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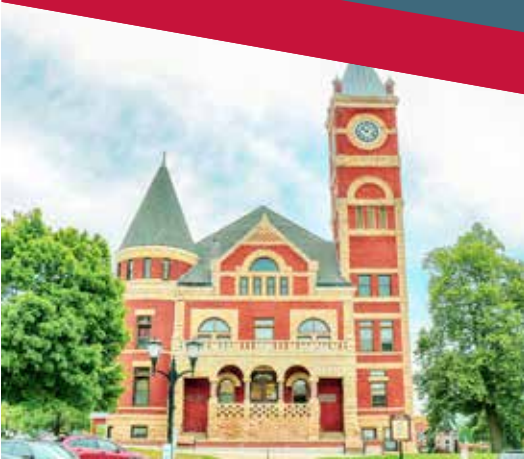
FINAL REPORT

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Improving access, connecting patients, and reducing stigma: A mental health navigator for Green County

POPULATION HEALTH SCIENCES 780: PUBLIC HEALTH: PRINCIPLES AND PRACTICE



Summary Statement

Green County Human Services proposed the creation of a mental health navigator (MHN) position to address the community need for improved connection to mental health resources. In this report we provide a brief literature review of the public health significance of this topic generally and in the context of Green County. We discuss relevant community partnerships and collaborations which will be essential to the success of this program. Next, we discuss issues of health equity as they pertain to the MHN program, with particular attention to issues of access around transportation and language. We then explore the evidence base for a navigator program in the context of mental health, discussing findings from publications as well as interviews with other mental health navigator programs to provide rationale for this choice and important contextual features for implementation. We go on to describe an action plan for thoughtful implementation of this program. We offer a variety of suggestions for evaluation of this program to determine its success and short, medium, and long-term impacts. Finally, we include several potential funding opportunities.

Public Health Issue

Mental illness is recognized as one of the most common causes of disability in the nation. The disease burden from mental illness is among the highest of all diseases. One in five adults in the U.S (18.5 percent) experience mental illness each year, and 1 in 25 adults (4.0 percent) experience a serious mental illness in a given year that interferes with or limits major life activities (National Institute of Mental Health, 2017). Mental illnesses are more prevalent among younger populations. Approximately 1 in 5 youth aged 13-18 years (21.4 percent) experience a severe mental illness at some point during their life (National Institute of Mental Health, 2017). Mental illness is a major public health problem that imposes a significant disease burden on society.

At the individual level, a person experiencing mental illness may have decreased work productivity as mental health problems may substantially reduce usual performance. This may lead to job loss, reduced income, disrupted relationships, or a plethora of other issues that can worsen overall well-being. The burden of mental illnesses also significantly impacts family members as they are often the primary caregivers for people with mental health issues. Family members often provide emotional and physical support, bear financial expenses associated with mental health treatment and care, and are exposed to the stigma and discrimination associated with mental illness in our society. The economic impact of mental illness affects personal income and the ability of affected persons and their caregivers to work, which in turn affects productivity in the workplace and contributions to the national economy. In the U.S, serious mental illnesses have been estimated to cost \$193.2 billion in lost earnings per year (National Institute of Mental Health, 2017).

The economic burden of mental illness can be both direct and indirect. In 2010, the economic costs of mental illnesses were estimated to be \$2.5 trillion globally (Trautmann, Rehm, & Wittchen, 2016). Direct costs, which may include physician visits, medication, psychotherapy sessions, or hospitalizations, were estimated to be \$800 billion. Indirect costs, or losses due to mortality, disability, care seeking, and lost production due to work absence or early retirement, were estimated to be \$1.7 trillion (Trautmann, Rehm, & Wittchen, 2016). It is clear that mental health impacts daily living as well as the overall well-being of an individual, and illnesses have created a significant burden on our society in numerous ways.

Mental illnesses impact thousands of Wisconsin residents each year. In Wisconsin, there is one mental health provider available per 560 persons compared to one per 330 for top U.S. performers. However, Green County has a serious dearth of mental health providers available, with one mental health provider per 1,120 persons in the community (County Health Rankings, 2018). According to the Wisconsin Office of Children's Mental Health, rural Wisconsin has approximately half as many mental health providers as urban Wisconsin. For every hundred residents in rural areas, there are approximately 11 mental health professionals, compared to 19 mental health professionals per every hundred residents in urban Wisconsin. By 2025, it is projected that the U.S. will face a 20 percent mental health provider shortage, with Wisconsin's rural communities projected to experience the largest impact (Sugden, 2015).

Green County is a rural county in Southern Wisconsin which currently faces the challenges of a complex and limited network of mental health providers. In a recent Community Health Improvement Process (CHIP), Green County Human Services determined there was uncertainty among community members of what resources are available for mental health. This was identified through input from the community and data gathered from the Green County Mental Health Unit. Green County Human Services is interested in creating a Mental Health Navigator (MHN) position to assist in directing residents to appropriate mental health services. This includes improving the connection of mental health resources for community members and reducing the stigma associated with seeking mental health resources. The increased utilization of lower-acuity resources may help decrease the use of high-cost, higher-acuity mental health services. The limited number of mental health providers available in Green County, combined with reports from members of the local health department, and our own interviews with community stakeholders, demonstrate a need for improved connections to the limited mental health resources and support services in Green County. Our aim is to explore the evidence base of mental health navigators, outline the necessary roles that a MHN would serve in Green County specifically, and explore funding opportunities for such a position.

The implementation of a MHN will work towards overcoming several barriers Green County residents currently experience regarding mental health. One barrier that exists is the stigma associated with mental health, mental illness, and seeking mental healthcare. The navigator program will work to reduce stigma associated with mental health and contribute towards sustaining awareness of the MHN by engaging the community with regular mental health-related events and discussions. Workshops and information sessions should also take place to discuss mental health and how the navigator program can be used to connect community members to mental health resources. These events will take place in the community, including locations not directly tied to mental health, such as churches, schools, or community centers.

Another barrier the program seeks to overcome is in improving access to mental health resources for all community members. This includes community members who may have limited access to transportation, as well as community members with limited English proficiency (LEP). These transportation and language barriers are crucial to overcome in order to ensure equitable access to the MHN. We plan to ensure that residents may access the services of the MHN by multiple means, such as in-person, over the phone, online, as well as providing the option to set up an in-home appointment where the navigator will travel to the client's home to provide services. The navigator will also be partnered with a translation company in the case that the community members need a translator. This will ensure equitable access regardless of transportation or language barriers.

