Aurora Psychiatric Hospital provides the most comprehensive continuum of behavioral health care in the state, providing inpatient and intensive outpatient care to over 20,000 patients of all ages each year on our campus. Our hospital’s community benefit plan is guided by our Milwaukee County community health needs assessment (CHNA). Aurora’s Behavioral Health Services (ABHS) in eastern Wisconsin, serves more than 40,000 patients a year across Aurora’s footprint. To see our most recent CHNA report, please visit www.aurora.org/commbenefits.

Priority #1: Increase access for persons in our community with disproportionate unmet health needs.

Based on the most recent key informant interviews in all the counties where an Aurora hospital is present, behavioral health consistently ranked among the top five community health issues. Behavioral health problems can impact one’s physical well-being, and appropriate referrals for mental health and substance abuse treatment are crucial. A behavioral health assessment gives medical professionals who are caring for individuals a complete picture of their emotional, psychological, and social well-being. During 2016, our specialists completed a total of 14,985 on-site assessments at Aurora hospital emergency departments (EDs) and other urgent care settings, in addition to those conducted at our hospital, to expedite appropriate referrals for people with acute mental health or substance abuse issues. We also continued to offer our 45-minute telephone assessments to decrease wait times between assessments and improve access to care, replacing two-hour in-person assessments. In 2016, a total of 2,010 telephone assessments were completed.

To continue increasing access points for people managing behavioral health concerns, we completed 235 tele-psychiatry visits and 354 tele-intake visits for patients at our Aurora hospitals and additional primary care locations.

To ensure a safe discharge, 348 prescriptions were provided free of cost to uninsured patients who had no resources for medications through our Essential Medication Fund.

Priority #2: Build links between our clinical services and our local health departments’ community health improvement plans.

Health professions and community education

To expand the ability of health professionals to address behavioral health issues in their organizations, we continue to provide our annual Evidence-Based Behavioral Health Series for health professionals. During 2016, a total of 825 physicians and clinicians attended one of our 18 continuing education lectures. As a result of the lectures, 482 attendees reported they will change a significant aspect of their practice.

Behavioral Health Issues in the School is another continuing-education series designed to help school professionals recognize and respond to students’ behavioral health issues and needs. In 2016, we offered seven continuing education lectures for over 200 individuals.

Additionally, our hospital provides many student clinical experiences and placement hours for multiple universities and technical colleges across Wisconsin for undergraduate and graduate behavioral health and medical degree programs. In 2016, our caregivers dedicated over 17,000 hours to student learning at our hospital.
Alcohol, drug dependence and substance abuse

After initial treatment, ongoing support groups are critical for preventing relapse among persons overcoming addiction issues. Our Lighthouse on Dewey hosted 116 support groups in 2016, averaging 41 hours of facility use by community groups per week. Those groups represent many organizations including Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Heroin Anonymous, Cocaine Anonymous, and many more.

Kradwell School

Education can be challenging for children experiencing behavioral or mental health issues. Established in 1963 on our campus, Kradwell is a private, nontraditional and nonsectarian school for children in grades 5 through 12 that promotes success while utilizing a 5:1 student-teacher ratio. Kradwell specializes in serving students who struggle to succeed in traditional school environments. The teachers and support staff develop educational plans tailored to each student and any conditions they may have, such as dyslexia, ADD/ADHD, anxiety, bipolar disorder, depression, PSTD, OCD, reactive attachment disorder, Asperger’s syndrome and more. In 2016 more than $50,000 in scholarship funds were awarded to families.

The one-time Aurora Better Together Fund was extended in 2016 to increase funding for partner organizations that share our mission to increase access to primary care, behavioral health services, and sexual assault and domestic violence prevention and treatment programs across eastern Wisconsin. In total, 12 Aurora Health Care partners received Better Together funding in 2016 to add behavioral health services in community settings.

Visit www.aurorahealthcare.org/better-together to learn more about our partners who received Aurora’s Better Together Fund grants to incorporate behavioral health services in community based settings.

2016 Community benefits by the numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assistance (charity care) at cost*</td>
<td>$221,000</td>
</tr>
<tr>
<td>Community health improvement and education services, and community benefit operations</td>
<td>$1,303,826</td>
</tr>
<tr>
<td>Health professions education</td>
<td>$890,790</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit</td>
<td>$218,352</td>
</tr>
<tr>
<td><strong>Total 2016 community benefits</strong></td>
<td><strong>$2,633,968</strong></td>
</tr>
</tbody>
</table>

* Cost-to-charge ratios are based on Wisconsin Hospital Association percentages.
** Unlike some community benefit reports that include additional categories as community benefits, Aurora Health Care has elected to exclude Medicare shortfalls and bad-debt expenses from the community benefit calculations. However, when Medicare shortfalls are added, our hospitals total benefit to the community is $2,952,968.