

**ESTABLISHING A MULTI-COUNTY HUMAN SERVICES DEPARTMENT  
FOR LANGLADE, LINCOLN AND MARATHON COUNTIES  
FEASIBILITY STUDY  
January, 2014**

**1. Purpose of the feasibility study**

In late 2012 and early 2013, the Lincoln, Langlade and Marathon County Boards passed resolutions establishing a multi-county Task Force. The Task Force was charged with:

- Conducting a feasibility study pursuant to Section 46.23(3), Wisconsin Statutes to determine the feasibility of providing child welfare services on a multi-county basis.
- Identifying methods to more effectively or efficiently deliver child welfare services by means of intergovernmental cooperation and collaboration, such that children and families are better served.
- Identifying the impacts to the organizational structure of other social services programs in the event the method of delivering child welfare services is changed.

While the Task Force's charge focuses on child welfare services, members recognized the importance of considering Juvenile Justice, Income Maintenance, Child Support and other social services programs along with Child Welfare, for both programmatic and administrative reasons. While the Feasibility Study has focused on child welfare and juvenile justice programs, it is recognized that Income Maintenance and Child Support (as well other programs administered by county social service agencies) will need to be addressed in planning for a multi-county Human Services Department (HSD). The Wisconsin Departments of Children and Family Services (DCF) and Health Services (DHS) require that Income Maintenance be included in the HSD.

In studying the feasibility of a multi-county HSD, Lincoln, Langlade and Marathon Counties are building on their existing long-term collaboration. The three counties have been collaborating since 1972 when they established the first multi-county system in the state to provide substance abuse, developmental disabilities, and mental health services.

In 1975, the state proposed that Langlade, Lincoln and Marathon Counties enter a study to determine if a human services system should be established. In *Historical Perspective of the Growth of North Central Health Care Facilities*, Peter DeSantis stated: "*Such a system would, to varying degrees, consolidate administration of all public health, aging and social services programs, hopefully to effect improved access and efficiency...It was later determined that there existed too many unanswered questions and the study was ended.*"

More recently, the counties have considered the benefits of a human services model. During the 2003-2006 time period, Marathon County and NCHC had discussions about a multi-county HSD and Langlade County studied developing a single county HSD.

Through the feasibility study process, the Task Force has gathered information about human services organizational design, governance, and programs. It has received input from county managers and

elected officials and from stakeholders including service provider agencies, legal and law enforcement agencies, county employees, consumers, and advocates.

## **2. Why is reorganization being considered?**

The Task Force is considering creation of a multi-county HSD as a way to achieve improved coordination of social services with mental health and substance abuse services and to create opportunities for broad regional improvements in the delivery of care and services. Following are examples of the benefits that could potentially be achieved through forming a multi-county HSD:

*Example 1: A two-year-old child is being abused by his alcoholic father. The child has significant learning delays. Currently, the family receives child welfare services from the county Social Services department. The child receives Birth-to-three services from NCHC, and the father receives substance abuse services from NCHC. While caseworkers in NCHC and the county social services department attempt to coordinate, there is lack of clarity about which agency should be responsible for providing and paying for certain services. Sometimes services are duplicated, and sometimes the case workers erroneously assume that the other agency is providing a needed service. Because of the separation of the agencies, the workers involved with the family do not generally have the opportunity to collaborate and plan.*

*Under the multi-county HSD, all of this family's services would be provided by the same department. Interdisciplinary staff teams could coordinate services and track progress for this family and other families who are involved in multiple programs such as child welfare, juvenile justice, mental health, substance abuse, Birth-to-Three, and the Children's Long-Term Support Waiver. Since all funding would be in the same department, there would incentive to use funds in the most efficient way possible.*

*Example 2: A family needs multiple services. They are uninsured and may be eligible for Medicaid, and they are not always able to pay their heating bills. They have mental health and substance abuse issues that they want to address. The non-custodial parent is not following through with child support payments. They have concerns about their young child's development. They do not know who to call and how to proceed.*

