

BEHAVIORAL HEALTH RESOURCE CENTER (BHRC)



CELEBRATING 5 YEARS OF SERVING DANE COUNTY!

Dane County's Behavioral Health Resource Center (BHRC) is commemorating five years of service to the Dane County community. For five years, the BHRC has offered a one-of-a-kind service, connecting residents from all walks of life to behavioral health services and support when they need it.

EXECUTIVE SUMMARY

The BHRC is celebrating five years of services to residents across Dane County seeking resources, services, and support for mental health and substance use needs. The BHRC assists people across the lifespan and professional partners in navigating the complexities of the behavioral health care system. The BHRC offers information about local resources, makes referrals to providers and other support services, provides certified peer support, engages in outreach at community events and local businesses, and offers direct community-based service at community agencies. As the BHRC continues to expand their reach and connect more Dane County residents to services that match their needs, consumers, loved ones, and professionals are encouraged to reach out for consultation and partnership.

11,421 People Served

42,000 Referrals Made

~2,200 Connections to Peer Support

ADAPTING TO COMMUNITY NEED

- ✓ Certified peer support
- ✓ Community Access Partnerships
- ✓ Spanish and Hmong Language Lines

The BHRC adapts to community need by listening to what residents are facing and expanding services beyond traditional referral navigation to meet people where they are. Over time, the BHRC has added certified peer support, culturally responsive outreach including Spanish and Hmong language lines, and direct community access points, including the Community Access Partnership launched at The Beacon to better serve people experiencing homelessness or housing instability who face especially high barriers to care. The BHRC provides person-centered support and works across systems to connect residents to behavioral health care, including being a streamlined access point into Dane County services.

CALL TO ACTION

When someone is struggling, connection matters. Dane County's BHRC has shown that a person-centered, community-based approach can make a real difference. Progress starts with listening, respecting each person's voice, and meeting people where they are without judgment. Yet many residents still face structural and systemic barriers to access. We all have a role in changing that. The BHRC's model demonstrates that people are best reached when services are offered in the places people already trust and use, through partnerships with community centers and shared spaces. We invite county and community partners, providers, and local advocates to consider how we can build stronger connections to care together.

INTRODUCTION TO THE BHRC

Over the past five years, the Behavioral Health Resource Center (BHRC) has become a key access point in Dane County's behavioral health system. It was created to **reduce stigma, simplify navigation, and improve connections to mental health and substance use services** for Dane County residents.

The concept for a community service that could streamline connection to behavioral health care emerged in 2016 through the Recovery Coalition of Dane County's efforts and was informed by consumers, peer specialists, providers, and other stakeholders, who identified a fragmented system and stigma as major barriers to seeking help.

A major turning point came in 2020, when Dane County dedicated funding through the CJ Tubbs Fund for Hope, Healing, and Recovery, which was established to honor CJ's memory following his death from an accidental overdose. A workgroup of public and private providers and community stakeholders convened to translate the concept into an operational model. That model centered on a fully integrated "front door" for behavioral health services in Dane County, intended to connect residents to the best available option regardless of insurance coverage or payer status.

The BHRC is a non-crisis, person-centered resource navigation service designed to help all Dane County residents access behavioral health services, regardless of insurance status, financial status, age, identity, ability, or legal status.

From the beginning, **the BHRC was designed to be more than a referral line.** Planning emphasized a whole-person, system-coordinating approach that included attention to social determinants of health, culturally responsive outreach, and the creation of a centralized resource repository to support navigation across services.

Throughout its first five years, the BHRC has remained anchored in values of accessibility, non-stigmatizing support, compassion, peer-informed practice, and meeting people where they are. While the program was initially implemented to provide all Dane County residents with behavioral health resources and referrals, the BHRC has expanded to meet community need, including integration into community access points and certified peer support services.

Looking for help?

Call the BHRC
(608) 267-2244 or go to danebhrc.org

PILLARS OF THE BHRC

CONNECT

RESOURCE NAVIGATION

- **Communicate with people** about their needs and barriers to access
- **Refer to services** and follow up on connections to care

PEER SUPPORT

- **Provide support** to people who are struggling with mental illness and/or substance use.
- **Advocate** for services that meet their needs and goals.

