



*Dane County Department of Human Services
Behavioral Health Resource Center*

*Consumer Satisfaction Survey
January 2022*

Satisfaction Survey

Survey Goal

As the BHRC approached one calendar year in operation, a consumer satisfaction survey was administered to better understand:

- 1) Who is seeking resources, information, and referrals from the BHRC?
- 2) How helpful was the BHRC in connecting consumers to resources and referrals, and how helpful were the resources and referrals provided?
- 3) Are clients pursuing services as a direct result of their connection to the BHRC?

Survey Administration

The survey was administered via mail and email. Separate but similar surveys were sent to each of the three “Person” types (e.g. consumer, concerned other, and third-party professional). The survey was administered to all clients who contacted the BHRC between April 2021 and September 2021.¹ The survey was primarily administered through an online web survey sent to clients’ email addresses. A small group of contacts (n = 37) provided only a mail address to which a printed mail survey was sent.² In total, the survey was sent to 773 people. The response rate was 16.8% (n = 130 total responses).³

**130 respondents
from 33 Dane
County zip codes**

What was asked?

The survey was created to evaluate several key goals of the BHRC. The survey asks about the following areas:

- Resource Needs
- Helpfulness of the BHRC staff
- Helpfulness of the resources provided
- Ability and Willingness to receive services
- Overall Satisfaction

¹ Because the BHRC values the privacy, safety, and trust of every person who reaches out for assistance, those who contacted the BHRC but did not provide identifying information, such as a mailing address or email address, were not surveyed.

² Mailed surveys were sent in DCDHS Department enveloped with “Return Service Requested” printed below the return address. The mail surveys included return paid postage. Out of 37 surveys mailed, six were undeliverable due to no forwarding address information.

³ The response rate was 16.8%. This falls into the generally acceptable range of electronic and mail delivery surveys (15% - 30%). The margin of error for this survey is 8.0%, which is within a normal range for online surveys.

Survey Results

Survey Participants

Of 130 total responses, consumers (n = 43) and concerned others (n = 47) made up the majority of respondents (nearly 70%). Professionals made up 30% of the survey group (n = 40). Of consumers and concerned others, two-thirds were women (n = 59) and 83% were white and non-Hispanic.⁴ These proportions largely mirror the general demographic of Dane County residents as well as consumers and concerned others who reach out the BHRC. Participants were located across Dane County, with respondents identifying from 33 different zip codes. The most common participant zip code was 53704, which encompasses part of Madison’s north side.

“I talked to [BHRC staff] regarding my son who lives in Dane County. She was so calm and provided me with reassurance. My son then reached out to [the BHRC] and they were able to get him an appointment with a therapist and follow up with him. My son told me that [the BHRC] was so much help.” – Concerned Other

Figure 1. Survey Respondent Race

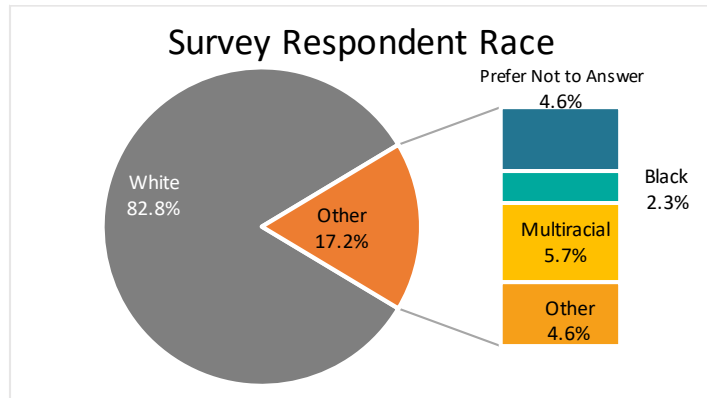
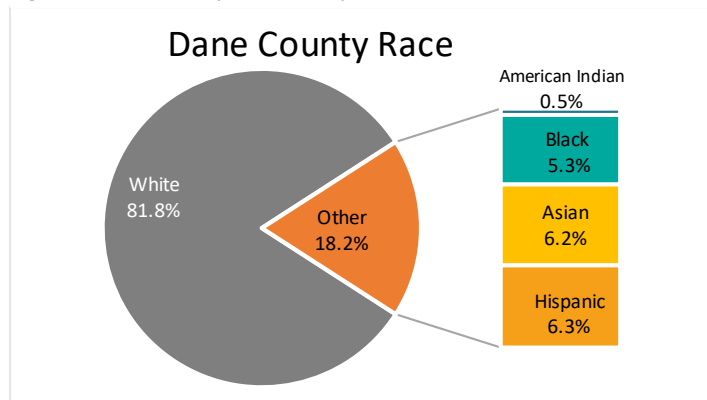