*Under a multi-county HSD, all social services, "51 system" services and Income Maintenance services would be in a single department. There could be a single point of entry where callers seeking assistance could be directed within the HSD depending on their needs. In this example, the family could access the multi-county HSD for Income Maintenance services (determining Medicaid eligibility); for Energy Assistance; for mental health and substance abuse services; for Child Support services (addressing delinquent child support payments); and for Birth-to-Three services (addressing learning delays for young children). The HSD could readily monitor and coordinate the services that the family receives.*

The State of Wisconsin has recognized the benefits of service integration through human services departments. Section 46.23, Wisconsin Statutes, which authorizes creation of human services

departments, reads in part:

*(1) Intent. The intent of this section is to enable and encourage counties to develop and make available to all citizens of this state a comprehensive range of human services in an integrated and efficient manner....*

Currently 61 of Wisconsin's 72 counties have human services departments.

A multi-county HSD has the potential to generate administrative efficiencies, resulting in maintained or increased funding for direct services. By maximizing funds available for direct services, there is potential for a broader range of services, even higher quality, and innovation.

A multi-county HSD is particularly appropriate for Langlade, Lincoln and Marathon Counties because of their history of collaboration through the combined NCHC 51 Board. NCHC has an established business platform that has successfully managed a complex multi-county program, and it has an integrated quality monitoring/improvement function.

While it would be theoretically possible for each county to develop its own single-county HSD, this would result in the loss of existing integrated 51 Board programs and the need to re-establish mental health, substance abuse and developmental disabilities programs in each county. The business cost to counties of 'unwinding' the current tri-county business platform would be significant.

The process of creating the multi-county HSD would involve dissolving the NCHC 51 Board and establishing a new Human Services board. At the county level, social services departments and committees would be dissolved.

### **3. What do the counties hope to accomplish through the Multi-County HSD?**

The Task Force identified the following outcomes as being important results for a multi-county HSD.

- Better youth mental health and AODA services
- Improved coordination of Child Welfare with Mental Health and AODA
- Enhanced efficiency and cost containment
- More specialization of services
- Earlier intervention with children and families before problems become severe
- Adopt a leadership position in the state thus attracting more funding for innovations
- Retention of local input
- Smooth transition and continued good customer outcomes for programs in addition to Child Welfare and Juvenile Justice, including Income Maintenance, Child Support and other social services programs
- Fewer out-of-home placements, resulting in reduced family disruption and cost savings

Having a multi-county HSD would not in itself guarantee that these outcomes would be achieved. In order to achieve these outcomes, there must be clear policy direction and strong leadership from the oversight board and management. A key part of the business planning process would be to ensure that

policies, administrative structure, processes and evaluation metrics are in place to help ensure that these outcomes are achieved.

Each of the outcomes is discussed below.

- *Better youth mental health and AODA services.* Ways in which a multi-county HSD could result in better youth mental health and AODA services include the following:
  - Having a single multi-county HSD rather than multiple separate agencies could increase administrative efficiency, thereby freeing up funds that are currently being used for administration to expand mental health and AODA services for youth.
  - Having child welfare and juvenile justice in the same agency as mental health and AODA services would promote coordination of mental health and AODA services for youth who are also in the child welfare or juvenile justice system. It would be easier to ensure that youth are getting the services they need when they are getting all of their services from the same agency.
  - The combined department could support performance improvement projects and ongoing performance benchmarking in this area.
  
- *Improved coordination of Child Welfare with Mental Health and AODA.* The multi-county HSD would provide for a high level of service integration, coordinating services provided directly by the HSD and by contracted providers to optimize client outcomes.
  - As noted above, having child welfare and juvenile justice in same agency as mental health and AODA services would help coordinate mental health and AODA services for youth who are also in the child welfare or juvenile justice system.
  - Having managers from all programs in the same agency would promote coordination, since they could more readily meet to resolve problems and set priorities.
  - Mental Health/AODA outreach to parents involved in the child welfare/juvenile justice system would also be enhanced, again because the programs would be in the same agency.
  - It would be easier to integrate Comprehensive Community Services (CCS), crisis, and Medicaid Children’s Long-Term Support (CLTS) waiver services for children and families receiving child welfare, juvenile justice, mental health or substance abuse services.
  - Child Welfare workers would be able to get advice and assistance on addressing the mental health and substance abuse problems of the children and families they are serving. There would be the possibility of creating cross-functional teams to integrate child welfare/juvenile justice, mental health, and substance abuse services for at-risk families.
  