OUTREACH

- **Partner** with community agencies to reach people who struggle to access services
- **Attend** community events and resource fairs and present to local organizations

ADVOCATE

ADVOCATE

- **Collect data and share compelling stories** to advocate for system-wide changes

COLLABORATE

COMMUNITY ACCESS PARTNERSHIPS

- **Co-location** at community agencies where consumers can get connected
- **Streamlined connection** to county services

TRENDS

The BHRC assists people in navigating the complexities of the behavioral health care system. The BHRC offers information about local resources, makes referrals to providers and other support services, provides certified peer support, engages in outreach at community events and local businesses, and offers direct services at community access points. The community's use of the BHRC has grown tremendously in five years of operation. Since opening, the BHRC served **over 11,000 individuals and made over 40,000 referrals** to providers and community agencies! Referrals have been made to over 500 providers, community partners, and/or other behavioral health organizations.

HIGHLIGHTS

11,421 People Served

41,992 Referrals Made

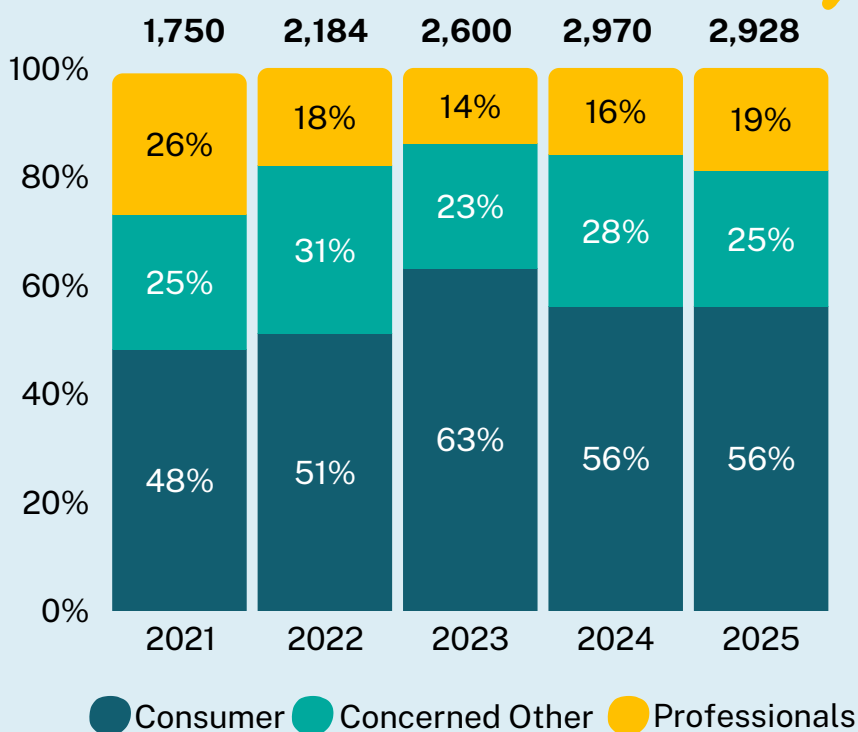
~2,200 Connections to Peer Support

Consumer: a person seeking resources or services for themselves.

Concerned Other: A person seeking resources of services for someone they care about, such as a partner, loved one, family member, or friend.

Professional: A person who is reaching out on behalf of a client or patient who need services, such as a case manager, healthcare provider, school staff, or a probation officer.

Figure 1. Number of Individuals Served Each Year



67% INCREASE IN PEOPLE SERVED PER YEAR SINCE 2021

PUTTING PEOPLE FIRST

The BHRC is a voluntary person- and family-centered service designed to help any Dane County resident access behavioral health services in Dane County, regardless of insurance status, financial status, age, identity, ability, or legal status. The BHRC assists residents from all ages, backgrounds, and walks of life. BHRC services are consumer-led and consumer-driven, which means that the individual is the expert regarding their needs. This person-first approach centers each person's voice and choice in their access to care.

RESOURCE NAVIGATION



When an individual connects with the BHRC, staff collect information to evaluate their clinical needs, barriers to access, supports and strengths in their life, provider preferences, and factors impacting their eligibility for specific services, like their insurance type and carrier.¹

After the initial contact, the BHRC follows up with individuals to check in on their connection to care and whether they need additional support. **90% of individuals report they are Very or Extremely Satisfied with the service they received from the BHRC and 89% say they would reach out again.** When the BHRC follows up, individuals are encouraged to share if the referrals were a good fit for their needs. 8 out of 10 individuals said that the resources and/or provider(s) the BHRC referred was a good fit for them, indicating the BHRC is successfully connecting people to services and providers that meet their needs and goals.

