

Human Services Needs Assessment

Marathon County

August 3, 2016

MORNINGSIDE
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Submitted by

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1 EXECUTIVE SUMMARY

BACKGROUND AND PURPOSE

In the fall of 2015, the Marathon County Board of Supervisors approved Resolution #R-63-15 to secure a consultant to identify future needs and a service delivery structure for human services in Marathon County. Marathon County then issued a competitive request for proposals, and in February 2016 Morningside Research and Consulting (Morningside) was selected to conduct the human services needs assessment.

This draft report includes an assessment of the human services needs and considers the services provided to residents by the Marathon County Social Services Department, the Marathon County Health Department, North Central Health Care (NCHC), Mount View Care Center, and other community organizations.

The Marathon County Board of Supervisors intends to use this needs assessment to prioritize the human services funded by the county and determine how those services are to be provided, including but not limited to whether or not Marathon County will continue to provide services to residents through NCHC. This draft Human Services Needs Assessment will be presented to the Marathon County Board of Supervisors at a meeting in July 2016, during which the board will provide input on and set priorities. The board will meet again in September 2016 to develop a plan for the continued provision of human services in the County.

METHODOLOGY

In order to assess the current and future human service needs of the residents of Marathon County, assets and gaps in services, and trends that will influence or may impact human service delivery in the future, Morningside conducted an extensive review of documents provided by Marathon County, a review of needs assessments that have previously been conducted in the county, a review of other available human services and demographic data, and an analysis of input gathered from human services stakeholders during a series of meetings and interviews.

DOCUMENT AND DATA REVIEW

In February 2016, Morningside requested documents and data from Marathon County, Marathon County Social Services Department, the Marathon County Health Department, and NCHC. Over the course of the review, over 200 documents and data sets were received by Morningside. These documents were thoroughly reviewed, organized, and examined for information. Morningside also gathered data from various other sources including state of Wisconsin agencies, federal data sources, and private organizations.

REVIEW OF EXISTING NEEDS ASSESSMENTS

Prior to this review, numerous needs assessments and reports have been produced by various organizations including Marathon County departments and the United Way of Marathon County. Appendix A shows a list of existing needs assessments that were consulted and referenced during this review. Most existing needs assessments did not prioritize the needs that they identified; the only exception is the United Way's 2015 2-1-1 report which listed human service needs in order of priority, indicating the needs that were most often unmet.

STAKEHOLDER INPUT

An extensive series of meetings and interviews were held with Marathon County staff, providers of human services throughout the county, other stakeholders, and residents to identify, discuss, and prioritize the human services needs in the community. The meetings were held at different times and various locations in Wausau. Marathon

County staff notified stakeholders of the opportunity to participate in these meetings and interviews. The following six group meetings were held to gather input from stakeholders:

- Behavioral health and substance abuse stakeholder meeting held on March 30, 2016
- Human services stakeholder meeting held on March 30, 2016
- Behavioral health and substance abuse consumer focus group held on March 31, 2016
- Social worker and disability services provider focus group held on March 31, 2016
- Wausau Downtown River District stakeholder meeting held on March 31, 2016
- Aging and disabilities stakeholder focus group held on April 1, 2016

Interviews with key stakeholders included the Marathon County Social Services Department management team, Marathon County Health Department management, the Marathon County finance department, Marathon County sheriff's department, multiple Marathon County Board of Supervisors members, NCHC senior management, Mount View Care Center senior management, and North Central Health Care Board members. Numerous follow-up telephone calls and emails were initiated to clarify and expand on the information provided during these interviews. Telephone interviews were conducted with the state of Wisconsin Department of Health Services, other Wisconsin counties, and other human services providers in Marathon County.

PRIORITIZING NEEDS

During the meetings with the various stakeholder groups, with the exception of the behavioral health and substance abuse consumers group, participants were asked to complete exercises designed to prioritize human service needs. The exercises included the completion of a prioritization form, a bean counting exercise, and a mapping exercise.

PRIORITIZATION FORM. Participants completed a prioritization form on which they were asked to identify what they consider to be the top three human service needs in Marathon County and areas of the county where those services are needed. The top three human service needs identified by stakeholders on the prioritization forms are mental health, substance abuse, and youth and family services. The most frequently cited locations for the provision of those services are countywide, Wausau, and rural areas. The needs prioritization form is shown in Appendix B.

BEAN COUNTING EXERCISE. Participants at the human services stakeholder group and behavioral health and substance abuse stakeholder group were given 10 beans to allocate among jars labeled with different human service areas and asked, "How would you allocate Marathon County's funding and resources?" The top service areas participants identified were behavioral health and substance abuse; children's services; homeless shelter, temporary housing, and housing services; and juvenile and criminal justice. Participants allocated their remaining beans to the categories of economic support; job training and employment assistance; aging services; health care services; and other services. Other services not captured by the pre-identified categories but identified by the participants included domestic violence and sexual assault services and sober housing.

MAPPING EXERCISE. Participants at the human services stakeholder group and behavioral health and substance abuse stakeholder group were asked to identify with white pins where their agencies provide services on maps of the Wausau metropolitan area and Marathon County. In addition, they were asked to identify where those services are needed with red pins on the same maps. While participants identified areas both inside Wausau and outlying areas in the county that are in need of services, the general trend was that most services are located inside Wausau and services are needed in other areas of the county.

SUMMARY OF FINDINGS FROM STAKEHOLDER MEETINGS AND INTERVIEWS

During stakeholder meetings and interviews, participants were asked about their views on the top human services needs in Marathon County with an emphasis on program and service gaps. Over time, stakeholders have seen an increase in the complexity of socioeconomic issues impacting families, such as poverty, substance abuse, low wages, and homelessness. While they acknowledge that the community offers a variety of resources, they cited a need for more services and indicated that some services are at capacity. Stakeholders identified human services needs, corresponding service gaps, and priorities for Marathon County to consider which are each highlighted in subsequent chapters of the report.

REPORT ORGANIZATION

This report includes chapters on each of the following 12 service areas based on needs identified during the document and data review, the review of existing needs assessments, and stakeholder input:

- Mental Health
- Substance Abuse Services
- Youth Services
- Housing
- Transportation
- Senior Engagement
- Criminal Justice and Jail Diversion
- Job Training and Employment Assistance
- Rural Service Delivery
- Coordination, Collaboration, and Outreach
- Culturally Competent Services
- Critical Workforce Shortage

These chapters are presented in priority order, based on rankings determined during stakeholder meetings conducted for this needs assessment. Each chapter begins with background information and data, including demographic trends related to each service area, followed by a discussion of stakeholder input and prioritization. The chapters identify the human services that are provided by the County or other community providers and conclude with an analysis of service needs and gaps.

The final two chapters in the report address the relationship between Marathon County and North Central Health Care (Chapter 14) and Mount View Care Center (Chapter 15), the skilled nursing facility owned by Marathon County. Chapter 14 presents three options for the County Board of Supervisors to consider for the continued provision of human services currently provided by NCHC and outlines the programmatic and fiscal implications of those options. Chapter 15 discusses the needs and challenges related to the operation of Mount View Care Center.

2 MENTAL HEALTH

BACKGROUND

Evidence of the extent to which individuals in Marathon County are in need of mental health services include the following:

- Nationally, 19.8 percent of adults (47,577,800 adults) aged 18 or older reported experiencing a mental illness in 2015; in Wisconsin, the rate was 21.01 percent (926,123 adults).¹
- In Marathon County, 19,360 adults have a mental illness. Of those adults, 4,687 have a serious mental illness.²
- Among adults aged 18 or older, 4.91 per 100,000 in Wisconsin exhibited serious mental illness, compared with 4.62 nationally.³
- Nationally, approximately 8.9 million adults have co-occurring disorders (such as both a mental and substance use disorder). Only 7.4 percent (658,600) of individuals receive treatment for both conditions; 55.8 percent (4,966,200) receive no treatment at all.⁴
- In Marathon County, 5,008 children have a mental illness, and 2,623 have a serious emotional disorder.⁵
- Suicide is the tenth leading cause of death in the nation. Although the suicide rate Marathon County has steadily declined since 2008, 96 suicides were committed by individuals of all ages in 2014.⁶
- In 2015, the United Way of Marathon County received 373 calls regarding mental health and addiction treatment. Of those calls, 27 callers did not have their needs met.⁷ An unmet need, according to the United Way of Marathon County, occurs when there are no community programs available, or a program is available, but the caller is ineligible, there is a long waitlist, or the community resources are not accessible to the caller.
- 55 percent of LIFE survey respondents (470 out of 855) are somewhat or very concerned about the affordability of mental health services.⁸

STAKEHOLDER PRIORITIZATION

In the prioritization survey of community human services stakeholders, mental health services received the most mentions as a priority—25 percent of the total needs identified by stakeholders.

Mental health has also been identified as a human services need in Marathon County in prior needs assessments; 7 of 16 documents identified mental health as a need as shown in Appendix A.

AVAILABLE ASSETS

Several mental health providers and facilities operate within Marathon County, including nonprofit, for profit, and public agencies. The largest provider of mental health services is North Central Health Care (NCHC). The mental health services provided by NCHC include:

- Emergency and crisis services for youth and adults
- Suicide prevention and a crisis hotline
- Mobile crisis unit
- Inpatient crisis stabilization program
- 16-bed inpatient psychiatric hospital open 24 hours a day, seven days a week
- Community support program for individuals with persistent mental illnesses to help manage and treat their symptoms

- Community Corner Clubhouse, which provides psychosocial rehabilitation for individuals with persistent mental illnesses
- Outpatient services

Marathon County has 20 entities that provide mental health services and alcohol and other drug abuse (AODA) treatment within Marathon County, including mental health clinics, private individual offices, and service providers for public entities such as schools.⁹ A full list of these organizations is available with the asset map developed for this needs assessment.

In Marathon County, there are 60 mental health counselors (near the national per capita number of mental health counselors) and 80 mental health and substance abuse social workers (slightly above the national per capita number of mental health and substance abuse social workers).¹⁰ The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) considers Marathon County to be a mental health professional shortage area (HSPA). Mental health HSPAs are areas with a ratio of psychiatrists to population less than 1:30,000. Additional discussion of HSPAs is in Chapter 13. As of 2014, the Wisconsin Department of Health Services states that Marathon County needs 9.5 full-time equivalent psychiatrists in order to reduce its significant shortage of psychiatrists.¹¹

In an effort to increase the number of psychiatrists in Wisconsin, the Medical College of Wisconsin (MCW) is expanding their existing psychiatric residency program to central Wisconsin.¹² This program currently has eight regional partners including three in Marathon County – NCHC, Tomah Veteran’s Administration Medical Center, and Bridge Community Health Clinic.¹³ This program has received initial accreditation and is expected to launch in 2017.

UNMET NEEDS

Stakeholders indicated that the highest priority needs for mental health services in Marathon County are improved crisis stabilization services and increased capacity for mental health services. Stakeholders also mentioned long-term services, inpatient services, and outpatient services as priorities. Respondents who named mental health a priority noted that mental health issues are related to a number of other needs in the community, including substance abuse services, senior outreach services, youth services, and the criminal justice system. Stakeholders indicated that the county and community are not equipped and skilled to properly treat individuals who have dual diagnoses of mental health and substance abuse conditions.

In addition, stakeholders indicate the need to address the stigma associated with seeking mental health services to improve linkages to necessary services. Service gaps exist for youth, seniors, and individuals with dual diagnoses.

CRISIS SERVICES

Stakeholders cite a lack of clarity around roles for crisis service delivery and a need to evaluate and “reinvent” crisis services. Stakeholders report that NCHC has shifted from conducting phone assessments to in person assessments via mobile crisis units. However, stakeholders report that the mobile units do not consistently respond to calls. Stakeholders expressed concern about response to individuals demonstrating suicidal ideations or behaviors. County staff indicated that if they referred individuals who were suicidal to crisis services, the individuals would not be admitted and would return to the service providers. When declined for crisis services, individuals felt disrespected, demeaned, and distrustful of NCHC’s crisis stabilization services. In addition, stakeholders believe that crisis stabilization services releases people who are suicidal too soon and that such individuals should be kept longer.

ADOLESCENTS

Mental health, as well as substance abuse, services for youth are limited in Marathon County. Stakeholders indicated that the community has shifted to an “anybody can treat anyone mentality” that does not acknowledge the specialized treatment youth may need. While private agencies offering youth services are available, many of them do not accept Medicaid (BadgerCare) due to low reimbursement rates. In particular, stakeholders noted a need for psychiatric youth services that accept BadgerCare.

Through crisis stabilization services, NCHC offers two “resting beds” for youth in which they can stay for a maximum of 23 hours. NCHC does not have a separate inpatient psychiatric unit for youth, but houses them in separate rooms in the adult unit. Stakeholders indicate that this can be traumatizing for youth and limits the community’s capacity to appropriately serve youth. In response to a lack of stabilization services for youth, Marathon County’s Social Services Department is considering the development of an inpatient youth treatment facility; however, it would be limited to youth in the child welfare system.

Limited youth mental health services in the community result in youth being sent to other regions in the state to receive services, which presents multiple challenges. Treatment for youth younger than 13 years old, youth deemed “a flight risk,” and justice-involved youth are only provided outside of Marathon County. Youth in mental health crisis are already experiencing trauma, and stakeholders describe sending them away for treatment as “traumas we are creating.” Stakeholders report that upon returning to the community, youth do not have wraparound service collaboration to facilitate their reentry to the community and sustained recovery.

Stakeholders also indicated a lack of mental health services in schools and find that mental health crises necessitate communication among all the systems, including schools, in which an individual is involved. They report that schools strictly control the amount of student instructional time and thus resist on-site mental health programming and services.

SENIORS

Geriatric psychiatry is a growing community need, yet stakeholders report that access to mental health services is limited for seniors. Part of this is due to the fact that some seniors are unable to get to appointments and services. While telemedicine is a potential option, stakeholders indicated that seniors find it challenging to build a trusting relationship in which they could honestly share about their symptoms without in-person communication. A particular need within geriatric psychiatry for which the community is not prepared is providing treatment for individuals with the dual diagnoses of dementia and a mental health or substance abuse condition. The community is experiencing a growing number of individuals with dual diagnoses. Chapter 51 of Wisconsin statutes does not allow the secure detention of individuals with dementia, which makes it difficult for service providers and Adult Protective Services to find placements for individuals with dual diagnoses.

INPATIENT PSYCHIATRIC SERVICES

The inpatient psychiatric unit at NCHC has 16 beds, and the unit is reported to be at capacity most of the time. As a result, NCHC is paying other facilities to house additional individuals. Stakeholders indicated that the design of the unit, which has rooms with a capacity for two or four people, is not conducive for maximizing patient volume. For instance, if an individual who is either presenting violent behavior or is detoxifying, other individuals will not be placed in the room as a safety precaution. In addition, if a juvenile is admitted, capacity is limited because juveniles cannot be placed in the same room as an adult.

3 SUBSTANCE ABUSE SERVICES

BACKGROUND

Wisconsin has a history of being home to many large scale and craft brewers and what stakeholders in Marathon County refer to as a “drinking culture”. Alcohol abuse has been an issue in Marathon County for many years. In addition to the challenges posed by alcohol, Marathon County is also facing a large increase in drug abuse, particularly opioids and methamphetamine (meth). Evidence of the extent to which alcohol and drug abuse is an issue in Marathon County includes the following:

- 24 percent of Marathon County residents (32,608 people) engage in excessive drinking.¹⁴
- In 2011, excessive alcohol consumption in Marathon County contributed to at least 31 alcohol related deaths, 1,318 alcohol related hospitalizations, and 1,392 alcohol related arrests.¹⁵
- In the most recent LIFE Survey conducted by the United Way of Marathon County, 84 percent of respondents (718 people) were very or somewhat concerned with illegal drug use, and 83 percent of respondents (710 people) were very or somewhat concerned about drinking and driving.¹⁶
- In 2015, 2-1-1, operated by the United Way of Marathon County, received 373 calls requesting mental health and addiction treatment. Of those calls, 27 callers did not have their needs met.¹⁷
- The metro area has experienced an increase of 6 percent to 26 percent in adult drug arrests (85 arrests up to 157) between 2011 and 2012.¹⁸
- From 2003 to 2012 Marathon County District Attorney’s office experienced a 2,300 percent increase in heroin referrals and an 860 percent increase in meth referrals.¹⁹
- According to community stakeholders, the inpatient treatment program at North Central Health Care (NCHC), Medically Monitored Treatment (MMT) has a waiting list of 130 individuals for 6 available beds.

STAKEHOLDER PRIORITIZATION

A lack of substance abuse services and treatment options is the most common problem and greatest need cited by stakeholders and consumers during the public meetings and interviews conducted for this needs assessment. Geographically, stakeholders indicated that these services are needed throughout the county. Substance abuse received 23 percent of the total mentions of human services priorities from community stakeholders.

Substance abuse services has also been identified as a human services need in Marathon County in prior needs assessments; 8 of 16 documents identified substance abuse as a need as shown in Appendix A.

AVAILABLE ASSETS

Marathon County has 28 organizations, including clinics, hospitals, NCHC, private providers, and programs through local governments and school districts, that offer alcohol and other drug abuse (AODA) treatment and mental health services in Marathon County. Inpatient treatment services are very limited and include:

- A 6 bed, 21-day substance abuse treatment program at NCHC that opened in 2015.²⁰
- An outpatient ambulatory medical detoxification program operated by NCHC that can serve up to five individuals at a time.
- Outpatient services, which, according to Wisconsin state statute may consist of up to 12 hours of counseling per individual per week²¹

Marathon County has 80 mental health and substance abuse social workers licensed to provide services within Marathon County.²² Data are not available or insufficient to make an estimate of the number of licensed substance abuse behavioral counselors in Marathon County.²³

UNMET NEEDS

Multiple stakeholders expressed concern that service providers have failed to keep up with the community's changing needs for AODA treatment. Stakeholders report that people seeking treatment are waitlisted or turned away. Access to mental health services is very important when treating addiction, however, providers of mental health services do not necessarily have the resources to treat the physical aspect of addiction. The effectiveness of addiction services is dependent upon an individual's readiness and willingness to enter into treatment. For this reason, stakeholders stressed the importance of having available treatment options with adequate capacity to meet the community's needs; placing individuals on treatment waitlists creates missed opportunities for intervention.

LIMITED INPATIENT AODA TREATMENT

NCHC began its medically monitored treatment (MMT) program in 2015—the first inpatient AODA treatment option in Marathon County. MMT has a limited capacity of 6 beds and a waitlist of over 130 people. Stakeholders, including consumers, believe that the 21-day length of the MMT program is too short, and longer treatment could increase effectiveness. Stakeholders indicated that the county needs more intensive inpatient AODA treatment options to eliminate the need to send consumers out of the county for services. Another stakeholder concern with MMT is that it shares a facility with a mental health treatment program, which was not seen as ideal.

LACK OF A CONTINUUM OF CARE

Marathon County lacks a continuum of care for individuals seeking AODA treatment. For instance, stakeholders cited that step down therapy, which provides an intermediate phase of therapy after inpatient treatment before full integration back into the community, is not available. Without a continuum of care, consumers may experience delays between completing inpatient treatment and being linked to additional supportive resources or treatment. Consumers reported that these are challenging periods during which they are tempted to relapse without sustained recovery support services. Another challenge identified by providers and consumers is that consumers with insurance are typically limited to seeing one provider at a time because their insurance would only cover treatment from one provider, even if the secondary provider was a referral from the primary provider to ensure that the client receives all needed services.

TRANSITIONAL HOUSING

Consumers and service providers also indicated that sober housing is an unmet need; this is a facility that would provide housing to individuals in recovery. Transitional housing for individuals who have been released from AODA treatment is cited as a need by stakeholders.

4 YOUTH SERVICES

BACKGROUND

Data regarding children and youth in Marathon County include:

- The population of children under the age of 19 in Marathon County is 35,240 as of 2012.²⁴
- The percentage of children aged 0 to 17 living in poverty in Marathon County is 15.6 percent (4,912 children) as of 2012.²⁵
- 40 percent of children (7,945 out of 19,862 total children) in public schools in Marathon County are eligible for free and reduced lunches.²⁶
- In 2011, 197 children were removed from their homes to out-of-home care during an initial assessment in Marathon County.²⁷ The number of Marathon County children referred for child protective services in 2012 was 1,225.²⁸
- 358 juveniles were detained in the Marathon County secure detention facility in 2014.²⁹
- In 2012, 144 Marathon County children under the age of 18 were hospitalized for psychiatric reasons.³⁰ This represented approximately 0.46 percent of the youth population.³¹
- In 2012, 77 children in Marathon County received long-term care through the Wisconsin Community Options Program.³²
- In Marathon County, 5,008 children have a mental illness. Of those, 2,623 have a serious emotional disorder.³³
- Among Marathon County students surveyed, 21.3 percent (426 out of 2,000 respondents) reported feeling sad or hopeless almost every day for two or more weeks.³⁴
- Among Marathon County youth, 7.9 percent (about 158 youth) reported using prescription drugs without a doctor's prescription (a number significantly lower than the 14.9 percent of Wisconsin youth and the 17.8 percent of American youth who do).³⁵

STAKEHOLDER PRIORITIZATION

Youth and family services received the third most mentions as a priority in the prioritization survey of community stakeholders. Youth and family services received 14 percent of the total number of stakeholder mentions of human services priority.

