

TO: Dane County Health and Human Needs Committee  
FROM: Dane County Human Services Board  
DATE: Dec. 29, 2019  
RE: SUMMARY OF INITIAL LISTENING SESSIONS ON DANE COUNTY MENTAL  
HEALTH SERVICES FOR YOUTH

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The Dane County Human Services Advisory Board (“HSB”) conducted four listening sessions in the second half of 2019, targeting consumers of two Dane County Human Services providers. There were no attendees for the first two sessions, which were stand-alone listening sessions targeting consumers of Orion Family Services (“Orion”). There were several attendees at the second two listening sessions, which took advantage of regularly-scheduled group sessions for consumers of the Rainbow Project (“Rainbow”).

#### *Disclaimer*

The data collected in these listening sessions reflects the opinions and lived experiences of the individuals who attended. The language used to describe experiences reflects the language used by participants. While this provides rich qualitative data, it does not provide the quantitative data necessary to generalize these findings to other consumers of Dane County Human Services programming. While we would be interested in collecting more feedback from consumers, these pilot listening sessions do not provide a large enough sample to be representative of all Dane County Human Services users.

#### *Introduction*

The first two listening sessions targeted consumers of Orion Family Services (“Orion”). HSB reached out to Orion as they provide services to families who have children who need mental health support. HSAB selected times for two listening sessions, at a church often used by Orion, with input from Orion. HSAB had no direct ability to communicate with the Orion consumers, providing flyers and information to Orion senior staff instead to pass on to their consumers. The two sessions were scheduled for July 15 and July 30. Unfortunately, no consumers attended either sessions. Exact reasons for the lack of participation are not certain but potential factors include: (1) concerns about publicly disseminating private, family information; (2) these meetings were set as stand-alone events, without the support of a built-in meeting; (3) these events were held off-site; and (4) weather. Online questionnaires were also available, but no feedback was given through that means.

The second two listening sessions targeted consumers of the Rainbow Project. In both instances, these sessions took part during previously scheduled meetings for existing groups of consumers. The first session took place on September 20 in the early evening. This session involved Spanish-speaking consumers/caregivers. The second session took place midday on October 12 during a meeting for grandparents who are caregivers to children with mental health needs.

### *Rainbow Projects Listening Session #1 Highlights*

Approximately a dozen consumers participated in the first listening session. Language barriers were one of the frequent and most pressing issues raised during the first session. Even scheduling appointments was difficult because it was hard to reach somebody who spoke Spanish – often there would be several rounds of phone tag before a consumer could speak to someone who spoke Spanish. In some cases, consumers would wait months for return phone calls. Wait lists for services was a problem in general but the waits became even longer when a Spanish-speaking therapist or other provider was needed. Language barriers were also a problem more broadly, applying to police, other medical providers, and the courts, especially in Fitchburg.

There were several concerns raised about Journey Mental Health Center (“Journey”) – months waiting for return calls, lengthy wait lists, a male therapist who did not take a teenage girl’s symptoms seriously, obstacles getting the necessary paperwork completed without errors, as well as a lack of Spanish-speaking therapists and interpreters. At least one consumer specifically did not want help if it was going to go through Journey, based on previous experiences. In another instance, the therapist used the child being treated to act as an interpreter so the therapist could speak to the child’s parent. Forms are also not always provided in Spanish.

The group therapy at the Rainbow Project has been a positive, necessary support system for these caregivers.

Concerns were also raised about Access Community Health Center (“Access”). Access did not treat one consumer’s colon infection for a couple of years because Access did not believe their symptoms. Another caregiver said their child had been abused and when the caregiver asked Access if that would have affected the child, Access said it would not. The child has been on a waiting list for at least two months.

Transportation is also an issue. Not everyone has a driver’s license. In addition, when multiple children need assistance it is more difficult to transport each of them to their therapy session. In-home therapy would be better.

### *Rainbow Projects Listening Session #2 Highlights*

Approximately six people attended the second session. One participant raised the fact that a grandparent’s responsibility when the parent is still a minor is unclear and not well explained in hospitals. A basic explanation from hospital staff on how to navigate this role would be helpful.

Concerns with Journey were raised again. Largely that there are too many hoops to go through. Journey will also “kick out” consumers who miss three appointments, but communications between Journey and the caregivers are not good (e.g., caregivers are not told that their appointments have been canceled because a counselor was sick). Nighttime appointments are always booked and having to take children out of school to go to Journey

is very disruptive. People would like to go to other options but cannot find anywhere else. Requests for other options were made.

One caregiver's teenage grandchild has had mental trauma and mental health issues and is now in the criminal justice system. As a result, the child is in a group home and the caregiver has no control over when the child sees a therapist. Outside of that, the burden is on the caregiver to find and obtain all of the services the grandchild needs.

Another caregiver enrolled in the Dane County Comprehensive Care program as it was beginning and it has been helpful, although some case workers were not knowledgeable. There needs to be better communication, training, and follow through. Knowing how to navigate the system is really difficult and case workers need to be better about recommending appropriate services for the children. It would also be helpful if the schools could be more knowledgeable about trauma and more informed with how to help students with mental health issues.

Inadequate services were a concern – more mental health facilities, service provider options besides Journey, child psychologists, therapists experienced in trauma, and more evening appointment options were all requested. A request was made for a mental health facility on the east side as well as a facility that could keep a child longer than three days. A family-based service to address trauma was also requested.

Lack of communications between schools and caregivers was also an issue raised. In one instance a psych report was done on a child at school and the caregiver did not learn about it until years later and it contained inaccuracies. The schools are not taking proactive steps to get school support (e.g., school psychologists) working with the students or informing the caregivers of issues in school.

The problem with different age cutoffs for child consumers was also raised. Children often need a continuum of care with the same provider but a lot of times certain services will be cut off and the child will need to go to a different provider. This can be both difficult for the child and cause gaps in support because of waiting lists.

Briarpatch Youth Services was given praise as it would go to the child in school for treatment.

### *Written Questionnaire Results*

One written survey was provided by a consumer from the first Rainbow listening session, with three additional online questionnaires completed. These written responses raised some of the issues addressed above: more staff, specifically more therapists and psychiatrists for children, more bilingual staff, more financial aid, and aid with transportation. Offering childcare was also suggested as a way to improve service offerings, as well as providing a wider array of scheduling options. Another suggestion was to provide free therapy/psychiatry services in schools. One consumer said they felt their child's therapy at Journey ended too soon. Another consumer receiving behavior health

services through UW Health was concerned because their therapists were frequently switched. Another consumer said they and their grandchild were receiving excellent therapy, but they did not specify a provider.