



Dane County Department of Human Services Behavioral Health Resource Center



Mid-Year Progress Report December 2020 – June 2021 (+ 4 days in November 2020)

Making it easier to get care

Think about the times you tried to get healthcare for yourself or a loved one. How many hoops were there to jump through? How did you know what service you needed? How did you figure out which service provider to turn to? How long did you have to wait to be seen? Did you worry about how much it would cost? These are some of the basic barriers to receiving any kind of care – healthcare, mental health, substance use... Additional barriers people tend to run into when looking for support are:

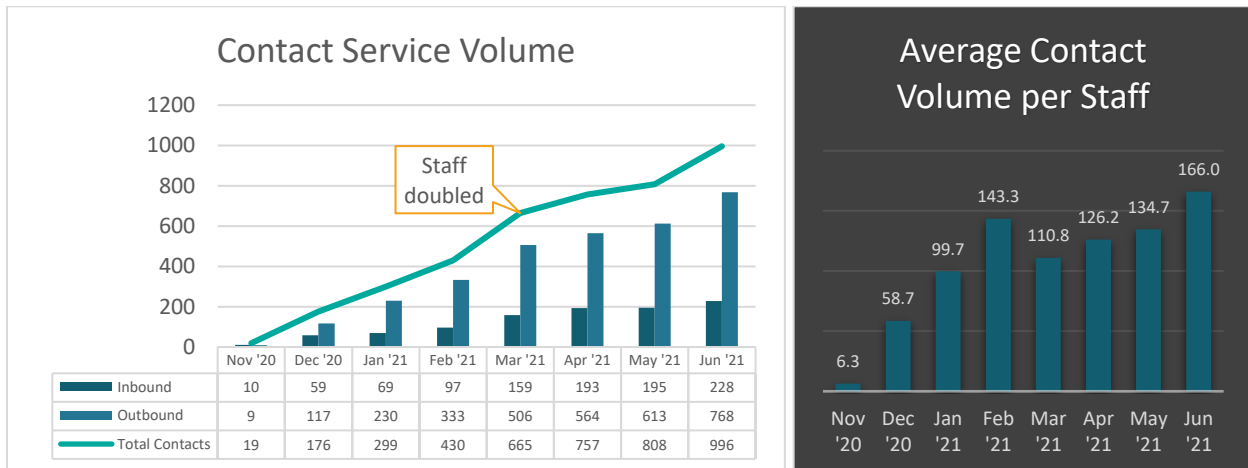
- Wait lists
- Insurance issues
- Cost of care
- Childcare conflicts
- Paperwork
- Legal issues
- Getting service in your preferred language and/or appropriate to your culture and identities
- Services in a location and at a time that work for you
- Transportation to and from appointments

The Behavioral Health Resource Center (BHRC) of Dane County connects people with resources to address these barriers. It helps people address the systemic issues around social determinants of health. The BHRC is expanding access, choice, and community connection to behavioral health care and services. The BHRC connects Dane County residents – individuals, families, and children – with needed behavioral health resources. The purpose is to provide warm hand-offs that connect people and families to the right care and services to help with mental health, substance use, and related needs. The BHRC helps people navigate the complex network of insurance, agencies, service providers, and waitlists in order to remove barriers and increase access to behavioral health care and services.

Serves	Provides	Removes barriers
✓ children/youth	✓ warm hand-offs	✓ BHRC services are free
✓ teens/young adults	✓ referrals	✓ confidential and have the choice to remain anonymous
✓ adults	✓ information	✓ get information for yourself
✓ families and individuals	✓ service connection	✓ provide resources and ideas to help someone else you are concerned about/ways to encourage them to call BHRC
✓ insured and uninsured	✓ follow-up	✓ communicate through your preferred mode – phone, email, text message
✓ people of any financial status, age, identity, ability, and legal status	✓ support services	
✓ Dane County residents	✓ basic assessment of needs and service eligibility	
✗ people outside of Dane County	✓ resources for caretakers	
	✗ crisis services	
	✗ direct services/treatment	

Soft launch into rapid growth

The Behavioral Health Resource Center opened November 23, 2020. Three (3) staff provided behavioral health referral and consultation from November 2020 through February 2021. In March 2021 the staff doubled to six (6), including a Spanish-Speaking Bilingual Case Manager. While staffing growth was limited to March 2021, the number of contacts continuously grew. Contact volume grew an incredible 465%¹ from December 2020 through June 2021 while the center was consistently open from 7:00am to 7:00pm.