Youth services has also been identified as a human services need in Marathon County in prior needs assessments; 7 of 16 documents identified youth services as a need as shown in Appendix A.

AVAILABLE ASSETS

The Marathon County Department of Social Services (DSS) administers a number of programs designed to protect children and strengthen families, including:

- The Family Foster Care program, which provides temporary homes for children whose parents unable to care for their children. Some foster homes provide short-term crisis care.
- A Community Response Program exists to intervene early to strengthen families and prevent children from entering the foster care system.³⁶
- General Access provides families with information on available social and community services for children.
- The Economic Support unit qualifies families for cash and other economic support.
- The child support program ensures that parents provide income support for their children.³⁷

- In response to a lack of long-term out-of-home care options, DSS has issued a request for proposals to create an eight bed male and female foster group home to be operated by a recognized organization for youth aged 12 to 16.³⁸

North Central Health Care (NCHC) has several programs for youth, including a crisis stabilization program for short-term emergencies that is able to serve one to two clients at a time.³⁹ NCHC also offers Comprehensive Community Services, a program that assists adults and children diagnosed with a mental illness or in need of assistance recovering from drug abuse. This program served 418 clients in 2015, and has a coordinated services team that provides services to children and their families.⁴⁰

Other services available to youth and children and their families in Marathon County include:

- Fifty child, family, and school social workers; 50 health care social workers; and 60 mental health counselors. Eighty mental health and substance abuse social workers and 60 social and community service managers are licensed to practice in Marathon County.⁴¹
- The Wisconsin Shares Child Care program provides a child care subsidy for low-income families.⁴²
- The Marathon County Start Right Program, a public private partnership administered by the Marathon County Health Department helps new parents learn to be parents.
- The 4-H Youth Development Program, a program through the University of Wisconsin provides opportunity for children to learn new skills and to give back to their communities.⁴³
- The Marathon County Job Center helps youth find summer jobs, develop professional skills, learn job search strategies, and provides career planning advice.⁴⁴

UNMET NEEDS

Stakeholders who named youth and family services a priority noted that youth and their families are significantly impacted by the lack of availability of substance abuse treatment and mental health services in the community. Given the rise in alcohol and other drug abuse (AODA) and the effect it is having on youth, prevention and early intervention services are a commonly cited need. As a result of an increase in children removed from their homes due to AODA issues with parents, there is a need for more foster home availability as well as treatment services for parents so they can be reunited with their children.

LIMITED PREVENTION AND EARLY INTERVENTION SERVICES

Stakeholders repeatedly emphasized the need to increase prevention and early intervention services for youth. Youth, particularly those in households where AODA is occurring, are exposed to trauma and negative behaviors. Stakeholders believe that intervention beginning once children are school age is too late and should begin sooner. They indicated that parenting education and support services for children with a pro-social as opposed to penal focus would be beneficial. Stakeholders noted that mentoring services for children between the ages of 10 and 16 is needed to provide positive role models and opportunities for positive community engagement. Some emergency services are available for youth in Marathon County, but the county government and other agencies do not have the resources to meet demand for youth when they are in crisis. Stakeholders and the media have pointed out cases where youth experiencing suicidal thoughts were unable to receive youth crisis care.⁴⁵ Stakeholders report that NCHC does not provide outpatient mental health services specifically to children.

INSUFFICIENT FOSTER HOME PLACEMENTS

Stakeholders report that 10 to 12 children are removed from their homes per week due to AODA issues with their parents. As a result, service providers are finding it more and more challenging to find available foster care homes

for children. In addition, once youth in the foster care system age out, they encounter very limited options for housing and support for transitioning to adulthood. Marathon County currently does not have the capacity to serve all of the youth in need of out of home services, especially long term.

5 HOUSING

BACKGROUND

The following demonstrates the demand for affordable, transitional, and emergency housing:

- In 2016, the annual point-in-time survey identified 49 individuals experiencing homelessness in Marathon County.⁴⁶
- Of the top 10 unmet service need categories in the 2015 United Way 2-1-1 Annual Report for Marathon County, six of those categories were related to housing.⁴⁷
- In 2015, the United Way of Marathon County's 2-1-1 line received 1,342 requests for assistance with housing. Of these needs, the United Way of Marathon County was unable to assist 266 requests.⁴⁸
- In Marathon County, 9.9 percent of residents, roughly 13,442 residents, live in poverty in 2014.⁴⁹ This is lower than the rate in Wisconsin (13 percent) and nationally (14.8 percent).⁵⁰
- The Section 8 housing voucher waiting list was last open for 10 days in August of 2015 and has been closed since due to an inability to meet demand.⁵¹
- An average of 4,875 individuals are released per year from the Marathon County jail.⁵²

STAKEHOLDER PRIORITIZATION

In the prioritization survey given to community stakeholders, housing was the fourth most common priority mentioned by stakeholders. Housing received nine percent of the total mentions of human service priorities according to community stakeholders.

Housing has also been identified as a human services need in Marathon County in prior needs assessments; 6 of 16 documents identified housing as a need as shown in Appendix A.

AVAILABLE ASSETS

EMERGENCY SHELTER

Most shelters for individuals experiencing homelessness are located in the Wausau metro area. The efforts of many organizations working on homeless issues in Marathon County are directed towards preventing people from becoming homeless. It is widely recognized that homelessness is often the result of other problems such as unemployment, mental illness, domestic abuse, and drug addictions. As such, providing an integrated network of support is essential to address this complex issue. To address these issues the Marathon County Housing and Homelessness Coalition was created in 2012. Their mission is to raise awareness, find solutions, and eradicate homelessness in the community.

Homeless housing services in Marathon County include the following:

- Catholic Charities operates the Wausau community warming center that serves about 10 persons per night but has the capacity to serve up to 25 individuals per night.
- The Salvation Army in Wausau has a transitional living center that can serve up to 36 individuals.
- The Marathon County Veterans Service Office can assist veterans at risk of becoming homeless.⁵³

The Women's Community shelter provides emergency shelter for up to 40 women and children who are survivors of domestic abuse or sexual assault.⁵⁴

AFFORDABLE HOUSING

Services are also available to assist with securing affordable housing. The City of Wausau Community Development Department manages the affordable housing program, including 231 affordable housing units owned by the city of Wausau.⁵⁵ Marathon County has a total of 1,550 units of federally assisted affordable housing.⁵⁶ Federal assistance programs available in Marathon County include:

- Section 8 housing vouchers
- Low Income Housing Tax Credits
- Rural rental housing loans (Section 515)
- Section 202
- Affordable housing units:
 - Riverview Towers – 149 one bedroom units for elderly or disabled
 - Riverview Terrace Assisted Living – 36 units for those in need of assisted living
 - Scattered housing for low-income families – 46 units⁵⁷

UNMET NEEDS

Community stakeholders expressed concern about the limited availability of homeless shelters, transitional housing, domestic violence shelters, and affordable housing. Stakeholders who named housing a priority mentioned need for a wide variety of housing options, including homeless shelters, affordable housing, housing for recently released prisoners, foster homes for children removed from their families, housing for youth aging out of the foster care system, and housing for individuals with disabilities.

AFFORDABLE HOUSING

Given that many individuals seeking human services lack jobs paying livable wages, stakeholders repeatedly cite affordable housing as a need. As of 2014, roughly 13,422 residents of Marathon County were living below the federally determined poverty level compared to the 1,550 units of affordable housing available. Individuals living above the poverty level are also in need of affordable housing; the eligibility thresholds for many of the affordable housing units are well above the national poverty level of \$11,490 per year for an individual.⁵⁸

TRANSITIONAL HOUSING

Transitional housing is cited as a need for individuals, such as the reentry population, those who have been released from mental health or alcohol and other drug abuse (AODA) treatment, and children aging out of foster care, until they can acquire more stability and self-sufficiency.

HOUSING FOR INDIVIDUALS EXPERIENCING HOMELESSNESS

Marathon County has sufficient beds to provide shelter to the number of individuals experiencing homelessness. However, the homeless shelters are primarily located in Wausau and Marshfield and may not be accessible to individuals located outside these areas. In addition, despite the number of beds available, stakeholders report that more shelters are needed, especially during the cold winter months. One downtown church reports that it leaves its doors open 24/7 to provide a warming shelter for homeless individuals.

DOMESTIC VIOLENCE SHELTER

A lack of domestic violence shelters can result in women and children staying in abusive and unsafe situations if they do not have safe housing options to consider. While The Women's Community shelter provides domestic violence shelter and resources for up to 40 individuals, stakeholders report that some individuals may not live near the shelter and thus do not have access since The Women's Community is the only domestic violence shelter in Marathon County.⁵⁹

6 TRANSPORTATION

BACKGROUND

At approximately one million square acres, Marathon County is the largest county in Wisconsin by land mass.⁶⁰ Most of the county is considered to be rural. In order to utilize social services, Marathon County residents must be able to get to services or have those services brought to them. Many human need services are concentrated in urban areas of Marathon County, mainly the city of Wausau, and residents from all over the county must travel to receive those services.

The Marathon County Highway Department maintains over 600 miles of county roads. The Wisconsin Department of Transportation (WisDOT) contracts with the department to maintain an additional 700 lane miles of state and federal highway system roads within the county.⁶¹ Traveling by personal vehicle from the southwest to the northeast corner of the county takes about 90 minutes without traffic.⁶² The highest observed traffic volumes are along the merger point of USH 51 and STH 29 within the Wausau Metropolitan Planning Area, which averaged 55,000 vehicles per day in 2010.⁶³

Personal vehicle travel time to Wausau from around Marathon County:

- Countywide average is 18.6 minutes (assumes one way and no rush hour traffic).
- If within 10 miles of Wausau, average time is nine minutes one way.
- If more than 10 miles, average time is 29 minutes one way.
- 47 percent (63,085 people) of Marathon County residents live 10 or more miles from Wausau.
- 15.56 percent (20,864 people) of Marathon County residents live more than 30 minutes one way from Wausau.
- 6.75 percent (9,004 people) are more than 40 minutes from Wausau one way.

According to the 2015 United Way 2-1-1 Report for Marathon County, gas money is the most common unmet need of 2-1-1 callers. Of the 530 requests for transportation assistance, 180 were unmet.⁶⁴

STAKEHOLDER PRIORITIZATION

In our survey of community stakeholders, transportation received five percent of total mentions of human services priorities in Marathon County. Transportation ranked in the middle of priority issues for community stakeholders. Some respondents who mentioned transportation as a priority issue noted that transportation services are needed in order for other services to be accessed.

Transportation has also been identified as a human services need in Marathon County in prior needs assessments; 10 of 16 documents identified transportation as a need as shown in Appendix A.

AVAILABLE ASSETS

FIXED-ROUTE PUBLIC TRANSIT

Public transportation for Marathon County is limited to Metro Ride, the intra city, fixed-route transit service in Wausau. Metro Ride has seven regular fixed routes and eight express fixed routes during the school year that operate from 6:30 a.m. to 6:30 p.m. Monday through Friday. Service is not provided on weekends or major holidays.⁶⁵ Metro Ride previously provided limited service to the villages of Rothschild and Weston and the City of Schofield, but those services were suspended in 2015. Metro Ride also previously provided weekend service, but that too has ended. According to the 2016 Marathon County Comprehensive Plan, communities outside the Wausau metropolitan area

voiced their interest in restoring or establishing transit and paratransit services to their areas, but such services are cost prohibitive when provided by each community.⁶⁶ Marathon County explored the option of creating a Regional Transportation Authority in order to provide coordinated public transit across all of Marathon County, but determined that this is not allowed under current state law. According to the Marathon County Transportation Coordinating Committee in March 2016, expanding Metro Ride's geographic service area will not happen in the near future.⁶⁷

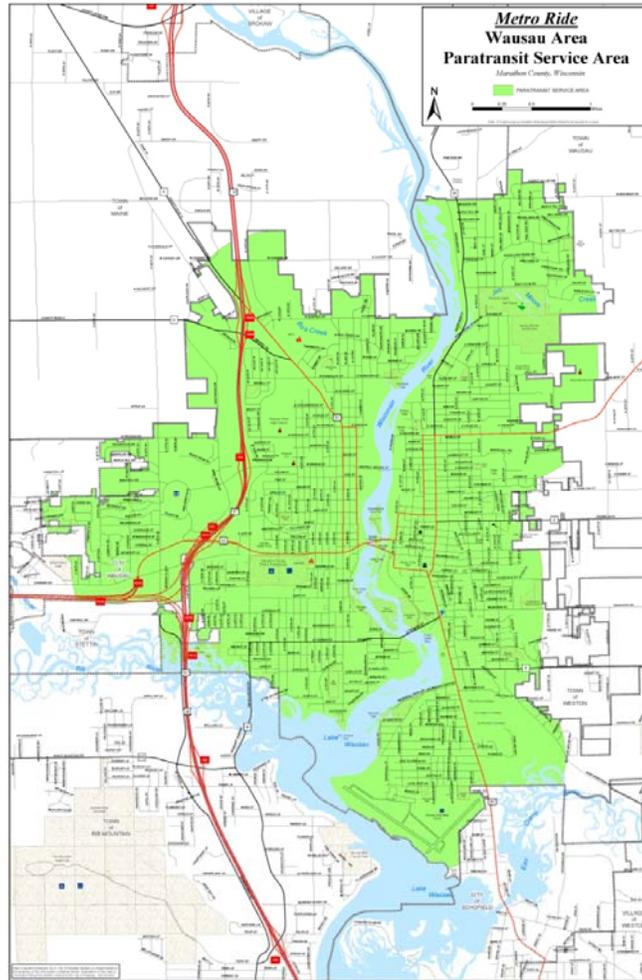
Metro Ride saw ridership decline from 810,000 in 2005 to 577,000 in 2015, a decline of 29 percent, most likely due to reductions in service.⁶⁸ Ridership data includes the following:

- Students comprise approximately 50 percent of Metro Ride's ridership (288,500 students rode in 2015), and Metro Ride adds eight additional "express" lines during the school year to accommodate the increased volume.⁶⁹
- Metro Ride Paratransit Operations were allocated \$98,387 for 2016 and provided 2,219 trips in 2015 to seniors over the age of 65 or people with temporary or permanent physical or mental disabilities.
- Paratransit trips covered 14,627 miles and took 1,576.13 hours. The average cost per trip was about \$60 in 2015, of which riders pay up to \$2.25.
- Metro Ride ran approximately half of the number of paratransit trips budgeted in 2015 (2,219 out of 4,590), less than half of the miles (14,627 out of 33,966), and approximately half of the hours (1,576.13 out of 2,983.5).⁷⁰

TRANSPORTATION FOR THE ELDERLY AND DISABLED

Demand-response paratransit services are provided for elderly and disabled people throughout Marathon County by Metro Ride within the Wausau city limits from 6:30 a.m. to 6:30 p.m. Monday through Friday, and by the County Transportation Program operated by North Central Health Care (NCHC) outside the Wausau city limits within Marathon County from 8 a.m. to 5 p.m. Monday through Friday.⁷¹ The County Transportation Program is funded by state of Wisconsin 85.21 grant funding and Marathon County contracts with NCHC to provide these services. Metro Ride also receives 85.21 funds from Marathon County.⁷² Metro Ride provided approximately 185 rides per month but has the budget to provide 382.5 per month. NCHC has provided an average of 1,075 rides per month and has a budgetary capacity of 1,142 rides per month.

Exhibit 6-1 Metro Ride Paratransit Current (June 2016) Service Area



Source: Wausau Area Paratransit Service Area." *Ci.wausau.wi.us*, 2014.
City of Wausau, 2016. Web.

http://www.ci.wausau.wi.us/Portals/0/Departments/Transit/Images/MetroRideParatransitService_2014-1.pdf. Accessed June 2016.

The County Transportation Program operated by NCHC was allocated \$240,000 for 2016. The program provided 4,299 trips from January through April 2016 (approximately 1,100 trips per month) for seniors over the age of 65 or people with temporary or permanent physical or mental disabilities. The average cost per trip was \$31 as of April in 2016. Fees are:

- \$6 – 0 to 15 miles
- \$12 – 16 to 30 miles
- \$15 – 31 to 45 miles
- \$20 – 45+ miles⁷³

VOLUNTEER AMBASSADORS PROGRAM

Marathon County, has considered implementing a volunteer driving program called “Transportation Ambassadors”, but has struggled to decide which of the county and community entities should and could administer the program.

During the discussions, the Aging and Disability Resource Center highlighted that one hurdle for this program to overcome is that there is not enough sharing of volunteer lists across entities/organizations.⁷⁴

UNMET NEED

Limited public transportation in the metropolitan area and the rural areas of the county is cited as a common need in Marathon County by stakeholders, community members, and Marathon County committees. Fixed-route public transit outside Wausau is nonexistent, and within the Wausau metro area it is very limited. This limits the usefulness of the transit system to people who work only on weekdays during first shift, students, and others who only need transportation during the week. Students who want to participate in afterschool activities or people who work late may be able to use the bus system to get to work and school, but may find themselves without a way home after 6:30 p.m.

Furthermore, the Metro Ride coverage area is limited and has been reduced over the previous decade resulting in a 29 percent decline in ridership from 2005 to 2015. When bus service to some communities south of Wausau was cancelled, stakeholders expressed that individuals working in that region lost jobs as a result of no longer having bus transportation. Furthermore, vulnerable populations (especially the reentry and homeless populations who are in need of social services but lack vehicles) do not have any means for commuting to their health care and social services appointments, job interviews, or jobs without bus service.

PUBLIC TRANSIT AND JOBS

In 2014 and again in 2015, the Housing and Homelessness Coalition of Marathon County examined the number of job openings on the Job Center of Wisconsin website during a one-week snapshot that were available by public transit. Their 2014 review determined that 243 of 411 (59 percent) job openings were not accessible through public transit. In 2015, they repeated their review and found that 293 (74 percent) out of 397 job openings were not accessible by public transit. Part of the increase in openings unavailable by public transit is due to Metro Ride ended bus line K, which serviced the communities of Schofield, Rothschild, and Weston between the two reviews.⁷⁵

Exhibit 6-2 and Exhibit 6-3 are maps of where the job openings examined by the Housing and Homelessness Coalition of Marathon County were located; pins are color coded to indicate public transit accessibility. Exhibit 6-2 shows the job openings that were examined in 2015; blue pins indicate that public transit was available to that job opening and red pins indicate that it was not available. Exhibit 6-3 is a map of the 2014 review; white pins indicate that public transit was available and blue and red pins indicate that it was not.

Exhibit 6-2: 2015
Blue Pins – Bus Service Available
Red Pins – No Bus Service

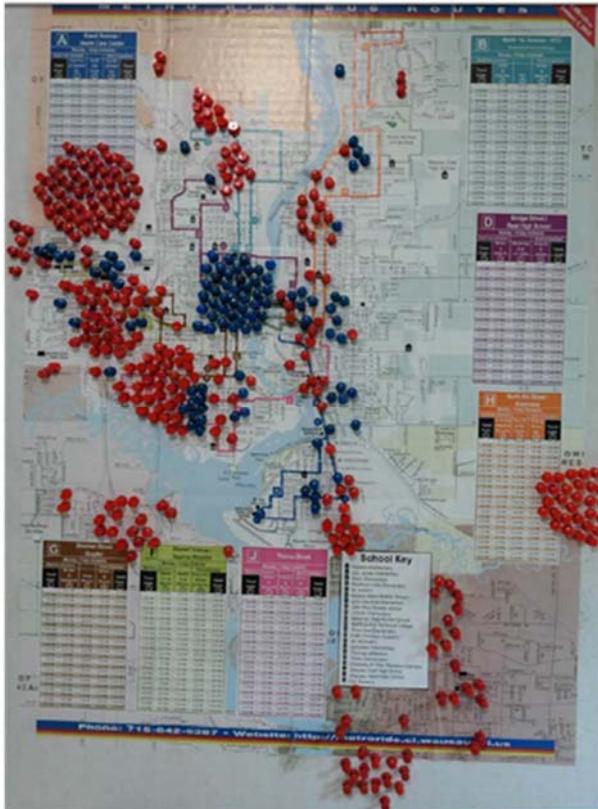


Exhibit 6-3: 2014
White Pins – Bus Service Available
Red and Blue Pins – No Bus Service



Source: "Transportation Coordinating Committee Agenda." *Marathon County* February 18, 2016: n.pag. Web.
http://www.co.marathon.wi.us/Portals/0/Departments/MCB/Archives/Boards%20Committees%20Commissions/Transportation%20Coordinating%20Committee/2016/TRAN_20160218_Packet.pdf. Accessed June 2016.