Additional barriers the navigator program will seek to overcome is the lack of awareness of current mental health services available in Green County. The MHN will work to connect residents with appropriate resources by maintaining a database or compendium of mental health resources and support services available in Green County, and by having a detailed understanding of each of these resources and the entry requirements. The navigator may also compile a separate list of commonly sought services not currently available in Green County and where residents can go to seek these services.

Community and Partnerships

The MHN position will be designed to serve both youth and adults in Green County who seek mental health resources but are not covered by the Aging and Disabilities Resource Center (ADRC). The MHN will serve as a resource for individuals who would like direction identifying mental health services; how to receive a diagnosis, what kind of care is available, what services are covered by insurance, how soon one can get an appointment, and locating accessible services. The MHN will be available for individuals who are seeking resources for themselves or a family member (Mixdorf, 2018). The service has the capacity to impact not only individuals who experience mental illness but also the family and friends of individuals who experience mental illness, as well as individuals who are generally interested in mental health resources but may not experience mental illness.

The need for a MHN position was identified during an asset mapping exercise completed by a coalition of organizations that provide mental health resources in Green County, which concluded that many residents of Green County are unsure of resources available for non-crisis mental health needs (Mixdorf, 2018). Green County Human Services' interest in this program is influenced by recognizing that the mental health crisis hotline is overwhelmed, receiving 766 calls in 2017, and that individuals could be better served if they were able to receive low-acuity services earlier, possibly reducing the number of calls to the crisis line and improving the overall health of the community (Miles, 2017a)

The Mental Health Unit of Green County Human Services currently provides psychiatric counseling for Green County Residents (Miles, 2017a), which includes outpatient counseling and crisis intervention services available 24 hours a day. The unit includes a secretary, three state-licensed counselors, and a supervisor. The Mental Health Unit also contracts with a Monroe Clinic Psychiatrist and Psychiatric Nurse Prescriber for 16 hours a week. Staff from the Mental Health Unit, as well as from the Alcohol and Other Drug Abuse Unit (AODA), make up the Mobile Crisis Intervention Service, a state-certified program that provides 24-hour emergency mental health services to Green County Residents (Miles, 2017b). The program is also supported through contracted services with Northwest Connections, which provides contracted emergency mental health services to Wisconsin counties ("Northwest Connections," 2018).

In 2017, 374 individuals received outpatient counseling through the Mental Health Unit, an increase from 337 in 2016 and 208 in 2015 (Miles, 2017b). Of the 374 individuals, 94 percent were white, and 44.5 percent were male, and 55.5 percent were female. The largest age group of individuals seen were 25 to 34 years of age (32.23 percent), followed by those 35-44 years of age (23.81 percent). In 2017, the crisis hotline received 766 calls. Of calls received, 38.12 percent originated from law enforcement, 26.89 percent were from consumers, and 13.58 percent were from family and friends. Other categories include medical hospitals, jails, providers, and schools (Miles, 2017a).

Additional services provided through Green County Human Services include a community support program and comprehensive community services. In addition to the Mental Health Unit, there are psychosocial skills groups to address student mental health needs in Monroe Junior High School and Brodhead High School (Miles, 2017b). Mental health providers in Green County include the Monroe Clinic, which provides psychiatric and counseling services, accepts private insurance as well as Medicare and Medicaid, but does not provide case management services. There are also four private therapists in Monroe (Miles, 2017a).

An additional way in which residents of Green County may access mental health services includes emergency detention, which is a process that requires County approval and is limited in scope and duration. It is typically reserved for emergency cases, when the “individual is believed to be mentally ill and dangerous.” In 2017, there were 50 emergency detentions, the lowest number ever recorded in Green County (Miles, 2017b).

During the asset mapping exercises completed by members of the mental health coalition, community assets were identified that will serve as formal resources that individuals may be referred to. These include the following:

- Community Support Program (CSP)
- Comprehensive Community Services (CCS)
- Northwest Connections
- Orion in-home services
- School counselors
- Monroe outpatient clinic
- Mindfulness-based stress reduction (MBSR) classes at the Zen Center
- Private mental health providers
- Green Haven
- Sexual Assault Recovery Program (SARP)
- Veterans Services
- Early Head Start and nurse home visiting programs

Organizations that should serve as partners to help make the MHN program successful were also identified during the asset mapping process. These include stakeholders, as well as potential support services that individuals who utilize the MHN may be referred to. Partner organizations identified include:

- Criminal justice system: law enforcement, drug court, parole officers
- Green County Aging and Disability Resource Center (ADRC)
- EMS/Fire Department
- Home health care agencies (Preferred Living, Caring Heart, Hometown Helpers) and home health visiting nurses and social workers
- Green County group homes and services
- Nursing homes (Pleasantview, Monroe Manor, New Glarus Home)
- Hospice
- Faith leaders and organizations
- NAMI
- Alcoholics Anonymous
- Veteran-centric organizations (VFW, American Legion)
- Salvation Army
- Red Cross

- United Way
- Assisted living facilities (Aster, Graceland, Azure, Caring Hands)
- Southwestern Wisconsin Community Action Partnership (SWCAP)
- UW-Extension
- Managed care organizations (Care Wisconsin and Includa) (“Asset mapping”, 2018)

In addition to identifying stakeholders and partners for the implementation of a MHN, during the asset mapping process, attendees identified potential areas of opportunity in implementing the MHN program. This included providing services tailored to young people, providing peer support services, and decreasing stigma around seeking help for mental health issues. In addition, the coalition acknowledged the need for access and support for individuals with a wide range of mental health issues, both acute and mild. The coalition also identified that there is variance in level of comfort in clergy in playing a role in addressing mental health issues (“Asset mapping”, 2018).

Health Equity Focus

We intend to address health equity by using a socioecological framework. Green County is a rural community and thus, we are focused on addressing barriers at each level to ensure there is equitable access to both the navigator and mental health resources for all Green County residents. At the individual level, we aim to impact attitudes towards mental illness and to improve access to mental health resources among residents of Green County. Issues regarding transportation or language barriers are challenges we may face due to the rural setting and are issues we must address in order to ensure equitable access. At the interpersonal level, we aim to provide support to not only the individual seeking mental health resources, but the families and friends of those impacted by mental illness. At the community level, we aim to partner with a number of entities in the community to serve as mental health resources, as well as entities that may promote utilization of the MHN or refer clients to the MHN to be connected to mental health resources. We also hope to encourage open discussion of mental health and mental illness among community members, and to reduce the stigma associated with seeking mental health resources.

Evidence-based Strategy

The strategy proposed in this report is the implementation of a MHN. As discussed in earlier sections, it was noted in an asset mapping exercise undertaken in Green County that many residents lacked knowledge of where to seek help when experiencing symptoms of mental illness (Mixdorf, 2018). Below we explore the evidence base of navigators in the general healthcare setting, and particularly in mental health. We also include evidence obtained during a series of informal, semi-structured interviews conducted with stakeholders in Green County and with individuals involved in mental health navigator programs elsewhere in the country.