Figure 2. Dane County Residents by Race

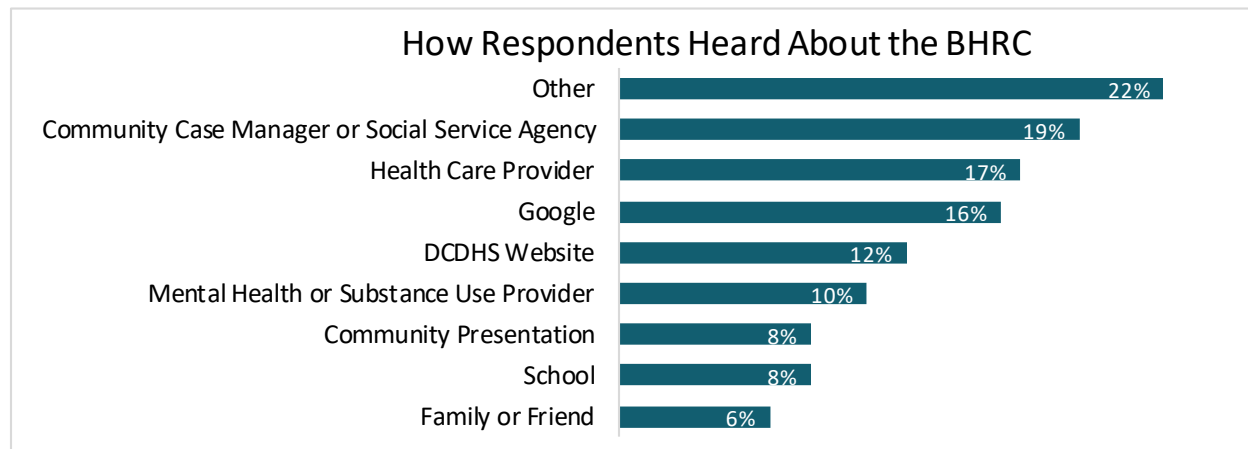


Concerned Others (n = 47) reported contacting the BHRC on behalf of a loved one, including parents, siblings, children, other family members, friends, and even strangers. Notably, the majority of concerned others contacted the BHRC seeking resources for their children (66%), 38% of whom were contacting on behalf of their child(ren) under the age of 18 and 61% were contacting on behalf of their child(ren) over the age of 18.

⁴ Because the majority of respondents were white and non-Hispanic, results cannot be compared across racial or ethnic groups for statistically significant differences.

Respondents were asked how they heard about the BHRC. Options included from a general health care or behavioral health provider, school, DCDHS website, Google, community case manager or social service agency, or family and friends. The majority of respondents reported hearing about the BHRC from sources other than those listed, including other county offices such as the Aging and Disability Resource Center (ADRC) and the Homeless Services Consortium, the Dane County Crisis Hotline and Suicide Hotline, and law enforcement.⁵

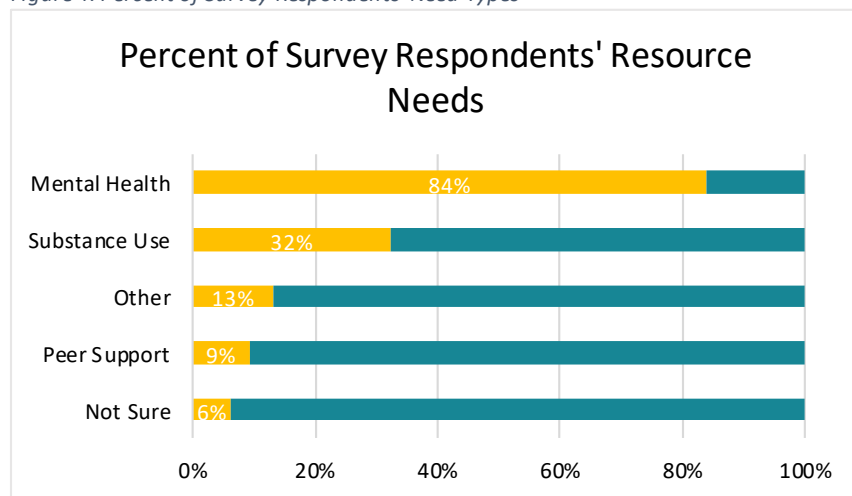
Figure 3. How Respondents Heard About the BHRC



Resource Needs

The majority of respondents reached out about mental health resources and referral needs.