Despite the large and consistent unmet transportation needs in Marathon County, it is encouraging that the 2016 Wausau City Council has made working on transit with regional partners a top priority for the year.⁷⁶

7 SENIOR ENGAGEMENT

BACKGROUND

- The population aged 65 and over in Marathon County is growing, as it is in the state of Wisconsin and the United States—a trend that is expected to continue. The median age of residents in Marathon County is 40.2 years. This is higher than the median age of the state of Wisconsin, 38.8 years, and the median age across the United States, 37.4 years.⁷⁷
- As of 2015, 16.4 percent (approximately 22,282 people) of the population of Marathon County was aged 65 and over. This is up from 14.2 percent in 2010.⁷⁸
- By the year 2035, it is projected that 24 percent of residents (35,800 people) in Marathon County will be aged 65 and over.⁷⁹ For the state of Wisconsin, it is projected that about 23.3 percent of the population (1,424,320 people) will be aged 65 or older by 2035.⁸⁰
- In the city of Wausau, 11.9 percent of area seniors agreed or strongly agreed that they felt socially isolated.⁸¹
- Aging and Disability Resource Centers (ADRC) in Wisconsin responded to 344,661 requests for assistance and provided 527,474 services in 2010.⁸²
- Meals on Wheels served 127,794 meals to 1,026 seniors in Marathon, Langlade, Lincoln, and Wood counties in 2013. The ARDC served an additional 85,770 meals at senior dining sites.⁸³
- In Marathon County, 734 seniors (about 3.9 percent of the population aged 65 and over) were living in skilled nursing facilities as of 2012.⁸⁴
- Of the seniors in Wisconsin, about 100,000 are living with Alzheimer’s disease as of 2014.⁸⁵ Marathon County has 2.35 percent of the total population of the state of Wisconsin; using that same ratio, approximately 2,354 of these Alzheimer’s patients may reside in Marathon County.⁸⁶

STAKEHOLDER PRIORITIZATION

In the prioritization survey of community stakeholders, senior engagement received five percent of the total mentions from community stakeholders of human services priorities in Marathon County. Respondents who named senior engagement services as a priority noted a number of issues that are critical to address for seniors, including mental health, basic economic needs, dementia care, housing, assisted living, education, and creating aging-friendly communities.

Senior engagement has also been identified as a human services need in Marathon County in prior needs assessments; 7 of 16 documents identified senior engagement as a need as shown in Appendix A.

AVAILABLE ASSETS

A primary resource for senior engagement is the ADRC of Central Wisconsin, a regional organization created by an intergovernmental agreement that serves Langlade, Lincoln, Wood, and Marathon counties. ADRC helps seniors access social services, including elderly and disabled benefits, healthy living programs, caregiver support, home safety, home delivered meals, and congregate dining.^{87,88}

The Connections Place, Inc. was founded in 2014 with the purpose of creating an active aging center to provide seniors in the Wausau area with opportunities for entertainment, information on wellness and exercise, and education on active aging.⁸⁹ This center would also allow young professionals to seek mentorships from seniors.⁹⁰ Programs will be available to all Wausau area seniors regardless of ability to pay.⁹¹ The status of the development of this center is unknown.

The Hmong American Center has an elder program to help connect senior Hmong Americans with community and government services.⁹² Chong Tou's Elderly Center provides adult daycare to aging Hmong residents and is the only senior center in Marathon County.⁹³

North Central Health Care (NCHC) provides a number of services for seniors, include demand-response transportation as stipulated in a contract with Marathon County, adult protective services, post-acute care for patients in need of rehabilitation, and a long-term care skilled nursing facility that includes specialized care for dementia patients.

A number of home health agencies in Marathon County assist seniors aging at home, including:

- Aspirus at Home
- Aurora Community Health
- Interim Healthcare Wausau
- Ministry Home Care Home Health Marshfield
- Recover Health
- Rescare Home Care Wisconsin Inc.⁹⁴

Assisted living facilities provide housing for seniors who are able to live independently and several are available in Marathon County.⁹⁵ According to the 2-1-1 listings, the following assisted living facilities are located in Marathon County:

- Acorn Hill Senior Living Community (29 units)⁹⁶
- Applegate Terrace (53 units)⁹⁷
- Golden Living Center Continental Manor (78 units)⁹⁸
- Homme Home of Wittenberg (81 units)⁹⁹
- Mountain Terrace Senior Living (76 units)¹⁰⁰
- Primrose Retirement Community (68 units)¹⁰¹

A minority of seniors live in the 10 skilled nursing facilities within Marathon County. A total of 987 skilled nursing beds are available for seniors in Marathon County. The largest facilities are Mount View Care Center (under NCHC, 240 beds), Colonial Manor Medical and Rehabilitation Center (150 beds), and Golden Living Center – Three Oaks (110 beds).¹⁰²

There are 1,410 registered nurses and 1,000 nursing assistants in Marathon County.¹⁰³

Benefits available to elderly residents of Marathon County include:

- SeniorCare, the state's prescription drug assistance program
- FoodShare, the state's nutrition assistance program
- Housing and utility assistance
- Tax credits and programs for low-income seniors¹⁰⁴

Meal programs for seniors available in Marathon County include Meals on Wheels, which delivers meals to seniors at home and Café 60, which allows mobile seniors to dine at certain restaurants.¹⁰⁵

UNMET NEEDS

Marathon County has a large and growing senior population and the majority of its seniors are aging in place at home. Stakeholders indicated that the primary needs for seniors include ensuring the community is an inviting place for seniors, increasing awareness of and access to services, providing respite care to caregivers, and creating a senior engagement center.

INCREASING AWARENESS AND ACCESS TO SERVICES

Stakeholders familiar with the aging resources in the county consider the community to have a number of services available for the senior population; however, they indicate that a problem is that many seniors are unaware of the available resources or lack a means to access the services. Seniors services that are promoted primarily online or require online-based applications are not considered senior-friendly. In addition, some seniors need an individual to help them navigate the service system and understand the information that they receive.

If seniors are aware of services, they may not have transportation to get to the services. Stakeholders report that the established and proposed senior engagement resources, including the ADRC of Central Wisconsin, Chong Tou's Elderly Center, and the proposed senior center, are concentrated in Wausau; seniors in rural communities may have limited access to these services because they do not have the transportation services available. While some senior transport services exist, namely Metro Ride's Paratransit operation and NCHC's County Transportation Program, stakeholders noted the limitations of these services. Some of the services are "curb to curb" but do not accommodate individuals who need assistance getting into and out of the facilities.

INCREASING RESPITE CARE FOR CAREGIVERS

Given that the majority of the county's seniors are aging in place, it is important to provide respite care for their caregivers. Stakeholders emphasized that caregiving affects not only the caregiver and the family, but also the workplace and the economy. For instance, caregivers may have to miss work to respond to the needs of the individual for whom they are providing care. Stakeholders also indicated that both patients and family caregivers maybe expected to transition home post-rehabilitation without any training for sustained recovery, which is difficult.

DEVELOPMENT OF A SENIOR ENGAGEMENT CENTER

Marathon County has one senior center where Hmong seniors can gather for social activities. An organization has been formed to create another senior center. Stakeholders indicate that having a center could mitigate social isolation that occurs for seniors and the accompanying mental health conditions, such as depression, that could arise from social isolation. ¹⁰⁶

8 CRIMINAL JUSTICE AND JAIL DIVERSION

BACKGROUND

Marathon County has seen an increase in its jail population since 2012, both in the average daily population and the number of bookings. This increase necessitated a renovation in 2000 to increase the number of beds available by 120. Because the average daily number of inmates exceeds the capacity of the Marathon County jail, the Marathon County sheriff's office has in recent years housed inmates in jails in Lincoln County and Shawano County.¹⁰⁷

For juvenile offenders, Marathon County has a secure detention center that can house up to 20 juveniles.¹⁰⁸ Criminal justice data for Marathon County include the following:

- The Marathon County jail has a capacity of 279 inmates.¹⁰⁹
- The average daily population of the Marathon County Jail in 2013 was 354.2, which is an increase from 326.5 in 2012.¹¹⁰
- Bookings in 2014 increased to 5,046 from 4,915 in 2013 and 4,733 in 2012, but decreased from the 6,403 bookings in 2008.¹¹¹
- African Americans make up 10 percent of the jail population despite making up 0.8 percent of the Marathon County population. Native Americans make up 4 percent of the jail population while making up 0.6 percent of the community population.¹¹²
- Women make up 23 percent of the Marathon County jail population, which is higher than the Wisconsin prison population (13.6 percent) and United States prison population (14 percent).¹¹³
- According to a 2014 state report, the three-year recidivism rate in Wisconsin was 30.1 percent.¹¹⁴ Marathon County recently implemented a new system to begin tracking more local recidivism data.¹¹⁵
- Nationwide, an estimated 64 percent of local jail inmates have mental health issues that require treatment.¹¹⁶
- In Marathon County, 652 of 1,352 (42.8 percent) in 2014 received a mental health assessment screening, with more than half of them qualifying as "high need."¹¹⁷
- Marathon County detained 358 juveniles in the secure detention facility in 2014.¹¹⁸

STAKEHOLDER PRIORITIZATION

Issues regarding criminal justice received four percent of the total community stakeholder mentions of human services priorities in Marathon County. Respondents who named criminal justice as a priority also expressed the importance of addressing behavioral health issues for individuals in the criminal justice system.

Criminal justice and jail diversion has also been identified as a human services need in Marathon County in prior needs assessments; 2 of 16 documents identified criminal justice as a need as shown in Appendix A.

AVAILABLE ASSETS

Marathon County operates several programs designed to divert certain individuals from the county jail, including the Operating While Intoxicated (OWI) Court, the electronic monitoring program for monitoring low-risk offenders at home, and the Crisis Intervention Team (CIT), a collaborative effort between law enforcement and mental health care providers.

OPERATING WHILE INTOXICATED (OWI) COURT

In 2011, Marathon County established an Operating While Intoxicated (OWI) Court (a drug court) created to divert individuals convicted of certain OWIs from prison into treatment.¹¹⁹ The OWI Court program can provide services to 25 individuals at a time and serves each participant for at least one year.^{120,121} The court and associated services help defendants reduce their alcohol and other drug abuse (AODA) behaviors. Consumers indicate that the OWI Court is beneficial.

ELECTRONIC MONITORING PROGRAM

Marathon County has an electronic monitoring program that monitors low risk prisoners at home.¹²² Whether or not an inmate qualifies for the program is decided by their crime and an assessment administered by the sheriff's department and county jail.¹²³ The District Attorney's office also offers a deferred prosecution agreement program and a deferred entry of judgment agreement program that give low risk, first time criminal offenders the opportunity to complete an agreement with the District Attorney's office rather than serve time in jail.

CRISIS INTERVENTION TEAM

The Crisis Intervention Team (CIT) program was created by the National Alliance of Mental Illness as a model for collaboration between law enforcement and mental health professionals.¹²⁴ The program provides a training curriculum for responding to crisis situations that has been adopted by local communities throughout the United States. The Marathon County sheriff's office currently participates in Crisis Intervention Partners (CIP), a 16-hour training initiative that is based on the CIT curriculum.¹²⁵ Currently, there are 300 Marathon County community members, including sheriff's office employees and other community stakeholders, receiving the training. The sheriff's office plans for all sheriff's deputies to receive the training.

UNMET NEEDS

Since 2012, the Marathon County jail has seen an increase in the average daily population and in bookings. According to stakeholders, many of these prisoners suffer from mental illness or substance abuse. Stakeholders report lack of clarity around the role of behavioral health providers in the criminal justice system, and substance abuse service providers make it challenging to properly address the needs of justice-involved individuals presenting mental health or substance abuse symptoms. Stakeholders indicate that comprehensive services are needed to facilitate providing treatment to these individuals, rather than criminalizing the behaviors.

Marathon County stakeholders have made it clear that reducing recidivism and diverting individuals (especially juveniles) with mental health issues and substance abuse issues away from the criminal justice system is a priority. Reducing recidivism, as mentioned by community stakeholders, often requires continued treatment for substance abuse and mental illness as well as transitional programs to allow prisoners to reintegrate into society.

LIMITED SERVICE AVAILABILITY

The availability of mental health and substance abuse treatment available for criminal offenders is limited.¹²⁶ Marathon County created a drug court in 2011, but its resources are very limited in terms of providing treatment.¹²⁷ The OWI Court program can serve 25 individuals at a time, which is not enough to meet demand for the program.¹²⁸ Additional challenges related to the availability of behavioral health treatment services can be found in Chapter 2 and Chapter 3.

TRAINING AND COMMUNICATION

Despite the training efforts described above for law enforcement and others in the community, stakeholders report that law enforcement personnel lack adequate understanding about behavioral health and substance abuse

conditions and how to respond to individuals presenting such conditions. Stakeholders expressed the need for training opportunities that would equip law enforcement and other individuals who intervene with people in crisis with the knowledge and skills to de-escalate and more appropriately respond to these situations.

There is also an issue of communication between law enforcement in Marathon County and North Central Health Care (NCHC) regarding the responsibilities of both law enforcement and NCHC in providing treatment to justice-involved individuals.¹²⁹ Until 2016, NCHC had provided more services in the Marathon County jail, including food service, behavioral health care, and psychiatric medications, but the sheriff's office recently contracted with Correct Care Solutions (CCS), a large national service provider, for medical and behavioral health care in the jail. NCHC now provides a part-time psychologist to stabilize individuals in the jail.

MENTAL HEALTH SCREENINGS

Inspections by the Wisconsin Department of Corrections have indicated that mental health treatment in local Wisconsin jails is particularly inadequate.¹³⁰ In order to assess the needs of individuals in the jail, the Marathon County sheriff's office conducts mental health screenings. The sheriff's office has encountered challenges in the past ensuring that the screenings are conducted and are effective in identifying mental health issues. The sheriff's office has recently contracted with CCS to provide behavioral health care services in the jail, including mental health screenings and ongoing care.

In the event law enforcement believes that an individual needs behavioral health or substance abuse services from NCHC, officers must first take individuals to a hospital to receive medical clearance prior to going to NCHC for an additional mental health screening for admittance.¹³¹ The outcome of the mental health screening could influence whether an individual is incarcerated at the jail or admitted to NCHC for treatment. Stakeholders report frustration with instances in which NCHC has declined to admit an individual that the sheriff's office believes is in need of immediate care.

CRIMINALIZING JUVENILE BEHAVIOR

Social service providers indicate that the legal system is criminalizing and labeling young children who demonstrate behaviors associated with mental illness or substance abuse as delinquent. In fact, they reported that more than 15 children less than 10 years old have been referred to the juvenile justice system. Stakeholders believe that sending youth to the juvenile justice system is not the appropriate response to issues resulting from mental health needs or substance abuse. According to stakeholders, the Marathon County Social Services Department is conducting community outreach to establish partnerships to avoid criminalizing mental health behaviors in juveniles.

DIVERSION PROGRAMS

Community stakeholders are interested in diverting criminal offenders (especially juvenile offenders) with mental illness or substance abuse issues into treatment and reintegrating former inmates into society to reduce recidivism. One-third of offenders in Marathon County return to jail. Stakeholders indicate that the criminal justice system often experiences "frequent flyers", individuals who are continually rearrested and who are likely in need of mental health or substance abuse treatment or both.

Developing programs to address and manage the chronic health needs of individuals with frequent and inappropriate use of services such as the emergency room or EMS could reduce the strain on the behavioral health care system in Marathon County. The top 10 to 25 individuals who meet the criteria for being high utilizers can be identified through jail records, court records, emergency room records, information from NCHC, or a combination of these sources. Tailored interventions, such as intensive case management, can be developed. Repeat offenders

may also be frequent visitors to the emergency room and coordination among all of the entities who interact with high utilizers should be involved.

The Center for Health Care Strategies, a nonprofit health policy resource center, has explored extensively the issue of “super utilizers” and identified a number of practices that can substantially impact the costs to the community to serving these individuals in high-cost settings.¹³² Programs can take many different forms, from medical interventions with registered nurses leading the care management team to programs that emphasize case management and navigation rather than medical care, with social workers as leaders.¹³³ Most programs incorporate elements of both of these types of interventions. Overall, the review found that the types of interventions employed in a high-utilizer program should reflect the characteristics and needs of the particular high-utilizing population in the community.¹³⁴

REENTRY SERVICES

Reentry support is limited in Marathon County. A report on the criminal justice system in Marathon County indicates that reducing recidivism should be the primary goal of the criminal justice system.¹³⁵ However, with limited mental health and substance abuse treatment services available in Marathon County, former inmates have few resources to assist with reintegration. Stakeholders report that the majority of individuals are released from jail without any resources. According to stakeholders, no transitional work programs exist within Marathon County. Some community stakeholders who named criminal justice as a priority were concerned about transitional housing for former prisoners. Transitional work sites for individuals with felonies do not exist. Stakeholders indicate that a better reentry support system is needed to facilitate the successful reintegration into society and reduce rates of recidivism.

Wisconsin does not allow the suspension of Medicaid benefits while in jail, so BadgerCare benefits are terminated once an adult or juvenile is incarcerated. Once released from jail, an individual must re-enroll in BadgerCare, jeopardizing the continuity of medications and the provision of mental health services.

9 JOB TRAINING AND EMPLOYMENT ASSISTANCE

BACKGROUND

Some of the indicators related to employment in Marathon County include:

- The unemployment rate for Marathon County is 3.9 percent as of April 2016 (compared to 4.4 percent unemployment in the state of Wisconsin and 5.5 percent for the United States).¹³⁶ This is down from 11.6 percent in February 2010.¹³⁷
- According to the 2014 U.S. Census American Community Survey, among youth who joined the labor force in Marathon County, 13.9 percent of those aged 16 to 19 were unemployed.¹³⁸
- Asian residents in Marathon County had an unemployment rate of 10.2 percent, compared to 6.4 percent of white residents, and 4.0 percent of African American residents.¹³⁹
- In 2015, the United Way of Marathon County 2-1-1 line received 217 requests for assistance regarding employment. Of those requests, the United Way of Marathon County was able to fulfill the needs of 213.¹⁴⁰
- In 2012, Adams, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Vilas, and Wood counties had 190,647 jobs with an average of 6,018 job openings annually.¹⁴¹ In 2014, Marathon County had 62,652 jobs.¹⁴²
- In Marathon County, 30 percent of jobs require less than a high school degree, 44 percent of jobs require a high school degree, 18 percent of jobs require either an Associate's or a Bachelor's degree, and 3 percent of jobs require an advanced degree.¹⁴³ The per capita personal income in 2014 for Marathon County was \$42,941.¹⁴⁴ The per capita personal income in Wisconsin for 2014 was \$44,186.¹⁴⁵
- The average wage in 2015 for the Wausau Metropolitan area was \$19.71, lower than the state average of \$21.12.¹⁴⁶ The median wage in the Wausau metropolitan area is \$16.29.¹⁴⁷
- The living wage for one adult in Marathon County is \$10.06 per hour and the living wage for a family of four with two adults (one working) and two children is \$22.40.¹⁴⁸
- In Marathon County, 5 percent of households (2,670 households) earn less than \$10,000 a year and 4.8 percent of households (2,563 households) earn between \$10,000 and \$15,000 a year.¹⁴⁹

STAKEHOLDER PRIORITIZATION

On the prioritization survey given to community stakeholders, employment services were a middle priority. Employment services received four percent of the total mentions of human services priorities.

Job training and employment assistance has also been identified as a human services need in Marathon County in prior needs assessments; 5 of 16 documents identified job training and employment assistance as a need as shown in Appendix A.

AVAILABLE ASSETS

The Marathon County Job Center is affiliated with the Job Center of Wisconsin (a component of the Wisconsin Department of Workforce Development) and provides assistance for individuals to find employment, plan careers, develop skills, gain education, deal with a jobs loss, and find family resource information.¹⁵⁰ This office also provides youth services to help youth find work, plan careers, develop skills through job training, find summer work opportunities, and find community resources. The Marathon County Job Center provides recruitment assistance and labor market resources to businesses. The Marathon County Job Center also provides workshops to job seekers, youth, and businesses.¹⁵¹

Many organizations in the community provide employment related services:

- The Aging and Disability Resource Center of Central Wisconsin provides employment discrimination assistance for older individuals.¹⁵²
- North Central Health Care (NCHC) provides supported employment for consumers with intellectual and developmental disabilities as well as individuals with mental health issues.¹⁵³
- Northcentral Technical College provides career counseling, awareness, and exploration services and provides job interview training and résumé preparation.¹⁵⁴
- The Hmong American Center provides career counseling, job readiness training, and resume preparation assistance.¹⁵⁵
- The Forward Service Corporation has career counseling and welfare-to-work programs for adults as well as career counseling, career awareness, resume preparation assistance, job interview training, and job fairs for youth.¹⁵⁶
- The Wausau School District provides career exploration for students.¹⁵⁷
- Northern Valley Industries provides job readiness training and career counseling for people with disabilities.¹⁵⁸
- The YMCA in Wausau provides career awareness for youth.¹⁵⁹
- Job Corps Admissions and Placement provides career counseling for adults and youth.¹⁶⁰
- The Salvation Army provides job readiness training for homeless individuals.¹⁶¹
- Marathon County Public Library has a job search resource center.¹⁶²
- The Open Door provides job readiness training for former criminal offenders.¹⁶³

UNMET NEEDS

Stakeholders report that people in need of human services often are in need of jobs and or jobs that pay a livable wage. Additional job training and employment assistance programs to help people obtain jobs are a cited need. In particular, stakeholders indicate youth with disabilities need assistance in obtaining employment. Stakeholders indicate that some communities in Marathon County do not have enough employment opportunities. Stakeholders indicate that individuals who are reentering society after being incarcerated are in need of employment opportunities.