Review of Literature

In the healthcare field, the role of a navigator has been found to be valuable in a variety of settings. Navigators typically “provide culturally sensitive assistance and care coordination,

determining individual barriers and guiding patients through available medical, insurance, and social support systems” (Patient Navigators, 2016). Navigators have been most extensively studied in the context of cancer care, where there is strong evidence of effectiveness in their ability to increase rates of cancer screening, diagnosis follow-up, initiation and receipt of treatment, as well as improvement of quality of life. In this context there is also evidence that the use of navigators can reduce disparities in healthcare which may occur due to race, English proficiency, housing, employment or marital status (Patient Navigators, 2016).

Navigators work with patients to improve the timeliness and coordination of care with the goal of improving patient access to and completion of recommended care. A systematic review conducted by Hou and Roberson identified characteristics of community health navigator interventions in the context of cancer care. Their findings underscore common criteria of community health navigator interventions as they pertain to navigator recruitment, participant recruitment, training, roles and responsibilities, and intervention characteristics. They found that community-based navigator programs tended to recruit navigators via word of mouth or flyer posting in the community. Participants were usually identified by the navigators or through outreach efforts from community networks. Navigators tended to be recruited to match the language and culture of the participants, and residence for a duration of time in the community was sometimes used as criteria for recruitment. The duration of training of the navigator was found to vary greatly, and the skills emphasized were communication, screening guidelines, role play, barrier counseling, and social support. Typical responsibilities of a navigator included outreach to patients, education, counseling, testimony, logistic support, translation, and advocacy. The interventions were usually conducted face-to-face and consistently demonstrated effectiveness (Hou & Roberson, 2015).

Use of patient navigators is an attractive, evidence-based intervention in cancer care, and is generating interest in other fields. McKenney et al. discuss the potential use of patient navigators in the broad field of women’s health. They posit that the central goals of patient navigators are to identify a patient’s barriers to access, improve timeliness of care, educate, and offer social support. In pursuing these aims, navigators can improve patient access to care, promote self-efficacy, and sustain patient engagement in care (McKenney, Martinez, & Yee, 2018).

In the context of mental healthcare, there is a less robust literature base regarding the role of navigators in the community and clinical setting. There are, however, several published articles which reflect the value that MHNs could have in community settings. In studies conducted by Sheehan and Corrigan on peer navigators, there was an apparent association between the use of peer navigators and service engagement, recovery, and quality of life in Latino patients with serious mental illness in Chicago, and in general health status, psychological experience of physical health, recovery, and quality of life for homeless African Americans with serious mental illness in Chicago (Corrigan et al., 2017a; Corrigan et al., 2017b). In these peer navigator studies, valuable qualities of navigators identified were their status as “peers” and their ability to cultivate trust, or *confianza*, with clients (Sheehan et al., 2018).

Studies of mental health peer navigators in an urban context, coupled with their known effectiveness in cancer care, suggest the use of navigators in the mental healthcare setting may be beneficial for traditionally underserved patients. However, there is a need for translation of this concept in rural settings to assess its potential usefulness to a rural community such as Green County, WI. Work by Anderson and Larke does just this. The authors examined the rural community of Sook in British Columbia, Canada and the effects of a navigator service offered to

any person in the community with mental health and/or addictions issues who seeks help in accessing a timely needs assessment, collaborative assistance with need-based care planning, appropriate information, referral, and linkage facilitation. The authors found that the navigator was helpful, but that the rural context presented barriers to access in terms of availability of services, lack of transportation, or unstable housing (Anderson & Larke, 2009).

Key Informant Interviews

Several communities in the Midwest currently have MHN programs in operation. The authors connected with individuals from these programs with the goal of discussing the characteristics of their programs, the communities they serve, qualities they see as important for navigators, and lessons learned from conducting a mental health navigator program. Key points taken from these interviews are discussed below and summarized in Appendix A.

In an interview with Olanda Torres, the Director of Mental Health Navigator Services for Mental Health America- Wabash Valley Region, she discussed the MHN program she is involved with, which has been in operation for approximately one year. This program is situated in Lafayette, Indiana in Tippecanoe County, which is a rural county similar to Green County, WI, and faces similar shortages of mental health providers. Their program provides assistance in connection to mental health resources for community members of all ages. In addition to mental health services, the navigator also provides information to clients to connect them with social support services such as food, housing, and heating assistance. This is performed on a short-term basis, as they are not currently equipped for a longer-term case management role. In terms of qualities essential in a navigator, Torres relates that it is important for the navigator to have a degree in psychology, social work, or a related field, to have a few years of experience in a related field, and to display and practice empathy. Other beneficial qualities include membership in the community, knowledge of resources, crisis intervention or de-escalation skills, case management skills, and the ability to empower the client. She recommends that communities seeking to develop a MHN program develop good rapport and strong connections with local mental health providers (O. Torres, personal communication, November 8, 2018). Barriers this navigator program helps clients overcome include insurance, acceptance, lack of service availability in the community, language, transportation, and self-imposed or perceived barriers (“Mental Health Navigator”, 2018).

In a separate interview with Trina Bierman, the Mental Health Navigation Coordinator for CAP Services in Portage County, WI, similar topics were discussed. Similar to Green County, Portage County is rural. They have had a MHN program since 2009, which connects adults and youth with mental health resources as well as other support services that promote health and well-being. While working with clients, MHNs keep clients engaged in their care by checking in with them periodically while they are on wait lists. Key qualifications for a MHN include a relevant bachelor’s degree, minimum three years of experience in health and human services or mental health, the ability to collaborate, and knowledge of community resources. Bierman recommends that those seeking to initialize a MHN program should collaborate with community partners (T. Bierman, personal communication, November 13, 2018).

Isha Caldwell, the MHN for Mental Health Connect in Minneapolis, MN also spoke with the authors regarding the program she is involved with. Their navigator program is church-based and serves congregants, members of the neighborhood, and people who are homeless. They provide resources to connect patients with mental health and other supportive services such as

food, housing, and insurance. Similar to the other navigators interviewed, Caldwell relates the importance of a bachelor's degree in a field related to mental health, as well as some amount of experience in a related field. Her recommendations for communities in the process of starting a MHN program are to involve groups that are willing to contribute funds to programs they are passionate about and to work with navigators to keep them passionate about serving their clients, decreasing their own biases and fighting stigma (I. Caldwell, personal communication, October 23, 2018).