Outbound volume in the chart above reflects phone calls and emails. The BHRC also has 30 people who want to be contacted by SMS Messaging (text), but analytics on the number of contacts by this method are not currently available. The charts above illustrate the amount of work that goes into following up with people who have contacted the BHRC (roughly triple the amount of contacts are outbound as are inbound). Also, the chart to the right shows the high volume of contacts **each** staff member is balancing in a given month. Other impressive volume metrics include:

- From November through June the BHRC has handled 1,010 inbound contacts – the majority of them by phone (892, 88%)
- From November through June the BHRC has made 2,325 outbound phone calls to connect with available resources or follow-up with consumers (note there were more calls attempted to consumers where the client did not answer) and sent 815 emails

¹ Growth rate is calculated from December 2020 instead of November 2020 because December was the first full month of service (there were only 4 days of service in November 2020).

One contributing factor to the BHRC’s strong growth in its opening months is deliberate outreach. Several efforts have been undertaken to create awareness of the BHRC.

- A letter of introduction was shared with all Dane County Department of Human Services staff and a wide array of community partners
- Launch of a mobile-friendly, fresh website (<https://danebhrc.org/>)
- Development of reusable print and electronic marketing materials such as BHRC logo, posters, postcards, and business card sized flyers
- Presentations, marketing materials, and targeted outreach to 40+ County and Community Partners including but not limited to:
 - Public Health Madison and Dane County (PHMDC)
 - SOAR/Recovery Dane
 - Briarpatch
 - Addiction Response Team (ART)
 - Zero Suicide Collaborative
 - Coalition of Black Services Providers
 - Urban Triage
 - RCDC Systems of Change
 - Latinx Mental Health Council/Latinx Health Council
 - Catholic Multicultural Center
 - Sun Prairie School District
 - Waunakee School District
 - Madison Metropolitan School District (MMSD) and Building Bridges
 - Madison Police
 - Journey Mental Health Crisis

Continued outreach is on hold to match staff capacity

The BHRC website serves as an important, ongoing tool for increasing awareness and understanding of the BHRC. The goal is to continuously refine the website to make sure it meets consumers’ needs. This can be done by tracking metrics and gathering customer feedback.

We know websites are important to the “customer journey,” which you can think about as *what actions someone took in order to get in contact with the BHRC*. Monitoring web metrics will help track strengths, weakness, and improvement opportunities across the BHRC’s web presence. Insights from these metrics will be one contributor to identifying needed change. Future analysis of web metrics are planned for the overall website and for individual webpages. The current source of collecting web metrics for BHRC was found to be unreliable. For more robust and reliable web tracking, Google Analytics was set up then activated on July 7, 2021. This Google Analytics data will feed future analyses.

In addition to switching to Google Analytics, the BHRC plans to improve its web presence by launching a services landing page to ease website navigation. There are also plans to address specific populations on the website. These population-specific sections should drive a person-centered experience and promote equity among identities. Specifically, there are plans to develop a section for people who identify as Black, Indigenous, and/or People of Color (BIPOC). Considering the wide variety of community need and ever-changing resources, the BHRC website will serve as an invaluable resource to those who wish to explore options on their own. Monitoring the website for ease of use will be critical as more and more people visit the website.

Increasing access and choice

One of the principles and values of the BHRC is to *honor and respect the consumer's voice and choice as they seek services*. The BHRC built this value into its model, allowing consumer choice from beginning to end. This is evident in the many ways they allow people to learn about and communicate with them, the versatility of its data system, and not rushing people through the workflow from case opening to case closing.

The BHRC has gained awareness through word of mouth/referrals, the BHRC website, and marketing materials and presentations.



