

Dane County Purchase of Service (POS)
Leadership
HHN Presentation
July 18, 2019

POS Overview

History of POS:

- September 22, 2014 – POS leaders, POS Board members and other stakeholders met with Lynn Green and DCDHS staff to review the Baker Tilly audit report and the DCDHS prioritized list of recommendations
- October 2014 – May 2015 - Coalition/Consortia Chairs were asked to use a similar process used by DCDHS to prioritize the Baker Tilly recommendations with their respective coalitions.
- June 2, 2015 – first POS/DCDHS meeting held.
- On-going – the group meets monthly/as needed to address the purpose and priorities listed below.

POS Membership:

Key leaders representing Homeless Services, Children Youth and Families Consortium, Elderly Services Network, Recovery Coalition of Dane County, and Physical Disabilities. The Developmental Disabilities Coalition had been an active member until 2018 and the implementation of Family Care.

Purpose of POS Leadership: To develop and enhance the partnership between DCDHS and POS and work collaboratively on solutions for Dane County's Human Services System

POS Priorities: (following are the shared priorities across POS Coalitions. Each coalition has additional priorities focused on their specific area(s) of focus.

1. Continue to build strong relationships and partnerships across coalitions to strengthen the human services system of care in Dane County. That all areas are interconnected and reliant on the other and need adequate funding.
2. Continue to build a partner relationship with DCDHS, County Executive and the County Board (and its committees). Focus on Baker Tilly recommendations had been a regular focus of the POS meetings through 2018. DCDHS concluded their work on the Baker Tilly Priorities they had identified.
 - In an effort to address relationship building and partnership development, guests to the POS meetings have included County Executive Parisi (annual), DCDHS -

Fiscal Services (annual), Board Supervisors/HHN/Personnel and Finance/Board Chair (annual), DCDHS Leadership, Wesley Sparkman - Office of Equity and Inclusion, and other community partners involved in similar work and who have a stake in a vibrant human services system in Dane County.

3. COLA

- COLA – annual need among POS to prevent deterioration of human service and keep vital services available to those in need throughout Dane County.
- Since 2016 a COLA has been provided and been well received, appreciated, and has been beneficial. The COLA has been used to increase salaries, cover increased cost of health insurance and employee benefits, and fill other financial needs of agencies. Its impact has varied across agencies. Small agencies have received as little as \$200 as a result of the COLA so impact is small. Since the increase is only on County GPR, it doesn't cover the full cost of salary increases or benefits but helps.

4. Inclusion and Equity – Agencies are committed to becoming more diverse to better represent and meet the diverse needs of the consumer population. Partnering with Dane County to build capacity is a priority.

5. Human Services Reserve

- POS is interested in partnering to explore the use of these funds. If these are one-time funds, how can they best be used to support the human services system?

6. Living Wage – POS is supportive of the Living Wage. Over 1500 support staff were positively impacted by the Living Wage until full Family Care integration occurred. It has less of an impact on other POS agencies since hourly rates for most staff are above the Living Wage.