Figure 4. Percent of Survey Respondents' Need Types



Over 80% of consumers, concerned others, and third-party professionals who responded to the survey identified seeking mental health resources (n = 109). Nearly one-third were seeking substance abuse services (n = 42) and 9.2% sought peer support. Another nearly 20% of respondents were either seeking other services and support or were not sure what resources they were seeking

when they contacted the BHRC. Of those who responded that they were seeking resources other than mental health, substance use, and peer support, common reasons included searching for case management services, housing assistance, and detox services. Of all respondents, over one-third reached out for assistance with more than one resource area need (e.g. mental health *and* substance use, substance use *and* peer support, etc.).

⁵ Future surveys will reflect these responses as survey options.

Helpfulness

Respondents reported the BHRC staff were helpful in connecting them to resources and referrals

Consumers and Concerned Others were asked: 1) How helpful was the BHRC staff in connecting you with resources or information? and 2) How helpful were the resources or information provided to you by the BHRC? Nearly three-quarters of consumers and concerned others thought the BHRC staff were very or extremely helpful in connecting them with resources and information (73%, n = 66). 64% of respondents believed the resources and information provided by the BHRC were helpful.

“[The BHRC] made me feel heard and like I was a priority, not just another name on a list” - Consumer

“While the information was really helpful, unfortunately the resources are not very accessible...rehab programs and sober housing have impossibly long waitlists, so just hoping that [my loved one] can hold in there for however long it takes to move up the waitlist...” – Concerned Other

21.1% of respondents identified the BHRC staff and the resources or information provided as being only somewhat helpful or moderately helpful. Many of these respondents identified significant barriers to access and service utilization that are systemic to behavioral health and the health care system generally. Obstacles such as the cost of services, waitlists and prolonged delays before first appointments, and a lack of connection and communication between various county services were identified by frustrated respondents who reached out to the BHRC. The variability in ratings to the helpfulness of the BHRC speaks to the complexities of our behavioral health care system and the obstacles consumers face when trying to access care and services.

Service Utilization

Most consumers and loved ones of concerned others reported receiving services from a BHRC-recommended behavioral health provider.

Consumers and concerned others were asked if they received services from a provider that was recommended to them by the BHRC staff. Over 50% of consumers reported receiving services from a provider recommended to them, while only 26% of concerned others reported the same for their loved one. Of those who did not receive services from a BHRC-referred provider, 37% reported they either chose to use another provider or they were waiting to get in for their first appointment. In total, this means that nearly two-thirds of consumers and concerned others reported either receiving behavioral health services or were waiting for their first appointment to receive services after contacting the BHRC (64.4%, n = 58). Further, 36% (n = 15) of consumers reported the BHRC either directly referred them or provided information to them about Peer Support Specialists and Recovery Coaches.⁶ Of those, 40% were directly connected to a Peer Support Specialist or a Recovery Coach.

“I had no idea where to turn to for help. My probation officer gave me one of your fliers. I called and talked to the most kind and considerate, professional person I can imagine. She gave me information on the resources I needed. I was accepted for treatment and have now completed my program.” - Consumer

⁶ Peer Support as defined by Peer Support Specialists at Recovery Dane: A peer specialist is a person who uses their personal experiences to provide support, encouragement, socialization, hope and practical skill building to

The BHRC strives to be one option as part of a “no wrong door” approach to behavioral health services in Dane County. The BHRC may open the door but there needs to be room in the house. One way the BHRC does this is by offering support and resources for those who are calling on behalf of their loved one, such as a parent, child, sibling, other family member, or friend. The BHRC acknowledges that the experience of those seeking help for a loved one can be extremely difficult both physically, emotionally, and financially. As part of the “no wrong door” approach, the BHRC aims to also offer resources and referral information for those who are contacting the BHRC on behalf of a loved one. Of 47 concerned others who responded to the survey, 40.4% (n = 19) stated they were offered resources and information by the BHRC to support themselves, 36.2% (n = 17) reported they were not offered resources or information, and 23.4% (n = 11) do not remember if they were offered resources from BHRC staff.