Although unemployment is low for the overall population in Marathon County, wage earners supporting a family may not be making a living wage. Despite generally low unemployment, youth and Asian residents in Marathon County have high unemployment rates and are in need of employment assistance.

10 RURAL SERVICE DELIVERY

BACKGROUND

Marathon County, Wisconsin, is the largest county in the state by land mass with 1,545 square miles of land and an additional 31 square miles of water.¹⁶⁴ Of the 134,063 residents of the county in the 2010 census, 85,000 (63 percent) are located in the Wausau metropolitan area which includes the cities of Mosinee, Wausau, and Schofield; the villages of Rothschild, Weston, and Kronenwetter; and the towns of Rib Mountain, Stettin, Texas, and Weston.¹⁶⁵ The remaining 49,063 residents (37 percent) are located in the more rural areas of Marathon County. Behavioral health services are concentrated in the Wausau metropolitan area and for about half of all Marathon County residents it takes an average of 29 minutes to get into Wausau to receive services. According to the Rural Health Research and Policy Center, people who live in the most rural areas, have far less access to physicians.¹⁶⁶ In Wisconsin, only 13 percent of primary care physicians practice in rural areas.¹⁶⁷

STAKEHOLDER PRIORITIZATION

In the survey of community stakeholders, rural areas received one percent of the total mentions of services to be prioritized for human services delivery. However, it received the third most mentions as a location of priority service needs after countywide, which some respondents may have used to indicate rural areas, and Wausau. Stakeholders who mentioned rural areas as a location of priority service needs noted the lack of services available in rural communities in the county and the difficulty of some residents to travel to urban areas like Wausau to obtain services.

Rural service delivery has also been identified as a human services need in Marathon County in prior needs assessments; 4 of 16 documents identified rural services as a need as shown in Appendix A.

AVAILABLE ASSETS

Marathon County government and community organizations have tried to address the need for health care in rural areas. However, most of the initiatives focus on primary or physical health rather than behavioral health.

RURAL HEALTH INITIATIVE

The Marathon County Board of Supervisors voted on October 15, 2013, to support the expansion of the rural health initiative (RHI) into Marathon County, and it officially launched in May 2014.^{168,169} RHI is a nonprofit organization that formed in Shawano County in 2004 and partners with local health systems (Marshfield Clinic, Aspirus, and Ministry Health Care) and collaborative partners (University of Wisconsin Extension, Marathon County Public Health Department, and United Farm Credit System) to provide free basic health care screenings to rural areas by visiting people in their homes, at family farms, large dairy farms, other agribusinesses, and rural community locations. RHI screenings include blood sugar, triglycerides, cholesterol, blood pressure, height, weight, body mass index (BMI), and body fat percentage. This information, including results of blood tests, are given to the patient by the end of the visit. RHI also can provide flu vaccinations, health coaching, or referrals for further services.¹⁷⁰

RHI does not provide behavioral health screenings, but does provide referrals to counseling services.¹⁷¹

RURAL WORKFORCE SUPPORT

As discussed in Chapter 13, Marathon County has a shortage of behavioral health providers, particularly psychiatrists.¹⁷² One practice to help decrease this shortage in rural areas is to provide training residencies for health

care providers within the communities where the shortages exist because resident physicians trained in rural settings are two to three times more likely to enter practice in rural settings.¹⁷³ As described in Chapter 2, Medical College of Wisconsin (MCW) is starting a psychiatric residency training program in Wausau in 2017 with the expectation of hiring from their pool of students once the residency is complete.¹⁷⁴

According to the Wisconsin Collaborative for Rural Graduate Medical Education, only one training site in Marathon County provides some rural training for medical professionals.¹⁷⁵ The Wausau family medicine residency is an urban residency program in the city of Wausau, but it can include rural rotations. The closest rural residency programs are Marshfield Clinic residency and Aspirus Langlade Hospital in Antigo; both of these programs are just outside Marathon County.

All of these residency programs are primary care focused and do not include behavioral health, but residents could choose to pursue additional specialization in behavioral health care.

TELEHEALTH

Another innovative method for addressing the shortage of behavioral health providers in rural areas is through telehealth, which can include telepsychiatry. The Marshfield Clinic provides telehealth services in all of their locations including the Marshfield Clinic Wausau Center.¹⁷⁶ Aspirus also provides telemedicine through their office in Wausau.¹⁷⁷ None of these providers provide telepsychiatry as part of their services. Some psychiatrists in Wisconsin are choosing to offer telepsychiatry services,¹⁷⁸ but this is not through a coordinated effort and they are not located in Marathon County. Wisconsin's Department of Health Services has stated that they have not yet invested in telepsychiatry directly with patients, though they have provided some teleservices to advise primary care doctors about mental health.¹⁷⁹ There is a new telepsychiatry program through the Mendota Mental Health Institute in Madison, Wisconsin, but this program is new and it is not yet known whether it will provide any services to Marathon County.

In addition to limited providers of telehealth services, these programs may also be limited by the broadband internet access available in rural areas. Eighteen percent (about 24,000) of Marathon County residents had access to internet with speeds of three Mbps or less and an additional eight percent (about 11,000) of residents may not have access to the internet.¹⁸⁰ The Marathon County Connectivity Taskforce of the Technology Committee is exploring broadband access issues across the County.

UNMET NEEDS

The need for all types of human services in the rural areas of the county was noted in each stakeholder meeting conducted for this needs assessment. Stakeholders report that rural residents do not receive the same services that urban residents receive. In addition to a lack of services, individuals in rural areas are limited in their ability to learn about available services, because high speed internet is lacking or expensive in rural areas. In particular, stakeholders reported that rural areas have a need for primary health, mental health, and substance abuse treatment, transportation, and innovative service delivery.

LACK OF TRANSPORTATION

Due to the lack of rural area services, individuals would need to travel to the Wausau metropolitan area for services. However, as discussed in Chapter 6, public transportation services from the rural areas to Wausau are only available to seniors over the age of 65 or people with temporary or permanent physical or mental disabilities from 8 a.m. to 5 p.m. Monday through Friday.

LACK OF PRIMARY HEALTH, MENTAL HEALTH, AND SUBSTANCE ABUSE TREATMENT

Rural areas have limited access to primary health care. Even individuals living on the edges of the metropolitan areas cannot access St. Clare's Hospital in Weston, Wisconsin by bus. Stakeholders note that mental health and substance abuse services are non-existent in some rural areas.

INNOVATIVE SERVICE DELIVERY

The limited service availability in rural areas coupled with the lack of transportation to services in the metropolitan area necessitates the need for innovative service delivery to rural areas. Stakeholders indicate that tradition has stifled such innovation. For example, while rural residents living near the southwestern edge of Marathon County are expected to drive nearly an hour one way to reach primary health care in Wausau, they are located less than 10 to 15 minutes away from services in Marshfield, which is in Wood County. An innovative service delivery option would be to develop an agreement with Wood County to provide primary health care services to those residents. Stakeholders also expressed the idea of having employees of human services agencies rotate among rural communities at regular intervals and hiring individuals from rural communities to work in their own community rather than commute or move to the metropolitan area.

11 COORDINATION, COLLABORATION, AND OUTREACH

BACKGROUND

A number of formal partnerships are in place in Marathon County, resulting in a need for a high level of communication, coordination, and collaboration on important human service issues. Marathon County staff and elected officials participate in a number of coordination and collaboration partnerships, including the following:

- Aging and Disability Resource Center (ARDC) of Central Wisconsin
- Alcohol and Other Drug Abuse Partnership
- Central Consortia Income Maintenance
- Community Care of Central Early Years Coalition
- Housing and Homelessness Coalition Hunger Coalition LIFE Report Project
- Marathon County Board of Health Marathon County Long-Term Care Council North Central Health Care
- North Central Community Action Program
- North Central Wisconsin Regional Planning Commission
- Northern Valley Workshop Board

Appendix C contains a list of the partners in each of these collaborations as well as a map illustrating the partnerships.

In recognition of the need to ensure that partnerships and collaborations are mutually beneficial, Marathon County follows County Board of Supervisors Rule 22: Joint Venture Approval Procedure, which was adopted in 2014. The rule is designed to evaluate the alignment of participating organization purposes, complimentary expected outcomes, and the extent to which the partnership would support existing county objectives.¹⁸¹ The rule is used when the Board of Supervisors is “considering formation of statutory joint ventures and joint ventures in which Marathon County incurs significant increased liability.”¹⁸²

A growing body of research identifies the integration of primary care and behavioral care services as essential to achieving the goal of long-term stabilization and support of individuals with behavioral health issues. Research shows that individuals with either mental health or substance abuse issues die decades earlier than those without these complicating conditions—primarily from preventable chronic diseases such as hypertension, diabetes, or cardiovascular disease.¹⁸³ Behavioral health conditions, such as depression or anxiety, have an impact on an individual’s ability to cope with poor health conditions, especially chronic conditions. Conversely, poor physical health can lead to or exacerbate mental health conditions. Health outcomes are improved and treatment costs are reduced when both behavioral health and physical health needs are met.¹⁸⁴

An important issue in ensuring that residents have access to human services is to make residents aware of the programs and resources available to them. This awareness is raised through coordinated community education and outreach.

STAKEHOLDER PRIORITIZATION

In addition to raising concerns about interagency coordination, community stakeholders mentioned education, outreach, and prevention as a priority six percent of the time. Respondents who identified education, outreach, and prevention as a priority noted that these efforts are critical to assisting residents of Marathon County with substance abuse, domestic violence, and family and youth services.

As noted by stakeholders, several resources and coalitions to address human service needs in Marathon County exist. Despite these existing coalitions, stakeholders are concerned that the community has a fragmented approach to communicating with and addressing the needs of residents and could benefit from greater coordination and collaboration.

Coordination, collaboration, and outreach has also been identified as a human services need in Marathon County in prior needs assessments; 7 of 16 documents identified collaboration and outreach as a need as shown in Appendix A.

AVAILABLE ASSETS

As described above, Marathon County government agencies and community organizations participate in several partnerships designed to coordinate the delivery of human services to the residents of Marathon County and the surrounding region.

The United Way of Marathon County has a 2-1-1 informational line that received 12,935 requests for information or referral in 2015.¹⁸⁵ The United Way of Marathon County was able to assist 12,010 of those requests and were unable to assist 925 of those requests.¹⁸⁶ The United Way of Marathon County also has a directory of resources available to residents of Marathon County.¹⁸⁷

Two federally qualified health centers (FQHCs) operate in Marathon County: Bridge Community Clinic and Marshfield Clinic. FQHCs qualify for several financial benefits and incentives from the federal government, including enhanced reimbursement from Medicare and Medicaid and eligibility to purchase prescription and non-prescription medications at a reduced cost through the 340B Drug Pricing Program. In exchange, FQHCs are required to offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. FQHCs must be open to all, regardless of their ability to pay. FQHCs must provide primary care services to all age groups. They must also provide preventive health, mental health, substance abuse, and dental care services on-site or by arrangement with another provider.¹⁸⁸

While Bridge Community Clinic provides limited mental health services, their mental health staff is small and part-time; they refer most behavioral health patients, especially those with more serious issues, to North Central Health Care (NCHC). According to Bridge Community Clinic staff, mental health care makes up about three percent of the care they provide, the majority of care provided by the clinic is dental care.

Marshfield Clinic specializes in primary medical care; however, they do provide some mental health services. Marshfield Clinic conducts initial mental evaluations and psychological testing to help diagnose an illness. They provide both group therapy and individual psychotherapy. Marshfield Clinic offers family and couples therapy and provides medication management of mental illnesses. Services are offered for children, adults, and seniors.¹⁸⁹

UNMET NEEDS

Effective collaboration is needed to ensure the highest and best use of limited community resources. The challenges to collaboration and coordination include “silos” that naturally exist between independent organizations with diverse missions and goals, lack of coordination across governmental organizations, and a lack of coordination between primary health care and behavioral health care.

CHALLENGES TO INTERAGENCY COORDINATION

Stakeholders report that the current silos between service agencies within the community are not conducive to effective service provision and long-term benefits for clients. Silos are difficult to break down because each organization has an independent governance and funding structure and a unique mission and set of goals to achieve. Stakeholders acknowledge that many agencies are working towards the same goals, but lack communication. A lack of communication hinders the agencies from providing wraparound care and connectivity for clients. Concerns with the lack of collaboration and coordination with NCHC is discussed in Chapter 14.

CHALLENGES TO COORDINATION ACROSS GOVERNMENTAL ENTITIES

Stakeholders report a lack of collaboration across governmental entities, such as the city of Wausau and Marathon County, as well as with neighboring county governments. For example, given that the city of Wausau regulates the bus services and Marathon County oversees human services, it would be beneficial for the two to collaborate on how to meet the needs of vulnerable populations. Considering that some rural residents are closer to service providers in other counties, it could be beneficial and more feasible for them to seek services in other counties, which would require inter-county collaboration.

LIMITED INTEGRATION BETWEEN PRIMARY HEALTH CARE AND BEHAVIORAL HEALTH CARE

Coordination between primary health care and behavioral health care would facilitate more comprehensive care for clients. Because of the mission of FQHCs to integrate primary care and behavior health care, the opportunity exists for Bridge Community Clinic and Marshfield Clinic, with funding support from the community, to expand these integrated resources.

CHALLENGES TO OUTREACH AND EDUCATION

Stakeholders cited a lack of awareness about services and community resources as a common problem. For example, a behavioral health consumer had not realized that AODA treatment was available in Marathon County. NCHC staff acknowledge that there are residents who do not know about NCHC services and indicate that they are working on developing relationships with community partners to raise awareness. Service providers expressed that educational outreach would be helpful for all types of human services not only for consumers but also for providers to better facilitate linking consumers to resources. Another expressed need is for education to help consumers understand health care benefit options.

12 CULTURALLY COMPETENT SERVICES

BACKGROUND

As of July 2015, Marathon County, Wisconsin, has a population of 135,868 people of which 89.1 percent (121,058) identify as being white alone, not Hispanic or Latino. The remaining 10.9 percent (14,810) of the population is comprised of people of the following racial or ethnic backgrounds:

African American or Black alone	.8 percent
American Indian and Alaska Native alone	.6 percent
Asian alone	5.8 percent
Two or more races	1.4 percent
Hispanic or Latino	2.7 percent ¹⁹⁰

Foreign-born persons make up 3.9 percent (5,241) of the population of Marathon County.¹⁹¹ As shown in Table 12-1, of the foreign-born Marathon County residents, approximately 64 percent are from Asia and 22 percent are from Latin America.¹⁹²

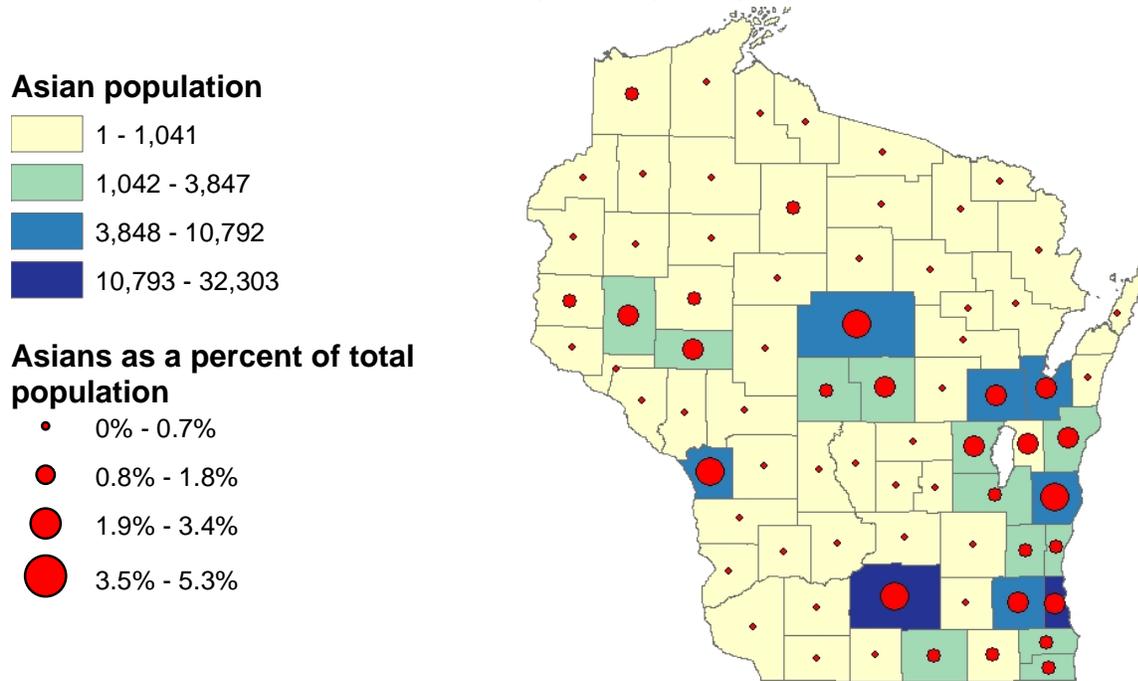
Table 12-1: Region of Birth of Foreign-Born Marathon County Residents

	Estimate	Percent
Foreign-born population, excluding population born at sea	5,241	100%
Europe	535	10.2%
Asia	3,337	63.7%
Africa	118	2.3%
Oceania	29	0.6%
Latin America	1,168	22.3%
Northern America	54	1.0%

Source: "2010-2014 American Community Survey 5-Year Estimates: Selected Social Characteristics in the United States: Marathon County Wisconsin." U.S. Census American Communities Survey, 2014. Web. <http://factfinder.census.gov>. Accessed May 2016.

Since the mid-1970s, Wisconsin and Marathon County have seen an influx of Southeast Asian immigrants, mainly people of Laotian or Hmong descent. In 2015, the Wausau and Marathon County area had 9,000 Southeast Asian residents, most of whom are Hmong; this is the highest per capita and second largest Southeast Asian population in Wisconsin.¹⁹³ The minority populations are higher in the urban areas of Marathon County; within the City of Wausau, the population is 10 percent Laotian and Hmong.

Exhibit 12-1: Asian Population by County, Wisconsin, 2010



Source: *Healthiest Wisconsin 2020 Baseline and Health Disparities Report: Asian Population*. Wisconsin Department of Health Services, July 2010. PowerPoint slides. Web. <https://www.dhs.wisconsin.gov/publications/P0/p00522s.pptx>. Accessed June 2016.

STAKEHOLDER PRIORITIZATION

Stakeholders cite culturally competent services as needed particularly for the Latino and Southeast Asian communities. Stakeholders recognize that while different, the Hmong population presented the need for culturally competent services in years past and that lessons learned from those experiences can be applied to newly arriving populations. Stakeholders report that language is a barrier to service delivery, because few provider staff speak Spanish or Asian languages.

AVAILABLE ASSETS

The presence of minority populations and minority community issues are acknowledged in State of Wisconsin reports and documents such as the Healthiest Wisconsin 2020 Baseline, Health Disparities Report Wisconsin Minority Health Report, and by the Marathon County Diversity Affairs Commission.¹⁹⁴ Wisconsin resources that target minority populations mainly focus on trying to eliminate barriers between the existing services and diverse communities who are in need of those services.