A resource that currently operates in Green County to connect clients with mental health and other services is the Aging and Disability Resource Center (ADRC). Amber Russell, Supervisor at Green County ADRC spoke with the authors to discuss their navigator program. The ADRC seeks to provide low- or no-cost education and assistance to connect people with resources. Clients present either over the phone or as a walk-in, and the navigator may offer to visit the client in their own home. The navigator engages the client to identify needs, then offers appropriate resources including educational materials, ways to connect with resources, or appointment scheduling. The navigator also follows up with the client after the visit to check in. Qualifications which are important for the navigator to possess are a bachelor's degree in a field related to health and human services and one to two years of related experience. Other desirable traits are strong communication skills, case management experience, flexibility, and computer skills (A. Russell, personal communication, November 13, 2018).

The Center for Patient Partnerships (CPP) in Madison, WI operates resource navigator and patient advocate navigator programs which aim to connect patients with resources. The authors discussed the CPP programs with Jill Jacklitz, the Director of Education with CPP. The resource navigator programs operate in three clinics located in Madison, WI, and offer resource screening questionnaires to all patients when they check in. This questionnaire is used by the navigators, who are university student volunteers, to discuss with the patients their needs and priorities with the goal of partnering with patients to connect them with resources. The navigators also offer periodic check-ins with patients. The patient advocate navigator program operates out of the University of Wisconsin Law School and works with people with serious and life-threatening illness to help them navigate insurance, healthcare and disability systems. Many of the clients of this program experience serious mental illness and require assistance connecting to these systems. Navigators are able to help them secure insurance coverage, deal with insurance issues, and serve as a bridge to accessing SSI. Jacklitz recommends that communities which wish to initiate a navigator program should emphasize self-care in training of the navigators, compile an annotated resource directory prior to implementation, consider how to document when a resource cannot be met, and practice management of client expectations (J. Jacklitz, personal communication, November 3, 2018).

To summarize, patient navigators have a well-demonstrated evidence base in healthcare settings, most notably in cancer, but also in the context of other chronic diseases. The navigator model has the potential for effectiveness in a broad range of health-related contexts, including mental health. Numerous communities in Wisconsin and elsewhere in the Midwest have employed the navigator model to assist patients with mental illness, and their collective experiences and lessons learned strengthen the evidence base for implementing new navigator programs. Drawing on their experiences and recommendations in combination with a review of published literature, we propose the following plan for implementation of a MHN program for Green County, WI.

Implementation Plan

First, a MHN position will need to be created and filled. To accomplish this goal, a decision will need to be made about what entity the MHN position will exist within. As discussed later in this report, some grants require MHNs to be situated in a qualified not-for-profit. If this route is pursued, it will be beneficial to develop a community advisory committee or oversight board to manage the activities of the MHN and maintain partnerships with the community and partners. Funding will then need to be applied for and secured. Funding opportunities are further discussed at the end of this report. A job description will need to be created and posted to relevant media. Qualifications for the MHN should be customized to the needs of Green County. Typical qualifications and skills for a MHN are discussed earlier in this report and compiled in Appendix B. The job listing should be widely advertised in Green County and surrounding areas through flyers, word-of-mouth, posts in classified sections of local media, and online listings. Interviews will then be conducted, and a suitable candidate or candidates will be selected to fill the position(s). Once filled, the MHN will need to be familiarized with mental health and social support resources. They should make use of an annotated compilation of resources, which should be created by the time the MHN is hired.

The second objective that this MHN program will seek to accomplish is improving connections to community resources for all community members. To achieve this aim connections will need to be made between the entity within which the MHN will be situated and community organizations. Workshops and informational sessions will need to be conducted with local mental health providers and with community organizations which may serve as sources of referrals to the MHN. These include, but are not limited to, faith-based organization, law enforcement, education, community centers, coalitions, and unions. To further raise awareness of the MHN program, articles should be written at regular intervals for inclusion in local print media, and social media accounts should be created, post regularly, and engage new followers. As mentioned earlier, an annotated compilation of resources should be available to the MHN. It should be as comprehensive as possible, as well as searchable and editable. This compilation could be a physical or digital resource for the MHN to use to connect clients with needed resources. Finally, for all community members to be able to access the MHN, care must be taken to address barriers when possible. One barrier likely to exist in Green County is transportation. To ensure that clients can access the MHN regardless of access to transportation, the MHN should be accessible by phone, email or in person. Some navigator programs provide home visitation options, which could be considered in this MHN program. Additionally, it will be important to consider the needs of clients with limited English proficiency (LEP). An efficient way to address this would be to contract with a phone-based translation service, such as Language Line.

The third objective of the MHN program is reducing stigma associated with mental illness and seeking care for mental illness. This goal can be accomplished by engaging various sectors of the community in ongoing discussion about mental health. During these conversations the role of the MHN in connecting clients with resources in an empathetic, confidential, and trustworthy manner can be reinforced. These conversations should take the form of workshops and educational sessions held at different locations within the community, including faith-based organizations, community centers, healthcare providers, and schools.

A final objective for the MHN program is to reduce the utilization burden on high-acuity mental health resources by appropriately referring clients to lower-acuity services, thereby avoiding escalation into a higher-acuity situation. Here, “high-acuity” refers to services which

serve patients who have serious and immediate mental healthcare needs, such as the Crisis Line, emergency department, and law enforcement. “Low-acuity” refers to services which provide care to people with mental illness who have less immediately serious needs, such as outpatient clinics, counselors, and therapists in individual or group settings. A barrier to consider in meeting this objective would be the capacity of lower-acuity services to absorb increased utilization. If capacity does not exist, the ability of the navigator program to alter utilization patterns will be reduced. This objective can be met by connecting clients to resources as outlined in the second objective, by reducing stigma as outlined in the third objective, and by supporting the MHN. Additional support the MHN may require includes self-care support, crisis intervention training, and assistance in maintaining the resource compilation. It is important to anticipate the need for ongoing support for the person employed as the MHN to avoid burnout and turnover which will reduce the utility of the service and increase cost.

Once implemented, this program will have clearly defined short, medium, and long-term goals which will be used to define success of the program. Measurement of these goals will be discussed below under “Evaluation”. Success will be measured by the extent to which these goals are met. It is important to reflect on the predetermined goals of the program at regular intervals during the planning, implementation, and operation of the program to ensure the greatest likelihood of meeting these goals and having a successful program. Please refer to the Logic Model in Appendix C for a succinct, organized view of these goals.

