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Recovery

Coalition

of Dane

County

System Change Workgroup

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RCDC Overview

Strengthens individuals & communities through
a collaborative network that supports Mental
Health & Substance Use Recovery



RCDC Members

- Acti-Kare
- ARC Community Services
- ATTIC Correctional Services
- Chrysalis
- Connections Counseling
- Cornucopia
- Goodwill
- Jessie Crawford Recovery Center
- Hope Haven
- Journey Mental Health Center
- Lutheran Social Services
- PACT-Program of Assertive Community Treatment
- NAMI Dane County
- Public Health Madison & Dane County
- Psychological Addiction Services
- Safe Communities
- SOAR Case Management
- RISE
- Triquestrian
- Tellurian
- UnityPoint Health-Meriter
- Wisconsin Nicotine Treatment Integration
- YWCA
- Women in Transition

By working together we can do more for the greater Madison area

RCDC System Change Workgroup

- The workgroup started in 2016 after participation in ABLe Change, a four-day system change training.
- The RCDC System Change Workgroup is attempting to improve access into the behavioral health system in Dane County.



Problem Statement



Embarrassment and stigma create an environment where not all people seek assistance and support for substance use disorders and mental illness.

Major Themes

- **Some MH/AODA Services are Not Accessible or Reaching all Consumers**
- **Community Attitudes toward Mental Health and Substance Use Disorders Do Not Support Recovery**
- **Not All Services are Coordinated and Aligned**
- **Not All Services are Person-Centered, High Quality, or Holistic**

Goal and Issue

Goal

Services are accessible or reaching all consumers

Issue

There is no simple, standardized enrollment process or point of entry across agencies for accessing services, preventing some consumers from enrolling.

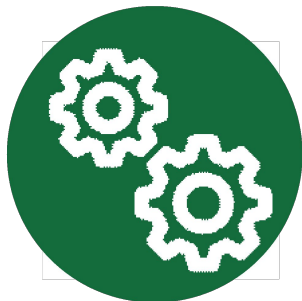
Action Steps



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



Collect stories & feedback from people with experience in the behavioral health system to identify the challenges & benefits of the current system & 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.

Hurdles to Recovery

- Stigma
- Navigation
- Lack of Client Centered Care
- Waiting List
- Jail
- Limited Access to Peer Support
- Crisis-Driven Response
- Insurance
- Key Words Needed

Stakeholders Input

- ARC Community Services
 - Beacon
 - Chris Farley House (closed)
 - Chrysalis
 - Consumers
 - Dane County Human Services
 - Goodwill of South Central WI
 - Health Watch
 - Homeless Services Consortium
 - Hope Haven
 - Jessie Crawford Recovery Center
 - Journey Mental Health
 - La Sup
 - NAMI Dane County
 - Peer Specialists
 - Public Health Madison and Dane County
 - Purchase of Services Leadership Group
 - RISE
 - Recovery Dane
 - Safe Communities
 - SOAR Case Management Services
 - Solstice House
 - Tellurian
 - WI Nicotine Treatment Integration Project
 - Women in Transition
- 
- The background features a light gray grid. Overlaid on this are several faint, stylized lightbulbs and arrows. One lightbulb on the right is highlighted in yellow and appears to be glowing. Arrows point from the left side towards the right side, suggesting a flow or direction of input.

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.

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.

I want help with a mental health and/or substance use issue.

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graph TD; A["I want help with a mental health and/or substance use issue."] --> B["I don't know what help I need or want."]; A --> C["I know what help I need and want, and I don't know how to get it."]; B --> D["Available 24/7:  
Call 800-XXX-XXXX  
Go to www.xxx.com  
Visit 124 XX Street  
Mobile outreach"]; C --> D;
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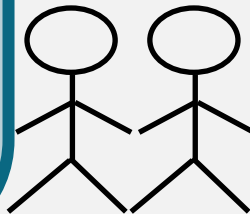
I don't know what help I need or want.

I know what help I need and want, and I don't know how to get it.

Available 24/7:
Call 800-XXX-XXXX
Go to www.xxx.com
Visit 124 XX Street
Mobile outreach

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Call 800-XXX-XXXX
Go to www.xxx.com
Visit 124 XX Street
Mobile outreach

I complete a basic information form and am offered the support of a Certified Peer Specialist (CPS). I get check-ins at least once a week (or as I request) from the CPS if I choose one. I am offered an initial meeting within a week.



I found what I was looking for and contacted them. I got a call from someone at the 800-xxx-xxxx within a week to make sure my needs are met and to help me troubleshoot any issues I encountered.

I meet in-person with a trained individual several times for an in-depth assessment of all my needs and to create a personalized recovery plan. The assessment should be complete in 30 days or less.

After my assessment is complete, I get a menu of services and supports that meet my needs from a real-time database.

I choose and enroll in the services and supports I want as soon as possible based on availability.