Marathon County has a Diversity Affairs Commission with a mission, “to achieve racial and ethnic equity throughout Marathon County, to foster cross cultural understanding, and to embrace our diversity.”¹⁹⁵ The commission was established in 2012 and has taken on several tasks including educating the County Board of Supervisors on national immigration reform issues, creating connections with other government or community agencies, looking into issues of diversity and how it relates to poverty, education, and incarceration. The goal is to find ways to improve access to services and attract young professionals to the community in order to make Marathon County an attractive place to visit, live, and work.¹⁹⁶

Marathon County departments provide interpretation and translation services in Hmong, Laotian, Spanish, and sign language.¹⁹⁷ A few government forms and documents on the Marathon County website are available in Spanish and Hmong. Most translation services center on the court system or voting, but Marathon County has also provided translation services in Hmong and Spanish for Affordable Care Act enrollment¹⁹⁸ and affirmative action, equal employment opportunity, and civil rights documents.¹⁹⁹

Several community organizations in Marathon County serve the Hmong population. The most prominent organization is the Hmong American Center which has the mission “to lead Southeast Asian families towards social stability, educational opportunities, economic self-sufficiency and community integration,” and offers the following services to Wausau’s Southeast Asian population:

- Family at risk prevention and intervention services
- Leadership education and training
- Parent education and school involvement
- Employment and training services
- Citizenship and immigration services
- Emergency food assistance
- Refugee rent assistance
- Elderly program
- GED/HSED preparation for youth and young adults
- Housing construction for low-income families
- Refugee driver’s education and training
- Tobacco education and prevention
- Health education
- Higher education scholarship
- After school tutoring
- Interpreting and translation services
- Weekly and daily Hmong Radio programs
- WNRB LP 93.3 FM radio station Suab Ywj Phee²⁰⁰

Wisconsin United Coalition of Mutual Assistance Associations, Inc. (WUCMAA) was created to unite the Hmong people and other Southeast Asian residents across Wisconsin through their 12 member agencies.²⁰¹ The Hmong Wisconsin Chamber of Commerce “provides financial resources and technical assistance to business and community development activities that improve economic opportunities in low-income and underserved communities.”²⁰² In 2015, the Chong Tou’s Elderly Center, an adult daycare facility was opened to provide services to the elderly Hmong population.²⁰³

Similar community based human needs services for the Latino and Hispanic community or African American community of Marathon County are more limited, although existing organizations and services may serve those populations. No services were identified that specifically target the African American community, but Latinos Unidos and the Hispanic Chamber of Commerce of Wisconsin both have locations in Wausau to address some needs of Hispanic residents.

UNMET NEEDS

Through the process of creating the Healthiest Wisconsin 2020 plan, several best practices were identified by the State of Wisconsin for achieving health equity and eliminating health disparities.²⁰⁴ These practices are outlined in the Healthiest Wisconsin 2020 Report, the Wisconsin State Health Innovation Plan,²⁰⁵ Collaborative Partnerships for Community Health Improvement,²⁰⁶ and the Wisconsin Department of Health Services website.²⁰⁷ The best practices include, but are not limited to:

- Hiring culturally competent staff and increasing the cultural competency of staff through training and education
- Removing barriers that hinder engagement, such as language barriers
- Valuing the community members’ voices particularly related to disparities, issues, or plans that concern them
- Fostering mutual respect, trust, and understanding

- Building community and strong relationships among diverse members of the community
- Improving two way communication
- Increasing accountability of the government actors/entities to engage the diverse members of their community

Stakeholders in Marathon County expressed concern about the level of migrant housing, education and outreach about existing services, general health care, and mental health care for minority populations, particularly Latino and Southeast Asian residents. Due to their presence in Marathon County for a longer period of time, the Hmong community has taken steps to lessen the gap for needed services by providing those services within their community. The Latino community has created some, but not as many, similar services for their community members. Although services do exist for the community at large, the minority populations may have great impediments to access those services due to lack of transportation, language barriers, or living in rural areas.

13 CRITICAL WORKFORCE SHORTAGES

BACKGROUND

Health care service has been one of the largest industries in Marathon County for over 15 years.²⁰⁸ Three of the 14 largest employers in Marathon County are health care providers—Aspirus Wausau Hospital, Marshfield Clinic-Wausau Center, and North Central Health Care (NCHC). The Wisconsin Department of Workforce Development groups health care and education together, which makes it hard to single out the impact of health care as an independent industry. In 2012, the employment level of this combined industry was 35,891, but it is expected to grow to 40,945 by 2022 (an increase of 5,054 or 14 percent).²⁰⁹ This is estimated to be the third fastest growing industry in Marathon County.

Despite the size of the health care industry in Marathon County, behavioral health care employment is low. The Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services developed criteria for determining if a geographic area, population group, or facility is a shortage area (HSPA). For mental health HSAs, the criterion is having a ratio of psychiatrists to population of less than 1:30,000.²¹⁰ Nationally there are 4,000 mental health HSAs.²¹¹ Forty-four out of 72 Wisconsin counties are designated as mental health HSAs, including Marathon, Langlade, and Lincoln counties.²¹² Langlade has been designated as a mental health HSPA since 1985.²¹³ Marathon County needed at least an additional 9.5 FTE psychiatrists since before 2012 to reduce the significant shortage cited.²¹⁴ Western Marathon County and the Wausau metropolitan area are also considered medically underserved areas and the Asian refugee population is considered a medically underserved population according to HRSA.²¹⁵

STAKEHOLDER PRIORITIZATION

Stakeholders identified multiple areas in which workforce retention and recruitment is a challenge. These are considered critical issues due to the substantial need for services in behavioral health, social services, and nursing home care.

Critical workforce shortages in healthcare has also been identified as a human services need in Marathon County in prior needs assessments; 2 of 16 documents identified health care workforce shortages as a need as shown in Appendix A.

AVAILABLE ASSETS

The Bureau of Labor Statistics (BLS) publishes annual employment data by locality and categories of occupations.²¹⁶ Behavioral health care employment statistics for 2015 are compiled together in Table 13-1. Unfortunately, not all statistics are available specifically for Marathon County, but those that are available are provided. Included is a raw count of people employed in each occupation, the number of employees in a particular occupation per 1,000 jobs, and a location quotient which indicates whether or not the area has a higher ratio of a particular type of employee compared to the nation.²¹⁷

Table 13-1: Behavioral Health Care Employment for Wisconsin and Marathon County

Occupation	Wisconsin			Marathon County (Wausau, Wisconsin Metropolitan Area)		
	Number Employed	Per 1000 jobs	Location Quotient ²¹⁸	Number Employed	Per 1000 jobs	Location Quotient
<p> less than .4 .4 - .79 .8 - 1.19 1.2 - 1.59 above 1.6 Blank fields indicate that data is not available or insufficient to make an estimate. </p>						
Child, Family, and School Social Workers	3,420	1.235	0.58	50	0.723	0.34
Clinical, Counseling, and School Psychologists	1,980	0.713	0.93			
Community and Social Service Specialists, All Other	1,950	0.704	1.03			
Community Health Workers	790	0.284	0.81			
Counselors, All Other	650	0.235	1.23			
Family and General Practitioners	3,450	1.246	1.35			
Health Diagnosing and Treating Practitioners, All Other	580	0.209	0.81			
Health care Social Workers	2,740	0.987	0.88	50	0.667	0.59
Health care Support Workers, All Other	1,740	0.628	0.91	60	0.847	1.23
Home Health Aides	7,190	2.593	0.44			
Marriage and Family Therapists	890	0.321	1.38			
Mental Health and Substance Abuse Social Workers	1,550	0.559	0.7	80	1.181	1.48
Mental Health Counselors	2,480	0.893	0.96	60	0.931	1
Nurse Practitioners	2,190	0.79	0.8			
Nursing Assistants	33,340	12.029	1.17	1,000	14.635	1.42
Occupational Therapy Aides	70	0.024	0.44			
Occupational Therapy Assistants	880	0.318	1.24			
Orderlies	630	0.229	0.6			
Pediatricians, General	160	0.058	0.28			
Physician Assistants	1,630	0.589	0.82	40	0.598	0.84
Psychiatric Aides	650	0.235	0.47			
Psychiatric Technicians	1,480	0.534	1.26			

Occupation	Wisconsin			Marathon County (Wausau, Wisconsin Metropolitan Area)		
	Number Employed	Per 1000 jobs	Location Quotient ²¹⁸	Number Employed	Per 1000 jobs	Location Quotient
Psychiatrists	330	0.121	0.69			
Psychologists, All Other	140	0.051	0.57			
Registered Nurses	55,460	20.011	1	1,410	20.7	1.04
Rehabilitation Counselors	1,400	0.505	0.68			
Social and Community Service Managers	3,740	1.35	1.55	60	0.904	1.04
Social and Human Service Assistants	11,550	4.168	1.6	210	3.15	1.21
Social Workers, All Other	910	0.328	0.76			
Substance Abuse and Behavioral Disorder Counselors	1,420	0.514	0.81			
Therapists, All Other	490	0.177	2.24			
*TOTAL - Community and Social Service Occupations	37,680	13.597	0.95	790	11.6	0.81
*TOTAL - Health care Support Occupations	72,130	26.024	0.9	1,920	28.136	0.97
*TOTAL - Health care Practitioners and Technical Occupations	158,480	57.18	0.98	4,130	60.524	1.04

* The TOTAL categories aggregate all employees in that category's subsections. This information is duplicative of other information provided in this table, but included to give overall context.

Sources: "May 2015 State Occupational Employment and Wage Estimates." *Bls.gov*. Bureau of Labor Statistics, March 2016. Web. http://www.bls.gov/oes/current/oes_wi.htm#31-0000. Accessed June 2016.

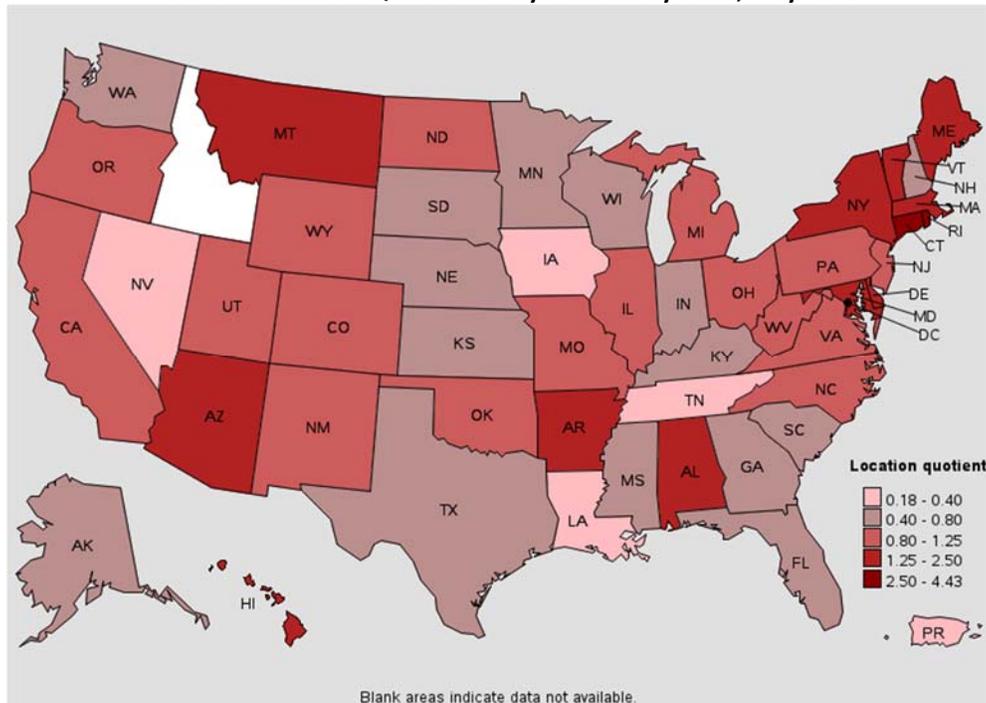
"May 2015 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates." *Bls.gov*. Bureau of Labor Statistics, 2015. Web. http://www.bls.gov/oes/current/oes_48140.htm. Accessed June 2016.

In the table, green and dark green highlights indicate that a category has higher employment than the United States, pink and red indicates that a category has lower employment than the U.S. In Marathon County, social worker categories have lower employment rates than the U.S. For many of these occupations in Marathon County, data is not available or insufficient to make an estimate.

IMPACT ON CHILDREN

Of the occupations examined in Exhibit 13-1: Location Quotient of Psychiatrists by State, May 2015 is it important to note that the two occupations in Wisconsin with extremely low location quotients (less than .4) were both in fields that specialize in children (and they are the only two categories that are specific to children in the list): general pediatricians and child, family, and school social workers. This aligns with the unmet needs for children and youth services discussed in Chapter 4.

Exhibit 13-1: Location Quotient of Psychiatrists by State, May 2015²¹⁹



Sources: "May 2015 State Occupational Employment and Wage Estimates." *Bls.gov*. Bureau of Labor Statistics, March 2016. Web. http://www.bls.gov/oes/current/oes_wi.htm#31-0000. Accessed June 2016.

"May 2015 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates." *Bls.gov*. Bureau of Labor Statistics, 2015. Web. http://www.bls.gov/oes/current/oes_48140.htm. Accessed June 2016.

UNMET NEEDS

LIMITED BEHAVIORAL HEALTH PROVIDERS

Marathon County has a significant shortage of behavioral health professionals, which has a significant impact on the ability to increase service capacity in the community. Given the already high and increasing need for mental health and substance abuse services, increasing the capacity to serve these populations by increasing the number of mental health and substance abuse professionals is needed. Stakeholders reported that NCHC finds it challenging to recruit qualified individuals to provide behavioral health services.

Countywide, a lack of psychiatrists was noted repeatedly for both the community at-large and justice-involved individuals. Wisconsin has 330 licensed psychiatrists statewide.²²⁰ NCHC is currently not accepting new psychiatry referrals due to a lack of capacity to serve new patients. NCHC has indicated that it needs six to eight psychiatrists to meet consumer needs; only two are currently employed, and NCHC is constantly recruiting.²²¹ In response to this shortage, NCHC has agreed to be a regional partner of the Medical College of Wisconsin for their new Central Wisconsin psychiatry residency program beginning in 2017 with the objective of hiring those who complete their residency.²²²

OTHER WORKFORCE SHORTAGE AREAS

Outside of the behavioral health field, stakeholders report a workforce shortage for county social services, the NCHC nursing home, and home health care workers. Retention of staff within the Social Services Department was reported to be an issue, because on average, employees leave after two to three years. Mount View Care Center is also experiencing challenges with employee retention; in June 2016, 55 positions out of 282 at Mount View were vacant.²²³

14 NORTH CENTRAL HEALTH CARE

BACKGROUND

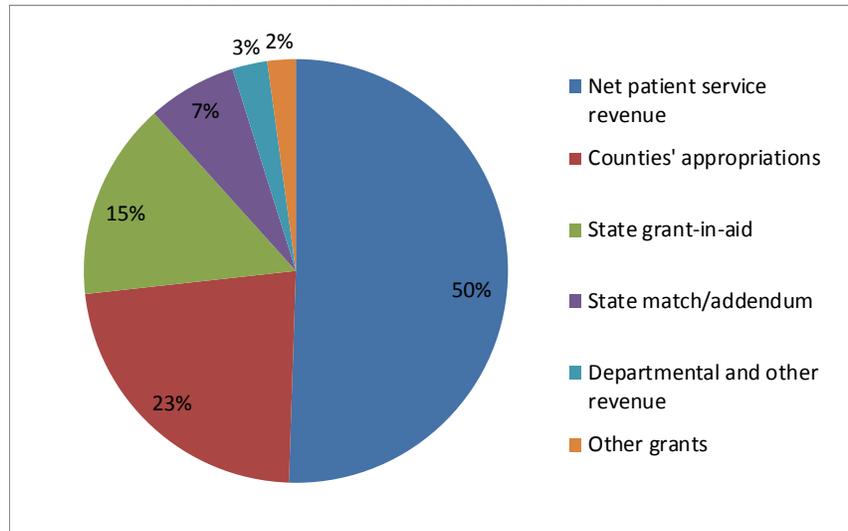
North Central Health Care (NCHC) was created more than 40 years ago in an agreement between Marathon (population 135,868), Langlade (population 19,223), and Lincoln (population 27,980) counties. The Wisconsin Mental Health Act outlines the duties and responsibilities of local communities to provide community mental health and alcohol and other drug abuse (AODA) services. The entities that provide these services are referred to as 51.42 organizations, a reference to the chapter in state statutes governing the distribution of state funds for these services. NCHC is one of three multi-county 51.42 entities in Wisconsin. The state of Wisconsin distributes both state and federal funding to 51.42 entities and requires that each county also contribute local funding to administer these services.

NCHC is the designated 51.42 entity for the three county area and is the largest provider of behavioral health care services within Marathon County. In addition, NCHC provides services to individuals with developmental disabilities. Local responsibility for the provision of developmental disability services is specified in chapter 51.437 of Wisconsin statutes. NCHC provides residential and day services to these clients through a contract with Community Care Connections of Wisconsin, the managed care organization responsible for providing services to individuals with intellectual and physical disabilities. Through this contract, NCHC operates five community-based residential congregate living facilities as well as several supported apartment settings. For children with developmental delays or disabilities, NCHC offers a birth-to-three program for infants and toddlers, a children's long-term support program, and a family support program. Adult services include day services, vocational support, and transportation services.

NCHC also operates Mount View Care Center, a skilled nursing and post-acute care facility, on behalf of Marathon County. The remainder of this chapter discusses only the mental health and AODA services provided by NCHC, collectively referred to as behavioral health services. The operations of Mount View Care Center are addressed in chapter 15.

NCHC is one of the largest employers in Marathon County with 821 total positions, about 539 of which provide behavioral health services.²²⁴ Many behavioral health employees work part-time, and some positions are currently vacant. The current total full-time equivalent (FTE) count for personnel that provide behavioral health services is 423.35. According to the audited financial statements for NCHC for 2015, revenues for NCHC 51.42 and 51.437 services in 2015 were \$33,296,684.²²⁵ Fifty percent (\$16,825,217) of the revenue comes from patient revenue (BadgerCare, Medicare, private insurance, and self-pay), 23 percent (\$7,564,962) comes from the tax levy appropriations provided by the three participating counties, 22 percent (\$7,291,726) comes from the state of Wisconsin through chapters 51.42 and 51.437, 3 percent (\$891,077) comes from departmental and other revenue, and 2 percent (\$723,702) comes from other grants.²²⁶

Chart 14-1: 2015 Sources of Revenue for NCHC



Source: *North Central Health Care Wausau, Wisconsin: Combined Financial Statements and Supplementary Information Years Ended December 31, 2015 and 2014*. Wipfli LLP, 2016. p. 61. Print.

Marathon County provides the largest county appropriation to NCHC of the three counties. Of the total county appropriations, Marathon County contributes about 80 percent (\$6,163,842).²²⁷ The Marathon County contribution to NCHC has remained the same since fiscal year 2013.

NCHC BEHAVIORAL HEALTH SERVICES

NCHC provides a variety of mental health services, including:

- Emergency and crisis services for youth and adults
- Suicide prevention and a crisis hotline
- Mobile crisis unit
- Inpatient crisis stabilization program
- 16-bed inpatient psychiatric hospital open 24 hours a day, seven days a week
- Community support program for individuals with persistent mental illnesses to help manage and treat their symptoms
- Community Corner Clubhouse, psychosocial rehabilitation for individuals with persistent mental illnesses
- Outpatient services

AODA services include:

- Inpatient medical detoxification
- Substance abuse day treatment program
- Inpatient treatment program
- Outpatient counseling services
- Medically monitored treatment program

NCHC GOVERNANCE

NCHC is governed by a board of directors appointed by the boards of supervisors in Marathon, Langlade, and Lincoln counties.²²⁸ The board of directors consists of 10 appointees from Marathon County and two appointees each from

Langlade and Lincoln Counties.²²⁹ Board members include community members, elected officials, and at least one consumer of NCHC services.²³⁰ The NCHC board appointed a new, interim chief executive officer in January 2016.

FINDINGS

COMMUNITY PERCEPTIONS OF NCHC

While conducting the human services needs assessment for Marathon County, stakeholders expressed frustration with the lack of participation by NCHC in planning and policy meetings related to the behavioral health programs and services provided in the community, with several indicating that NCHC is “not at the table” to plan community services. Stakeholders report concerns and disappointment about the lack of coordination and partnership with North Central Health Care. The organization is perceived to operate as a private business, prioritizing financial considerations over meeting the needs of the community. Stakeholders are concerned that NCHC makes programmatic decisions in isolation.

The human services needs assessment shows that community needs for behavioral health care are not being met as detailed in Chapters 2 and 3 of this report. Services that are being provided are often not sufficient to meet the need. Most communities experience a higher demand for services than available funding can address. While this is true of behavioral services throughout the country, in Marathon there is concern that limited funding is not always going to the highest priority services. In Marathon County, decisions about the array of services provided are made solely by NCHC.

Marathon County leaders and staff report a lack of transparency by NCHC in providing information, and the information that is shared is not sufficient for elected officials and county staff to fully understand administrative decision making, details regarding services delivered, or the financial position of the organization. NCHC board meeting packets, financial statements, and other data are not available on-line, contributing to perceptions of a lack of transparency. In extensive meetings conducted for this needs assessment, a number of specific concerns were raised about financial and administrative decisions by NCHC, none of which can be verified without a full review of NCHC.

