

## Human Service Model Feasibility Task Force

October 28, 2013 1:00 pm  
North Central Health Care, Board Room

### Meeting Minutes

#### Present:

Marathon County: Brad Karger, Gary Gisselman, Vicki Tylka, Ken Day,  
Joanne Leonard  
Lincoln County: Nancy Bergstrom, Randy Scholz, Bob Weaver,  
Mike Nelson  
Langlade County: Robin Stowe, Kim Van Hoof, Ron Nye, Holly Matucheski,  
Dick Hurlbert, Pat McKinney, Vern Cahak  
State of Wisconsin Reps: Teresa Steinmetz, Gail Chapman  
North Central Health Care: Gary Bezucha, Becky Schultz, Toni Simonson,  
Paula Hawkins  
Facilitators: Gail Nordheim, Gerry Born

#### Minutes

- **Motion** Hurlbert, 2<sup>nd</sup> Bergstrom, to approve the minutes of the 9/19/13 meeting.  
Motion carried.

#### Reports from County Meetings

- Langlade
  - Some concern initially that responses are drawing all concerns from the county board. There may be some disconnection with responses from task force members and county board members. The county board is not on board with this at this time. We need to keep them informed and educated on the process. At their annual board meeting a status report was given by Robin Stowe. There is some negativity and concern about possible changes and how it would affect people personally, and how it would affect clients.
  - Some are not happy about what we are trying to do, many because they are afraid of change.
  - Marathon's list of expectations is a thorough list. Langlade had an open discussion. There will be change and that is part of business. What is best for the clients and community, understanding we all only have a certain number of dollars to do what they need to do.
- Marathon
  - They focused primarily on one question: Why would we want to and what would we expect to gain from regionalization? Access, quality, specialization of services, and cost containment were the main focus. We need to look for agreement by all three counties of expected outcomes – it is an extremely important base to start from. Quantitative measurable outcomes are important.

- Lincoln
  - They had similar responses to Langlade County. They had the same concerns and want to see what it would look like at the end. It would be nice to see how clients would be served and the impact of employees. People were very open with opinions. It is important to really look at why we would want to do this, and why is it better than what we are doing now. Talked a little about the negative impact, but perception was more about the healthcare system dissatisfaction as a whole, not necessarily about NCHC. They are looking forward to more defined outcomes.
  - They did not see anything that was inconsistent with the Marathon County points identified.
  - (In response to the question: Why are focus groups comments being dismissed?) NCHC has taken the criticism to heart and is reporting specifically on response and plans to respond. Everyone's best intention is that if this moves forward, it has to address all concerns. Some concerns will be addressed further along.
  - (In response to the question: Have other options been looked at?) Yes, at earlier meetings there were 5 or 6 models identified, and there was consensus on a direction to pursue further.
- State
  - It is good to have a real purpose. It is nice to hear that we are down to goals and expected outcomes.

Add a governance outcome workgroup to address the area of local involvement. Four workgroup areas would be: cost containment, services, quality, and governance

#### Commitment to Quality

- NCHC is committed to innovation and quality.
- Every NCHC employee is tied in some aspect to the organizational quality dashboard.
- We have hired a recruitment firm for our recruitment of a Psychiatrist and a Psychiatric Nurse Practitioner to address shortages in Psychiatry.

#### Timeline/Process

- The three state agencies would receive an implementation plan if the feasibility committee goes forward for its development. Two state agencies are participating in this task force (DHS – Department of Health Services, and DCF – Department of Children and Families); DOC (Department of Corrections) has chosen to wait until such time as there would be an implementation plan.
- ~~On the Marathon County list of how we would know expectations are being met, DHS/DCF think numbers 9 (fewer out of home placements) and 10 (more financial resources obtained from non-levy sources) should be reversed.~~ **On the Timeline Process flowchart, DHS/DCF think numbers 9 and 10 should be reversed so that all county boards have to authorize establishing a multi-county DHS prior to the State agencies approving the Implementation Plan.**

- The state agencies would not approve until the three counties have given their approval.
- WI Statute 46.23 allows for and defines a multi-county human services department organization. There are very specific points within the statute for makeup of the board, etc.
- Gail & Gerry will draft a feasibility study based on information gathered to date, and addressing the state's basic study questions. A general concept of budget would be provided at that time. Brenda Glodowski will be contacting the individual Social Services Directors and finance people to work on this budget.
- The task force needs to provide to county boards a governance outline, how a board would be formed, an organization chart, how costs will be contained, how the level of and quality of current services will be maintained, etc., before the boards can make a decision to go forward.
- We need to be clear to the county boards the difference between budget reduction and cost containment.
- Focus group concerns should be addressed and reported back to stakeholders before we go to the county boards.
- **Motion** Day, 2<sup>nd</sup> Bergstrom, to direct the consultants, using the six Marathon County expectation statements, plus the addition of addressing retention of local influence, to prepare a draft document describing how regionalization would positively influence those seven areas, addressing the state's list of questions, and send the draft to this task force approximately a week prior to the meeting. Motion carried.

The November meeting date was change to Wednesday, November 20<sup>th</sup> from 12:00-3:00 p.m., with lunch provided.

**Motion** Hurlbert, Day 2<sup>nd</sup> to adjourn at 3:35 p.m. Motion carried.

*Pdh*