- A CPS is checking in on me at 30, 60 and 90 days post enrollment (or as I request).
- If I stop engaging, a CPS will reach out to me weekly for a month to see if I want to engage.
- If at any point, I want/need a change in services or support, I work with my team (provider, CPS, and others in my support system) to review my choices.

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If a change in services is wanted or needed:

With my consent, my confidential in-depth assessment follows me/transfers to my new service and support provider. This aims to help address the issue I may face of having to fully retell my story with each new provider.

What Conditions Allow a Community to be Healthy?

Air and Water Quality

Alcohol and Drug Use

Housing and Transit

Diet and Exercise

Income

Community Safety

Access to Care

Employment

Sexual Activity

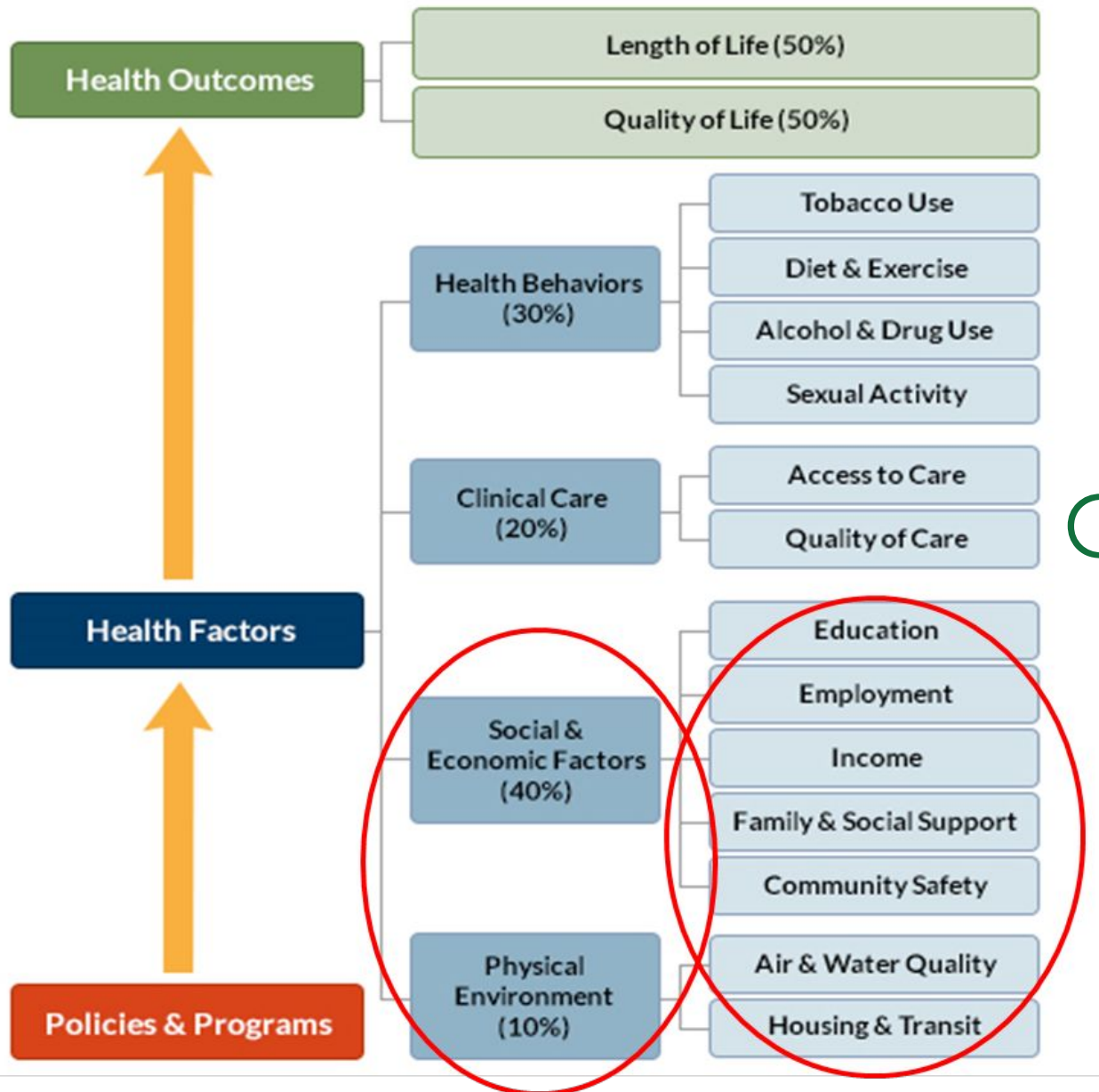
Tobacco Use

Quality of Care

Education

Family and Social Support





What
Impacts a
Community's
Health?

Summary

- Lessons learned through the process
 - Current system is siloed and does not meet the needs of many people
 - Ensure people with lived experience at the table when working on new policies
 - Peer specialists are critical
 - Services have to be available and accessible for people when they want them.
- Remember the big foundations of community health are key to mental and emotional well-being