- *Enhanced efficiency and cost containment.* The multi-county HSD could increase the efficiency of service delivery while containing costs:
  - The consolidated agency may require fewer management and administrative positions than the four current agencies (NCHC and three county social service departments). For example, there currently are four directors for four agencies; the merged department would only need one director. Efficiencies could potentially be achieved in support areas such as finance. Savings from having fewer management and administrative positions could be applied to direct services positions.

- The HSD would provide an opportunity to better leverage Medicaid funds, including CLTS and CCS. Currently, NCHC administers both programs for Langlade and Lincoln, and it administers CCS for all three counties. Since the programs are housed in a different agency from child welfare and juvenile justice programs, there is less incentive for coordination and collaboration can be difficult. With all programs in the same agency, there would be considerable incentive and opportunity for effectively leveraging these funds whenever possible.
- The HSD could support development of intensive in-home crisis teams. By providing coordinated, multi-disciplinary support to clients, the teams could promote effective resource use, ensuring that clients receive the right types and amounts of services and avoiding service duplication. Effective in-home crisis teams have been shown to reduce the need for high-cost institutional placements.
- *More specialization of services.* The multi-county HSD would increase opportunity for service specialization because there would be a bigger pool of clients, along with more revenue and opportunities to share costs.
  - Efficiencies achieved through potential administrative reductions would provide the opportunity to increase purchase of specialized services.
  - Because all programs would be in the same agency, representatives of all programs could work together to identify and prioritize specialized service needs.
  - Examples of specialized services that the multi-county HSD could provide include, but are not limited to:
    - Specialized mental health counselors for children with attachment issues
    - Trauma informed care
    - System-wide expansion of social worker specialization (having designated social workers specializing in initial assessment and ongoing case management services; having dedicated staff for arranging and overseeing specialized treatment foster homes)
    - Psycho-sexual evaluations for adolescent sex offenders
    - For small programs (for example, Child Care, Family Support, WHEAP Energy Assistance), there may be enough volume to justify specialized staff.
- *Earlier intervention with children and families before problems become severe.* The HSD would have multiple preventative resources for children and families at risk, including Birth to Three, CCS, Family Support, CLTS, Child Welfare and Juvenile Justice Services.
  - Since all programs would be in the same agency, it would be easier to bring together all involved parties to look holistically at family needs and to set priorities.
  - A successful preventative program would require a clear Board policy on early intervention, clarifying the amount of resources to commit to early intervention programs (recognizing that with limited resources, funding for early intervention reduces funds available for addressing severe needs).
  - Within allocated resources, HSD management would need to design and implement a structure to make sure that families are identified and that their needs are addressed

appropriately. Management would also need to establish metrics for measuring outcomes of early intervention programs.

- *Adopt a leadership position in the state thus attracting more funding for innovations.* The multi-county HSD would combine organizations that have a history of leadership and innovation. Following is a list of innovations and special programs for NCHC and the three counties:
  - North Central Health Care
    - Comprehensive Community Services – First in Wisconsin
    - Community Treatment Hospitalization Rate - Benchmark
    - Behavioral Health Integrated Care Pilot
    - Consultant to Brown County
    - Consultant to Menominee County
    - Dementia Programming – Recognized nationally
    - Vent Unit – Ventilator Pneumonia Rate
    - Mental Health and Substance Abuse Counseling in Schools
  - Marathon County
    - Juvenile Justice
      - *JJ Youth Coalition*: Community wide coalition addressing needs of youth starting with prevention
      - *Positive Achievement Change Tool (PACT)* an innovative tool to evaluate risk of recidivism is utilized for all JJ cases
      - *Truancy Early Intervention programs* with municipal court and other partners to divert youth from entering the JJ system
      - *JJ Recidivism Pilot* with Department of Corrections to consult on standard measures of recidivism for juveniles
      - *MC-180 Pilot* is a long term residential treatment option in a secure facility intended to decrease residential and correctional placements
    - Child Protective Services
      - *Community Response Program* is an early intervention program designed to prevent entrance into the CPS system
      - *Alternative Response* provides an alternative to traditional CPS assessments and increases engagement with families
      - *Citizen Review Panel* is comprised of stakeholders and community partners, who oversee the protective services system and make recommendations for continual improvement
      - *County Data Leadership pilot* provided Marathon County with technical assistance from the Department of Children and families, which has enhanced the use of data in performance management
      - *Specialized Foster Home* program provides intensive social work time to high needs youth, supporting experienced and trained foster parents as an alternative to more costly care
    - Both