NCHC GOVERNANCE STRUCTURE

NCHC is a quasi-governmental entity created to focus specifically on the provision of behavioral services. As such, it operates without the full complement of checks and balances inherent in public organizations. Quasi-governmental entities tend to “rely more heavily on private-sector management approaches.”²³¹ As a result,

[Q]uasi-governmental entities face incentives that pull in opposite directions. They are created by statute to serve a public good, however, by virtue of their private attributes they seek their own good. When the public good and the good of the quasi-government diverge, a not uncommon occurrence, the former may be sacrificed for the sake of the latter.²³²

As a quasi-governmental organization, the leadership of NCHC is not elected by popular vote of the citizens; they are appointed by the board of supervisors, the elected officials in each of the three participating counties. Because quasi-governmental organizations have administrative autonomy, they have “freedom from some of the administrative controls over government programs and organizations, such as merit system or civil service regulations and pay scales; central budgetary controls; regulations on contracting, purchasing, and rate setting; and the controls imposed by pre-audits often required of government agencies and departments.”²³³

Financial audits show that, overall, NCHC is operating within budget and NCHC staff report they are meeting a broad array of quality measures. A full review of NCHC would be needed to determine the extent to which the organization is meeting quality measures and to determine how efficient and cost effective the organization is. Without indications otherwise, the organization reports to be operating well as a private organization; the frustration in the community is focused on the role of NCHC in serving the public good.

TWO OTHER MULTI-COUNTY 51.42 ORGANIZATIONS IN WISCONSIN

Two other multi-county agencies in the state of Wisconsin provide mental health and substance abuse treatment services under the 51.42 state statute, operating in a similar manner to NCHC. Grant and Iowa counties established Unified Community Services in 1974. Forest, Oneida, and Vilas counties established the Human Service Center (HSC) in 1972.

HSC was established through resolutions adopted by all three participating counties.²³⁴ HSC is governed by a board of 16 individuals representing county boards and community stakeholders. The board consists of eight seats for representatives of Oneida County and four seats each for representatives of Forest and Vilas counties.²³⁵ Several years ago, controversy concerning the management of HSC resulted in Oneida County considering withdrawing from the agreement and establishing a county human services agency. An analysis contracted by Oneida County and released in August of 2008 found evidence of financial mismanagement and erroneous information provided in budget documents. The report also found that inefficiencies in the organizational structure of HSC, high employee turnover, and low employee morale were resulting in inadequate services being provided at high cost. The report recommended that Oneida County terminate the contract with HSC and establish a human services agency for the county. The Oneida County Board of Supervisors established a research committee that recommended in April 2009 that Oneida County remain part of HSC on the condition that HSC implement reforms and change leadership. In June 2009 the executive director resigned voluntarily with a buyout and a new executive director was hired a year later.

Unified Community Services (UCS) was established by county ordinance in 1974. UCS is governed by a board of nine individuals representing Grant County and Iowa County. The board must include three county supervisors; remaining members are other community stakeholders. No issues related to USC were identified.

PURCHASED SERVICES MODEL

A significant factor in the strained relationship between Marathon County and NCHC is the lack of a meaningful and substantive contract that delineates the expectations of each organization, the level of performance and outcomes expected, and how much will be paid for what units of service. The agreement creating NCHC does not contain any performance measures or performance expectations; the agreement provides for a quarterly payment from Marathon County of one-fourth of the total tax levy payment. Discussions regarding performance expectations have stalled; NCHC has resisted changes to the payment mechanism from Marathon County, and Marathon County has been reluctant to enforce even the weak sanctions permitted in the existing agreement. The agreement requires that NCHC submit short- and long-term plans for the organization; no plans have been submitted as of the time this assessment was prepared.²³⁶ Marathon County has been unwilling to withhold payments or deny approval of the annual budget until plans are in place.

Marathon County has allocated behavioral health funds to a single organization for more than 40 years without a competitive bidding process. According to the Wisconsin County Association Handbook, the public policy goals of the Wisconsin bidding statutes are “encouraging legitimate competition; guarding against favoritism, improvidence, extravagance, fraud and corruption; and securing the best work or supplies at the lowest price practicable.”²³⁷ None of these goals can be ensured with the current payment arrangement to NCHC.

Competitive bidding has the added advantage of building capacity in the community, which increases access to services, diversifies service delivery, and encourages innovation and niche services. Niche services might include mental health treatment for specific populations, such as clients who are hearing impaired or speak a language other than English.

Performance contracts for behavioral health services are common. For example, in Florida, state funds are allocated by competitive contract to regional organizations that serve as “managing entities” (MEs) for the state funds. The MEs do not provide services, but develop a plan for the allocation of state funds in their region and then issue requests for proposals for needed services. The resulting contracts are performance-based, with payment based on meeting performance expectations.

Many counties in Wisconsin purchase services with 51.42 funds through a local human services department. Some counties contract for all services, others have a combination of service delivery by contracting for some of the services and providing some services in-house, and others provide all services in-house through the use of county staff. Dane and Rock counties are two counties that purchase at least some 51.42 services through human services departments.

As the largest single provider of behavioral health care services in the county, NCHC should expect the current payment model, in place since the 1970’s, to evolve to a newer model based on best practices of performance-based contracting. In order to develop and manage performance-based contracting, Marathon County would need to develop a strong, well-funded, and well-staffed infrastructure that can engage in short- and long-term planning as well as contract oversight to ensure that needed services are purchased and that the services are provided as specified in the contract.

COST-EFFECTIVENESS OF SERVICES PROVIDED

There are two ways to ensure the cost-effectiveness of services: 1) engage in a public procurement process and 2) review the costs per unit of service and compare to other sources of cost data. A public procurement process, the preferred method, can be used to establish competition among potential providers to determine a market rate for services. This process helps government better plan for the unique needs of the community and to identify which services, if any, cannot be competitively bid but are important to provide to the community. Information is not readily available to support or disprove that NCHC is providing cost-effective services; further review would be needed to make a determination.

ESCALATION OF TENSIONS

The level of distrust and miscommunication between NCHC and Marathon County is significant. Anecdotal information discussed throughout the community suggests that people are being turned away from services by NCHC and this has contributed to the discord reported by stakeholders. The organization is perceived as independent and isolated, and it is evident that a high level of frustration exists because NCHC does not participate in planning and strategizing about addressing community needs. Recent tensions surrounding the provision of crisis services and mental health services in the jail have led to further degradation of the relationship between Marathon County and NCHC.

With concerns beginning to emerge in 2013, tensions overflowed after negative media stories in 2015 and early 2016, culminating in a hastily called meeting by the Executive Committee of the County Board of Supervisors on January 16, 2016.²³⁸ At this meeting, the Executive Team voted to withdraw from the agreement that formed NCHC, but at a meeting on January, 19, 2016, the full Board of Supervisors passed an amended resolution #R-8-16 entitled “Approving Steps Toward Withdrawal of Marathon County from the Tri-County Joint Contract Which Creates the

North Central Community Services Program Board and Termination of Marathon County's Relationship with North Central Health Care to further study the options available to Marathon." This resolution postponed a decision to withdraw from the agreement until September 2016.²³⁹ Based on a provision in the existing agreement, a termination of the agreement by any one of the three counties cannot take effect until January 1 of the year following the year in which notice of termination is given. If the Marathon County Board of Supervisors votes to terminate the agreement in 2016, the earliest the termination can take effect is January 1, 2018.

Neither county leadership nor NCHC leadership has taken the lead to improve communication by establishing formal, facilitated interactions between the two entities.

CHANGE IS NEEDED

Throughout this review, key stakeholders expressed the need to have:

1. More influence over what behavioral health services are provided to the community and how they are provided.
2. Transparency regarding costs and outcomes and the use of public funds for the provision of behavioral health services.
3. Assurances that behavioral health services are of high quality and cost effective.
4. More satisfactory reporting about delivery of services to elected officials, stakeholders, and county employees.

Several factors are not conducive to integrated planning, input, and oversight by Marathon County, including: current policies and operations, organizational culture, and the approach of NCHC leadership to limit community involvement. A change in the current relationship with NCHC is needed if Marathon County is to achieve these goals. Several options to meet these goals are proposed below for consideration by the Marathon County Board of Supervisors.

OPTIONS

The following discussion details three options available to Marathon County to achieve the goals listed above. Each option includes a discussion of the advantages and disadvantages and implementation strategies if the option is chosen.

OPTION 1: RETAIN NCHC STRUCTURE WITH SIGNIFICANT MODIFICATIONS TO THE CURRENT AGREEMENT TO IMPROVE THE MANAGEMENT AND OVERSIGHT OF THE ORGANIZATION.

BACKGROUND

Option 1 retains the current NCHC structure with significant changes to the organizational oversight, management, and reporting requirements of the organization. This option requires the following actions by the administration of Marathon County:

1. Review the current agreement in detail and modify requirements for participation of NCHC in county planning and reporting requirements. If the NCHC structure is to remain, significant changes to the agreement must be made. Not only should NCHC be required to participate in county planning, it should be required to hold public meetings on its services and budget. As importantly, the agreement should have clear expectations on services, performance, outcomes, and costs. This may include the need for the county to research peer counties and other service providers to determine appropriate service levels and costs to ensure the most advantageous mix of services and price for Marathon County.

2. Develop an ongoing, formal structure for oversight and communication with NCHC administrators and staff. This could take the form of monthly meetings, with an agenda and follow-up notes distributed after the meeting. Only a formal mechanism for communication will dispel many of the misunderstandings that exist between the two organizations. In this scenario, Marathon County should create a management team consisting of a representative from the office of the County Administrator, the directors of the Health Department and the Social Services Department, a representative from the office of the Corporate Attorney, and a representative of the Finance Office. Another staff person should be assigned to develop the agenda and take and distribute the minutes of each meeting.

Establishing a partnership will also allow the county and NCHC to work together to present information to the community and involve the community and local providers in positive, forward-thinking planning activities to benefit the most vulnerable residents.

3. Exert greater control and input over the selection of new appointees to the board. Appointing members to the NCHC board is one significant way that Marathon County has to influence the governance of NCHC. By developing a formal mechanism for communicating with and receiving feedback from board appointees, Marathon County administrators will be more informed about board deliberations and will have an opportunity to ensure that appointees understand and effectively represent Marathon County. Marathon County should hold periodic training sessions for its board representatives to help them understand how best to represent the county.
4. Communicate the willingness of Marathon County to withhold approval of the annual budget of NCHC if short-term or long-term plans are not satisfactory or if issues with the provision of services remain unresolved.

ADVANTAGES

This solution is the least disruptive option for NCHC clients and employees. The concerted effort to improve communication would lead to greater transparency in the operations of NCHC. The new CEO of NCHC has expressed his intention to improve communication with Marathon County leadership and elected officials and to increase the transparency of the organization, suggesting that the possibility of an improved relationship exists.

DISADVANTAGES

This option has several disadvantages. The overall dynamic and the structure of the relationship between NCHC and Marathon County does not change. The county will continue to have limited options to influence the provision of behavioral health services if the relationship with NCHC does not improve. This option may not address the concerns that the county has about whether services are provided as cost effectively as possible. Decisions such as the array and amount of services, employee bonuses, salary levels, and administrative staffing levels would continue to be made unilaterally by NCHC.

IMPLEMENTATION

Implementation will require making changes to the current agreement to establish performance measures and funding expectations. In addition, it will require assembling the Marathon County management team and convening internal meetings to develop a process for engaging in communication with NCHC. Outreach will need to include NCHC staff in the meetings and to jointly develop agendas for each meeting. A Marathon County staff member, most likely in the Marathon County Social Services Department, should be assigned the lead to ensure that meetings

are scheduled and that each meeting is documented. The management team should report at least quarterly to the County Board of Supervisors.

OPTION 2: TERMINATE THE AGREEMENT THAT CREATED NCHC ON JANUARY 2018 AND CONTRACT FOR BEHAVIORAL HEALTH SERVICES.

BACKGROUND

The second option available is for Marathon County to terminate its participation in the NCHC agreement and continue the provision of behavioral health services through a purchased-service model. Under this model, Marathon County would develop requests for proposals (RFPs) and then contract with service providers who are most responsive to RFP requirements. NCHC would be eligible to bid on contracts with the county whether it remains a 51.42 entity through an agreement with Lincoln and Langlade counties or restructures as a nonprofit. In this scenario, all of the state funds currently received by NCHC on behalf of Marathon County as well as tax levy funds would be competitively bid to providers in the community.

The state of Wisconsin provides a Model Purchases of Services Contract to guide local governments in establishing contracts for services.²⁴⁰ In addition, the requests for proposals used by other counties in Wisconsin to purchase behavioral health services can provide guidance on how to bid for services.

ADVANTAGES

This option would put Marathon County leadership in the forefront of planning for behavioral health needs in the county and establishing the most cost-effective mechanism for meeting those needs. The county would take the lead in reviewing this comprehensive needs assessment to establish short- and long-term plans for delivering behavioral health services in the community. The county will also be able to establish strong performance contracting procedures, through the development of RFPs, and monitor the resulting contracts.

One benefit of this option could also be that by creating a competitive bidding process, Marathon County would increase capacity for behavioral health services in the community. The competitive bidding process serves to determine how services can be provided most efficiently.

DISADVANTAGES

Marathon County would have to increase its capacity to conduct needs assessments, issue RFPs for services and monitor contracts. Transition to a new model for providing behavioral health services will entail a learning curve for Marathon County staff on a purchased-service model.

IMPLEMENTATION

Implementation of a purchased-service model will require careful planning to ensure that contracts are in place on January 1, 2018, when the agreement with NCHC is terminated. Marathon County may want to immediately issue requests for information (RFIs) to organizations across the region to identify what organizations could provide behavioral health services. The steps for implementation would include the following actions:

1. Issue RFI to identify service providers and the types of services they are able to provide.
2. Finalize a needs assessment identifying what behavioral health services are needed.
3. Prepare RFPs for each distinct service needed.
4. Develop a robust evaluation process to review proposals received.
5. Issue RFPs widely in the region and even statewide.
6. Receive and evaluate proposals.

7. Execute contracts.
8. Monitor contract compliance.

OPTION 3: TERMINATE THE AGREEMENT THAT CREATED NCHC ON JANUARY 2018 AND INCORPORATE NCHC SERVICES INTO A MARATHON COUNTY HUMAN SERVICES DEPARTMENT.

BACKGROUND

Option 3 terminates Marathon County's participation in the NCHC agreement and continues the provision of behavioral health services by creating a Marathon County Human Services Department that would provide the services currently provided by NCHC. This transition would require incorporating as many as 423.35 FTEs providing 51.42 and 51.437 services into the organizational structure of Marathon County government, resulting in a 64.5 percent increase in county personnel.

ADVANTAGES

This option provides Marathon County with the maximum control over services provided. Since services would be provided by county employees, budgeting for services is a straightforward calculation of county costs. The county would then be able to determine levels of services and have direct oversight over the delivery of those services. Changes to service composition is more easily managed.

DISADVANTAGES

The option has significant challenges. This option puts Marathon County in the position of becoming a behavioral health service provider in a very short period of time. The learning curve to manage and oversee services without disruption to clients will be significant. The sheer number of employees, 423.35 FTEs that would need to be incorporated into the Marathon County organization will be overwhelming to an organization that currently has 656.32 FTEs. This transition will overwhelm current back office systems, including communications, human resources, purchasing, information technology, and finance.

Incorporating NCHC employees into the Marathon County organization will be challenging for several reasons:

- Pay scales for current NCHC employees may be different than county salaries and would need to be aligned to county policies.
- The culture of a private organization is different from government and would require an adjustment for NCHC employees who become county employees.
- Redundant executive leadership and back office staff may not all be retained.

This option also does not address one of the challenges that exists currently with NCHC—not knowing if the services provided are cost-effective. Another disadvantage is the liability assumed by the county for high-risk services, such as medical detoxification and inpatient services.

Just over half of NCHC revenue for the 51.42 and 51.437 programs (\$16,825,217) currently comes from patient revenue, including Medicaid (BadgerCare), Medicare, private insurance, and self-pay. In order to serve these consumers and retain the employees who provide the services, Marathon County would need to enroll as a BadgerCare provider and enter into contracts with managed care organizations (MCOs). If NCHC chooses to continue operating, the county would be competing for these consumers who might be likely to remain with NCHC with whom they are familiar.

If NCHC ceases to exist and Marathon County does not choose to become, or is unable to become, a BadgerCare provider, other providers in the community are unlikely to have the capacity to immediately absorb the BadgerCare enrollees, which would result in significant disruptions to consumers. In this scenario, Medicaid consumers (the majority of NCHC consumers) would be required to find new providers; with current capacity low in the community, consumers could be without services until new providers fill the vacuum created by the elimination of NCHC.

In addition to becoming a BadgerCare provider, Marathon County will also need to work with the Medical College of Wisconsin's Central Wisconsin psychiatry residency program to maintain or gain a new accreditation to continue to provide the residency program.

This option is the most disruptive to consumers, NCHC staff, Marathon County government operations, and the community.

IMPLEMENTATION

As with Option 2, this option will require careful planning to ensure that the transition of employees and services can occur on January 1, 2018, when the agreement with NCHC is terminated.

OTHER CONSIDERATIONS

DEVELOPMENTALLY DISABLED SERVICES

If Marathon County withdraws from the agreement that formed NCHC, NCHC could remain a 51.42 organization in an agreement with Lincoln and Langlade counties, could restructure as a nonprofit organization, or could dissolve entirely. If the latter occurs, the provision of 51.437 services to clients who are developmentally disabled could be disrupted. Marathon County would need to engage in discussions with the Wisconsin Department of Health Services and Community Care Connections of Wisconsin (CCCW) to ensure that either Marathon County enters into a contract with CCCW to provide these services or that another provider in the community is identified.

MOUNT VIEW CARE CENTER

Chapter 15 explores the options for the improved administration of Mount View Care Center, which is currently administered by NCHC. The discussion outlines the current challenges facing Mount View and action the county can take to improve oversight and ensure services are delivered efficiently and effectively.

FINANCIAL IMPLICATIONS

The complete financial implications of the options above cannot be fully explored without a detailed review of NCHC to understand the costs associated with each line of business as well as each service provided. Marathon County will need to engage an accountant or other financial expert to advise the county on the financial implications of any transition that is made.

COMMUNICATION

Marathon County cannot make a transition to a new behavioral health delivery system unilaterally. Each of the options discussed in this chapter will require sustained, effective, good-faith communication by Marathon County with NCHC and other stakeholders, including Lincoln and Langlade counties, to effect a change. Regardless of the option chosen, Marathon County will only be successful in transforming the delivery of 51.42 services by involving stakeholders in the community. Holding public hearings and regular, ongoing meetings with service providers will be essential to gaining trust in making this very important decision that will have significant impacts on all county residents, particularly consumers, employees of the affected organizations, and service providers.

CONCLUSION

A Marathon County Transition Team has been exploring the costs and implications to the county of absorbing NCHC services and employees into a new Marathon County Human Services Department. The team has determined that the question to be answered in deciding how to move forward is:

What is the best organizational structure for Marathon County to provide quality mental health services (including drug and alcohol treatment) to its residents?

The team further developed criteria to apply to any decision to ensure the best outcomes for the community. The needs assessment team used these criteria to create a scoring matrix in Table 14-1 for each of the three options discussed in this chapter.