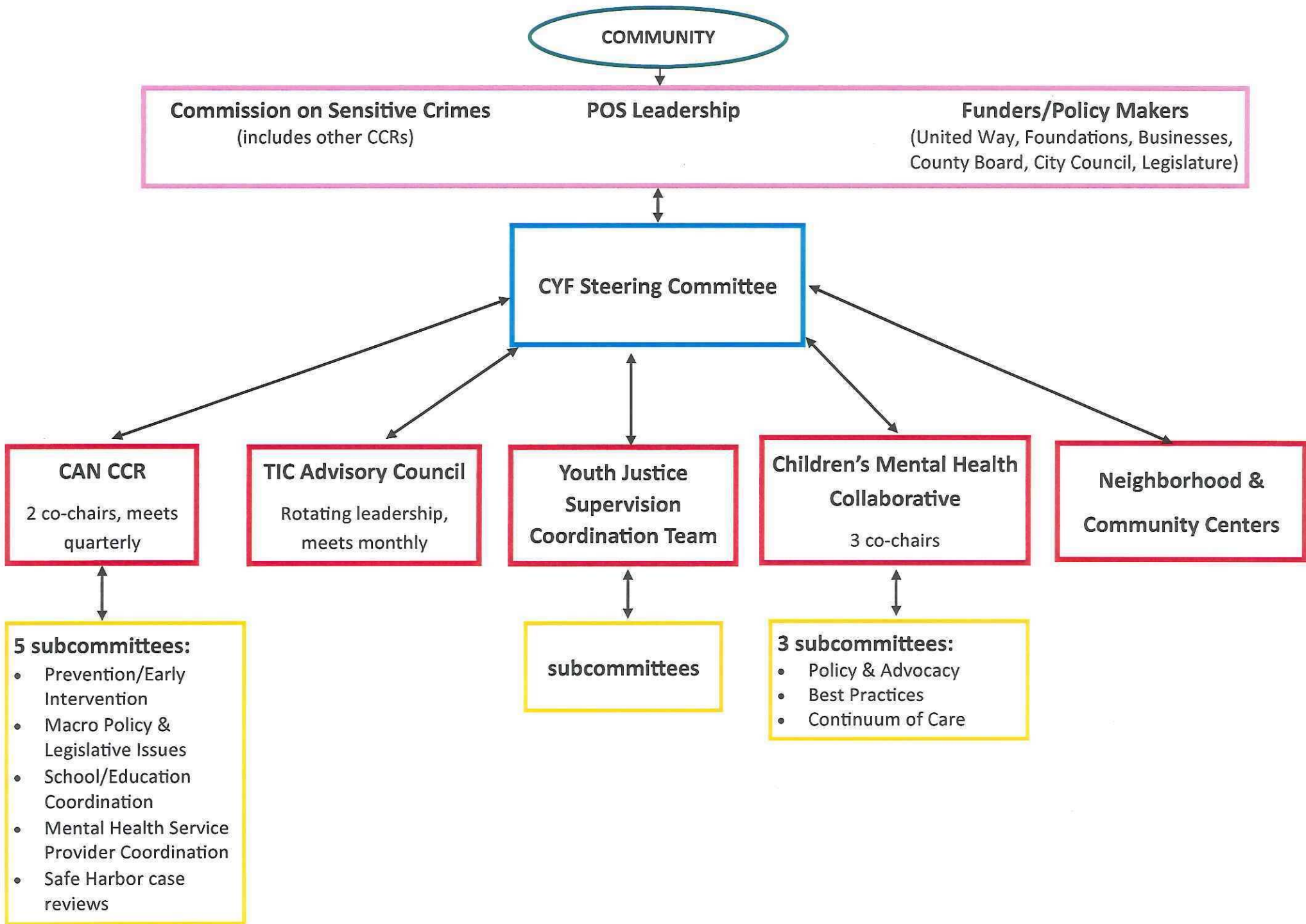
7. Medicaid – this includes reimbursement models and rates as well as CCS.

8. Continued leadership initiating coordination/collaboration among funding entities on a unified comprehensive community vision of responsibility & to increase efficiencies in administrative reporting & data requirements (i.e. Dane County, City and United Way).

9. Creative and innovation funding sources - Exploring how foundations, health systems, corporations and others play a part in the human services funding model.

10. Dane County further explore more efficient contracting and compensation models

11. Human Service Board partnership



RCDC System Change Workgroup

Improving access to the Behavioral Health System in Dane County

Background & Purpose

The Recovery Coalition of Dane County (RCDC) System Change Workgroup is attempting to improve access into the behavioral health system in our community. In 2016, several RCDC members participated in a training focused on how to make system changes to improve the lives of individuals in a community. RCDC held a session with consumers, peer specialists, providers, decision-makers, and other community stakeholders to better understand the challenges within the behavioral health system. One of the key themes from the feedback was that due to the system silos and fragmentation, many people were re-traumatized by having to tell their story over-and-over to different providers.

RCDC used this information to prioritize work on developing a model for a simple, standardized enrollment process or single point of entry for accessing behavioral health services. The RCDC System Change Workgroup has taken several action steps to address the target issue.

Action Steps



Research and consult with communities throughout the country on their enrollment systems.



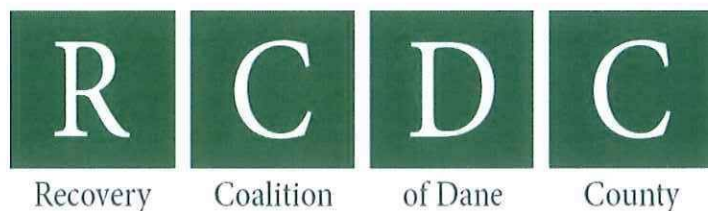
Collect stories and feedback from people with experience in the behavioral health system to identify the challenges and benefits of the current system and opportunities for improvement.