“I called the clinic that same afternoon and got an appointment for my daughter. She met with a therapist and they hit it off well enough that we scheduled another appointment. You really saved the day and I am so grateful for your help! Not only do I feel like I have a list of other resources to try if it doesn't quite click with this therapist, but I also feel good knowing that the BHRC could help me or other family members in the future. I don't feel so adrift.” -Concerned Other

PUTTING PEOPLE FIRST

PEER SUPPORT

In recent years, a national movement has emerged to challenge the medical model approach to care. The new approach focuses on person-centered care with an emphasis on each individual's strengths and the integration of support with lived experience with peer support specialists. This approach allows treatment providers and peer specialists to acknowledge that people are not their symptoms and that each individual has a unique set of strengths and abilities that can foster recovery, health, and wellness. The Peer Specialist profession is firmly rooted in a person-centered, strengths-based, and recovery-oriented approach to care.

Since opening...

2,200+

referrals to organizations that provide peer support and recovery coaching

In the last year...

123

internal referrals to BHRC peer support services

85

established connections with BHRC peers since January 2025

The BHRC has expanded to offer peer services! As of February 2026, there are three certified peer specialists at the BHRC. Whether a person is on a waitlist for ongoing services, a concerned other is seeking support as they navigate care for their loved one, or someone is not quite sure what type of care they want - a peer support specialist can support them on their journey to treatment and recovery.

The peer specialists partner with the resource navigation team to share information to better coordinate care options, complete warm hand-offs with providers, and support each person on their journey to recovery, health, and wellness.

ONE CONSUMER'S JOURNEY WITH BHRC PEER SUPPORT:

"I live with PTSD [...] I called the BHRC and they connected me with a peer support specialist just to chat.

With PTSD, just having someone to chat with about anything related or unrelated is comforting. We established boundaries and agreed to speak weekly. We quickly hit it off and found a lot of mutual experiences. I no longer regard our relationship "professional" because I feel so comfortable with him. I see them as a kinda, sorta, almost friend that I have never met but feel like I have known all of my life. I hope to continue chatting with him - we have nothing in common other than the fact that we deal with trauma every day of our life and it impacts us in ways the 'average' person will never understand. **Only a peer can understand** what it feels like to hurt and how to approach the situation without further traumatizing anyone. The people at the BHRC understand, they are real, they have been there and know exactly what is needed." -Consumer

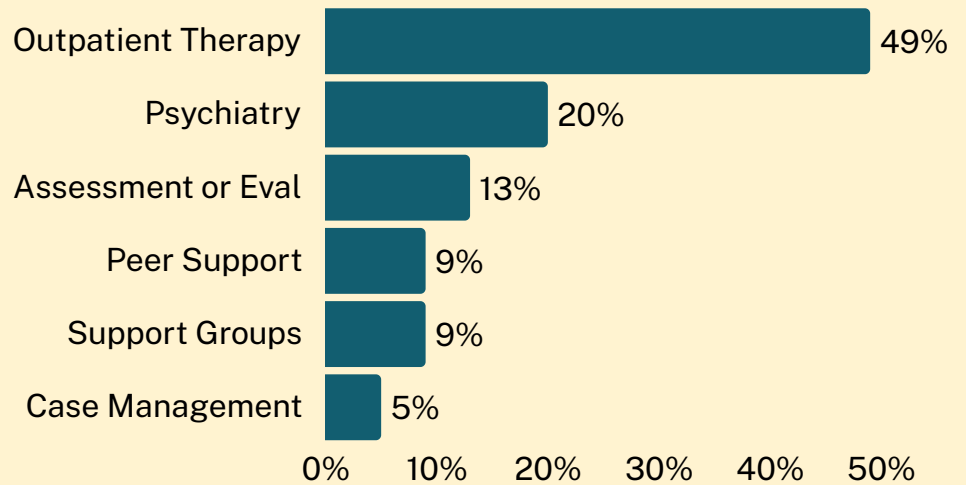
PUTTING PEOPLE FIRST

BHRC staff partner with each person to identify resources and services that are appropriate for their needs. Some people reach out knowing their specific need(s), while others say “I need help and I don’t know where to start”. No matter how the contact starts, the BHRC helps people understand their unique needs and match them with resources and referrals that will help them take the next step.