Table 14-1: Scoring Matrix

	Public Accountability (Max 40)	Change Resiliency (Max 30)	Transitional Costs (Max 15)	Ongoing Costs (Max 15)	Total Score (Max 100)
Option 1: Retain NCHC Structure	10	10	15	15	50
Option 2: Terminate NCHC agreement and contract for services	40	25	10	10	85
Option 3: Terminate the agreement with NCHC and provide all direct services through Human Services Department	30	15	0	5	50

Using this scoring matrix, the best option available to Marathon County is Option 2:

- Option 2 maximizes Public Accountability by ensuring that services are provided cost effectively and ensures transparency through a public RFP and contracting process.
- Option 2 has the highest Change Resiliency by providing the least disruption to consumers and staff of NCHC and Marathon County and ensuring that service mix and level can be adjusted through an ongoing needs assessment process and procurement process. With Option 2, Marathon County is in the best position to respond to new conditions, opportunities, demands, and needs.
- While Option 1 has the lowest Transitional Cost, Option 2 is much less costly than Option 3. Option 2 requires the county to develop a purchased services infrastructure, but does not require the extensive cost of transitioning programs and services into the existing county infrastructure.
- While Option 1 has the lowest Ongoing Costs, Option 2 has lower ongoing costs than Option 3. Adjusting service mix and level within in-house services (Option 3) will be more costly because of the need to consider hiring and staff reduction decisions when increasing or decreasing services. Both Option 2 and Option 3 could result in the loss of the financial incentive from the state of Wisconsin for the formation of a regional 51.42 organization;

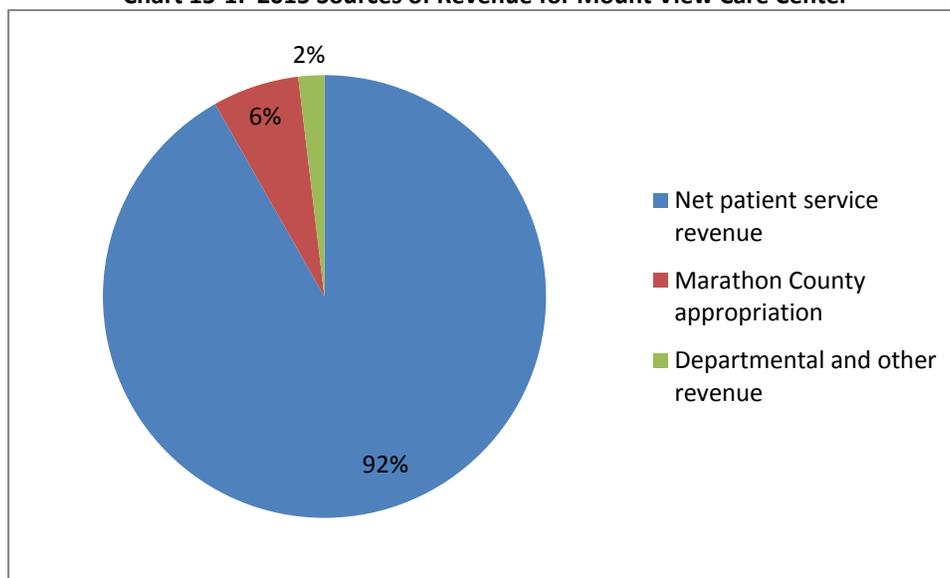
Marathon County can qualify for a regional incentive by partnering with one or more counties to provide 51.42 services. Most significantly, Option 3 requires Marathon County to enter into contracts with managed care organizations in order to retain a significant portion of available funding for services through Medicaid.

15 MOUNT VIEW CARE CENTER

BACKGROUND

Mount View Care Center (Mount View) is a publicly owned nursing home in Wausau, Wisconsin, created in 1986 by Marathon County. Mount View is licensed by the state of Wisconsin and managed and operated by North Central Health Care (NCHC). With 240 beds, Mount View is the largest nursing home in Marathon County. Mount View has 282 employees; about 34 percent of the 821 NCHC employees work at Mount View. In 2015, Mount View revenue totaled \$26,837,727, of which 92 percent (\$24,629,490) is net patient revenue (Badgercare, Medicaid, Medicare, and private insurance). Only Marathon County contributes a tax levy appropriation to the operation of Mount View. The tax levy contribution in 2015 was \$1.7 million. Chart 15-1 shows the sources of revenue for Mount View.

Chart 15-1: 2015 Sources of Revenue for Mount View Care Center



Source: *North Central Health Care Wausau, Wisconsin: Combined Financial Statements and Supplementary Information Years Ended December 31, 2015 and 2014*. Wipfli LLP, 2016. p. 61. Print.

MOUNT VIEW CARE CENTER SERVICES

Mount View Care Center is a 240-bed skilled nursing facility organized into the four units shown in Table 15-1.

Table 15-1: Mount View Care Center Units

Community	Number of Beds	Description
Legacies by the Lake Dementia Care:		
Gardenside Crossing	43	Designed for ambulatory residents with early stage dementia who need some assistance with their daily routines
Lakeview Heights	42	Designed for dually diagnosed residents with both dementia and behavioral health diagnoses.
Evergreen Place	22	Houses residents with severe memory loss and a high level of dependency.
Reflections Long-term Residential Care	81	Traditional long-term care unit. This unit is licensed for 81 beds, but budgeted for 65. This unit consists of two communities, North Reflections (30 beds) and Southern Reflections (51 beds).
Northwinds Vent Community	27	This unit provides short-term, long-term, and weaning respiratory therapies using the latest onsite respiratory technologies. This is the only ventilator therapy facility of its kind in the region.
Southshore Post-acute Care	25	Short-term, post-acute rehabilitation.

Sources: "Dementia Care." *North Central Health Care*. North Central Health Care, 2016. Web. <http://www.norcen.org/skilled-nursing/programs/dementia-care>. Accessed June 2016.

"Ventilator Services." *North Central Health Care*. North Central Health Care, 2016. Web. <http://www.norcen.org/skilled-nursing/programs/ventilator-services>. Accessed June 2016.

Mount View also provides temporary respite care services, including 24-hour care on-site care and coordinated care planning with primary caregivers.²⁴¹

CHALLENGES

Mount View is one of 46 "county homes" in Wisconsin that are owned by 34 local county governments.²⁴² Dodge (4), Dunn (3) La Crosse (3), Trempealeau (3), Washington (2), and Wood (3) counties operate multiple county-run nursing homes. The total number of county homes has decreased by three since 2007, when 49 county-owned nursing homes were operating in Wisconsin.²⁴³ Three counties have recently sold their county-run nursing homes: Jefferson (2009), Shawano (2010), and Rusk (2013). County homes in Wisconsin are facing challenges related to funding and staffing. The specific challenges faced by Mount View are discussed below.

LONG-RANGE PLANNING

Two NCHC planning documents were identified during this needs assessment. In July 2015, a consulting firm developed a slide presentation titled "Strategic plan for the next three to five years". Three slides in this presentation are related to structuring an "Integrated Continuum of Care for Older Adult Services" and developing more specialties in the nursing home.²⁴⁴ These slides contain some information related to implementation of these concepts.

In an effort to further engage in planning and provide more information on the need for a renovation of Mount View, NCHC staff provided a document to the NCHC Community Service Board of Directors finance committee on May 26, 2016, titled "Strategic Long-Range Facility and Corresponding Five Year Capital Plan"²⁴⁵

Neither of these documents contain a number of critical components that are essential in a long-range plan, namely:

- The vision and mission for Mount View for the next 10 and 20 years.
- Long-range objectives and goals for each unit at Mount View.
- Long-term demographic profile of the region specific to each unit.
- Long-term demand for skilled nursing beds in the region specific to each unit.
- Workforce analyses specific to each unit at Mount View.
- Analysis of current and future competition in the region for each current unit and any planned additions.
- Assumptions related to Medicare and Medicaid revenue, including Medicare bundled payments and trends in Medicaid reimbursement.
- How Mount View will be positioned and marketed to meet these challenges.

In addition, NCHC did not develop these planning documents in partnership with other community stakeholders, which is essential for a planning process involving a publicly-funded, community institution such as Mount View. According to the International Facility Management Association, “The nature of [a facility master plan] will influence, and be influenced by, the context of the project location beyond the property lines. Alignment with community needs and expectations is a critical factor...”²⁴⁶ In addition, a facility master plan must “consider how to balance current facility needs with long-term needs and issues. These needs and issues may include workforce demographics...organizational structure and culture, community and government regulatory requirements, market position, and capacity rates and volumes.”²⁴⁷

Additional due diligence is needed to understand the future market for Mount View Care Center services, including detailed demographic trends. Currently, the Mount View Care Center planning documents serve as justification for a request for taxpayer funding for a major renovation with no context for understanding how and why this use of public debt is in the best interest of the community.

RENOVATION

Competition and the potential for additional revenue are driving the desire to renovate Mount View. On March 20, 2014, NCHC requested that the Marathon County Board of Supervisors issue \$13.5 million in bonds to fund the renovation.²⁴⁸ According to NCHC, converting the long-term residential care beds to private rooms rather than double-occupancy rooms will increase Medicaid rates by \$2 per day. Converting the Southshore post-acute care beds to private rooms are needed to compete with other facilities for Medicare patients. In the slide presentation, NCHC states that the Marathon tax levy will pay for 30 percent of the bond payment.

On May 19, 2015, a resolution authorizing bonds for the proposed renovations failed to achieve the necessary three-quarters affirmative vote from the Marathon County Board of supervisors.²⁴⁹ Information provided to the board of supervisors by NCHC is insufficient to determine how the bond funds would be used and does not provide sufficient detail to understand the increased revenue that will result from the renovation.

The NCHC draft five-year facilities plan reviewed by the NCHC Finance Committee in May 2016 indicates the renovation of the entire facility will now cost \$15 million.²⁵⁰ NCHC also agrees to adhere to the Marathon County Capital Improvement Plan (CIP) process, which would rank NCHC CIP requests with other Marathon County CIP requests.²⁵¹

STAFF TURNOVER

Staffing shortages and high turnover have been issues at Mount View, although NCHC has taken steps to address these shortages. In the October 29, 2015, NCHC Community Service Board meeting, the Nursing Home Operations

Committee reported statewide registrations for certified nursing assistants (CNAs) had decreased by eight percent, making the recruitment of new CNAs difficult. According to this committee, the drivers of the staffing shortage and high turnover are mandatory overtime and inadequate wages for CNAs. In mid-2015, the NCHC Community Service Board approved a three-year plan to increase the hiring wage. In August of 2015, NCHC became more aggressive in its attempts to stabilize staffing at Mount View after 162 NCHC staff resigned, the majority being staff from Mount View. The three-year plan to raise the hiring wage was accelerated and the NCHC human resources department met with CNAs to align incentives and reform labor practices to ensure staffing stabilization. According to the packet from the NCHC Community Service Board meeting held on November 19, 2015, a new CNA scheduling system was implemented on October 11, 2015, that decreased vacancies significantly. While progress is being made, the NCHC Quality Committee reported at the March 31, 2016, NCHC Community Service Board meeting that CNAs still had the highest turnover among staff at NCHC. It should be noted that high CNA turnover is not unusual at nursing homes.²⁵²

INTERNAL BILLING CHALLENGES

According to the CPA firm that conducted the 2015 financial audit of NCHC and as reported by other stakeholders during interviews, the NCHC billing and accounts receivable system implemented in 2014 continues to experience problems. As of the end of December 2015, NCHC has a balance in accounts receivable of \$13.6 million, a slight decrease from the prior year. Accounts over 180 days old are at \$1.8 million at the end of 2015, an increase from \$500,000 the year before. Also at the end of 2015, \$2.5 million in payments collected had not yet been posted to patient accounts, a slight decrease from the previous year. The CPA firm also notes that an inability to produce usable reports from the new billing system exacerbates the challenges described.²⁵³

REVENUE SHORTFALLS

In 2015, revenue for Mount View fell short of expenditures by \$483,031.²⁵⁴ NCHC covered this shortfall with excess revenue from behavioral health care operations. As of April 30, 2016, Mount View has a year-to-date operating loss of \$567,343.²⁵⁵ Given the challenges facing county homes across the state of Wisconsin and all skilled nursing facilities that accept Medicaid patients, it is likely that revenue will continue to fall short of expenditures.

DECREASING MEDICAID REIMBURSEMENT

Mount View relies heavily on Medicaid long-term care reimbursements as a revenue source; Mount View received 67.74 percent of its funding from Medicaid in payment year 2014-2015 (July 1, 2014 to June 30, 2015).²⁵⁶ Wisconsin has the lowest Medicaid reimbursement in the United States for skilled nursing facilities.²⁵⁷ In FY 2015, skilled nursing facilities in Wisconsin had a \$332 million deficit between Medicaid reimbursements and the cost of providing care.²⁵⁸ This represents a 7.25 percent increase from the deficit in FY 2014.²⁵⁹ This low reimbursement exacerbates staffing shortages as it makes it more difficult to hire and retain nursing staff.²⁶⁰

For Mount View, this deficit amounts to \$4,115,808 in total losses for Medicaid fee-for-service (FFS) and managed care in FY 2016.²⁶¹

MEDICARE BUNDLED PAYMENTS

Mount View provides short-term, post-acute rehabilitation and receives reimbursement for these services from Medicare. The federal Center for Medicare and Medicaid Services (CMS) is in the process of implementing a new bundled payment system for post-acute care. The current system reimburses each provider according to the service provided. With the new bundled payment system, Medicare will provide a payment to one provider for an episode of care, i.e. a hip replacement. The entity that receives the payment would be responsible for providing all of the services for that episode of care or for contracting out for services it does not provide. In order for Mount View to continue to receive reimbursement for post-acute care, it will have to enter into an agreement with the hospitals

that receive the payment to participate as an approved post-acute care facility. Because the hospital will be liable for the outcomes related to the episode of care, post-acute care facilities will have to meet quality measures specified by CMS and the hospitals.

In interviews with Wisconsin nursing homes, including Mount View, leadership expressed concerns about how this bundled payment system will impact nursing home revenue. According to the NCHC director, Wausau is a pilot market for two episodes of care: hips and knees. However, this pilot is not likely to be implemented until 2018 or 2019. NCHC has proactively signed an agreement with Aspirus hospital to begin the process of aligning quality outcomes, which is the first step in participating with Aspirus in a bundled payment arrangement. Aspirus is expected to continue to receive FFS payments over the next five years. But being approved by Aspirus does not ensure that patients will choose Mount View for their rehabilitation services, so Mount View will need to engage in marketing to encourage patients to choose Mount View. The two other hospitals in Marathon County may be approaching bundled payments differently, limiting opportunities for Mount View to provide Medicare-reimbursed rehabilitation services. Marshfield Clinic Health System is building a transitional care facility to keep post-acute care in-house and Ministry Saint Joseph's Hospital recently merged with a large hospital group and their approach to bundled payments is unknown. Not enough is known at this time about how bundled payments will impact Mount View.

PROTECTIVE PLACEMENTS

North Central Health Care provides protective services for adults who are at risk of being abused, neglected, or exploited because of their age, their physical disabilities, or their developmental disabilities.²⁶² As of May 2, NCHC reported having 28 protectively placed individuals at Mount View.

The number of protective placements and expenditures to provide services to these individuals is not clear. Documents provided for this needs assessment include numbers of protective placement that vary from 28 (as noted above) to 80. In a presentation to the Marathon County Board of Supervisors on March 10, 2014, NCHC indicated that protective placements could be as high as 80 with costs of \$5.8 million.²⁶³ In 2014, 62 seniors were in protective placements at cost of \$507,002.²⁶⁴ In 2015, expenses for protective services were budgeted at \$560,664 and 49 seniors were provided protective placements.²⁶⁵ NCHC reports that nearly 30 percent of the costs for these placements are funded by the Marathon County tax levy.²⁶⁶ As such, it is important that accurate, timely information be published to understand the impact of these placements on taxpayers.

INDIVIDUALS WITH HIGH BEHAVIORAL NEEDS

Nursing home patients with challenging behaviors such as physical aggression are difficult to place and to manage. Mount View is known for its skills in managing these patients. Because these patients are difficult to place, considering their needs will be important when considering the future of Mount View.

NURSING HOME COMMISSIONS IN WISCONSIN

Three county home commissions have been created since 2009 when the state of Wisconsin recognized and accepted this type of "commission ownership" model with the creation of Wisconsin state statute section 49.49(7). This statute allows intergovernmental commissions formed by political subdivisions for the purpose of operating a nursing home to impose assessment fees on participating members for Medicaid residents' service costs without violating federal third-party billing restrictions for unreimbursed Medicaid expenses. A managed care organization (MCO) can reimburse an eligible commission nursing home above the Medicaid FFS rate for MCO members when the residents meet specified criteria.²⁶⁷ The political subdivisions eligible to become members of a nursing home commission are counties, cities, villages, or towns.²⁶⁸ The three commissions that have formed are described below.

Mississippi Valley Health Services Commission was created on July 1, 2009, with 13 counties now participating. The Commission was formed to jointly operate the former Lakeview Health Center, which was previously operated as an enterprise fund of La Crosse County. The purpose of the Commission is to provide nursing home services for the elderly and developmentally disabled in a regional area and to jointly share in the cost of providing these services based on the residency of each patient.²⁶⁹

Woodland Enhanced Health Services Commission (WEHSC) was created in January 2012 with 16 counties now participating. Commission members have priority access to services at Clark County Rehabilitation and Living Center (CCRLC). WEHSC is governed by representatives from member counties with each member county having a representative on the board. WEHSC was created by an intergovernmental agreement and member counties hold the license for operating the nursing home and the developmental disabilities facility.

According to the WEHSC website, CCRLC has historically provided services for behaviorally challenged individuals to counties throughout the state since 1922. CCRLC is heavily dependent (over 90 percent) on Medicaid to pay for the care provided and the actual cost of care continues to exceed the amount Medicaid pays per patient day.²⁷⁰

Marsh Country Health Alliance was created on August 1, 2010, to operate and manage the Dodge County nursing home, Clearview Long-Term Care and Rehabilitation. There are currently 13 member-counties in the Marsh Country Alliance. The most recent addition to the alliance was Washington County, which joined in fall 2015.²⁷¹

A map showing each commission and its member counties is included in Appendix D.

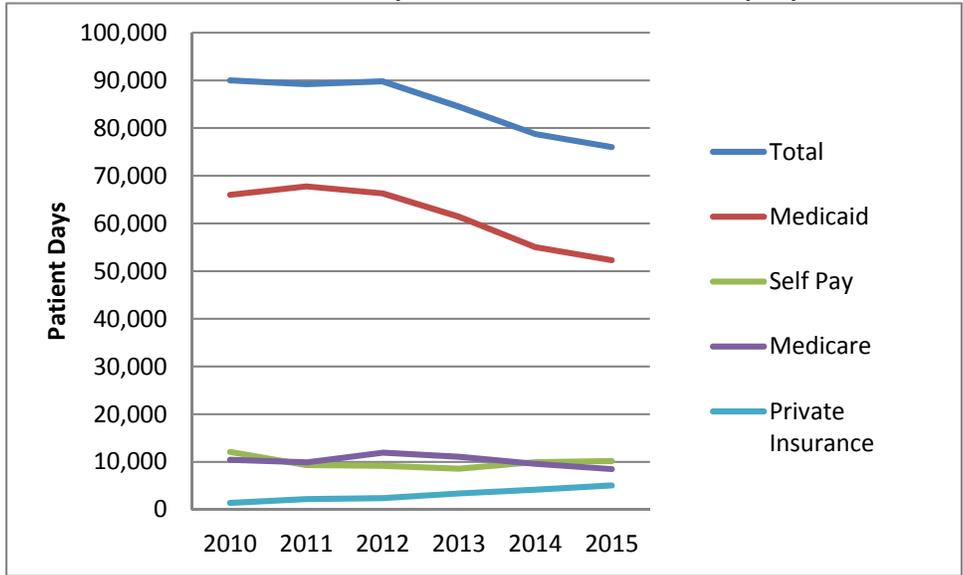
OCCUPANCY RATES AND PATIENT DAYS

Nursing home occupancy rates in Wisconsin dropped 3.7 percent from 2010 to 2014, representing a more significant change than the 1.2 percent decrease nationally.²⁷² Marathon County has a total of 987 skilled nursing beds available for seniors that make up approximately 2.94 percent of the skilled nursing beds in the state, slightly more than the county's proportion (2.47 percent) of the state population over 65.²⁷³ This suggests that Marathon County has an excess supply of skilled nursing capacity compared to nursing facility demand.

Several trends have contributed to the decline in nursing home stays, including national efforts to maintain seniors in the most independent setting possible and the reduction in average lengths of stay as a result of Medicaid managed care.

From September 2015 to February 2016, the Mount View average monthly census ranged from 204 to 209 patients per day (an 85 to 87 percent occupancy rate), which fell short of the target of 210 patients per day.²⁷⁴ Patient days have been declining over time at Mount View as shown in Chart 15-2 and Table 15-2.

Chart 15-2: Patient Days at Mount View Care Center by Payer



Source: Morningside analysis based on data provided by Mount View Care Center.

Table 15-2: Declining Average Patients per Day at Mount View Care Center

	2010	2011	2012	2013	2014	2015
Total Patient Days	89,995	89,221	89,795	84,489	78,780	76,039
Average per Day	247	244	245	231	216	208

Source: Morningside analysis based on data provided by Mount View Care Center.

MEDICARE NURSING HOME RANKINGS

Mount View currently has a below average ranking from Medicare.gov – two stars out of five. Two recent health inspections in February and March of 2016 found 16 health deficiencies, twice the average for nursing homes in Wisconsin. On quality measures, Mount View has received four out of five stars for how well the nursing home cares for the needs of residents. On staffing hours for nursing staff, Mount View received five out of five stars.²⁷⁵

RECOMMENDATIONS FOR MARATHON COUNTY REGARDING MOUNT VIEW CARE CENTER

The following recommendations are intended to address the current and anticipated future challenges facing Mount View Care Center.

1. **Pull Mount View out of NCHC and have the Mount View Care Center administrator report directly to the Marathon County Administrator.** The primary reason for this move is to ensure that this public institution, which is facing a number of growing challenges, is carefully evaluated to determine whether or not the taxpayers of Marathon County should continue to support it. Assuming that Mount View will require increasing tax levy support to cover revenue shortfalls, Marathon County government should be in a position to make future decisions regarding the nursing home. The budget and staffing for Mount View should be transparent and included in the annual county budget as are other county departments.