- *Recognized Managerial and Staff leadership* through state associations and with state departments in the areas of child welfare and juvenile justice
  - Langlade County
    - Intensive Supervision for Juvenile Delinquents
    - Supervision of Habitual Truants- intensive supervision with school personnel and families
    - Rolling out of COMPAS- Case Management for Delinquency Cases  
Organizational Effectiveness
    - Alternative Response
  - Lincoln County
    - Community Intervention Program- Consists of two major programs. Electronic Monitoring and drug testing. The Electronic Monitoring system is used as an alternative to secure detention placement as well as a tool to protect the community. Drug testing program is used to monitor juveniles while on supervision. It is a tool to ensure they are abstaining from drugs, as well as taking supervision seriously. It is also used to test parents in child welfare drug cases.
    - Early intervention Program- This is a Corrective Thinking program which also includes anger management and an alcohol and drug education component. This is a program that targets current teenage juveniles that are on supervision.
    - Intensive In-Home Program- This is a program that has a mental health therapist and a parent educator going in to the homes of the families that are Lincoln County's highest risk for out of home placement. It is also used in families that have children already placed outside the home so that it can help with the transition back into the home as well as getting them home sooner. This program is used for both child welfare and juvenile justice cases.
  - The combined organization—with a designated quality department—would have resources to search and apply for specialized grants.
- *Retention of local input.* The multi-county HSD would employ multiple approaches to ensure strong, ongoing local input into its programs:
  - Each county would be represented on the multi-county HSD board. The composition of the board would be determined during the business planning process, consistent with human service board composition requirements under Section 46.23(4), Wisconsin Statutes.
  - County boards would have budget control.
  - There would be staff based in each county. A mechanism would be established for routinely soliciting and acting on feedback from local staff on what they are seeing in their communities.
  - An advisory committee would be established in each county to identify unmet and developing needs and problems. The advisory committees would meet with the HSD senior management and board on a least a semi-annual basis.

- The HSD would hold annual public meeting in each county. At these meetings, stakeholders could provide input into unmet needs, program performance, what is working well and what is not. They could suggest approaches to HSD programming.
  - Regular client satisfaction surveys would provide insight on local satisfaction with HSD services.
  - Analysis of Child Welfare eWiSACWIS data and results of regulatory surveys will allow comparison of performance with statewide benchmarks. It will highlight potential local issues that could be further explored with staff, clients, and stakeholders in local communities.
- *Smooth transition and continued good customer outcomes for programs in addition to Child Welfare and Juvenile Justice, including Income Maintenance, Child Support and other social services programs.*
    - The business planning process will address the specific needs of each social service program, to ensure that they are adequately staffed and that consumers can easily access the program throughout the service area.
    - For Income Maintenance, the multi-county HSD would join a state Income Maintenance Consortium. Currently, Langlade and Marathon Counties belong to the Central Consortium, while Lincoln belongs to the Northern Consortium. The decision on which consortium to join would be made during the business planning process, in collaboration with state agencies and affected counties.
    - The multi-county HSD will identify, measure, and report on metrics for each social service program, in order to monitor program performance. It will also administer satisfaction surveys for clients of these programs.
- *Fewer out-of-home placements, resulting in reduced family disruption and cost savings.*
    - By integrating delivery of child welfare and mental health/substance abuse services, the multi-county HSD has the potential to address the full range of problems facing families. If family problems are addressed in a coordinated, comprehensive manner, situations where children must be removed from their homes are less likely to occur.
    - The multi-county HSD could provide specialized services and in-home crisis teams to help prevent out-of-home placements.
    - Foster and institutional placements are more expensive than in-home services. Thus reduction in out-of-home placements would lead to cost savings. However, it is important to recognize that some out-of-home placements will still be needed to ensure child safety.
    - The multi-county HSD will develop metrics to track out-of-home placements and child safety.