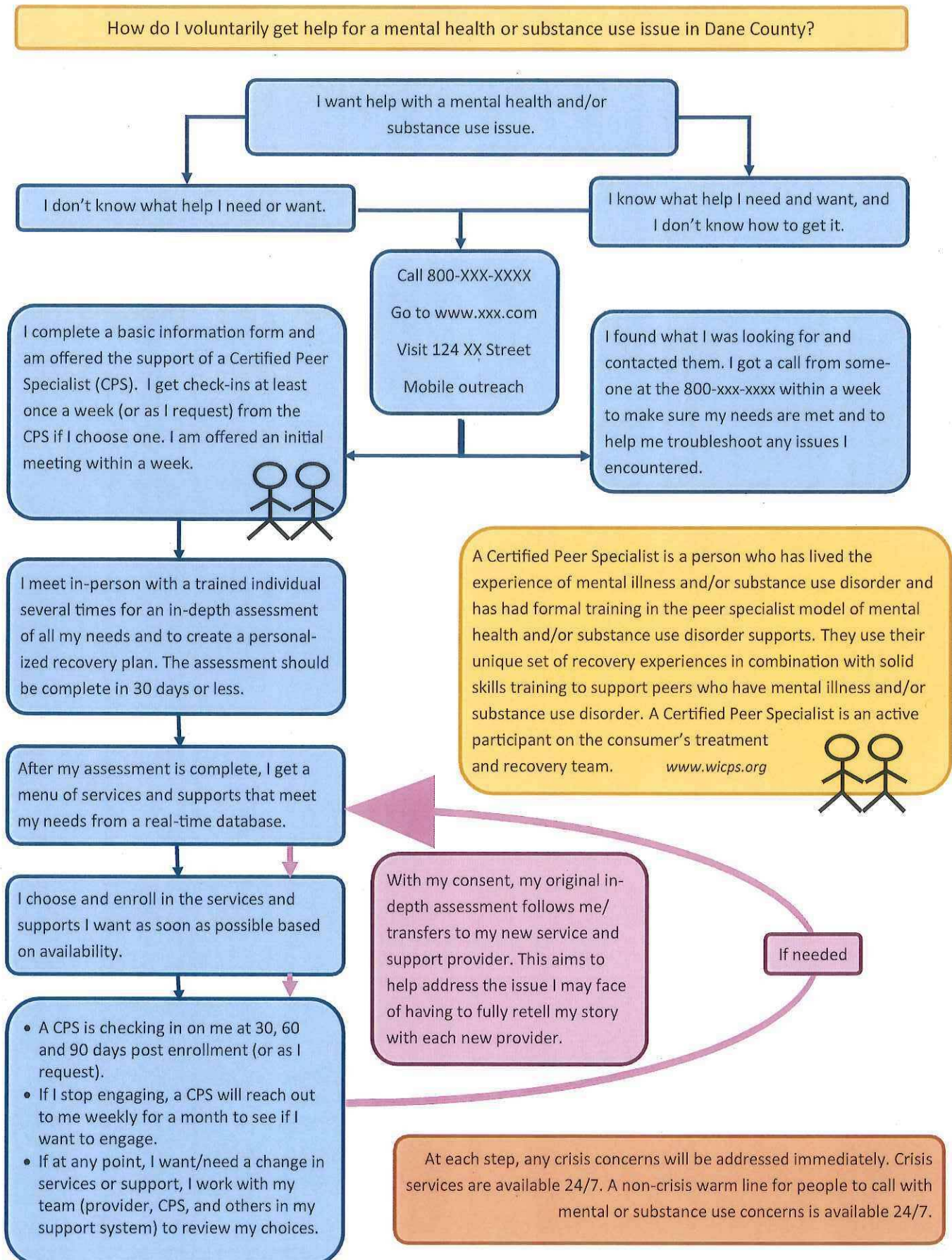


Design a model for a simplified enrollment process into the behavioral health systems in Dane County based on research and community feedback.

For More Information & To Get Involved

Contact Jami Crespo at: JCrespo@publichealthmdc.com





Hurdles on the Road to Recovery

The Recovery Coalition of Dane County collected stories from individuals about their experiences within the behavioral health system

Below are the themes and direct quotes from these stories

Stigma

'Whenever I mention my mental health issues to family or friends, it gets really uncomfortable for them and me'

'I am labeled a *drug seeker* because I have different prescribers [due to insurance changes]'

'They [providers] responded to me as if I was a child'

Navigation

'Nothing was easy to navigate'

'Felt overwhelmed by bureaucracy'

'So many people were unaware of those services [mental health and AODA] and didn't know what they were for'

Lack of Client Centered Care

'Services need to be introduced in a way that clients can understand the process from their level, not the providers'

'They [clients] didn't know they had choices'

Waiting List

'They [provider] had a waiting list, after 2 months I got in to see someone'

'Client came in because of being suicidal or homicidal and now we are releasing them and telling them to be safe for 3 months [until they can see a psychiatrist for meds]'

Limited Access to Peer Support

'Having a peer specialist to encourage and support treatment being possible would have helped a lot.'

'I received no peer support, but I could have benefited from it.'

Crisis Driven Response

'It always took escalating/spiraling to a higher level of care to get any useful help'

'I would have no choice but to let my mental health deteriorate'

Jail

'Not really able to have meds for 2 days because it wasn't in the system yet'

'How about ... being released from jail at 5am?...Where do they go? What is open at that time? The buses aren't even running. But guess who is waiting for them? Drug dealers.'

Insurance

'I needed residential treatment, but it was denied, so instead I had 13 emergency psychiatric hospitalizations'

'The entire process depends on what insurance you have'

Key Words Needed

'[I had to] tell them I was having suicidal thoughts in order to get checked into...'

'[Clients] lied to providers in order to get what they needed'