidence-based practices and treatments, practice-based evidence, consumer satisfaction and involvement, professional training, data collection, outcomes measurement, quality improvement approach, etc.
75.0	SA-1	Increase the substance abuse treatment professional workforce statewide.
74.4	MH-4	Early identification of those who have experienced adverse childhood experiences such as abuse, divorced parents, or living with persons who have a mental health or substance use disorder coupled with proven interventions to build resilience.
74.3	MHSA-6	Address barriers to accessing mental health or substance abuse treatment including cost, motivation, transportation/distance, living in rural areas, and stigma in order to increase the number of persons receiving treatment.
73.9	SA-7	Reduce binge or heavy-occasion use of alcohol among persons age 18-34.
73.9	SA-6	Reduce use of alcohol among persons age 12-20.
73.3	SA-3	Reduce persons with addictions to prescription pain killers and heroin as well as overdoses and deaths among persons age 12 and older.
72.1	MHSA-1	Increase persons with any co-occurring mental health or substance abuse disorder who receive effective integrated treatment.
72.0	MHSA-8	Increase overall mental health and substance abuse workforce capacity and reduce waiting lists.
71.2	MHSA-9	Achieve mental health and substance abuse service appropriateness and equity by ensuring the appropriate mix of inpatient, detox, residential, intensive outpatient, outpatient, psychosocial rehabilitation services, crisis intervention, recovery support services, peer specialists, recovery coaches, consumer-run

Priority Score	Item Category	Item Description
		centers, narcotic treatment, etc.
70.6	MHSA-12	Reduce the disparities in access to effective, culturally and linguistically competent mental health and substance abuse services among populations of differing races, ethnicities, sexual orientations and Deaf persons.
69.9	SA-5	Increase capacity to provide evidence-based, universal indirect environmental prevention strategies in areas of the state where data indicates there is need including but not limited to rural villages and towns.
69.8	MHSA-5	Increase young adults (age 18-25) and elders (age 60 and over) who receive effective treatment for mental health or substance use disorders. Young adult prevalence rates are higher than average and both groups' rates of receiving treatment are lower than average.
69.1	MH-3	Reduce mental health inpatient readmission rates by increasing the availability of community-based alternatives.
68.8	MHSA-2	Increase veterans, active service members and military families who receive effective treatment for mental health or substance use disorders.
67.1	SA-4	Reduce high usage of detoxification services in areas where usage exceeds the state or national average.
66.6	MHSA-10	Collaboration or integration of substance abuse and mental health services with primary health care to improve overall health outcomes including but not limited to smoking cessation.
63.0	MH-5	Provide parents and helping professionals working with infants and young children (e.g., child care workers, home visitors, and pediatricians) the knowledge, skills, and practices that support healthy social and emotional child development.
55.3	SA-9	Reduce the use of synthetic drugs that have a similar effect as marijuana (spice) or stimulants (bath salts).
51.9	MHSA-7	Address access barriers to pathological gambling disorder treatment in order to increase the number of persons receiving treatment.