

Consumer Stakeholder Input Report and Summary

An important component of the Oneida County Human Services Study was soliciting input from consumers of services. The project team met with consumers from Oneida County at the Human Service Center (HSC) and at Koinonia in Rhinelander on May 20 –21, 2008. All of the focus group participants were current consumers of mental health, substance abuse and/or developmental disability program services administered by the HSC, with a few waiting for some services. In all, six consumer focus groups, two for each of the target populations served, were convened as follows:

1. The two Mental Health Consumer Focus Groups meeting at the HSC, included eight individuals who were receiving or had received mental outpatient therapy, case management and/or Community Support Program (CSP) services for themselves or their family members.
2. The two Developmental Disabilities Consumer Focus Groups meeting at the HSC included 23 individuals who were receiving or had received adult long-term care services for themselves or their family members.
3. The two Substance Abuse Consumer Focus Groups, included one group of five consumers enrolled in the Intensive Supervision Program (ISP) and meeting at the HSC, and one group of five consumers, part of an alumni group that was previously in the residential treatment program at Koinonia.

For each of the consumer focus groups, the discussion was organized around the following general areas:

1. Are you happy with the services (identify the services) you receive from the Human Services Center? Why or why not?
 2. If you're on a waiting list for services, what services are you waiting for and how long have you been waiting for services?
 3. Are there any changes you would like to see in the services you receive from the Human Service Center?
 4. Are there any changes you would like to see in how the Human Service Center operates?
- 1. Are you happy with the services (identify the services) you receive from the Human Services Center? Why or why not?**

Mental Health Focus Groups

- *Happy with HSC nurse who takes care of medications.*
- Happy with individual counseling services, but CSP was more helpful than individual counseling – CSP staff knew when consumer was ready to move out of CSP.
- Happy with case manager who helps consumer with paperwork and shopping.
- Happy with case manager who delivers consumer's medications to his/her house.

Italicized entries indicate repeated responses.

- Child psychiatrist is great, very caring, organized and responsive.
- Adults are able to get appointments with therapists and psychiatrists if there is an emergency.
- Phone checks for children's services every three months to see how things are going between the six-month psychiatric appointments for kids is very good; well-organized services.
- Enjoy participating in social activities with CSP.
- Some contracted psychiatrists are better than others.
- People do not feel like "a number".
- Decisions are made as a team – consumer and case manager.
- Women's Outreach program helps people heal and recover.
- Recovery philosophy being used more and more.

Substance Abuse Focus Groups

- *Intensive Supervision Program (ISP) is very helpful compared to other programs – has helped consumers participating in this focus group more than Koinonia or other outpatient services. Positive attributes sited include: ISP is right size; excellent source of support; good mix of individual and group sessions; educational experience is good; counselors listen and don't push their point of view; consumers are treated as individuals, good communication with counselors, etc.*
- *Good coordination between substance abuse outpatient programs at HSC – easily move between ISP and safety group.*
- *Koinonia was an excellent and helpful experience for people who have gone through the program.*
- *The treatment approach taken at Koinonia was personalized.*
- *Able to utilize the extended stay services at Koinonia.*
- *Staff at Koinonia is well trained, caring, helpful and committed to recovery.*
- *Not satisfied with the responsiveness and attitudes of HSC staff outside of Koinonia.*
- *Would definitely recommend Koinonia services to others who need it.*
- *Koinonia promotes recovery*
- *Koinonia is more effective than other treatment programs.*
- *Happy with Women's Outreach program.*

Developmental Disability Program Focus Groups

- *Likes his/her job at center or in the community.*
- *Likes social programs (e.g., social club meets twice per month) and social interaction HSC provides for consumers; HSC support for school social and recreational activities for children with DD is good.*
- *Would like to make more money working.*
- *Happy with adult family home services.*
- *HSC care managers have worked with the families for years.*
- *HSC is a good liaison between DVR and work center provider.*
- *Not happy with one work center provider (Headwaters), so consumer switched to another (Opportunities Unlimited) and is happier.*
- *Happy with services at HSC and Northwoods Guidance Center – consumer's doctors help her get involved with social activities.*

Italicized entries indicate repeated responses.

- Personal Care nurse uses a scale to determine what services consumer needs – work well.
- Family Support Program is very responsive to family’s needs.
- Staffings at work center provider (Headwaters) are well planned and professional.
- Services promote a sense of worth.
- *One home care agency (Gemini) does not communicate well with families.*
- Headwaters seeks out additional work opportunities.

2. If you’re on a waiting list for services, what services are you waiting for and how long have you been waiting for services?

Mental Health Focus Groups

- *Wait list for adult psychiatrist is very long. It caused one consumer to cancel his/her appointment.*
- *Families concerned about the four-year waiting list for assisted living for people aging out of the children’s system and into the adult system.*
- *Waiting for child psychiatric services for a long time – seeing a pediatrician who can prescribe psychotropic medications in the meantime.*
- *Concerned that treatment foster placements fail due to lack of child psychiatric services and appropriate medications.*
- *Because of the shortage of therapists, appointment frequency has been reduced.*
- *People who are on the waiting list for psychiatric appointments can be “bumped” up to the top of the list quicker if their needs are more immediate.*
- *No group home openings available.*

Substance Abuse Focus Groups

- *Consumer had been on waiting list for outpatient AODA services from Koller – had a 3-6 month wait and “slipped through the cracks”.*
- *Waiting to get into the safety group – more an issue of timing as to when the group starts.*

Developmental Disability Program Focus Groups

- *Consumer with dementia isn’t getting enough personal care hours.*

3. Are there any changes you would like to see in the services you receive from the Human Service Center?

Mental Health Focus Groups

- *There is a gap in the service continuum between people who need intensive and very minimal services. Would like to see Comprehensive Community Services (CCS) be implemented and close that gap.*
- *Increase the use of outreach/home care workers.*
- *Increased service/appointment options for people who work during the day. Requiring a person to miss school/work in order to make an appointment is not conducive to recovery*
- *Re-establish a Dialectical Behavioral Therapy group, which had ended about three years ago, started again – if this group started again, consumer feels he/she could cut down on number of individual therapy sessions per month; group was structured and helped consumer learn how to deal with things.*

Italicized entries indicate repeated responses.

