

Human Service Model Feasibility Task Force

September 19, 2013 1:00 pm
North Central Health Care, Board Room

Meeting Minutes

Present:

Marathon County:	Brad Karger, Gary Gisselman, Vicki Tylka
Lincoln County:	Nancy Bergstrom, Randy Scholz, Bruce Giese, Bob Weaver, Mike Nelson, Bob Lussow
Langlade County:	Robin Stowe, Kim Van Hoof, Ron Nye, Holly Matucheski, Dick Hurlbert
State of Wisconsin Reps:	Theresa Steinmetz
North Central Health Care:	Gary Bezucha, Becky Schultz, Paula Hawkins
Facilitators:	Gail Nordheim, Gerry Born

Minutes

- **Motion** Weaver, 2nd Gisselman, to approve the minutes of the 8/22/13 meeting. Motion carried.

Focus Groups

- At the initial focus groups there were 105 participants. At the make-up session today there were 5, and with the judges group the total was close to 120. This was an excellent turnout.
- Task force observations from focus groups attended:
 - Although materials were provided ahead of time, many participants did not appear to be engaged, or to have read the materials.
 - Concern from present employees – afraid of change.
 - Most of stakeholders, law enforcement, school district, hospital, social services – all came with a chip on their shoulders because of issues currently provided by NCHC.
 - Langlade is decentralized so they felt it works best for them. Maybe it is that each county thinks their way is the best.
 - Concern with mental health – lack of available services but felt they can work together.
 - Common thread from those close to the current systems was that there is difficulty going from one silo to another (Social Services, law enforcement, consumers). This speaks to the need to have the discussion about needing to work together, perhaps as a human services model.
 - Feedback from CCCW that they like having consistency between counties.
 - High level of dissatisfaction with mobile crisis services. Useful information for NCHC, creating an opportunity to address this.

Facilitators observations from Focus Groups

- People tended to think things were working well in their counties.
- Major theme was the differences between the counties – urban/rural. Was it the right match of services?
- Expressed importance of local access.
- In Langlade, schools concerned with delays in accessing services timely.
- Mobile Crisis was a consistent concern.
- Mental health services to the criminal justice system is a statewide problem. Both have limited resources.

Option 2 – Human Services Collaboration Advisory Committee

- This option was viewed as an interim step and could be implemented immediately, even if working toward Option 3.

Option 3 – Multi-County Department of Human Services through NCHC

- Important to have local access; concerns related to centralized or decentralized services.
- Confusion on just what the 51 platform is (building on the NCHC platform).

Facilitator Suggestions Based on Focus Group Input/Discussion

- Need to be very specific on benefits of going with any particular option.
- State's perspective – in making a human services system is should not be a board decision. It needs to be community driven.
- Quality issues need to be addressed before the county boards will be on board with changes. Needs to be measured in a systematic way. Quality needs to be defined by consumers, not just by those providing services.
- NCHC has an internal team that focuses on measurement of outcomes. In 2014 they will benchmark with other like mental health organizations. Data has been collected for two years, and beginning with 2014 can do comparative data.
- Harder benchmarks are capturing data from those who haven't accessed services at all.
- There are distinct differences between problems with the system and problems with NCHC.
- May be able to do 2 concurrent tracks – 1st would be to model financial impact, structure, etc.; 2nd track is to look at the quality, data, and hone in on areas of concern (i.e. mobile crisis). NCHC would develop a concrete plan for addressing concerns.
- Suggestion – perhaps set two committees: 1) look at organizational structure for option 3 and piece together a picture of what it would look like; and 2) a committee that would meet with NCHC addressing quality questions. Both groups would report back in October. Decide then if the task force wants to go ahead with a formal feasibility study. Develop working products – structure; quality.
- Suggestion – do a higher level proposal to take to the boards for buy in by the end of the year. Then a second phase would be an implementation plan (may take several years) which would then get board approval. At some point would need to get the approval of the three state departments.

- For county boards we need to answer what are the expected benefits, and how would we know if we got them. It needs to be described.
- Sharing as much information with Social Services staff as to what a new system would look like is important.
- Need to look at it from the consumers' perspective first, and the employees second, because employees always resist change.
- Each county will get together to answer questions and send to Gail and Gerry. They will do a synopsis of commonality, and differences to find areas that need work. The three county leads are Randy Scholz, Robin Stowe, and Vicki Tylka. NCHC will be included with each county in answering questions.
- Questions to add:
 - What is the higher purpose?
 - What is the expected benefit and how would you know you got it?
- A Quality report will be brought to the next meeting. Gary and staff are working with all counties.

Organization Structure Sample

- An important message is that it doesn't mean reduction in staff.
- Decisions would need to be made as to whether managers would be in each county.
- The programs are supervision-intense. Ratios would need to be established. Supervisors would need to be in each county.
- Question related to programs under CFO, some were not felt to be a financial function.
- The chart can be changed in any way; it is a starting point.
- State contract money would go to one organization, not to individual counties.

Future Meetings

The meeting date for October was changed, and meeting dates were added for November and December as follows:

- Monday, October 28th 1:00-4:00PM – Board Room (the Oct. 17th meeting is canceled)
- Monday, November 18th 1:00-4:00PM – Board Room
- Monday, December 16th 1:00-4:00PM – Marathon Co. Health Dept. (Oak & Maple Rooms)

Motion Gisselman to adjourn at 3:18pm; 2nd Weaver. Motion carried.

Pdh