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Created by Freigge from Noun Project

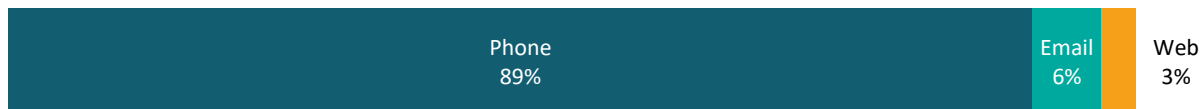


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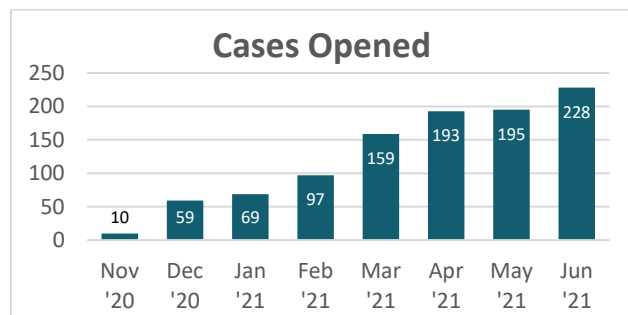


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After a person decides to reach out the BHRC they can initiate contact through a phone call, email, or by filling out a form on the website. People are often initiating contact with the BHRC by phone. During these calls, the Specialist at the BHRC is gathering as much information as the caller is willing to share in order to classify their needs and make appropriate referrals.

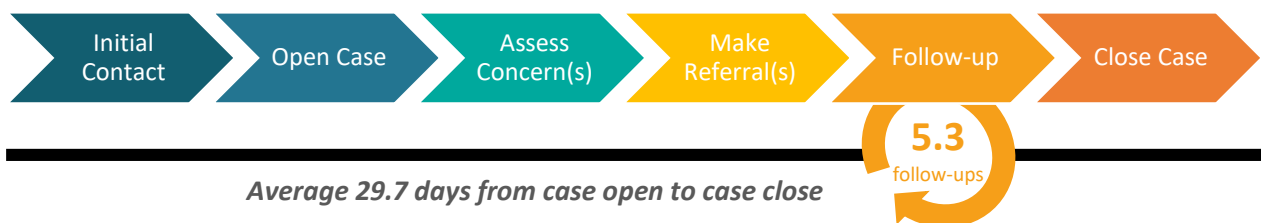


When someone reaches out, a **case** is opened and information for that person and their needs are stored within the case. The BHRC has seen continuous growth month-to-month in new cases.



The BHRC Specialist simultaneously engages in conversation with those seeking help (either by phone or email exchange) and navigates BHub, the BHRC's data system, to enter information gathered. This relational system allows for several contacts (phone calls, emails, text messages) between the BHRC and the person reaching out. Information from these contacts is stored within the case so a continuous conversation can be had over time. These detailed notes allow flexibility and continuous coverage for the cases by one or many Specialists.

Importantly, the system stores data about **why** the person is reaching out – this is saved as the concern. People can have more than one concern within a case. These concerns fit into two buckets: mental health concerns or substance use concerns. The majority of concerns are flagged as mental health (502), 169 are flagged as substance abuse and 80 cases have both a mental health and substance abuse concern. The volume of each and overlap between mental health and substance use cases confirms the need for an *integrated behavioral health resource center in Dane County*.



After gaining an understanding of the concern(s), the BHRC Specialist will discuss options with the person and offer referrals to resources. From November 2020 through June 2021 the BHRC made **2,356** referrals. That’s an average of 3.04 referrals per case. More than 50 referrals were made to each of the following organizations:

- **Journey Mental Health Center** – *is the county’s contracted provider for care for the uninsured. Referrals are made for an array of services from crisis to stabilization, to outpatient treatment, and diagnosis-specific treatment.*
- **Soar Case Management Services** – *Peer Support, peer-lead group services, and warm line*
- **Dane County Comprehensive Community Services (CCS)**
- **Safe Communities** – *Peer Support/Recovery Coaching*
- **Monarch Health Addiction Recovery Clinics** – *accepts a wide variety of insurance plans. Referrals are made for out-patient services because there is often immediate availability for medicine-assisted treatment and comprehensive care.*
- **Westside Psychotherapy, LLC** – *partners with BHRC to offer pro bono services to underserved and underrepresented populations including the uninsured*
- **Dane County Department of Human Services (NPO)** – *internal referrals to services such as Target Case Management and county-funded screenings for AODA*
- **Collaborative Solutions in Psychiatry** – *commonly referred here because they fit the needs of the BHRC’s clients; has frequent openings, accepts a wide variety of insurance, has psychiatry providers who accept Medicaid, and has a Bilingual Nurse Practitioner*