MENTAL HEALTH NEEDS

- 70% have a mental health service need.
- 30,000 referrals made to mental health services
- 1,000+ referrals to CCS
- 80+ referrals to Youth Connect

Figure 2. Types of Mental Health Services People were Seeking



CONNECTION TO COUNTY SERVICES

The BHRC is a streamlined access point into county services. Dane County Human Services offers a wide variety of services to meet the needs of individuals and families, but the county system can be overwhelming to navigate and many services exist in silos, forcing consumers and families to maneuver multiple points of entry, each with a different process. The BHRC serves as an access point for behavioral health services like Comprehensive Community Services (CCS), Youth Connect, and more recently certified peer support. **The BHRC has made over 2,200 direct referrals to county behavioral health services.**

“The BHRC staff were so knowledgeable and helped me in so many ways. They were encouraging and helped me find the perfect person to help me with all my issues. I can never repay them for all the areas in which they helped me.” - Consumer

PUTTING PEOPLE FIRST

SUBSTANCE USE NEEDS

21%

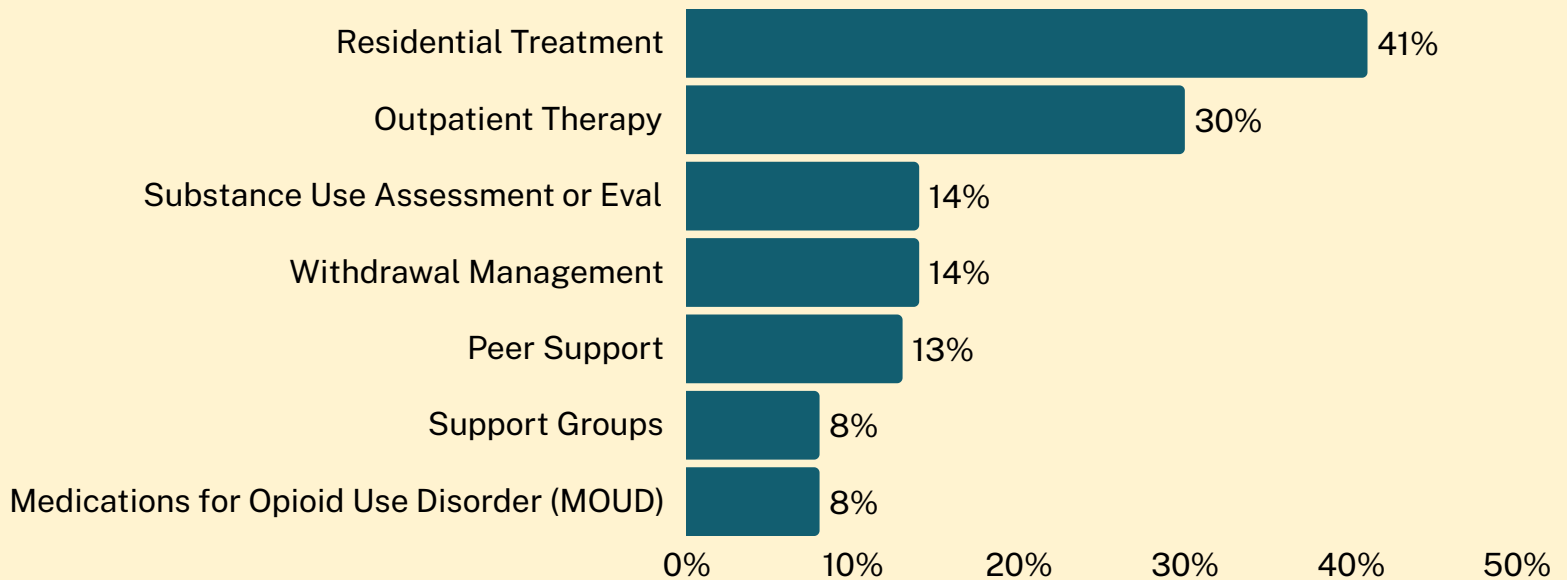
have a substance use service need

7,000

referrals made to substance use services

About 1 in 5 individuals (21%) were seeking substance use services and resources. Alcohol was the most common substance identified (64%), followed by cocaine (20%), marijuana (15%), heroin (11%), and methamphetamine and opioids (7% each).

