

## COUNTY RESPONSES TO THE "MULTI-COUNTY DHS PLANNING TEMPLATE"

October 21, 2013

This document includes responses from Langle and Lincoln Counties to the "Multi-County DHS Planning Template." As of the date of this document, Marathon County had not yet submitted its response.

- I. **Desired outcomes for the Multi-county Department of Human Services.** Assume that the multi-county DHS has been in existence for 2 years, and that it has been quite successful. You are reporting to your county board and constituents about DHS accomplishments. What specific accomplishments (e.g. availability of specific services, service integration, quality, budgetary savings/control) would you like to be able to report?

Langle	<ol style="list-style-type: none"> <li>1. Increase in the array of services available to Langle County residents (i.e., crisis services, prevention services, effective drug treatment programs, intensive in-home services, parenting skills).</li> <li>2. Funding mechanisms for the costs of services provided by the Multi-County DHS are sustainable (i.e., each County paying a portion of "shared" expenses and responsible for the full share of any "direct" or customized services provided exclusively within the County).</li> <li>3. Services are measured to assess quality, efficiency and effectiveness; and adjustments to services are made according to these measurements.</li> <li>4. Reduction in service/funding disputes as services are delivered under a single point of contact.</li> <li>5. Programming is responsive to concerns of partner agencies, stakeholders and clients/customers.</li> <li>6. High level of commitment by employees to achieve the mission of DHS.</li> </ol>
Lincoln	<p><i>Increased Services</i> (shorter wait list; better access to mental health services for juveniles; access to new programming like intensive supervision/residential treatment/specialized foster homes/juvenile &amp; family mental health counseling/supervised visitation; broader range of out-of-home placement options; errors-in-thinking and other outpatient group programming with better access for juveniles; seamless access to entire range of DHS programs)</p> <p><i>Costs Controlled</i> (early intervention to reduce impacts on society/courts/community/schools/corrections; less reliance on court system to bring about desired results; programming costs staying the same or going down; reduce overhead then redeploy funds into services)</p> <p><i>Smooth Transition</i> (high level of end- user satisfaction and employee engagement in multi-county DHS; better outcomes for children and families)</p>

Again assuming you are reporting to your county board and constituents about a successful multi-county DHS, how would you contrast this structure to the past—what has improved?

Langlade	<ol style="list-style-type: none"> <li>1. The array of services was limited and continually scaled back due to available funding and resources.</li> <li>2. The funding mechanism for these programs provided by Langlade County were not sustainable (specifically, out of home placement costs, and costs of comprehensive in-home services).</li> <li>3. Questions existed whether the current organizational structure for delivering these programs was the most efficient and effective (i.e., Court supervision of juvenile justice, staffing levels for child welfare services, delivery of intensive in-home services and other prevention services).</li> <li>4. When "silos" existed, disputes occurred regarding which silo was responsible to provide and/or fund a service.</li> <li>5. Issues with information sharing and other impediments to effective communication existed with partner agencies, stakeholders and clients.</li> <li>6. Low employee morale existed due to limited resources, changes to service delivery (regionalization) and changes to employee compensation/benefit plans (as a result of Wis. Act 10 &amp; 32 "Budget Repair Bill").</li> </ol>
Lincoln	<p>Intergovernmental cooperation between the three counties has resulted in more service delivered to the community with easier access for the taxpayer. This collaboration has made us less vulnerable to staff turn-over thereby assuring consistent service to people desiring services. We now have objective measures of performance, service delivery and end-user satisfaction.</p>

## II. Board Composition

How many members would the board have?	Langlade	First preference is equal representation from each county on a 9 member board, with two county board members and one public member from each county. Langlade County is open to consideration of other board compositions including a larger board having representation based upon population or funding share.
	Lincoln	14 members
How many of these members would be county board members?	Langlade	6 out of 9 members would be county board members. <i>See note.</i>
	Lincoln	Maximum allowable
How many county board members would there be from each county?	Langlade	Two county board members from each county. <i>See note.</i>
	Lincoln	In proportionate to population (like NCHC Board)

How many public members would there be on the board?	Langlade	Three public members, one from each county. <i>See note.</i>
	Lincoln	1/3 of the total board
How would public members be selected?	Langlade	Nominated by DHS Board, subject to confirmation by the County Boards.
	Lincoln	Each County should follow their current procedure.
What terms would board members have?	Langlade	3 year terms for both member classes.
	Lincoln	3 years
Could a board member serve multiple terms?	Langlade	Yes.
	Lincoln	Yes.

**Note:** Langlade County is open to consideration of other board compositions including a larger board having representation based upon population or funding share.

### III. Optional Programs

Indicate whether your county would administer "optional" Juvenile Justice and Child Support Programs directly, or whether you would have these administered by the multi-county DHS.

Langlade	Both Juvenile Justice and Child Support would be administered by the multi-county DHS.
Lincoln	Both Juvenile Justice and Child Support would be administered by the multi-county DHS.