Short-term goals, or goals which can be completed within a one-year time frame involve changes in knowledge and attitudes. These goals include increased awareness of the MHN, increased motivation to use the MHN, and overall satisfaction with the services provided by the MHN. In terms of awareness, within one year we expect 75 percent of mental health providers to be aware of the MHN program. We expect that within one-year 60 percent of groups likely to refer clients to the MHN will be aware of the navigator program. These groups, hereafter called “referrers”, include law enforcement, faith-based organizations, community centers, coalitions, and schools. Within one year we also expect around 15 percent of the Green County Community to be aware of the MHN as a resource. We expect that those who use the MHN service will report motivation to engage with the MHN and overall satisfaction with the service.

Medium-term goals involve changes in behaviors or actions and can usually be completed within two to three years. The medium-term goals for the MHN program include connection of community members with mental health and social service resources, encouragement of access to the navigator, reduction in utilization of high-acuity services, regular promotional outreach to the community, ongoing evaluation, and changes made by community organizations and providers. As the MHN program is implemented, we expect the MHN to connect clients with mental health resources as well as appropriate social service resources. Within two to three years a system should be established to address transportation barriers to accessing the MHN, which could include home visits, online or telephone interactions, or partnerships with local transportation services. During this time frame a protocol should also be established to ensure equitable access to the MHN by people with LEP. By three years we expect calls to the Crisis Line and emergency detentions to have decreased by 10 percent. We expect the MHN and associated staff to biannually publish two to three short articles about the MHN program or mental illness, with the goal of sustaining awareness of the MHN program and continuing a conversation with the community about mental health. These articles should be published in local print media or electronic media. Similarly, the MHN and associated staff should maintain an active and engaging social media presence to appeal more broadly to the

community. Additionally, workshops or presentations should be held for referrers and providers biannually with the goal of sustaining awareness and enthusiasm for the MHN program. We expect that after three years some community organizations will adopt policies to refer clients to the navigator. These policies can be encouraged during informational sessions and workshops. Finally, we hope that close connections can be built with local mental health providers, and that a result of these connections could be allowing the MHN a defined number of slots per three- or six-month period to move select clients up a wait list. This type of partnership would improve the usefulness of the MHN and allow for flexibility for clients that will seriously struggle during a prolonged wait.

Finally, long-term goals involve changes to the conditions which necessitated the creation of the MHN program. These goals are pursued over the course of operation of the program and may be assessed regularly. The long-term goals of the MHN program are that all people in Green County can efficiently connect with mental health resources when needed, that equitable access to the MHN and the resources they offer is measured and assured, that the stigma of seeking mental health resources is reduced, that the program is cost-effective, and that the MHN program is viewed favorably by public and private entities in Green County.

Evaluation

Major challenges faced by proposed public health programs are how to ensure that the program is 1) feasible and appropriate for the target population, 2) implemented according to plan, 3) meeting its objectives, and 4) effecting change in the target outcomes. These challenges are best met with careful planning and continuous evaluation. Evaluation of the MHN program will allow for data-informed determination of success, achievement of milestones, and impact of the project. Moreover, by planning for evaluation from the inception of the program, staff can ensure robust, meaningful data collection which may be used to strengthen support for sustaining the program over the long-term. In this section we propose a collection of goals, methods, and uses for evaluation throughout the program planning, implementation and operational phases.

The first evaluation which should occur is the formative evaluation, which aims to determine whether the MHN program is feasible and appropriate for the Green County community. Key questions to consider are:

- What disparities exist among populations in Green County in terms of prevalence of mental health issues and access to services?
- What barriers exist which prevent people from accessing mental health information and resources?
- What are the existing attitudes among Green County community members around mental health issues?
- What are the attitudes among mental health providers, potential referrers, and the community in general towards a navigator program?
- How do Green County residents currently access mental healthcare?

Answering these questions will require the formation of cross-sectoral relationships with a variety of stakeholders, including the local health department, residents of Green County, mental health providers, and referrers.

To approach this array of questions, data will need to be collected. Useful quantitative data will include rates of use of existing mental health resources and demographics of those who

use each resource. This could be collected as primary data or reviewed as secondary data depending on availability. If possible, it will be useful to review up to two to five years prior to the proposed start of the program to assess temporal trends in rates of use. In terms of qualitative data, a survey can be disseminated to stakeholders to understand their attitudes toward mental health issues and perceived barriers to access. This could take the form of mail and online surveys sent to a sample of the Green County population with a second survey sent to community partners to identify perceived needs for services and opportunities for collaboration. Another way data could be collected is through interviews of providers, referrers, and people who are experiencing or have experienced mental illness. For providers and referrers this could take the form of in-person focus groups. For people who are experiencing or have experienced mental illness this would be best accomplished by one-on-one confidential interviews.

Data from this formative evaluation would primarily be used as internal data for program development. Some statistics and de-identified interview excerpts may be used to garner stakeholder and community buy-in. It would be useful to present these to a variety of local media including school newsletters, local newspapers, and radio or television stations. Additionally, information gained in this phase of evaluation should be saved for later reporting as it can be used for before-and-after comparisons.

The next phase of evaluation is the process evaluation, which seeks to determine to what extent the MHN program is being implemented as intended. Key questions to consider for this evaluation include:

- Is the program being implemented as planned?
- How do residents, providers, and referrers feel about the MHN program?
- How many residents have used the service?
- How many providers and referrers have been reached?
- What has gone well and what has gone poorly during implementation?

Answering these questions is crucial to ensuring a solid foundation for the operation of the program. Partnerships with the local health department, residents of Green County, mental health providers, and referrers will need to be maintained and strengthened.

Quantitative data necessary to answer these questions include data related to how the MHN is being used and how the MHN program is being promoted. This would be primary data collected by the MHN or relevant staff, and could include information about the number of contacts, duration of calls and visits, whether the navigator successfully directed the client, and the number of articles, announcements, presentations, or workshops made to promote the MHN program. Qualitative data would include a survey of clients of the MHN program, mental health providers, referrers, and community members to assess their views of implementation of the program. For clients this would be completed with a brief survey at the end of navigation sessions. For providers, referrers and community members this could be a combination of mail or online surveys and focus groups designed to discuss knowledge, attitudes and beliefs about the implementation of the MHN program and suggestions for the future. Finally, staff involved with implementation should reflect on the implementation process in the setting of a formal staff meeting.

Data from the process evaluation would be mostly internal and used to gauge the success of implementation. It would be helpful to continue collecting this data on an annual basis and revisiting and revising the implementation plan as necessary, using the data for continuous

quality improvement. Subsequent annual reports can be made publicly available and contain references to the information learned in this process evaluation.