Figure 3. Types of Substance Use Services People were Seeking



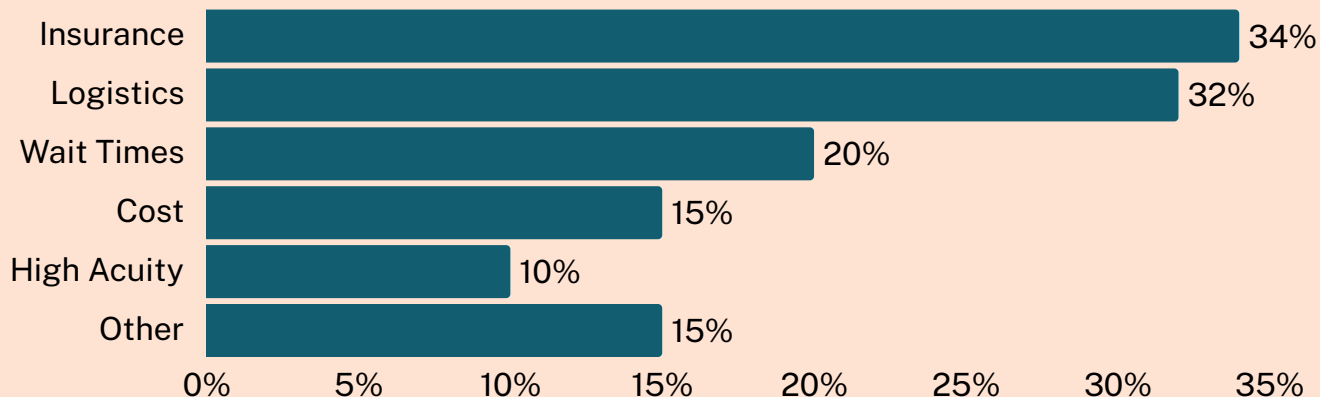
“The BHRC was great to talk to on the phone about getting provider information, which they then sent to me via email. The BHRC later reached out to me again to see how those resources worked out and when I requested more provider names, they found more for me and one of those was a great fit!” - Consumer

BARRIERS TO ACCESS

FACING CHALLENGES TO ACCESS

People reaching out are asked to identify their barriers to accessing behavioral health services in Dane County. **Insurance coverage** is consistently identified as critical barrier to accessing behavioral health care. The BHRC serves consumers with commercial insurance, Medicaid, Medicare, and the uninsured.

Figure 4. Percent of Individuals Who Identified at Least One Barrier to Access

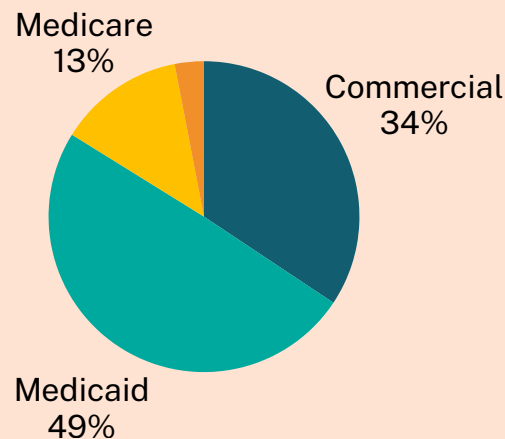


Many people call the BHRC because they are overwhelmed by trying to navigate their options for care. Insurance status impacts what types of care are available, how quickly services can start, and how much a person will pay out of pocket. Coverage details—such as whether providers are in-network, whether preauthorization is required, and what copays or deductibles are—can significantly impact options for services. The BHRC reviews individuals’ insurance policies and coverage and always tries to make referrals to in-network, affordable care when possible.

Logistical barriers like arranging childcare, transportation, and scheduling limitations also impact access. About one in three who have barriers to access identify logistics of care coordination as a challenge.

Wait times in behavioral health care change frequently and vary significantly by service type. One in five consumers with barriers identified wait times as a challenge. Traditional outpatient mental health services can be readily accessible based on an individual’s insurance. The BHRC has established relationships with clinics and agencies across Dane County and are often kept apprised of availability, updates in services, changes to providers, and/or insurances accepted. When a person is on a waitlist, BHRC staff often connect them to other supportive services like peer support, group services, and non-traditional supportive services to bridge the gap.

Figure 5. Percent of Consumers by Type of Insurance



SYSTEMS NAVIGATION

NON-BEHAVIORAL HEALTH NEEDS

The BHRC recognizes that wellness and recovery are difficult to achieve and maintain when basic human needs are not met. Sometimes people need help finding resources for basic needs like food and shelter, while others identify logistical barriers like arranging childcare, access to reliable transportation, and scheduling limitations. Some are also seeking help for things that are related to their behavioral health care, like aging and disability support, transportation services, economic support programs, and support groups for caregivers of loved ones struggling with mental illness or substance use.