#### **4. How would the Multi-County HSD organize to help ensure that the above outcomes are met?**

Coordinated activities at the systems level, the client level, and the management level would help ensure that the HSD's outcomes are met:

- *Systems-level activities.* The multi-county HSD would establish a comprehensive quality improvement system to identify, measure, and report metrics, and to use that information for continuous quality improvement. This approach would build on the system currently in use by NCHC.
  - Board policies would set out clear expectations for defining, measuring and reporting on outcomes and for addressing instances where outcomes are not being achieved. Management would regularly report to the board on a dashboard of key indicators. If performance on these indicators fell short of expectations, management would be expected to develop and implement a corrective action plan.
  - The Quality Department would coordinate evaluation and quality improvement programs, working with program managers to establish goals and metrics, and to implement quality improvement action plans if performance falls short of goals.
  - Metrics would become part of the quality dashboard with regular monitoring and related action plans. Metrics would incorporate indicators from the eWiSACWIS system for child welfare, federally-required indicators for Child Support, and state and federally required indicators for Income Maintenance, as well as continuing metrics that have been established for 51 Board programs. There would also be indicators specific to the multi-county HSD, specific to its priorities and goals. Current performance scorecards used by the three counties will be taken into account in developing metrics for the multi-county HSD.
- *Client-level activities.* In addition to the systems-level measurement described above, there will be ongoing efforts to monitor outcomes at the client level. Children and families at high risk would be assigned to an Interdisciplinary Team with representatives from all programs to identify interventions, develop action plans, and monitor progress. Interdisciplinary Team members would be accountable for outcomes for these clients.
- *Management-level activities.* High level managers would meet on a regular basis to set priorities, make sure services are integrated, solve problems and evaluate performance.

##### **5. Potential advantages and disadvantages of a single comprehensive agency.**

The Task Force has identified the following advantages and disadvantages of a single comprehensive agency:

- Potential advantages of a multi-county HSD
  - All of the advantages discussed in Section 3 of this Feasibility Study, including:
    - Better youth mental health and AODA services
    - Improved coordination of Child Welfare with Mental Health and AODA
    - Enhanced efficiency and cost containment.
    - More specialization of services
    - Earlier intervention with children and families before problems become severe.
    - Adopt a leadership position in the state thus attracting more funding for innovations.
    - Retention of local input
    - Smooth transition and continued good customer outcomes for programs in addition to Child Welfare and Juvenile Justice, including Income Maintenance, Child Support and other social services programs

- Fewer out-of-home placements, resulting in reduced family disruption and cost savings
- The HSD would build on the historical and ongoing collaboration between the three counties.
- This continuing collaboration has resulted in a strong administrative platform on which to build the multi-county HSD.
- With a single, multi-county HSD, there will be better ability to identify and fill service gaps that have been created through Family Care and other changes in counties.
- Potential disadvantages of a multi-county HSD
  - Counties would no longer directly control social service departments; rather they would have oversight of the HSD through their representatives on the HSD Board.
  - There would be short term transitional issues affecting employees, contractors, clients and the community.
  - Establishing the multi-county HSD would be operationally complex, requiring sophisticated project management and considerable effort from all involved.
  - It would be essential to carefully manage change from the perspective of the people affected.

## **6. Addressing quality issues**

Some focus group participants expressed concern about NCHC quality, particularly with respect to crisis services and services for the adult offender population. NCHC has shared other client feedback describing satisfaction with NCHC services.