The third phase of evaluation, the impact evaluation, aims to measure the degree to which the program objectives are being met. Key questions to consider in this phase are:

- Have attitudes around mental health and seeking mental health resources shifted following implementation?
- Are navigation services accessible for all members of the community?
- Is there widespread community awareness of the availability of navigation services?
- Are more residents entering low-acuity mental healthcare after implementation?
- Are rates of high-acuity mental healthcare utilization decreasing?
- Are residents using the navigator service?
- Are mental health referrers and providers working with the navigator?

Addressing these questions is essential to determining the relative success of the program. A well-conducted impact evaluation can be a powerful statement to potential funders and contribute to the long-term sustainability of the project.

The quantitative data needed to address these questions include primary data regarding the number of individuals using the MHN, the number using the Crisis Line, the number receiving emergency detention, and the number seeking counseling, outpatient or other low-acuity care. Additionally, it will be important to collect data on the rate of navigator utilization in terms of clients, hours, hours per client, temporal trends in use of the MHN, the number and origin of referrals made to the MHN and the number and location of referrals from the MHN program. The qualitative data which will inform this phase of evaluation includes surveys of community members and mental health providers to determine awareness and accessibility of navigation services as well as to determine attitudes towards mental health. These surveys would be in-person and phone-based to gauge accessibility and awareness of the MHN program among community members. Individuals could also be surveyed at community events or when using other county services. Email surveys can be sent to mental health providers and referrers.

The data used in this impact evaluation will need to be collected before and after program implementation and then on an ongoing basis. Impact indicators will be selected prior to implementation of the program and will be used uniformly throughout the program to compare outcomes across time. Reporting of the findings of this impact evaluation should be made public in summary. Groups which should receive reports include providers, referrers, coalitions, and other stakeholders, particularly those drawn on during process evaluation. Additional media to consider would be online, radio and local print media.

The final evaluative step we consider here is the outcome evaluation, which aims to determine the overall effects of the MHN program on the target outcomes. Key questions to consider for this phase include:

- Was the program successful in making information on mental health resources more accessible?
- Did the program benefit all subsets of the Green County population equally? If not, how did it affect different subsets differently?
- Do Green County mental health providers find the program increased the number of individuals seeking treatment for non-crisis mental health issues?

- Do school counselors find the program made identifying appropriate mental health resources easier for students and their families?
- Did the program succeed in reducing stigma associated with mental health and mental illness?
- According to those that used the navigator program, what characteristics of it were most useful or helpful?

Addressing these questions will require ongoing, reliable data collection and strong partnerships with providers, referrers, community members, and the local health department.

Quantitative data which will be useful for this outcome evaluation include the percentage of clients scheduling and attending appointments with mental healthcare after using the navigator compared to the percentage in those who did not use the MHN, the types of services the MHN connected clients with, data from high-acuity and low-acuity mental health providers and referrers with regards to the number of new visits or calls compared to prior to the program, the number of clients referred to providers by the MHN, demographics of those being served by the MHN compared to needs identified during the formative evaluation, and the number of students served by the MHN program. These data can be systematically collected by developing a data collection system to be used by the MHN at each contact with a client. Ideally this system could be housed in a database that has the capacity to run summary reports. Surveys could also be conducted with mental health providers, law enforcement, and hospitals to address how many referrals they have received from the navigator and how many clients they have referred to the navigator. This data is not necessarily collected at baseline, so it will be important to engage these stakeholders to discuss data collection early. Similarly, data could be collected or compiled at baseline and at a future designated time from providers and referrers regarding appointment scheduling and adherence. Using this data, differences could be assessed with regards to clients who use the navigator and patients who do not. Data from the impact evaluation and similar data collected at a future designated time could be examined to determine changes in rates of utilization of high- and low-acuity mental healthcare resources.

Qualitative data which will be useful for this evaluative step include surveys of participants in the navigator program to assess strengths and weaknesses of the program, and surveys of Green County residents to assess stigma associated with mental health, mental illness, and seeking help for mental health concerns. The surveys for participants in the MHN program can be sent out six months after their initial appointment with the navigator for feedback and to assess their attitudes towards mental health, mental illness, and seeking care for mental health concerns. A mail or online survey conducted at baseline and at a designated future times can assess perceptions and attitudes about mental health, mental illness, and seeking care for mental health concerns among a sample of Green County residents.

Outcome indicators should be selected prior to implementation of the program and remain uniform throughout the duration of the program to draw meaningful comparisons across time. Summary outcome indicators should be shared with community members and community partners on an annual or biannual basis through community newsletters, annual reports, and through coalition newsletters or meetings. Outcome measures should also be used in ongoing assessment of the program to determine if program is having the desired effects, or if program needs to be scaled up or augmented.

The information gained from this outcome evaluation is meant to indicate the overall effects of the navigator program. By collecting and analyzing data related to breadth of effect,

individual-level effects, population-level effects, and programmatic effectiveness, sustainability, and direction, a powerful report can be compiled to demonstrate the success and usefulness of the program. This information should be advertised through publications in community media, radio and television presentations, and in presentations to stakeholders. This information can also be used to persuade funders to invest in the program.

Funding Sources

One of the primary challenges in implementing a MHN program is identifying sources of sustainable funding. In conversations with individuals who currently work for navigation programs, many echoed this challenge, noting that funding is often in the form of grants (T. Bierman, personal communication, November 13, 2018; J. Syders and R. Spielman, personal communication, November 15, 2018), which may be short term in nature. We have identified the United Way, local community foundations, and the United States Department of Health and Human Services as three potential sources of funding for the program. Below we describe each source and the process for applying for funding. See Appendix C for a table of funding options.

United Way of Green County

Trina Bierman is the Mental Health Navigation Coordinator with CAP Services, a private nonprofit organization headquartered in Stevens Point, WI that provides a range of programs in Marquette, Outagamie, Portage, Waupaca, and Waushara counties to “transform people and communities to advance social and economic justice.” The more than three dozen programs offered include business coaching, home buyers assistance, a family resource center, and mental health navigation (“Mental Health Navigation,” 2018). Bierman noted that the program is primarily funded through the United Way and recommended that Green County Human Services should look to the United Way of Green County first as a potential funder for a MHN (T. Bierman, personal communication, November 13, 2018).

The Aging and Disability Resource Center (ADRC) of Green County is a current partner of the United Way, so utilizing the same funding source may allow for greater levels of collaboration between the two programs. As Green County Human Services has identified ADRC as a potential model for the navigator program as well as a partner that may provide some support services to fill the needs of clients of the MHN, it would be beneficial to build a greater partnership between the two. Additional partners of United Way of Green County include Big Brothers Big Sisters of Green County, Catholic Charities, FAITH Addiction Awareness of Green County, Family Promise of Green County, Fowler Memorial Free Dental Clinic, Green Cares Food Pantry, Green County Family YMCA, Green County Home Delivered Meals Program, Green Haven Family Advocates, Inc., Green County Council on Housing & Homelessness Prevention, Orion Family Services, SWCAP Neighborhood Health Partners Clinic, and the Sexual Assault Recovery Program (“Community Partners,” 2018). Funding through the United Way of Green County may increase the ease of partnership with some of these organizations, many of which are support services that may be used by clients of the MHN.

