

# RCDC System Change Workgroup

Improving access to the Behavioral Health System in Dane County

## Background & Purpose

The Recovery Coalition of Dane County (RCDC) System Change Workgroup is attempting to improve access into the behavioral health system in our community. In 2016, several RCDC members participated in a training focused on how to make system changes to improve the lives of individuals in a community. RCDC held a session with consumers, peer specialists, providers, decision-makers, and other community stakeholders to better understand the challenges within the behavioral health system. One of the key themes from the feedback was that due to the system silos and fragmentation, many people were re-traumatized by having to tell their story over-and-over to different providers.

RCDC used this information to prioritize work on developing a model for a simple, standardized enrollment process or single point of entry for accessing behavioral health services. The RCDC System Change Workgroup has taken several action steps to address the target issue.

## Action Steps



Research and consult with communities throughout the country on their enrollment systems.



Collect stories and feedback from people with experience in the behavioral health system to identify the challenges and benefits of the current system and opportunities for improvement.



Design a model for a simplified enrollment process into the behavioral health systems in Dane County based on research and community feedback.

## For More Information & To Get Involved

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## **Behavioral Health System Feedback Session**

(Input from providers, peer specialists, consumers,  
community stakeholders, decision-makers)

**November 28, 2016**

### **Major Themes**

#### **Some MH/AODA Services are Not Accessible or Reaching all Consumers**

- Funders' decisions about which programs to fund are made based on political views instead of an understanding of MH/AODA issues
- Current governmental and insurance regulations do not align with best practices for providing Mental Health services
- Treatment services are unaffordable for consumers without insurance
- Insurance policies and protocols limit where consumers' can go for high quality services, and what services they can get
- Some services have long waitlists to receive services
- Consumers must label themselves with a stigmatizing MH diagnosis in order to access supports – preventing some consumers from engaging in these supports
- Some Agencies' eligibility/admission criteria makes it difficult for some consumers to access services
- There is no simple, standardized enrollment process or point of entry across agencies for accessing MH/AODA services, preventing some consumers from enrolling
- Some consumers do not know about available MH/AODA services or how to enroll.
- There is not a full continuum of needed MH/AODA services and programs in the County
- Some Services are not offered at times outside the regular work day, which leads to difficulty in accessing services
- Some Services are not equally distributed or offered in locations throughout the community that are easy for consumers to access.
- Some mental health/SUD treatment providers use punitive practices that aren't responsive to the unique needs of consumers, interfering with access
- The system currently prioritizes critical need/crisis services over preventative care, limiting access to needed preventative supports
- Some law enforcement are not using practice of treating MH/AODA issues prior to considering potential criminal charges
- Services are not accessible to people with low literacy
- There are not enough accessible transportation options that are affordable and covering needed areas to support access to services.
- Family and friends believe the consumer's behavior doesn't need to change, discouraging consumer from accessing services/support.

- Some people with mental illness/SUD have fear and self-doubt which discourages them from accessing treatment.
- Community's lack of understanding and misperceptions around MH/AODA feeds stigma, discouraging some from accessing needed MH/AODA supports
- Some providers' lack of understanding and misperceptions around MH/AODA prevents them from delivering needed treatment services
- Consumers don't have opportunities to share their recovery stories, which is an important support for recovery.

### **Community Attitudes toward Mental Health and Substance Use Disorders Do Not Support Recovery**

- Community's lack of understanding and misperceptions around MH/AODA feeds stigma, leading them to mistreat or isolate individuals experiencing MH/AODA issues
- The media portrays those with mental illness/AODA issues as dangerous or always in a negative light

### **Not All Services are Coordinated and Aligned**

- Some Providers are not communicating information about shared consumer's treatment, limiting care coordination and alignment
- Mental health is treated and viewed separately from other health issues, resulting in lack of coordination and alignment
- There is poor alignment between the criminal justice system and the treatment community.
- Competition for funding impedes referrals, coordination, and service alignment
- Funding silos limit coordination of care for consumers
- Lack of service coordination and alignment within and between mental health and AODA services