### IV. County Financial Impact

Langlade	<p>NOTE: Langlade County assumes that the Multi-County HSD will operate using a funding mechanism similar to NCHC, with each County paying for "shared" costs based upon population and paying 100% of any "direct" costs (provided exclusively for the benefit of one County).</p> <ul style="list-style-type: none"> <li>Langlade County is prepared to allocate current funding to the HSD and therefore does not expect any up-front savings.</li> <li>Langlade County understands that to a certain extent the funding levels from each County will need to be "equalized" to determine whether any County is over-funding or under-funding a program to be consolidated under the HSD.</li> <li>The Counties will need to agree upon an initial operating budget for the HSD and it remains possible that some Counties may see a net savings while another County may incur additional costs to meet its particular funding obligations.</li> </ul>
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	<ul style="list-style-type: none"> <li>Also, Langlade County anticipates some savings from the elimination of certain social service program-related costs (administration, IT, management, supervision, payroll, etc.) that are currently duplicated in Langlade, Lincoln, and Marathon Counties as well as NCHC; and that these savings could be made available to the HSD for redeployment to cover HSD-related program costs.</li> </ul>
Lincoln	No response.

**V. Employee Impact**

Model	Langlade	Lincoln
Model 1—The Multi-county DHS posts openings for positions. County DSS employees apply for positions in which they have interest. Employees who do not successfully compete for these positions are no longer employed (or are employed in other county positions) as of the transfer date.		2 <sup>nd</sup> choice
Model 2—County DSS employees who are in positions that are needed by the Multi-county DHS can automatically transfer into the new positions without an application process. Employees in positions that are not needed by the DHS are no longer employed (or are employed in other county positions) as of the transfer date.	Preferred. Employee must be qualified for available position as determined by HSD. In previous consolidations (Family Care), the Langlade County Board expressed a desire to ensure that all employees were offered positions with the new organizations; and that may not be possible for transition to a Multi-County HSD.	1st choice
Model 3—All county DSS employees transfer into the Multi-county DHS. The DHS adjusts its workforce via attrition or layoff over its first year of operation.		3 <sup>rd</sup> choice
Other—please describe		

**VI. Local presence and consumer access to services**

Describe the preferred approach for assuring that there is adequate staff for quick response and easy consumer access throughout the 3 county area, while still assuring the flexibility and efficiency that result from regionalization. For example:

- What programs require staff based in the regional offices? Why is regional staff presence important for these programs?
- What programs can be centralized in Wausau without regionally based staff? Why can these programs be centralized?
- How would supervision work for staff in regional offices?

Langlade	<ul style="list-style-type: none"> <li>• Need sufficient staffing presence in each County to adequately address services that are delivered directly to residents (intake, client interviews, investigations, etc.). A caseload-to-worker ratio may be used to determine staff need; however the HSD should have the flexibility to assign workers within the region as needed. Also, HSD should also have the ability to organize specialized teams to provide services within all three counties (i.e., crisis referrals, emergency response).</li> <li>• Aspects of programs that do not require direct contact with clients to perform (example, child support: account seizures, license suspensions; data entry) could be centralized in Wausau.</li> <li>• Single Director/Manager for each main program type with Office Managers/Coordinators/Lead Workers located at "field" offices.</li> </ul>
Lincoln	<p>Regional (local) – child protective services (CPS) and Juvenile Justice            Centralized in Wausau – foster care; independent living coordinators; kinship; call center access to system; human resources; payroll; accounting; some types/aspects of programs            Supervision for regional (local) <u>staff</u> by an office manager            Supervisors for <u>programs</u> by a centralized manager(s)</p>

**VII. Quality**

What measures of quality would you expect the Multi-County DHS to provide?

Langlade

Quality measure	How this measure would be obtained?
Objective measurements/statistics maintained for each program or service. This information would be readily available.	The information would be obtained from all stakeholders (both internal and external). Some data would be in the form of statistical information (i.e., caseload, number of contacts

<p>Example: Response time; desired outcomes; statutory timelines met;</p> <p>Quality measurements should be adaptable to current needs.</p>	<p>with provider, type of outcome, etc.) similar to the "Dashboard" model used by NCHC while other information would be in the form of survey responses.</p> <p>The results would be analyzed to determine whether any modifications are needed similar to the Commitment to Service Recovery process used by NCHC.</p>
<p>Process for stakeholders to communicate concerns about quality of service.</p>	<p>This process would be clearly identified and communicated to partner agencies and stakeholders.</p>
<p>Process to provide feedback to any complaints or concerns about quality.</p>	<p>Timely responses are provided to quality concerns.</p>

Lincoln

Quality measure	How this measure would be obtained?
<p>Quality measures would be in following areas: financial, community impact, end-user satisfaction, stakeholder satisfaction, regulatory compliance, employee satisfaction</p>	<p>Surveys, dashboards, budget , retention of employees</p>

**VIII. Response to concerns**

How would you respond to the following concerns that may be expressed by county board members, employees, consumers, service providers and/or community members in general?