Requirements for funding by the United Way of Green County are as follows:

The United Way of Green County, Inc. by-laws state that all agencies applying for United Way funding must have, or be operating under a fiscal agent with, a tax exempt status under the 501(c) (3) of the Internal Revenue Code of 1954 and must have conducted a recognized program of health, welfare, or other non-profit activity providing services to residents of Green County for at least one year immediately preceding admission to participation.

United Way allocations are awarded to support local programs working to improve the education, financial stability and health of people in our community. The United Way welcomes requests for funding from all qualified programs working to meet the needs of Green County residents in the following areas: helping children and youth to succeed; meeting basic needs; building self-sufficiency and promoting health and wellness. ("Funding Application Process," 2018)

Applications for funding become available in February and are due in mid April. Interviews occur in May and funds are distributed for the subsequent year. To request an application, one may call or email the United Way of Green County at (608) 325-7747 or unitedway@pecbell.com ("Funding Application Process," 2018).

Local Community Foundations

In the authors' conversation with Trina Bierman of CAP Services, Bierman recommended that Green County Human Services look to community foundations as a second potential source of funding (T. Bierman, personal communication, November 13, 2018). This sentiment was echoed by Jane Sybers and Ron Spielman of SSM Health, who specifically identified the Kubly Family Foundation as a potential source of funding (J. Sybers and R. Spielman, personal communication, November 15, 2018). The R. Kubly Family Foundation aims to "increase the quality of life in Monroe, Wisconsin by increasing the number of leaders and educated individuals living and working in Monroe" ("Grant Information," 2015). However, the Kubly Family Foundation does not fund health and human services programs, thus are not a potential avenue for funding ("Grant Information," 2015).

The Community Foundation of Southern Wisconsin is a potential source of local foundation funding ("Green County Grant Opportunities," 2018). They support six grants in Green County, two of which may be a potential match. The Community Enhancement Fund provides grant awards between \$500 and \$2,000 for projects designed to meet community needs. Non-profit organizations must apply by September 1st and are notified by late October. The Monroe Fund is an endowment fund that annually dedicates a percentage of its earnings to grants to improve the quality of life of the community ("Monroe Community Fund," 2018). Eligible entities include "non-profit organizations, the local school district, and/or local government agencies providing charitable projects or programs serving the good of the community" ("Monroe Community Fund," 2018). Grant applications are due April 15th and grants are awarded in June ("Monroe Community Fund," 2018). In 2016, the average grant awarded was \$1,550.

If it is determined that local community foundation funding is the best option, the first step would be to identify a non-profit organization to house the MHN or alternatively, to establish a non-profit. One of the grants mentioned above includes government agencies as an eligible entity, but most require 501(c)(3) status. The ADRC or NAMI may be a potential organization to house the MHN.

Department of Health and Human Services

The Substance Abuse and Mental Health Services Administration (SAMHSA), is housed in the United States Department of Health and Human Services. Entities eligible for SAMHSA grants include domestic non-profit organizations and state agencies, though eligibility may be mutually exclusive for some grants (“Applying for a new SMHSA grant,” 2018).

SAMHSA awards several grants that may align with the MHN program, such as Healthy Transitions or a pilot mental health navigator grant. Healthy Transitions grants are intended to help develop programs to deliver culturally competent services to youth ages 16-25 experiencing mental illness (“Funding and Opportunities,” 2018). Award amounts are up to \$1,000,000 and projects may last up to five years.

The National Institutes of Health currently has an open grant for “Pilot Studies to Test the Initiation of a Mental Health Family Navigator Model to Promote Early Access, Engagement and Coordination of Needed Mental Health Services for Children and Adolescents” (“Pilot Studies...,” 2018). The intention of the grant is to “support applications that develop and pilot test personalized navigation approaches that deliver the appropriate amount, intensity and frequency of needed treatment and services as symptoms wax and wane over time.” It should be noted that proposed pilots must meet the definition of a clinical trial. Award amounts are up to \$225,000 per year and projects may last three years (“Pilot Studies...,” 2018). The application opens January 16, 2018 and will expire January 8, 2021. As the grant requires the program be set up and assessed as a clinical trial, Green County Human Services may consider partnering with UW-Madison or UW-Extension to facilitate the research portion of the grant (“Initiation of...,” 2018).

Additional potential funding opportunities may become available through the U.S Department of Health and Human Services, and thus grants.gov should be frequently monitored.

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Appendix A

Table 1: Key Characteristics of Navigator Programs and Navigators, According to Interviewees.

Source	Type of Program	Qualities/Goals of Navigator Programs	Qualifications of Navigators	Skills of Navigators	Recommendations
O. Torres, personal communication, November 8, 2018	Mental health	Connecting all community members with mental health services Secondary aim of connecting community members with social support services	Bachelor's degree in psychology, social work, or related field Minimum 3 years of experience in related field Empathy	Familiarity with resources Crisis intervention, de-escalation, case management Empowerment	Establish good rapport and connect with local mental health providers early on
T. Bierman, personal communication, November 13, 2018	Mental health	Connecting all community members with mental health resources & social support services	Bachelor's degree in relevant field Minimum 3 years of experience in related field	Ability to collaborate Knowledge of community resources	Collaborate with community partners
I. Caldwell, personal communication, October 23, 2018	Mental health	Connecting congregants, members of neighborhood, and homeless with mental health resources & social support services	Bachelor's degree in relevant field. Some experience in related field.	-----	Involve groups that are willing to fund programs they are passionate about Work with navigators to keep passionate about serving clients, decreasing their own biases and fighting stigma
A. Russell, personal communication, November 13, 2018	Health care	Connect eligible community members with resources they need.	Bachelor's degree in relevant field. 1-2 years of experience in related field.	Communication, flexibility Case management experience Computer skills	Work closely with the ADRC
J. Jacklitz, personal communication, November 3, 2018	Resource & patient advocate	Partner with patients to connect them with resources they need Navigate clients with serious or life-threatening illness through insurance, disability, and other issues.	University-level student enrolled in 3-credit course as part of service-learning experience	-----	Teach navigators self-care Compile an annotated resource directory early Consider how to document when a resource cannot be met Manage expectations

Appendix B

Sample MHN Job Description:

Education & Experience:

The MHN will require at least a bachelor's degree in a field related to health and human services, for example psychology or social work, and a minimum of 2 years of experience in a related field.