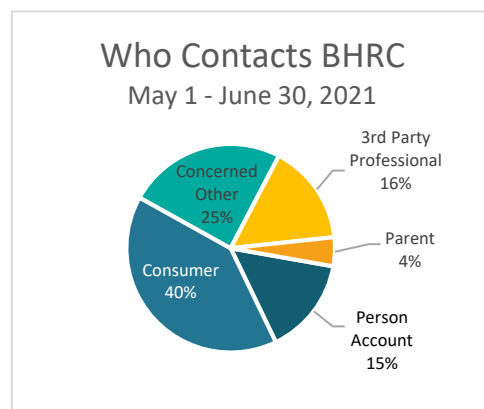
Once a referral is made, the relationship between the BHRC and the client does not end. The BHRC follows-up with the client until they are ready to make a decision about their care. On average, the BHRC follows up **5.3** times per case before it is closed. A typical case is open for 29.7 days before closing.

Providing responsive, consumer-driven service

There was no existing example to copy when creating the steps to get help through the BHRC and its data system. The BHRC and stakeholders engaged in educated collaboration and innovation to create the system. The expectation was that many consumers would call looking for services for themselves and that some would be experiencing a crisis and need immediate connection to crisis services. The

BHRC is a preventative service, designed to connect people to support before they are in crisis. The BHRC is not built to respond to immediate crisis. The BHRC works closely with Journey Mental Health Center’s Crisis Unit to ensure warm hand-offs to Journey’s Crisis Hotline. Additionally, to proactively intercept people needing crisis services, a section of the website is dedicated to providing contact information specific to crisis services. There is also a callout on the homepage directing people in crisis to contact a 24-hour Crisis Line or, in cases of immediate risk to self or others, to call 911/go to the nearest Emergency Room.

Although the BHRC was designed with the expectation of helping the person experiencing non-crisis behavioral health problems, the BHRC has found itself – *and adapted to* – serving a larger audience. Not only do people contact the BHRC looking for help for themselves, but many individuals reach out wanting help for others. The BHRC is accepting of this and created many paths to getting needed care. They are listening for common threads, identifying patterns in who they are serving, and noting barriers to accessing care. This is an ***exemplification of person-centered care***; those seeking help are not turned away because they don’t fit an expected mold, rather the mold is changed.



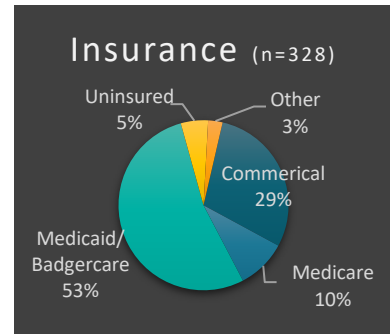
The database was updated to track the roles of people reaching out to the BHRC. Everyone is categorized into one of the following types:

1. “Person Account” – When the BHRC started there was no distinction of caller type. Every contact created was a ‘person.’ On April 21, 2021 additional person types were made to better categorize who reached out the BHRC. The change was made in response to the BHRC identifying patterns in the people calling in for assistance and editing their data system. After April 21, 2021 this category is primarily (but not exclusively) used for people starting contact with BHRC through the web form.
2. “Consumer” – The person reaching out is looking for services for themselves.
3. “Concerned Other” – The person is reaching out on behalf of someone they care about such as their partner, adult child (who is not a dependent), loved one, family member, etc.
4. “3rd Party Professional” – Professionals (case managers, medical providers, etc.) in the community looking for information, consultation, and resources on behalf of their client/patient.
5. “Parent” – Parent or guardian looking for support for their dependent child (usually minors).