Concern	Langlade Response	Lincoln Response
<p>Our county will lose control over local programs.</p>	<p>Ultimately, each individual County remains responsible for the HSD program or service. Although representation on a single vs. multi-county HSD is different, this difference in representation should not be perceived as a loss of control. Each County will</p>	<p>Each county has local board members appointed to the tri-county DHS to assure local representation. We have a long-standing tri-county service</p>

Concern	Langlade Response	Lincoln Response
	<p>have a voice through its representatives on the HSD Board.</p>	<p>delivery/governance model for our NCHC services and have not felt/seen a loss of local control. If we do not fashion a cost-effective collaboration to provide human services, we will be forced to make the changes the State will mandate. Being proactive assures us more local control.</p>
<p>This will result in hardship to employees.</p>	<p>As a general rule, no one likes change. However, there may be more "hardship" to employees absent a multi-county HSD. Through regionalization and consolidation of programs, Counties are better able to sustain programs and regionalization has offered employees with greater opportunity for advancement.</p>	<p>A multi-county model will need employees in their current positions. Our experience with Family Care and IM has backed this up. This model could leverage additional training and help with problem/specialty areas which will aid employees in delivering more resources to families they are trying to help.</p>
<p>We have been dissatisfied with NCHC's services to date. Why should we give that organization more responsibility?</p>	<p>NCHC has demonstrated the ability to respond to service dissatisfaction and make necessary changes to how services are delivered. NCHC is engaged in a process of meeting with partner agencies to discover the source of service dissatisfaction and make adjustments to services as needed.</p>	<p>Lincoln County has not been dissatisfied with NCHC and we would expect the same moving forward with this model. We have not been dissatisfied with NCHC or our other regional endeavors.</p>

Concern	Langlade Response	Lincoln Response
This will result in loss of local access to consumers.	The HSD will offer greater access to consumers, by offering multiple access points with the region to deliver services, and better ensure a continuum of care when consumers move within the region.	This has not been true of NCHC or our other regional endeavors like family care and IM. We will ensure this does not happen when we implement this model.
We will risk the partnerships between social workers, law enforcement and other community partners in our county.	The HSD will enhance partnerships by reducing the bureaucracy (fixed interests and service lines) and place greater emphasize on identifying common interests and offering an array of services to meet the needs of the community.	We would still have local people serving the community that will build on these relationships.

**IX. Add other issues and suggestions here.**

Langlade

It is the understanding of the representatives from Langlade County that the consultants will use this information provided in this Planning Template to prepare a report which addresses the "feasibility" of establishing a Multi-County HSD; and that this Feasibility Report would be completed before the end of this year. The Taskforce would then need to determine whether such action is feasible and if so, to determine what additional steps will need to be taken before the Taskforce would be able to report its recommendations back to the respective County Boards.

At the conclusion of this Feasibility Study, the following issues remain:

- 1) Given the concerns about building off the NCHC platform that were raised during the focus group meetings, what additional actions need to be taken by either the Taskforce or NCHC before the Taskforce would agree to present a proposal to their respective County Boards?
- 2) In the event that the Taskforce determines that a Multi-County HSD is feasible, then the County Boards may be asked to approve resolutions to conduct an Implementation Plan. It is understood that the Implementation Plan would address the important questions such as: organizational structure, funding, staffing, transition timetable, etc.

3) Since the DHS, DCF and DOC must all agree to any Multi-County HSD Plan, to the greatest extent practicable, the Taskforce should attempt to obtain answers to identified "essential questions" from these State agencies at the earliest stages in developing a Plan.

4) Although Langlade County's motivation to study the feasibility of a Multi-County HSD is not driven primarily by cost considerations, it will be important for the Taskforce to obtain some cost estimates for this proposal at the earliest stages in developing a Plan.

**MARATHON COUNTY FEASIBILITY STUDY REVIEW MEETING**  
October 17, 2013

**What does Marathon County hope/expect to gain from regionalization of child welfare?**

1. Better youth mental health and alcohol/drug treatment (AODA) services.
2. Better coordination of child welfare and mental health and AODA services.
3. Enhanced efficiency and cost containment.
4. Adopt a leadership position in the state thus attracting more funding for innovations.
5. More specialization of services.
6. Earlier intervention with children and families before problems become severe.

**How would we know if we are achieving our expectations for regional child welfare?**

1. A consistent youth crisis response is provided (24/7).
2. Less treatment for children is provided out of the County.
3. More kids are maintained safely in their home.
4. Less delay in the time between the request for mental health/AODA services and the initial appointment.
5. Reduced time in moving children not maintained in their home to permanence.
6. Reduced re-entry in the child welfare system.
7. Reduced cost per unit of service.
8. More integrated case planning.
9. Fewer out of home placements.
10. More financial resources obtained from non-levy sources (State, Local, National)
11. More investment in services that target early intervention.