Other Qualifications:

Additional favorable skills or experience include counseling experience, crisis intervention training, case management experience, excellent communication skills, and ability to professionally collaborate across sectors. Candidates who are members of the Green County community and who have experience with the resources involved in navigation will be given special consideration.

The core responsibilities of the MHN include:

- Serve as a central point of contact between clients with mental illness and mental health resources in the community.
- Assess a client's mental health needs and appropriately connect them with community resources.
- Identify clients which require high-acuity resources and appropriately and promptly connect them.
- Educate clients with basic information about resources related to their mental health needs.
- Empower clients with mental illness to encourage their use of mental health resources and reduce stigma surrounding mental illness.
- Collaborate with mental health providers & referrers in the community.
- Understand and maintain a comprehensive, annotated compilation of mental health and supportive services in the community.
- Conduct informational sessions and workshops related to mental health and the MHN program.
- Participate in data collection and analysis for evaluation of the MHN program.
- Maintain confidentiality and HIPAA compliance.

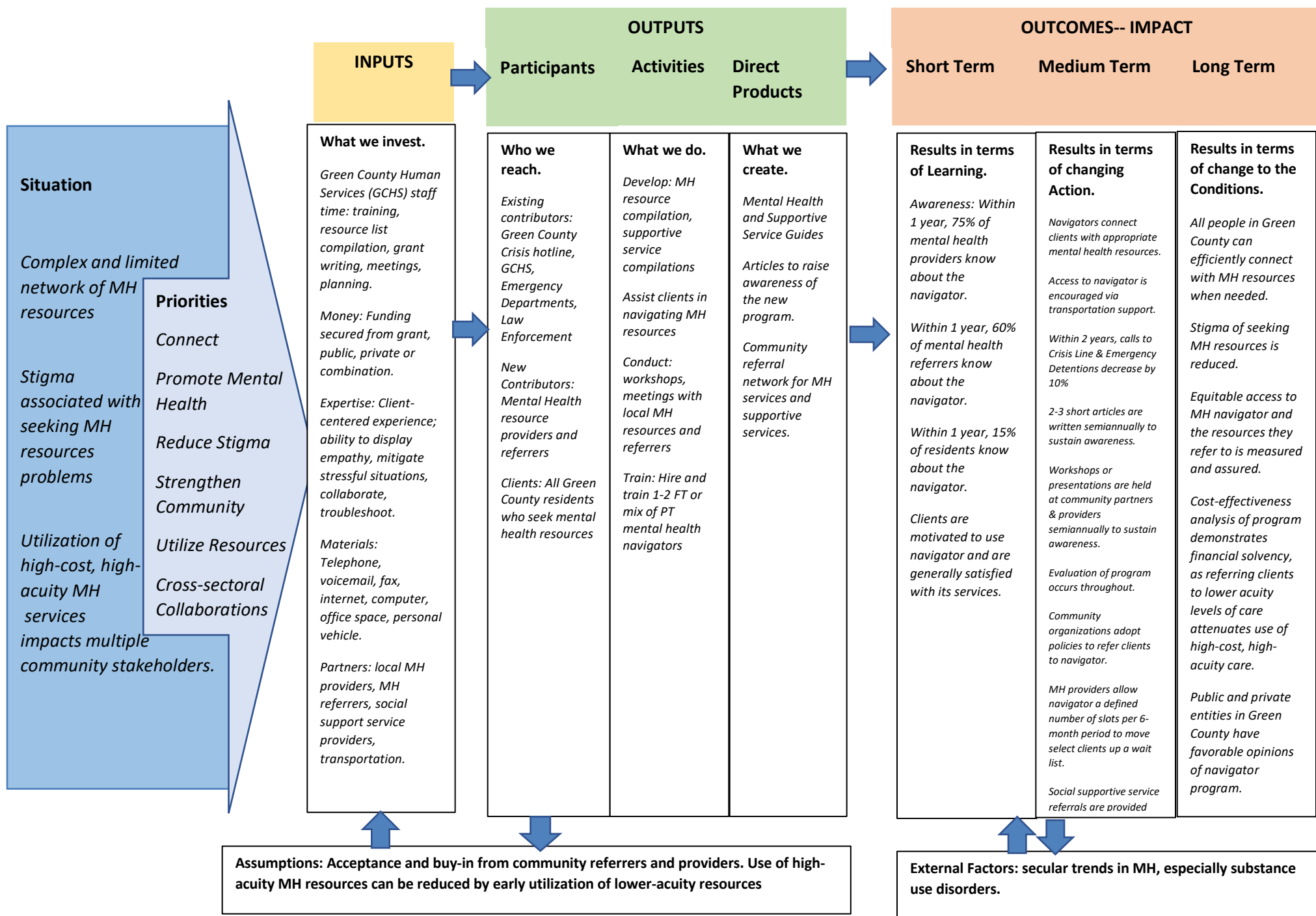
Appendix C

Funding source	Grant Name	Amount	Open Date	Due Date	Additional Information
United Way of Green County			Early February	Mid April	To request an application, call (608) 325-7747 or email unitedway@pecbell.com
Community Foundation of Southern Wisconsin	Community Enhancement Fund	Between \$500 and \$2,000		September 1st	Recipients are notified by late October
Community Foundation of Southern Wisconsin	Monroe Fund	Varies, average grant amount in 2016 was \$1,550		April 15	Grants are awarded in June
Substance Abuse and Mental Health Services Administration	National Institutes of Health Mental Health Navigator Pilot Study Grant	Up to \$225,000 per year for up to three years	January 16, 2018	January 8, 2021	The grant requires the program be set up and assessed as a clinical trial
Substance Abuse and Mental Health Services Administration	Healthy Transitions	Up to \$1,000,000 and projects may last up to five years.	Monday, October 22, 2018	December 21, 2018	Grants are intended to help develop programs to deliver culturally competent services to youth experiencing mental illness

("Grant Information," 2015), ("Green County Grant Opportunities," 2018), ("Monroe Community Fund," 2018), ("Funding and Opportunities," 2018), ("Pilot Studies...", 2018)

Appendix C:

Green County Mental Health Navigator Logic Model



About UniverCity Year



UniverCity Year is a three-phase partnership between UW-Madison and one community in Wisconsin. The concept is simple. The community partner identifies projects that would benefit from UW-Madison expertise. Faculty from across the university incorporate these projects into their courses, and UniverCity Year staff provide administrative support to ensure the collaboration's success. The results are powerful. Partners receive big ideas and feasible recommendations that spark momentum towards a more sustainable, livable, and resilient future. Join us as we create **better places together**.



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