Professional-Specific Responses

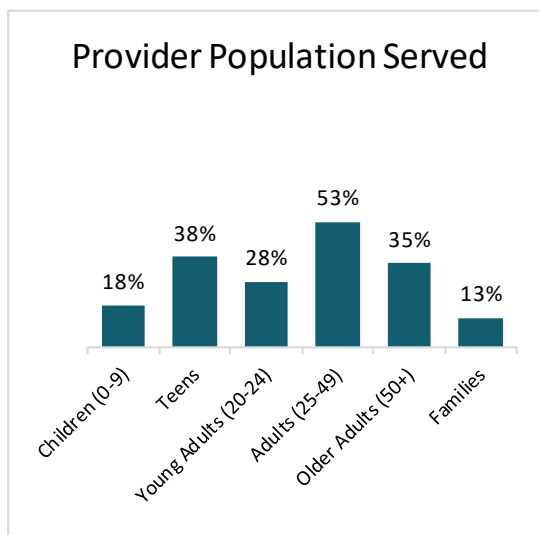
Third-party professional respondents work in many areas of behavioral health care across all of Dane County. They serve mostly adolescents and adults, and they work predominantly in schools and community agencies.

“The BHRC always offers a comprehensive list of tons of resources that fit the specific needs of consumers I am working with.” - Provider

When the BHRC opened its doors in November of 2020, staff expected to be fielding contacts from community members seeking assistance identifying and accessing behavioral health resources in Dane County. While consumers and concerned others continue to make up the majority of the BHRC’s contacts, providers and third-party professionals have also been utilizing the BHRC for resources and information for their clients. Because of this unexpected demand from third-party professionals, a unique survey was sent to providers who contacted the BHRC. This portion of the survey asked about the population they serve, where they work in Dane County, why they reached out, and whether or not they have participated in warm hand-offs with the BHRC.

Third-party professionals were asked to identify which of the following categories best describes the population they serve professionally: mental health, substance use, dual diagnosis, crisis, interpersonal and domestic violence, or other area. Every professional responded that they work with those experiencing mental health problems. 64% reported working with people in crisis services, 62% in substance use, 60% in dual diagnosis, 32.5% in interpersonal or domestic violence, and 20% reported other, which included areas like housing assistance and home health support. Nearly three-quarters of surveyed professionals worked either in schools (35%, n = 14) or in a community agency (35%, n = 14). The majority of professionals served adults (52.5%), followed by adolescents and teens (37.5%), older adults (age 50+) (35%), young adults (27.5%), children (17.5%),

Figure 5. Provider Population Served by Age Group



another. Peer support is a mutual relationship with no hierarchy, and is built on the values of respect, safety, non-judgement, and hope. A peer specialist can support you by talking through treatment options, being a listening ear, or providing practical skills that have helped in their own lives

and families (12.5%). Additionally, the professionals were spread across 20 different zip codes, demonstrating that the **BHRC's reach has spread across not just the City of Madison, but across much of the county.**

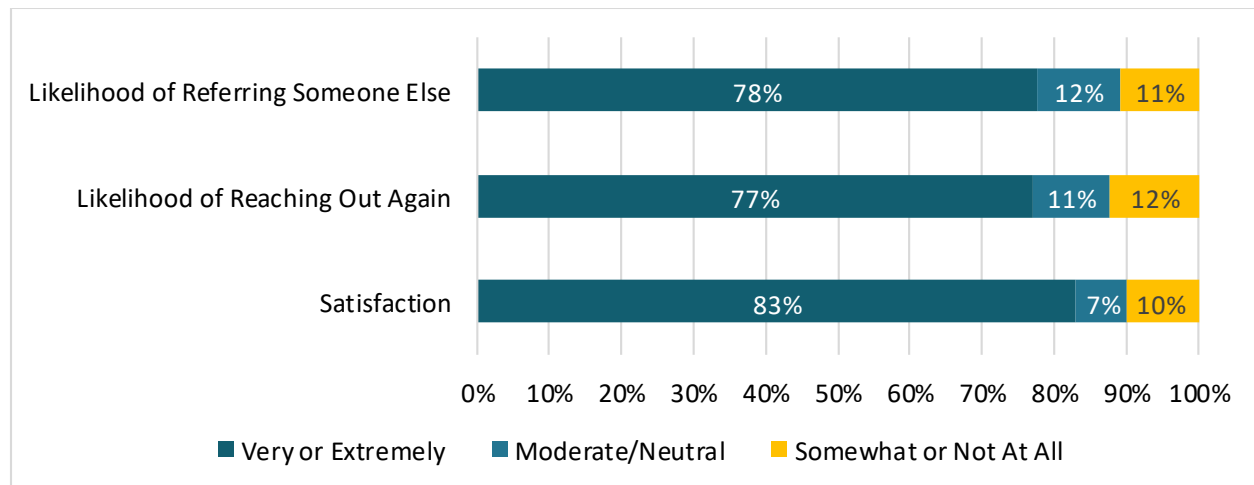
As the BHRC continues to grow and evolve, an emerging priority is creating more opportunities for warm hand-offs between consumers and providers and to better connect consumers waiting for services with peer support options. To better understand professionals' familiarity with the main concepts of the BHRC, the survey asked them to: 1) identify how familiar they are with Peer Support and Recovery Coaching; and 2) whether or not they have participated in a warm hand-off with the BHRC. Most third-party professionals have not participated in a warm hand-off with the BHRC (67.5%, n = 27) and have moderate or limited familiarity with peer support and recovery coaching (77.5%, n = 31). As the BHRC continues to expand and the need for behavioral health care continues to rise in Dane County, the BHRC will continue to work with professionals and providers to build bridges between consumers and direct services in behavioral health care.