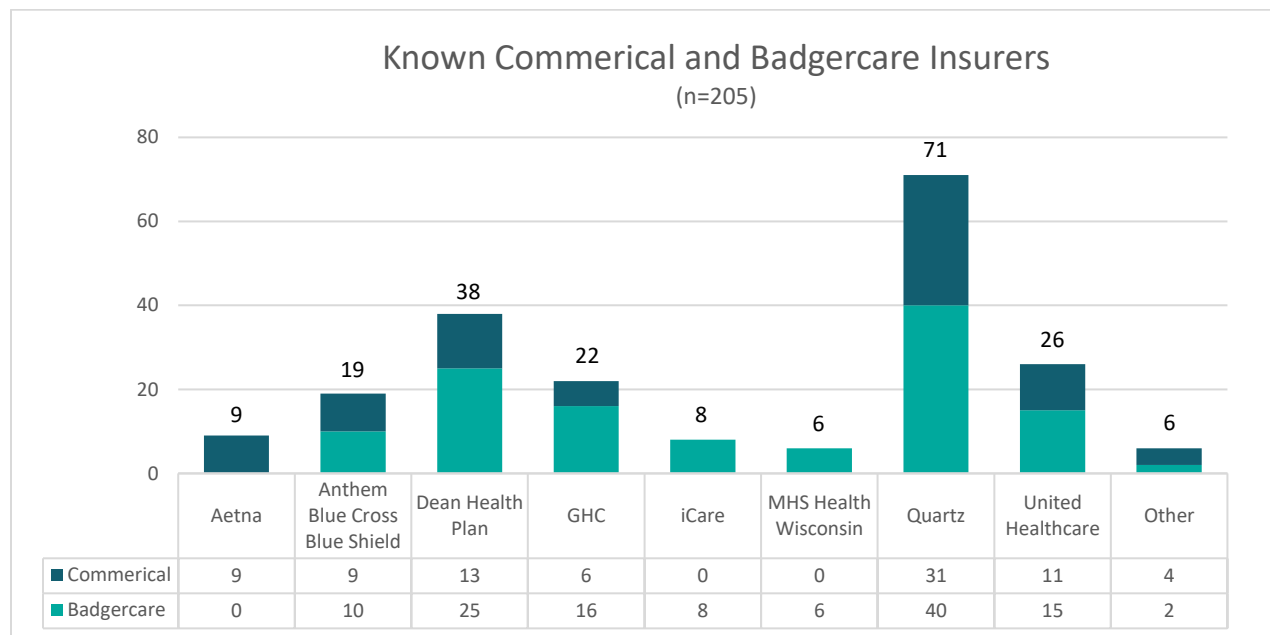
Other measures of who the BHRC is serving are currently less reliable. Although the database is capable of storing results of psychological assessment and numerous demographic fields, these are commonly empty. In the spirit of ***honoring and respecting the customer’s voice and choice as they seek services***, the BHRC allows the person to share as much or as little identifying information as they want. This means that if the person chooses, they can receive support from the BHRC while remaining anonymous.

Available demographic information is shown in the chart below. Each metric shows how many people, “(n=)”, chose to report specific aspects of their identity.

Among those who shared certain demographic information,			
912 Accounts	65.2% Female (n=396)	26.6% BIPOC (n=154)	16 Minors



While there is not currently much detail on the variety of demographics the BHRC serves, there is better evidence of the variety of insurance coverage those contacting the BHRC have. Although an insurance provider may have their own process for its members to access behavioral health care, the BHRC is still contacted by many people to help them navigate the behavioral health system. The BHRC is providing an important service in helping people navigate the behavioral health and insurance systems.



Getting to know people on a deeper level

Through their work, the BHRC identified similar cases. Compiling like-cases together is good for identifying training opportunities based on case studies, informing targeted outreach, and having “strength in numbers” when pushing to address barriers experienced by a certain group of people.

Many of these patterns highlight vulnerable populations in our community. The following are personifications of these populations compiled from anecdotal stories shared by frontline staff. They are not an example of just one individual call, but a merging of like cases.

Ready for Residential

When battling Substance Use Disorders (SUD) there is a common assumption that the only way to get clean is by receiving treatment at a residential facility. People calling the BHRC about SUD issues are ready to get clean **now** – *if I don't do it now I never will*. And they strongly want residential care – *if all other distractions are taken away then I can focus on my addiction and beat it*.

The BHRC is helping people understand the full spectrum of their options. It can take weeks for a spot to open up in residential treatment, losing the momentum of **now**. But if they want to wait, the BHRC will facilitate a warm hand-off to residential treatment and have a Peer Support Specialist stay connected with the person while they wait for a spot in residential care. The BHRC also educates people on outpatient treatment options such as groups, medication assisted treatment, and wraparound approaches that mimic residential treatment without staying in a facility. Presenting these options empowers the consumer to weigh what is the best fit for them and allows them make the choice that they feel is best for them.