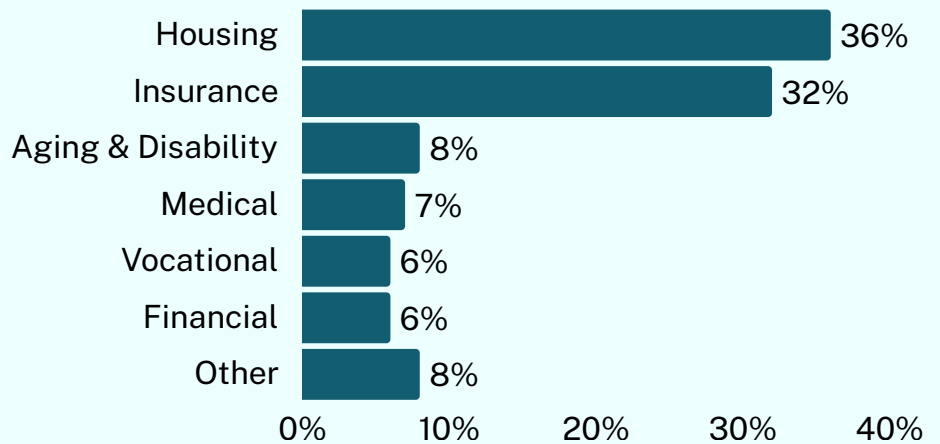
1 in 12

have a non-behavioral health service need.

3,000

referrals made to non-behavioral health resources

Figure 6. Types of Non-Behavioral Health Services People were Seeking

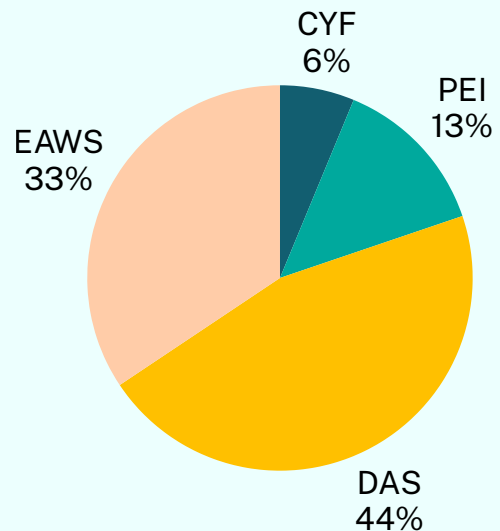


CONNECTION TO COUNTY SERVICES

The BHRC made over **600 referrals to Dane County's non-behavioral health programs and services**. This includes over 300 referrals to aging and disability support services (DAS), more than 200 referrals to economic support programs (EAWS), and many more to other county children, youth, and family (CYF) services and prevention and early intervention (PEI) programs.

When the BHRC connects individuals to non-behavioral health services that meet other needs in their life, people are more likely to successfully connect to behavioral health care.

Figure 7. Percent of Referrals Made to Dane County Human Services Divisions of Service



LOCAL CONNECTION

BUILDING COMMUNITY CONNECTION

Seeking behavioral health care carries a stigma. From the beginning, the BHRC has prioritized meeting people where they are and making connections in welcoming, community-based settings.

The BHRC has connected with people across the county at over 300 community events, including resources fairs, festivals, and other community spaces! For example, the BHRC partners with the Dane County Library Service to offer outreach at local libraries and travel with the Bookmobile to reach more outlying areas of the county. This is just one of the many ways BHRC has engaged in community outreach.



BHRC Outreach Coordinator and CCS staff working together to connect people to behavioral health services.



BHRC Bilingual Spanish Case Manager on [La Movida Radio](#)

Since the COVID-19 pandemic, awareness of behavioral health needs has grown, and many communities have embraced a “no wrong door” approach to care. Even so, historically marginalized and underserved populations—especially BIPOC communities—continue to face significant cultural and systemic barriers to access. Because traditional outreach does not always build trust with communities that have experienced harm or exclusion in healthcare settings, the BHRC has expanded culturally responsive outreach. Today, Hmong- and Spanish-speaking bilingual case managers help improve access for Hmong and Latino residents through partnerships, presentations, and outreach in trusted community spaces.

To date, the BHRC has received more than 300 contacts through its dedicated Spanish and Hmong language lines.

ADAPTING TO COMMUNITY NEED

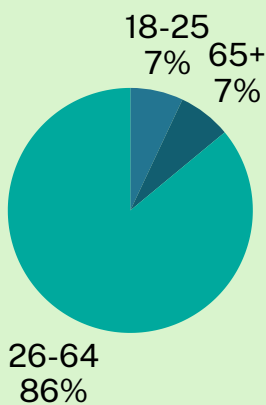
COMMUNITY ACCESS PARTNERSHIPS

The BHRC launched Community Access Partnership (CAP) services in 2024 to better support people seeking behavioral health care who face significant barriers to access. Based on-site at The Beacon day shelter, BHRC staff connect individuals experiencing homelessness or housing insecurity with behavioral health resources and certified peer support services. Among people experiencing homelessness or housing insecurity who contacted the BHRC, **71% said their behavioral health condition affects their housing status**. Many also face barriers that make traditional systems especially difficult to navigate, including not having a cell phone, a permanent address, or health insurance. For some, past attempts to seek help did not lead to lasting connections to care, leaving them feeling like support was out of reach.