NCHC is putting special emphasis on quality improvement in areas addressed through the focus group discussions as part of its ongoing quality improvement program. For example, NCHC has used feedback from the focus groups to identify opportunities for improving its crisis services. The following action plan was shared by the NCHC CEO at the October 28, 2013 Task Force meeting:

- Improve crisis staff competency through: training in telephone triage, Adult Protective Services, ethical boundaries, AODA interventions and suicide assessment/intervention
- Measure response times for all crisis calls
- Revise scheduling of crisis staff to ensure all shifts and peak volumes are staffed appropriately
- Provide on-site crisis staff at Merrill and Antigo locations during peak hours
- Consistently staff youth crisis beds to ensure 24/7 coverage and explore the potential for increasing available beds from one to two
- Improving the ability of crisis staff to deliver services with appropriate customer service through mandatory customer service training
- Implementation of a “community partner” survey on a quarterly basis
- Attendance by NCHC staff at Marathon County all-chiefs meeting monthly
- Monthly meetings with Marathon County Social Services, Wausau Police Department and Community Care of Central Wisconsin

## **7. What problems may be created by development of the multi-county HSD and how will these be dealt with?**

There will be challenges merging the differing child welfare and juvenile justice cultures in the three counties. This will be achieved through development of a common vision and goals, training, supervision, and comprehensive policies with input from all three counties. The goal will be to achieve and maintain a consistently high standard of practice throughout the three-county region while addressing unique needs in specific geographic areas.

There will be employee and personnel issues during the transition. While it is anticipated that most or all direct care staff will transfer, it is not yet been determined whether all managerial and administrative staff will be needed in the merged organization. This would be determined through the Business Planning process. In addition, salaries and benefits differ among the counties. A plan will be developed for a uniform salary and benefit schedule prior to implementation.

Community support is critical to the success of the multi-county HSD. As part of the business plan, a plan for learning about and addressing community needs and concerns, educating stakeholders and keeping them informed would be developed.

It is recognized that certain problems will continue to be difficult to resolve. For example, issues involving integration of services with neighboring counties would continue. There will still be resource limitations that require setting priorities.

#### 8. **Who is likely to be opposed to the multi-county HSD?**

Some staff, provider agencies, legal and law enforcement agencies, and consumers are likely to be concerned about the transition, especially if they do not understand it and do not feel that their perspectives are being heard. This opposition would likely be reduced if there were good education and involvement of stakeholders. In addition, it would be essential that the plan for the multi-county HSD provide for fair and transparent employee transitioning, strong HSD presence in communities, and continued good relationships with service providers and legal and law enforcement agencies.

Stakeholder relations planning would be a major component of the business plan development process. This will help ensure that stakeholder perspectives are sought out, understood and taken into account.

#### 9. **What groups will be included in the reorganization study?**

The Task Force has engaged a broad range of groups in its work to date. It is anticipated that these groups would continue to be involved in the business planning process.

The following groups participated on the Task Force:

- County Social Service Departments the three counties
- NCHC CEO and department heads
- County board members from each county
- 51 Board members
- Corporation Counsels

- County administrators
- Wisconsin DHS and DCF regional office staff

The following groups were engaged through focus groups.

- County DSS employees
- Legal and law enforcement agencies
- Service provider agencies
- Consumers

In addition, Social Services committees have been kept informed and have had input through their representatives on the Task Force.

**10. What specific changes would the counties like to see made in the way the agencies are organized and programs are operated?**

This Feasibility Study outlines a large number of desired changes, including achievement of the outcomes listed in Section 3. The following statements summarize desired high-level changes resulting from the multi-county HSD.

- Equal or better services than those that are currently being provided
- Excellent coordination and integrated management for the range of services provided
- A single and consistently high quality level of services for all clients at all locations, with the opportunity to address geographic differences and specialized needs.

**11. What effect will the reorganization have on staff, programs and budget?**

- *Effect of the multi-county HSD on staff.* While it is anticipated that most or all direct care staff will transfer from the counties to the multi-county HSD, it has not yet been determined whether all managerial and administrative staff will be needed in the merged organization. In addition, salaries and benefits differ among the counties. The business plan would address staffing, salary and benefit levels.
- *Effect of the multi-county HSD on programs.* Social services and “51 Board” programs will be coordinated and managed by the HSD. There will be increased emphasis on cross-program collaboration between mental health/substance abuse programs and child welfare/juvenile justice programs. This collaboration will also involve Birth-to-Three, Children’s LTS Waiver, and other programs.  
The HSD will participate in an Income Maintenance Consortium. It may also provide Child Support program—this would be determined during the Business Planning process.
- *Effect of the multi-county HSD on budget.* It is anticipated that the budget would not differ significantly from the combined budgets of the NCHC and the three DSS’s. However, some funding could be reallocated from managerial and administrative services to direct services, depending on the managerial and administrative needs of the multi-county HSD.