Cost and Coverage Constrained

Financial barriers represent another significant barrier to accessing care. The BHRC hears from many people who cannot afford the cost of treatment. Some do not have insurance at all while others have insurance plans with limited coverage, high deductibles, or inadequate provider networks. Specialized treatments and mandated treatments may not be available from covered providers, putting people in the difficult position of paying out-of-pocket for treatments or facing serious consequences. Options are far and few between for people in these situations.

For example, in the case of court ordered treatment, individuals are faced with going back to court and possible jail time if they cannot follow through. They have been told by the court or a court diversion program that they need to participate in certain treatment, like aggression groups. The cost of the treatment is not covered by the court and sometimes the person's insurance does not cover the treatment or they cannot afford the associated out-of-pocket costs, which can be \$100+ **per session**. The BHRC is navigating these situations case-by-case to advocate for these individuals to get them needed services or payment options to complete their required treatment. This is an important step in equity among our criminal justice system.

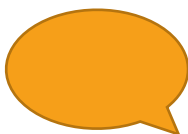
The need for financial support for the underinsured is tremendous and resources that target this need are nearly non-existent. Individuals with no insurance at all are able to access care through County contracts, however provider choice is limited and not a good fit for all who need care.

Concerned Kinship

The BHRC observed a phenomenon of "concerned kinship." Parents, family members, and other loved ones are calling the BHRC deeply concerned about adult children in their family and lives.

Many of the adult children are 18-35 year old males. They may still live in the family home, might be unemployed or underemployed, and display worrisome habits. The adult children may lack social connection and appear to be struggling with depression, moodiness, anger/frustration, low levels of motivation, and in some cases substance use. Loved ones are realizing they need help supporting these individuals, even if the individuals do not recognize they need help.

The BHRC provides resources and information loved ones can give to the adult child in addition to sharing strategies about how families can encourage the adult child to call the BHRC. Although the loved one called looking for help for someone else, the BHRC can address the needs the loved one may have. Often the BHRC provides loved ones with information about caregiver support groups and support groups for parents of children with substance use issues. Additionally, the BHRC offers resources on dealing with stress and self-care.



"I am so grateful you followed up with me and my son was able to talk! He even sent me a text after our call and thanked me. I am so happy to hear you will follow-up with him in a few weeks. So impressed with BHRC – and you! I hope and pray he will find somebody he really connects with and is open to learn and grow into a healthy young man."

Need to work on the system to improve successful connections

While the BHRC provides high quality communication and referral, it is still struggling with always making successful connections between those who need care and services. These roadblocks are something to be worked on **with** partners, they will not be resolved by the BHRC working alone. It is necessary to drive change if the BHRC is to continue to grow and positively impact Dane County’s most vulnerable populations.

Children	Bilingual/Underrepresented Populations	Uninsured
<p>Children’s mental health/trauma treatment services are experiencing a significant bottleneck. Some providers have a waitlist while waitlists for other specialized care for children are full and closed.</p> <p>There are not enough service providers offering specialized trauma treatment services to children. Expanding capacity among current providers and identifying additional providers is vital in getting children trauma services in a timely manner.</p>	<p>Working with a service provider who understands you and your life experiences helps build a trusting relationship between patient and practitioner. For those who speak a language other than English or who identify as a racial minority (BIPOC), Hispanic/Latino, or as LGBTQIA+, finding that provider is very challenging. Even with good insurance, there are not many providers that <i>look like/sound like/understand me</i>.</p> <p>Expanding the diversity of practitioners and Peer Support Specialists will help better serve this group.</p>	<p>Options are limited for individuals without health insurance. Primary care is extremely difficult to access for the uninsured with limited days and hours or a lottery system for appointments. In the first 7 months, the BHRC has attempted to get the uninsured care through the lottery system but has been unsuccessful.</p> <p>Providers of behavioral health treatment and psychiatric services stand out as being very limited for the uninsured and even more so if looking for Bilingual psychiatric services. Programming and providers cannot stay “as is” if Dane County is going to help these populations get the care they need.</p>

Older adults who are “well enough”

Older adults, over the age of 50, who are living independently are wanting additional support to stay in their homes. They may have a mental health diagnosis with a physical health issue but their health is not bad enough or their insurance/financial status keeps them from qualify for existing programs. They want help such as managing appointments and someone to check in. It is particularly an issue for older single women living alone in apartments. They do not feel safe and need someone. Expanding coverage to a wider set of insurance, ability, and financial statuses will allow older adults who may have mental health issues on top of physical health issues to be independent longer by getting them access to support in activities of daily living.