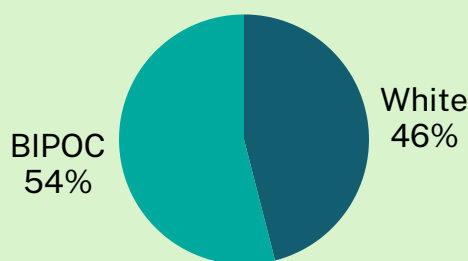
CAP was created to change that by bringing care into a trusted community setting and reducing barriers to access. A core principle of the BHRC model is meeting people where they are—both physically in the community and in the context of their individual experiences. At The Beacon, guests can connect with BHRC resource navigators and peer specialists to talk about their needs, goals, and options for support.

Individuals experiencing homelessness and housing insecurity are nearly 4x more likely to report more barriers to access

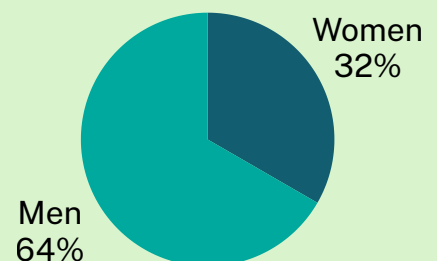
Figure 8. Percent of Individuals Who are Homeless or Housing Insecure by Age, Race-Ethnicity, and Gender



People between the ages of 26 and 64 make up 61% of the Dane County population but 86% of individuals who report being homeless or housing insecure to the BHRC.



BIPOC people were more likely to report being housing insecure or homeless. BIPOC individuals make up 19% of the Dane County population but make up 54% of individuals who report being homeless or housing insecure to the BHRC.



Men were more likely to report being housing insecure or homeless than women.

ADAPTING TO COMMUNITY NEED

The BHRC recognizes that not everyone is ready to seek help right away. Staff provide non-stigmatizing, person-centered support that respects each individual's choices and lived experience. No one is pressured to accept referrals or complete assessments without consent. Certified peer specialists offer one-on-one support, connection, and encouragement throughout the process.

Through CAP, the BHRC partners closely with Comprehensive Community Services (CCS), Community Support Programs (CSP), and Targeted Case Management (TCM) to streamline access to services that support behavioral health, housing stability, education, employment, and skill development. The BHRC also assists with making connections to health insurance through the [Capital Consortium](#) and to long term care through the [ADRC](#).

To date, the BHRC has connected with hundreds of individuals through CAP, creating a trusted entry point to care for people who might otherwise remain disconnected from support. By meeting people where they are and building relationships grounded in respect and choice, CAP opens the door to greater stability, connection, and well-being.

BUILDING TOWARD BETTER ACCESS

When someone is struggling, connection matters. In Dane County, the BHRC has shown that a person-centered, community-based approach works — serving more than 11,000 people, making nearly 42,000 referrals, and building connections with more than 500 providers and community partners in its first five years. This progress is possible because support starts by listening, respecting each person’s voice, and meeting people where they are without judgment. But too many neighbors still face barriers like cost, insurance challenges, transportation, wait times, housing instability, and inequities that disproportionately impact underserved communities.

We all have a role in changing that. Whether you are seeking help, supporting a loved one, or working in the community, we invite you to stand with us in building a behavioral health system that is easier to navigate, more culturally responsive, embraces peer support, and better connected to housing support and other basic needs. The BHRC has seen that underserved populations are best reached when services are offered where people already are — through partnerships with community centers and shared spaces. Together, we can create a community where everyone feels respected, supported, and is able to access the care they need.