### **Not All Services are Person-Centered, High Quality, or Holistic**

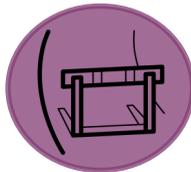
- Some service providers' lack of understanding and misperceptions around MH/AODA prevent them from providing High Quality care
- Not all providers are using person-centered practices when interacting with consumers
- Some mental health/SUD services are not exploring or addressing underlying causes of AODA abuse, preventing high quality care
- Program outcome measures do not reflect quality of care
- Some providers are not using evidenced-based treatment practices, leading to lower quality care
- Not enough providers have personal experience with mental health/SUD issues, which can limit their ability to provide quality services
- Not all services using culturally responsive practices
- Programs and service appointments are not scheduled for enough time to promote high-quality treatment (session/entire program)
- There are limited opportunities for stakeholders to provide input on improving the quality of services.
- Mental health/SUD consumers do not always know their rights

# Hurdles on the Road to Recovery

The Recovery Coalition of Dane County collected stories from individuals about their experiences within the behavioral health system

Below are the themes and direct quotes from these stories

## Stigma

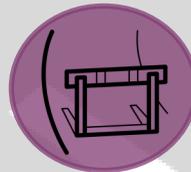


‘Whenever I mention my mental health issues to family or friends, it gets really uncomfortable for them and me’

‘I am labeled a *drug seeker* because I have different prescribers [due to insurance changes]’

‘They [providers] responded to me as if I was a child’

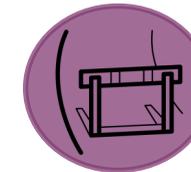
## Waiting List



‘They [provider] had a waiting list, after 2 months I got in to see someone’

‘Client came in because of being suicidal or homicidal and now we are releasing them and telling them to be safe for 3 months [until they can see a psychiatrist for meds]’

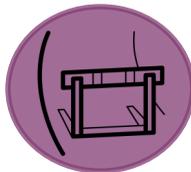
## Jail



‘Not really able to have meds for 2 days because it wasn’t in the system yet’

‘How about ... being released from jail at 5am?...Where do they go? What is open at that time? The buses aren’t even running. But guess who is waiting for them? Drug dealers.’

## Navigation



‘Nothing was easy to navigate’

‘Felt overwhelmed by bureaucracy’

‘So many people were unaware of those services [mental health and AODA] and didn’t know what they were for’

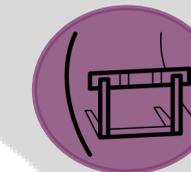
## Limited Access to Peer Support



‘Having a peer specialist to encourage and support treatment being possible would have helped a lot.’

‘I received no peer support, but I could have benefited from it.’

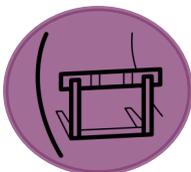
## Insurance



‘I needed residential treatment, but it was denied, so instead I had 13 emergency psychiatric hospitalizations’

‘The entire process depends on what insurance you have’

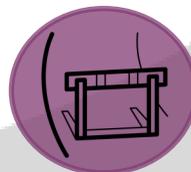
## Lack of Client Centered Care



‘Services need to be introduced in a way that clients can understand the process from their level, not the providers’

‘They [clients] didn’t know they had choices’

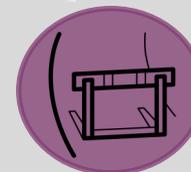
## Crisis Driven Response



‘It always took escalating/spiraling to a higher level of care to get any useful help’

‘I would have no choice but to let my mental health deteriorate’