- Would like to have a mentor; felt comfortable with support through CSP, but would like a little more support now.
- Would like to have mentor for teenagers transitioning to the adult system.
- Would like to see peer support/peer specialists used.
- Address wait list for child psychiatric services.
- Need specialist for ongoing therapy for kids six years old and younger – no current resources available.
- Need more consistent services for children under 14. Depending on the child’s diagnosis, there are not always services available.
- Would be good to have a female psychiatrist in the community who can serve HSC consumers.
- Need better planning and referral process between the schools, Department of Social Services and the HSC for kids who are transitioning into the adult system for long-term care.
- Would like to see less turnover among care managers. It is difficult to build a relationship with a person, have them leave and have to start all over with a new care manager again.
- Have case managers spend more face-to-face time with people rather than doing paperwork.
- Would like other options while waiting for services.
- Approval for and implementation of CCS is taking a long time.

Substance Abuse Focus Groups

- *Offer ISP group sessions and classes in the evening to accommodate consumer work schedules.*
- *Provide opportunity for family members of ISP consumers to have a chance for input – perhaps establish a separate group for interested family members to meet with the AODA counselor.*
- *There are no halfway houses available in the area. People see that as a crucial piece of the recovery continuum.*
- *Would like to see more linkage with other people going through recovery in the community*
- *Having a full-time psychiatrist on staff would be helpful. Would also like to have access to a psychiatrist at Koinonia on evenings and weekends.*
- *People have concerns about contracted psychiatrists who meet with people briefly and prescribe medications without really knowing the people. They reported several instances of people being over-medicated or inappropriately medicated.*
- *Improve residential treatment for people dually diagnosed with mental health and AODA issues.*
- *Koinonia consumers do not like being required to participate in art therapy sessions. They do not believe they were beneficial, and in fact often found them degrading and juvenile.*
- *Koinonia consumers believe while it is important for people to work in the facility’s kitchen, there are some improvements that could be made: Upgrade appliances to reduce safety hazards; ensure a certified food handler is always present when residents are cooking; improve nutritional values of meals.*

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- Would like to see an option other than the 45-day program. Not everyone needs that long. If a person has been in multiple times, he or she could possibly “skip” some of the introductory information and reduce the stay to 30 or 35 days.
- It takes quite a while to get in to see the psychiatrist for medication, which can impact recovery. Would like to see the wait time shortened.

Developmental Disability Program Focus Groups

- *Transportation is a big issue – need to plan far in advance to get HSC-provided transportation.*
- *Headwaters has grown and changed so much in the last few years, it is not the best option for some consumers anymore. Would like information about and assistance with exploring other providers.*
- Would like to try a different group home – not dissatisfied but has just been living in the same place for a long time and wants a change.
- Families had concerns about the staffing ratios at Headwaters.
- Use of more informal/community supports instead of always relying on paid providers.
- Would like Gemini to be more responsive and provide better communication when there is going to be a scheduling conflict.

4. Are there any changes you would like to see in how the Human Service Center operates?

Mental Health Focus Groups

- HSC should provide education to consumers so they know what services are even available
- Recovery could be better integrated into the organizational philosophy and staff attitudes.
- *Would like to see increased integrated services for people with AODA and mental health issues*
- Believe that the HSC board is more concerned with staying out of the local paper than with providing quality services for consumers. Would like to see the board receive education on HSC services and the people HSC serves.

Substance Abuse Focus Groups

- *Need for increased communication, responsiveness and accountability from the HSC.*
- *Very few people in the community know about HSC and Koinonia. Would like to see the organization market itself more publicly and positively.*

Developmental Disability Program Focus Groups

- *Need better visibility of the services HSC provides; most of the publicity about HSC has been around budget and management issues.*
- HSC should be clearer as to how much they are going to pay for personal care.
- Would be nice to have an on-call caseworker that could approve services on an emergency basis.
- Difficulty in getting answers from DSS for consumers and HSC case managers regarding issues of financial eligibility

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- HSC should adopt more solid accounting practices and financial oversight beyond just an annual audit. This may help improve the public's perception of the HSC.
- Would like HSC to provide education to the medical community about the role of guardians and how decisions are handled when a person has a guardian.
- Need to have discussions about developing plans to ensure the safety and well being of consumers in case something happens to the caregivers/parents.

Summary of Key Findings from Consumer Stakeholder Input

The following issues were more common among consumers in the focus groups and emerged as themes:

- HSC needs to provide more education on the services it provides.
- Consumers need better access to psychiatric and therapy services for adults and children.
- Work services and earning money, as well as social programs, are very important to many consumers with developmental disabilities and their families.
- Transportation arrangements for consumers with developmental disabilities are a concern.
- People believe mental health and substance abuse services should be better integrated.
- People believe the recovery philosophy should be better integrated into mental health and substance abuse services, including the development of halfway houses for people leaving Koinonia and the addition of increased appointment times and services for people who work or go to school during business hours.
- Consumers would like to see HSC's customer service improve. This would involve better communication, responsiveness and accountability.
- There is a gap in the continuum of care between CSP and mental health outreach services.

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