Celebrating early wins while enthusiastic for continued growth

Testimony from callers and the community

The BHRC has received praise from the people it supports and in the community at large:

“Thank you for all of this. I appreciate it. I have plenty of people I can turn to but I really appreciate the resources. I will be reaching out to a few of them today. I will also be recommending this as a resource to others. It’s very helpful.”

“Thank you very much for your time today. It’s challenging to navigate all this as a new Dane County resident. I appreciate all the resources and your supportive ear as well. You are all providing an important service.”

“Again, thank you for talking the other day. You were so helpful. I was feeling overwhelmed and you righted the boat.”

“I just talked to a UW psych social worker who could not say enough good things about BHRC! [... was] impressed with the model, the great culture, and the service.”

Normalizing Seeking Treatment, Peer Support, and Warm Hand-Offs

In addition to these successes, the BHRC has seen a culture shift, beginning with the normalization of accessing mental health and substance use treatment. The BHRC has been offering steady, non-judgmental assistance for anyone in need of treatment or services. The BHRC continues to make clearer how to get mental health and substance use services in the community. They do this by offering support and encouragement to anyone who reaches out. One result of their work is normalizing Peer Support.

While Peer Support Specialists have been working in our community for many years, their specialized services have not been readily understood or accessible for people seeking care. The BHRC has been working to change that by offering every consumer that calls a warm hand-off to a Peer Support Specialist. Peer Support Specialists have both “been there” and have gone through training and certification to support others going through similar struggles. Drawing from their own lived experience, they are able to connect and offer support from a unique perspective and keep people engaged while waiting for treatment.

Peer Support Specialists work with people between their contacts with BHRC and enrolling in treatment. They can help support someone who is contemplating which, if any, treatment they will pursue. They are also there for people who are waitlisted for treatment. BHRC works with Peer Support Specialists from Recovery Dane and Safe Communities to support people facing mental health and substance use issues. When the BHRC started referring people to Peer Support Specialists they were often asked *What is peer support?* Now, people call the BHRC *asking to be connected to a Peer Support Specialist*. When the BHRC launched they were able to make same day connections to a Peer Support Specialist. Now, the service has become so popular that there is a waiting period to connect with a Peer Support Specialist.



And finally, the BHRC has worked hard to standardize warm hand-offs to community providers. BHRC staff offers to call clinics and agencies with the consumer. The joint call provides better context for the community provider and models good communication and healthy boundaries.

Driving forward

In the first 7 months, the BHRC has learned a lot. The BHRC has adjusted and the list for process improvement continues to grow. Over the remainder of 2021 the BHRC will focus on continuing to grow while offering a high quality experience. Additionally, the BHRC will begin the problem solving process to address bottlenecks and inequities in service. The BHRC aims to problem solve **with** the community and service providers rather than on their own.

Moving forward the BHRC has plans to:

- Improve their database
 - Rearrange the interface to optimize data entry while carrying on an intake conversation (improving and automating the “work flow”)
 - Define required fields to improve data quality and reporting
 - ✓ **Done:** Added data values to more finely track
 - Race, gender, ethnicity (February 2021)
 - Account types expanded beyond “person” (April 2021)
 - ✓ **Done:** Added fields to track
 - Interpretation requests (March 2021)
- Continue to build out the BHRC’s web presence
 - Ease navigation by creating “landing pages” with links to more detailed, relevant pages
 - Use information about common cases to identify which targeted webpages may need made in addition to creating a page focused on addressing needs of people identifying as BIPOC
 - ✓ **Done:** turned on Google Analytics to track website user behavior and website/webpage performance (July 2021)
- Problem solve and prioritize addressing bottlenecks in service
 - Children’s trauma services
 - Support for those 50+
 - Access to services for the uninsured
 - Shortening the waiting period to connect with a Peer Support Specialist
 - Identity- and culturally-appropriate services (e.g., bilingual, minority racial/ethnic backgrounds, LGBTQIA+, etc.)