## Key Words Needed



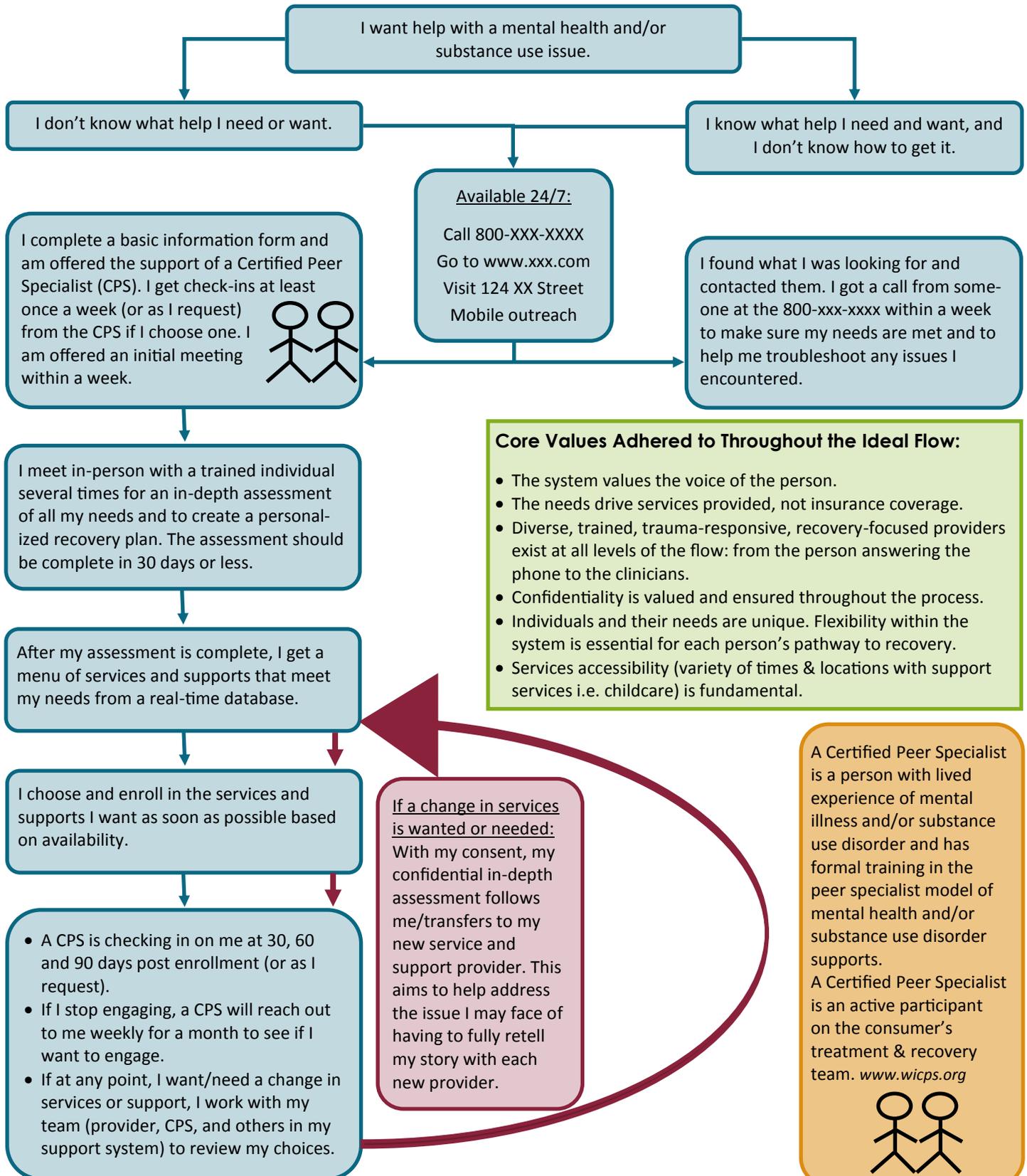
‘[I had to] tell them I was having suicidal thoughts in order to get checked into...’

‘[Clients] lied to providers in order to get what they needed’

### Recovery Coalition of Dane County

#### System Change Workgroup Project: Ideal Flow for Entry into & within the Mental Health and Substance Use System

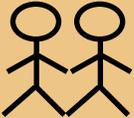
How do I voluntarily get help for a mental health or substance use issue in Dane County?



**Core Values Adhered to Throughout the Ideal Flow:**

- The system values the voice of the person.
- The needs drive services provided, not insurance coverage.
- Diverse, trained, trauma-responsive, recovery-focused providers exist at all levels of the flow: from the person answering the phone to the clinicians.
- Confidentiality is valued and ensured throughout the process.
- Individuals and their needs are unique. Flexibility within the system is essential for each person's pathway to recovery.
- Services accessibility (variety of times & locations with support services i.e. childcare) is fundamental.

A Certified Peer Specialist is a person with lived experience of mental illness and/or substance use disorder and has formal training in the peer specialist model of mental health and/or substance use disorder supports. A Certified Peer Specialist is an active participant on the consumer's treatment & recovery team. [www.wicps.org](http://www.wicps.org)



At each step, any crisis concerns will be addressed immediately. Crisis services are available 24/7. A non-crisis warm line for people to call with mental or substance use concerns is available 24/7.