Overall Satisfaction

The BHRC received strong, positive satisfaction scores.

Of all survey responses across consumers, concerned others, and providers or third party professionals, 83% (n = 108) reported being 'Satisfied' or 'Very Satisfied' with their experience working with the BHRC. When asked if the respondent would reach out to the BHRC again in the future, 77% (n = 100) said they are 'Very Likely' or 'Extremely Likely' to reach out again. The majority of respondents were also very or extremely likely to recommend or refer someone they know to the BHRC (77%; n = 100).

Figure 6. Percentage of Respondents Reporting "Very" or "Extremely" for Overall Satisfaction Scales



Consumer Feedback

In the Satisfaction survey, respondents were given an opportunity to tell the BHRC what worked well for them and what could be better. Below are stand-out responses that illustrate just some of the great work of the BHRC as well as constructive feedback the BHRC can use to improve their work.

What's Working Well

Many consumers praised the BHRC staff's kindness, compassion, and understanding. Respondents repeatedly emphasized how the staff acknowledged and validated their experience and made them feel heard and respected. Providers celebrated the BHRC's willingness to work in partnership with other behavioral health professionals to match consumers with specialized services.

"BHRC staff are doing an excellent job of getting back to providers and patients. They are also helpful for connecting patients with therapy services in the community which can be time intensive." – Provider

"The people [who] work there are incredible. I was in a rough place, but the person I talked to was very supportive and followed up with me to make sure I was on track to getting help." – Consumer

"It was a lifesaver to not only get resources but to have a kind sounding person who wants to help on the phone." – Concerned Other

"Thank you over and over again for the endless resources and assistance you have given me. I very much appreciate your support and feel fortunate to have gotten to you. Keep up the exceptional work that you do. It truly does make a difference in the world!" - Consumer

Constructive Feedback

Consumers and concerned others expressed concern about the fragmented behavioral health system, including inaccessibility through insurance like BadgerCare or inconsistency across different agency resource options. Providers described challenges with warm hand-offs with the BHRC, noting that it was often difficult to relay concerns and needs about a unique individual's or family's situation through a "middle man," which complicated the process for consumers trying to access care quickly.

"A social worker at my clinic (ACHC) also got me a list of providers and I am now seeing one of those therapists and it is going well. BHRC's list was different from her list which was also different from other information my clinic initially provided me with. It would be good if (especially for Medicaid patients like myself) everyone had access to a comprehensive list of providers, rather than having to put that together from several different sources." - Consumer

"Find more resources for fundraising or funds for detoxing and recovery services that actually give the necessary time needed for transformation..." - Consumer

"Encourage more mental health providers to accept Badgercare" – Concerned Other

"Draw attention to repetitive systemic problems, for people like budget makers, Joe Parisi, or Mayor of Madison" - Consumer

“Offer more support services like offering to reach out to the family or student to ensure that they were able to connect with resources. The hard part about starting therapy is completing paperwork and working with insurance. Families need a lot of support with this.” - Provider

This feedback from consumers and providers gives the BHRC a unique perspective into the everyday struggles of Dane County residents trying to access behavioral health care. The BHRC plans to use these comments, in addition to their other outreach efforts, to continue its mission to improve care coordination between consumers and providers, promote a “no wrong door” approach to behavioral health care in Dane County, and continue to place the consumers’ voice and choice first on their journey to services and treatment. The BHRC will continue inviting feedback and has automated the survey for 2022. When a case closes, the survey will automatically be sent via email to the consumer, concerned other, or third-party professional for continued feedback and input.

Survey Conclusions

In summary, the results of the survey show positive feedback from consumers, concerned others, and professionals. The BHRC staff have demonstrated their ability to help consumers and professionals alike navigate the complex behavioral health care system and find their way to services, treatment, and support. Much of the constructive feedback from consumers and concerned others focused on system-level barriers to access and utilization, including the cost of services and waitlists to begin services. While these challenges are not unique to Dane County, the BHRC offers a unique service to Dane County communities that provides help to those looking to overcome individual- and system-level obstacles to access care.