

July 20, 2016 Breakout Session Recap

Group 1

Option 1	
Pros	Cons
Could be a plus – Equal services under one grant	If one fails, they all fail
Core services provided already	Leadership
Seems more efficient by “bundling” services	Independent business failures
Accountability	Oversight concerns – DCOA with mission policy/planning/budget – need to define
	One provider may be limited in services
<ul style="list-style-type: none"> - DCOA must determine guidelines and assist with consistency of services & oversight - Gap-needs assessment <ul style="list-style-type: none"> o Keeping in mind – impact of services, resident, policy, budget, etc. - Luke warm – possibility of better collaboration - DCOA must control the min. standards, ensure all partners and public understand standards and control oversight and consistency of services 	
Option 2	
Pros	Cons
Harmony in services (<i>1 size fits all approach</i>)	Case management services not fluid or consistent
Cheaper with combining	Possible progression to mediocrity
Improve access to services	Budget might constraint services
Time saving measure when serving customers	
Option 3	
Pros	Cons
Case management services follows residents/customer city wide	End up monopolies
Business efficiency plan with including C.M.A. services	Loss of identity and possible culture
More clout/consistency	
Option 4: DCOA Overarching Agency	
Same training , branding, communication, contract control, and quality assurance	
Consistency of services	
Case management/wellness center/access...total	
Retain uniqueness of communities	

Group 2

Lead Agency Model	
Advantages	Disadvantages
Programming done by a community-based organization	Limited awareness with health quality measurements
Benefit of Social Workers at SWCs or additional services	Time: Delays for services
Able to tap into existing network Re: Services	Split programs
One set of standards/performance measures	
Cost savings	
Seasoned managers	
Better subcontractors	
Senior Wellness Centers (<i>One Nonprofit Agency Provider</i>)	
Advantages	Disadvantages
One standard of operating procedures and performance measures	Loss of independence of SWC
Shared resources	Cultural differences not recognized
Shared experiences/collaborations	Divided attention
Familiarity	Loss of History
Better Accountability	Failure
Cost of Savings	Favoritism
Simplified/Improved Oversight	Personalities
More seasoned managers	Trouble hiring experienced staff
Better Sub-contractors	
Fundraising	
Case Management (<i>City-Wide Contract</i>)	
Advantages	Disadvantages
Better equity	
Accountability	

Group 3

One Stop Shop (A “Hub” in each ward)
<p><i>Choices of Operation</i></p> <p>Choice 1: 4 providers, 2 sites per provider</p> <p>Choice 2: 2 providers, 4 sites per provider</p> <p>Choice 3: DCOA operates all sites; DCOA shall have one lead coordinator who has a site coordinator from each ward report to him or her.</p>
<p>The Hubs will include:</p> <ul style="list-style-type: none">- Case Management Services<ul style="list-style-type: none">o These services should include more than healthcareo Case managers should all meet standards, training, & expectations set by DCOA- Doctors- Adult Day Care- Wellness- Etc.
<p>Services should be distributed to the Hubs on the bases of need.</p>
<p>All hubs should meet standardized measures of quality of services and use pre-established monitoring standards and training set by DCOA</p>
<p>Since Wards 2 & 3 do not have wellness centers, possibly using virtual locations like DPR for a Hub</p>
<p>Suggested that the Commission meets with Brittany Donald, Director of Communications, to establish a communications plan at the September meeting.</p>