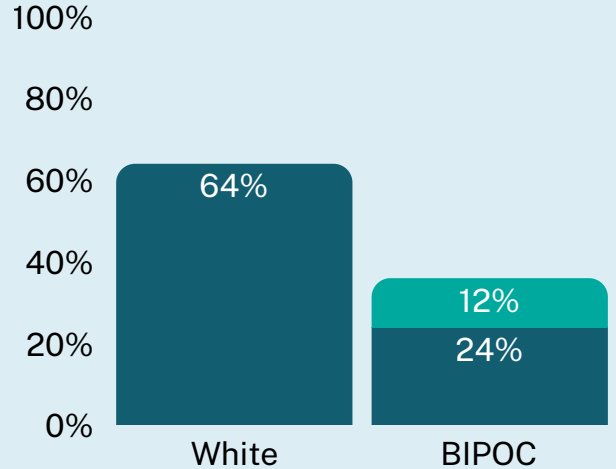
**THE BHRC WILL CONTINUE TO LISTEN TO THE
COMMUNITY AND ADAPT TO WHAT THE COMMUNITY
NEEDS.**

APPENDIX A: POPULATION SERVED

RACE AND ETHNICITY

Over the last five years, the BHRC population was 64% White and 36% BIPOC. BIPOC individuals made up 36% of the BHRC population, which is significantly larger than the population of BIPOC Dane County residents (19%).² Hispanic individuals made up 12% of all people and 37% of BIPOC people who reached out. Just in the last year, the Spanish language line has seen a 16% increase in contacts, which can be attributed, in part, to targeted outreach to Hispanic communities from the BHRC's bilingual Spanish case manager.

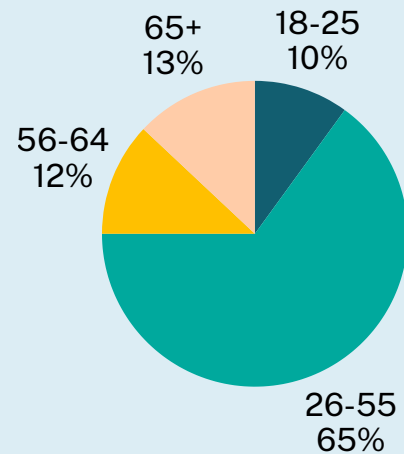
Figure 9. Percent of Individuals Who Identify as White or BIPOC



AGE

The largest age group of BHRC contacts is 26-55 years old. Consumers age 18-25 (10%) and 65+ (13%) are underrepresented compared to their make up in the Dane County population (19% each). 55% of BIPOC consumers age 18-25 identified as Hispanic.

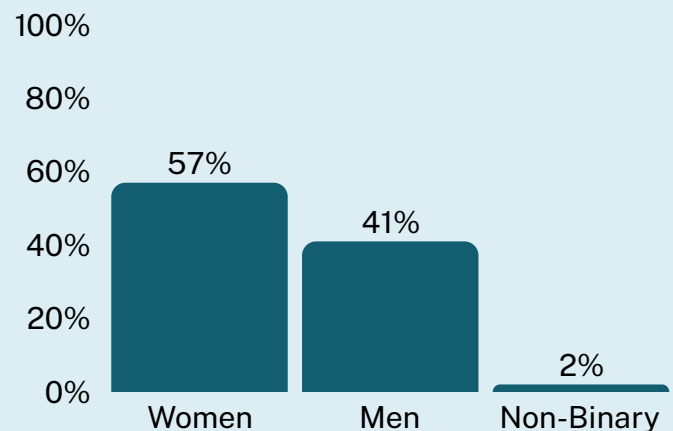
Figure 10. Percent of Individuals by Age Group



GENDER IDENTITY

Women made up 57% of contacts to the BHRC. About 2% of consumers identified as gender non-binary or gender expansive, which is similar to the national rate (1.6%).³

Figure 11 Percent of Individuals Who Identify as Woman, Man, or Non-Binary



REFERENCES

1. The BHRC encourages each person to share as much or as little identifying information as they feel comfortable. This means that if the person chooses, they can receive support from the BHRC while remaining anonymous. Importantly, the BHRC acknowledges the balance between collecting data accurately and consistently. While collecting data is important, the BHRC does not pressure anyone into sharing information that could otherwise jeopardize their trust in the BHRC to be a safe place to seek help. In honoring this core value, only basic demographic data is used throughout the report.
2. A BIPOC and White binary is used to aggregate based on small group sizes within the BIPOC race groups (e.g. Black or African American, Asian, American Indian, Hispanic or Latino). To avoid drawing generalizations about one group amongst a very small sample size, the only breakout is by Hispanic when group size allows. Unless otherwise specified, BIPOC includes Hispanic/Latino.
3. University of California - Los Angeles (UCLA), Williams Institute at the School of Law. [“How Many Adults and Youth Identify as Transgender in the United States?”](#) Published August 2025. Accessed February 12, 2026.