## **12. Study process**

The Task Force's Feasibility Study process entailed the following activities:

- Developing and approving the Task Force charter.
- Procuring a facilitator team to guide the study process.
- Reviewing statutory and state agency requirements for human services departments.
- Obtaining input from Department of Children and Families and Department of Health Services regional staff.
- Reviewing current programming and budgets of NCHC and the Langlade, Lincoln and Marathon County Social Services Departments.
- Reviewing Human Service Departments in Wisconsin and other states. Wisconsin county HSDs included Brown, Sheboygan, Sauk, Menominee, Waukesha and Eau Claire Counties. The best out-of-state counterpart to the model being considered by the three counties is Minnesota. The deputy director of the Southwest Minnesota Human Services agency, which serves six counties, met with Feasibility Committee by phone at its July meeting. She provided information on the basis for establishing the program, formula and cost structure, potential savings from a multi-county system, and key strategies for implementing the program. The Task Force also learned about the Southeast Minnesota Human Services Agency, which is currently under development.
- Holding meetings between the facilitators and DSS directors, administrative coordinators/county administrator, corporation counsels, finance director; County Board chairs, and DHS and DCF regional staff.
- Identifying and analyzing six different organizational options, ranging from status quo to complete integration on an entirely new platform. Legal implications, staff implications, local impact implications, advantages and disadvantages of each were identified. The Task Force identified three options (status quo; collaboration advisory committee; and HSD on the NCHC platform) to take to Focus Groups for Input.
- Holding four focus groups in each county (as well as a "make-up" focus group and a special focus group for Marathon County judges) for a total of 14 focus groups attended by approximately 120 people (105 people attended the 4 focus groups in each county, and 5 people attended the "make up" focus group. Approximately 10 people attended the Marathon Judges focus group). Focus group participants were asked to comment on the top three options identified by the Task Force.
- Holding meetings in individual counties to work on a template describing key components of a multi-county HSD, including desired outcomes, governance, programs, financial impact, employee impact, local presence and consumer access to services, and quality. The goal of this exercise was to clarify the vision for the multi-county HSD and to identify the potential benefits and problems of a consolidated agency.
- Reviewing the planning and decision-making process that could lead to eventual approval of the multi-county HSD.
- Preparing this formal Feasibility Study.

## **13. Next steps**

The Langlade, Lincoln and Marathon County Boards are being asked to review this Feasibility Study and authorize development of a detailed business plan.

- The three counties would coordinate development of the business plan.
- The planning process would be guided by an Advisory Committee including elected officials and staff of the three counties. NCHC would collaborate closely with county elected officials and staff, and stakeholders in developing the plan.
- The Advisory Committee would select a business plan consultant to facilitate the business plan development process.
- It is anticipated that the business plan would require approximately one year to complete.
- The business plan would meet state requirements for a Human Services Department Implementation Plan.

When the Advisory Committee completed the business plan, they would send it to County Boards, along with a recommendation as to whether or not the county boards should approve the business plan and authorize creation of a multi-county HSD. In order to establish a multi-county HSD, each county boards would need to pass resolutions:

- Creating the multi-county HSD and appointing county representatives to the HSD Board
- Dissolving the NCHC 51 Board
- Dissolving the County Social Services Department and Social Services Committee

Once approved by the three counties, the business plan would be submitted to the Wisconsin Departments of Children and Family Services; Health Services; and Corrections as an Implementation Plan. Enactment of the county resolutions would be contingent on approval of the Implementation Plan by the three Wisconsin departments:

Authorizing development of a Business Plan does not necessarily mean that the multi-county DHS will eventually be approved. As the graphic on the following page shows, a “no” vote by any county at any stage of the process would end consideration of the multi-county HSD.