The county will face several challenges to changing the reporting structure of the nursing home, including decisions about which administrative support functions should be moved out on NCHC. Mount View shares

administrative and financial support, including billing and meal services, with the behavioral health care services of NCHC, and some economies of scale may be lost. One option would be to contract back to NCHC for these functions.

It should be noted that moving Mount View Care Center under the direct supervision of the Marathon County Administrator will not resolve the financial issues faced by the nursing home. The move will serve to isolate the operations of the county home from the operations of the behavioral health services administered by NCHC, allowing more strategic decisions to be made about the future of the nursing home and the ability of Marathon County to continue to support Mount View through tax levy funding.

NCHC is currently subsidizing the operations of Mount View Care Center by transferring nearly \$500,000 from the behavioral health side of the organization to Mount View. Marathon County should deduct this amount from the tax levy payment to NCHC for behavioral health services when the administration of the nursing home is transferred.

2. **Develop a comprehensive long-range plan for Mount View.** A leadership team should be assembled to create this plan. The team should be led by Marathon County staff and include NCHC leadership, Mount View Care Center leadership, and one or two community stakeholders. The plan should cover 10 to 20 years (or at least the term of any capital investment) and include components such as a vision, mission, objectives, and analysis of demographics, competition, and future funding scenarios. Marathon County needs to have a clear understanding of the current and future role of Mount View in the community.
3. **Gather additional data before approving a renovation plan for Mount View Care Center.** More data should be requested regarding the Mount View Care Center renovation project before the Marathon County Board of Supervisors approves a bond issuance. Although the most recent documentation of the renovation by NCHC provides more detail, additional context is needed to understand how the renovation project will impact future revenue streams and how the renovation contributes to a long-term plan for Mount View Care Center. A detailed cash flow analysis is needed with the assumptions clearly articulated. The potential impact of bundled payments, patient choice, and Medicaid revenue increases should be clearly discernible in the cash flow analysis.
4. **Consider forming a new nursing home commission or joining one or all of the existing commissions.** The commissions present a mechanism for maximizing the reimbursement for cross-county placements of individuals in county homes and should be actively explored.
5. **Explore options for high behavioral need patients.** The assumption has been that Mount View Care must remain in the community because there is nowhere else for these more challenging patients to go. However, additional research is needed to understand how other counties in Wisconsin and counties in other states meet the needs of these residents and what options are available to Marathon County for placing these individuals.

16 ENDNOTES

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APPENDIX A: EXISTING NEEDS ASSESSMENTS

Appendix A examines existing work that has been done to assess the needs of Marathon County. Table A-1 on the following page reviews each existing assessment to determine the human needs that are addressed in those documents. The following criteria were used to determine which existing needs assessments to include in this table:

1. Written from 2010 through the present,
2. Specific to Marathon County or including Marathon County emphasis, and
3. Addressed at least one of the human needs assessed in this current needs assessment.

Of the 16 existing needs assessments evaluated, only the United Way's 2015 2-1-1 report listed human service needs in order of priority, indicating which needs were most often unmet. The 2016-2019 Marathon County Transportation Improvement Program report and Wausau Area Bicycle and Pedestrian Plan prioritized the projects discussed in their reports, but these were limited to transportation projects and did not evaluate the need of those projects compared to other human need services in the community. If an existing needs assessment mentioned priorities, but did not rank or order them, it was not considered to have prioritized those needs.

Table A-1: Existing Needs Assessments

Assessment/ Study/ Report Title	Year (published)	Mental Health	Substance Abuse	Youth Services	Housing	Transportation	Senior Engagement	Criminal Justice	Job Training and Employment Assistance	Rural Service	Coordination, Collaboration and Outreach	Culturally Competent Services	Critical Workforce Shortage
Community Health Needs Assessment (Ministry Saint Clare's Hospital)	2013	✓	✓	✓									
Community Health Needs Assessment FY14-FY15 (Aspirus Wausau Hospital)	2014-2015	✓	✓	✓	✓		✓						
Comprehensive Economic Development Strategy (CEDS)	2014				✓	✓			✓				✓
Coordinated Public Transit-Human Services Transportation Plan 2014-18	2013					✓				✓			
Healthy Marathon County: 2015 Annual Report to the Community	2015	✓	✓	✓			✓				✓		
LIFE Report	2016	✓	✓	✓	✓		✓	✓	✓		✓		
Marathon County Community Health Assessment	2012	✓	✓	✓							✓		
Marathon County Comprehensive Plan	2016	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Marathon County Medication Assessment Survey, 2015 (UW-River Falls)	2016		✓										
Marathon County Transportation Program Needs Assessment: An Assessment of the Transportation Needs of the Elderly and Disabled in Marathon County, Wisconsin	2014					✓	✓			✓	✓		
Metro Ride Transit Development Plan	2012					✓							
Regional Livability Plan	2015				✓	✓	✓		✓	✓			
Transportation Improvement Program, 2016-2019	2015					✓							
United Way's 2-1-1 Annual Report	2015	✓	✓	✓	✓	✓	✓		✓		✓		
Wausau Area Bicycle and Pedestrian Plan	2015					✓					✓		
Wausau Area Long Range Transportation Plan 2035	2011					✓							

Existing Needs Assessments Sources

Community Health Needs Assessment (Ministry Saint Clare's Hospital)	http://ministryhealth.org/SaintClaresHospital0/Ministry_Saint_Clares_Hospital_CHNA_2013_FINAL2.pdf
Community Health Needs Assessment FY14-FY15 (Aspirus Wausau Hospital)	http://aspirus.org/Uploads/Public/Documents/Comm-Benefit-Report-AWH.pdf
Comprehensive Economic Development Strategy (CEDS)	http://www.ncwrpc.org/2014_CEDS.pdf
Coordinated Public Transit-Human Services Transportation Plan 2014-18	http://www.ncwrpc.org/transitplans/MARATHON%20CO%20COORDINATED%20PLAN_13.pdf
Healthy Marathon County: 2015 Annual Report to the Community	http://healthymarathoncounty.org/wp-content/uploads/2016/02/HMC-Annual-Report-2015.pdf
LIFE Report	http://www.unitedwaymc.org/improve-lives/community-data/
Marathon County Community Health Assessment	www.healthymarathoncounty.org
Marathon County Comprehensive Plan	http://www.co.marathon.wi.us/Departments/ConservationPlanningZoning/PlanningServices/ComprehensivePlanning.aspx
Marathon County Medication Assessment Survey, 2015 (UW-River Falls)	http://pushbackdrugs.org/documents/medication-assessment-survey-full-report-2015.pdf
Marathon County Transportation Program Needs Assessment: An Assessment of the Transportation Needs of the Elderly and Disabled in Marathon County, Wisconsin	http://www.co.marathon.wi.us/Portals/0/Departments/CPZ/Documents/MCTP_NeedsAssess_Oct2014.pdf
Metro Ride Transit Development Plan	http://www.co.marathon.wi.us/Portals/0/Departments/CPZ/Documents/2012_May_TDP.pdf
Regional Livability Plan	http://www.ncwrpc.org/rlp/wp-content/uploads/2015/10/RLP_Regional-Livability-Plan-Final.pdf
Transportation Improvement Program, 2016-2019	http://www.co.marathon.wi.us/Departments/ConservationPlanningZoning/PlanningServices/TransportationPlanningandWausauMPO/TransportationImprovementProgram(TIP).aspx
United Way's 2-1-1 Annual Report	http://cdn.unitedwaymc.org/wp-content/uploads/2016/05/2-1-1-Annual-2015.pdf
Wausau Area Bicycle and Pedestrian Plan	http://www.co.marathon.wi.us/Departments/ConservationPlanningZoning/PlanningServices/TransportationPlanningandWausauMPO/WausauMPOBicycleandPedestrianPlan.aspx
Wausau Area Long Range Transportation Plan 2035	http://www.co.marathon.wi.us/Departments/ConservationPlanningZoning/PlanningServices/TransportationPlanningandWausauMPO/LongRangeTransportationPlanning(LRTP).aspx

APPENDIX B: NEEDS PRIORITIZATION FORM

The needs prioritization form that participants completed during the stakeholder input process is attached.

The maps referenced in the attached document are not included but were provided to participants.

PRIORITIZING HUMAN SERVICES NEEDS IN MARATHON COUNTY

Using the list of human services on the attached page as a guide (feel free to add your own services), please indicate the 3 services that you feel should be the top human services priorities in Marathon County. Please list only 3 services. Then, using the attached Wausau Metro Area and Marathon County Maps, indicate the area(s) of the City or County most in need of these services. When identifying the areas most in need, please be as specific as possible. See the examples listed below.

Top 3 Human Services Priorities

Example: Aging Services – nursing home facilities

1. _____
2. _____
3. _____

Location of Top 3 Human Services Priorities

Example: Aging Services – nursing home facilities – Eastern Wausau near Sunnyvale Park

1. _____
2. _____
3. _____

Please hand this worksheet in at the end of the meeting.

Children's Services

- Adoption / Foster Care / Transitional Services
- Counseling & Therapy
- Domestic Violence / Child Abuse & Neglect
- Health Care
- Intellectually or Developmentally Disabled Services
- Nutrition
- Parenting Education & Support

Economic Support

- Food / Nutrition
- Health Insurance Accessibility
- Rental / Mortgage Assistance

Job Training / Employment

- Computer Skills Programs
- Employment for Individuals with Disabilities
- Resume / Interview Assistance
- Vocational Training

Homeless Shelter / Temporary Housing / Housing Services

- Homeless shelter
- Transitional Housing
- Permanent Housing

Behavioral Health / Substance Abuse/Mental Health

- Addiction Recovery / Rehabilitation
- Counseling & Therapy
- Crisis Intervention
- Domestic Violence
- Residential Treatment Facilities
- Respite Care

Health Care Services

- Clinic / Primary Care
- Disabilities Services
- Health Education & Support
- HIV / AIDS Treatment
- Hospice
- Hospital / Emergency Care Services
- Long-term Care

Aging Services

- Assisted Living
- At-home Services
- Nursing Home / Rehabilitation Centers

Juvenile / Criminal Justice

- Forensic Mental Health Services
 - Re-entry Services
-

APPENDIX C: MARATHON COUNTY COLLABORATIONS

Chapter 11 of this report on coordination, collaboration, and outreach lists the names of some of the partnerships in which the Marathon County government participates. These partnerships coordinate the delivery of human services in Marathon County. This appendix includes the names the entities that are included in each partnership.

Aging and Disability Resource Center of Central Wisconsin (ADRC)

- Langlade County
- Lincoln County
- Wood County

Alcohol and Other Drug Abuse Partnership

- Aspirus
- Bridge Community Health Clinic
- Edgar School District
- Everest Metro Police Department
- Family Planning Health Services
- North Central Health Care
- Northcentral Technical College
- Peoples State Back
- Wausau Police Department
- Wausau School District
- Woodson YMCA

Central Consortia Income Maintenance (CCIM)

- Langlade County
- Oneida County
- Portage County

Community Care of Central Wisconsin (CCCW)

- Ashland County
- Barron County
- Bayfield County
- Burnett County
- Douglas County
- Iron County
- Langlade County
- Lincoln County
- Polk County
- Portage County
- Price County
- Rusk County
- Sawyer County
- Washburn County

Early Years Coalition

- Achieve Center
- Aspirus
- Big Brothers Big Sisters
- Birth to Three
- Bridge Community health Clinic
- Childcaring Inc.
- Children’s Hospital of Wisconsin – Community Services
- Cooperative Educational Services Agencies
- DC Everest School District
- Family Planning Health Services
- First Impressions Dentistry
- Girl Scouts of the North Western Great Lakes
- Hope Pregnancy Resource Center
- Leigh Yawkey Woodson Art Museum
- Lutheran Social Services of WI & Upper Michigan
- Marshfield Clinic
- Ministry Health Care
- Newman Catholic Schools
- North Central Health Care
- Northcentral Technical College
- Children and Youth with Special Health Care Needs – Northern Regional Center
- Prevention Solutions
- Ruder Ware LLSC
- The Women’s Community Shelter
- United Way of Marathon County
- UnitedHealthcare
- Wausau Child Care
- Wausau School District
- YMCA
- Marathon County department partners
 - Child Development Agency
 - Department of Social Services
 - Health Department
 - Public Library

- Mount Olive
- Mountain View Montessori

Housing and Homelessness Coalition

- Aspirus
- Catholic Charities of Diocese La Crosse
- Center for Veterans Issues
- Community Care Connections of Wisconsin
- DC Everest Junior High School
- Downtown Mission Church
- First United Methodist Church
- Forward Services Corporation
- Gazebo Outreach
- Greenheck Fan Corporation
- Habitat for Humanity
- Institute for Community Alliances
- Marathon County University of Wisconsin Cooperative Extension
- Ministry Saint Clare's Hospital
- North Central Community Action Program
- North Central Health Care
- Congressman Sean Duffy
- Opportunity Inc.
- Peaceful Solutions Counseling
- Randlin Family Adult Care Homes Inc.
- Salvation Army

Hunger Coalition

- AIDS Resource Center of Wisconsin
- Aspirus
- Boys and Girls Club
- Bridge Community Health Clinic
- Catholic Charities
- Community Center of Hope
- Covenant Food Pantry
- Eastbay/Footlocker
- Faith in Action Marathon County
- Feeding America Eastern Wisconsin
- First Presbyterian Food Pantry
- Hispanic Chamber of Commerce
- Hmong American Center
- Marathon Cheese Corporation
- Marshfield Clinic
- Ministry Saint Clare's Hospital
- North Central Community Action Program
- Congressman Sean Duffy
- Salvation Army

LIFE Report Project

- Aspirus
- BA and Esther Greenheck Foundation
- Dudley Foundation
- Judd S. Alexander Foundation
- Marshfield Clinic

- Special Education Department

- St. Anthony Retreat Center
- St Vincent de Paul
- The Women's Community
- United Way of Marathon County
- US Bank
- VA Tomah VA Health Care System
- Wausau City Police Department
- Wausau Community and Economic Development
- Wausau Community Development Authority
- Wausau School District
- Wisconsin Department of Workforce Development
- Wisconsin Department of Veterans Affairs
- Wisconsin Judicare Inc
- Marathon County departments who are partners
 - Health Department
 - Sheriff's Department
 - Department of Social Services

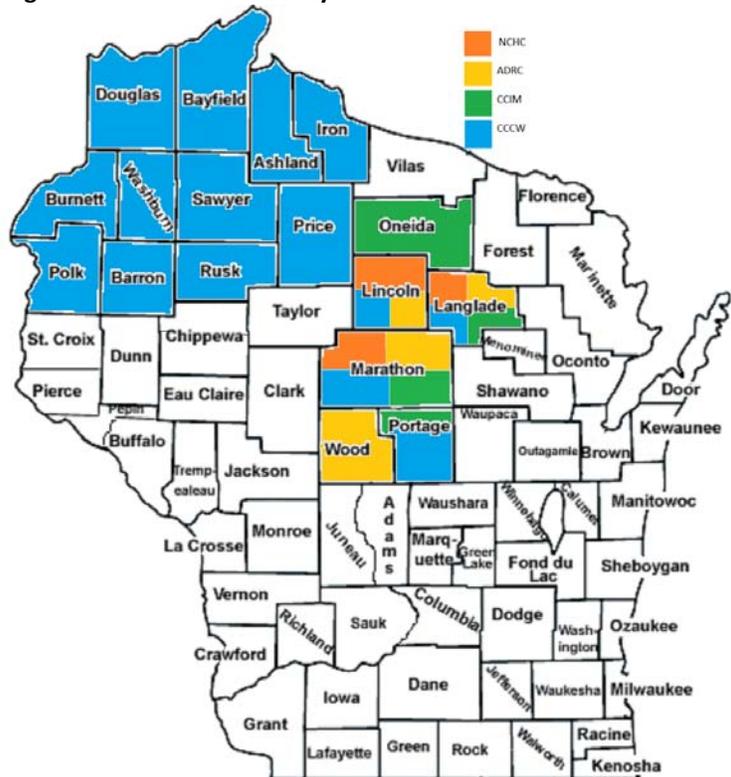
- The Neighbors' Place
- The Women's Community Shelter
- United Way of Marathon County
- United Way's 211
- United Way Emerging Leaders
- United Way RSVP Program
- United Way Volunteer Connection
- The University of Wisconsin – Marathon County
- Wausau Area Mobile Meals
- Wausau Early Bird Rotary
- Wausau Noon Rotary
- Wausau Urban Community Gardens
- Wesley Church Food Pantry
- Women Infants and Children [U.S. HHS]
- Marathon County department partners include
 - Health Department
 - Department of Social Services

- Ministry Saint Clare's Hospital
- UMR
- United Way of Marathon County
- City of Wausau
- Wausau Region Chamber of Commerce

Sources: Marathon County Early Years Coalition: 2016 Membership List. Marathon County Health Department; The United Way of Marathon County, 2016. Web. <http://cdn.unitedwaymc.org/wp-content/uploads/2016/04/EYC-Membership.pdf>. Accessed May 2016.
 Housing and Homelessness Coalition: 2016 Membership List. The United Way of Marathon County, 2016. Web. <http://cdn.unitedwaymc.org/wp-content/uploads/2016/04/HHC-Membership.pdf>. Accessed May 2016
 Marathon County Hunger Coalition: 2016 Membership List. The United Way of Marathon County, 2016. Web. <http://cdn.unitedwaymc.org/wp-content/uploads/2016/04/MCHC-Membership.pdf>.
 LIFE in Marathon County 20 Year Anniversary: 10th Edition 2015-2017. The LIFE Steering Committee, 2016. PDF File. Web. <http://www.unitedwaymc.org/improve-lives/community-data/>. Accessed May 2016.

The following map illustrates the formal partnerships that Marathon County has with other counties in Wisconsin and indicates the partnerships of each county.

Figure C-1: Marathon County Collaborations with Other Counties



APPENDIX D: LISTS AND MAP OF COUNTY-OWNED NURSING HOMES AND NURSING HOME COMMISSIONS IN WISCONSIN

Chapter 15 of this report on Mont View Care Center discusses county-owned nursing homes and the three nursing home commissions in Wisconsin. This appendix includes two lists with the counties that are included in each commission and those that own nursing homes.

Counties with County-Owned Nursing Homes

Brown	Lafayette	St. Croix
Clark	Lincoln	Sauk
Columbia	Marathon	Sheboygan
Dane	Milwaukee	Trempealeau (3)
Dodge (4)	Monroe	Vernon
Dunn (3)	Outagamie	Walworth
Fond du Lac	Ozaukee	Washington (2)
Grant	Polk	Waupaca
Green	Portage	Winnebago
Iowa	Racine	Wood (3)
Kenosha	Richland	
La Crosse (3)	Rock	

Source: Diedrick-Kasdorf, Sarah. n.d. *County Nursing Homes*. [Presentation Slides]. "Re: Wisconsin county-operated nursing homes." Message to Jesse Jenkins. May 16, 2016. Email.

Wisconsin County Nursing Home Commissions

Marsh Country Health Alliance Commission (13)	Mississippi Valley Health Services Commission (11)	Woodland Enhanced Health Services Commission (21)
Adams	Chippewa	Barron
Columbia	Crawford	Bayfield
Dodge*	Juneau	Buffalo
Grant	La Crosse*	Chippewa
Green	Marinette	Clark*
Iowa	Monroe	Douglas
Jefferson	Richland	Eau Claire
Ozaukee	Rock	Florence
Rock	Sauk	Jackson
Sauk	Trempealeau	Oneida
Waukesha	Vernon	Pepin
Winnebago		Polk
Washington		Portage
		Price
		Rock
		Rusk
		Taylor
		Walworth
		Waushara
		Wood
		Trempealeau

*Lead county

Sources: "Marsh Country Health Alliance Commission." www.co.dodge.wi.us, 2016. Dodge County, WI. Web. <http://www.co.dodge.wi.us/index.aspx?page=554>. Accessed May – June 2016.; "Marsh Country Health Alliance: Minutes of the Annual Meeting of the Members and Commission Board." *Dodge County, WI*. August 31, 2015: n.pag. Web. PDF File. <http://www.co.dodge.wi.us/modules/showdocument.aspx?documentid=14829>. Accessed May – June 2016.; "Washington County 2016 Budget." Washington County, Wisconsin. November 8, 2015.p. 49. Web. PDF File. <http://www.co.washington.wi.us/uploads/docs/2016-budget-book-co-board-approved.pdf>. Accessed May – June 2016.; "Intergovernmental Cooperation Agreement Creating Mississippi Valley Health Services Commission." Local Government Institute of Wisconsin. n.d. Web. PDF File. http://localgovinstitute.org/sites/default/files/Miss_Valley_Health_Services_Commission_Cooperative_Agreement.pdf. Accessed May – June 2016.; "Woodland Enhanced Health Services Commission." www.co.clark.wi.us, 2016. Clark County, Wisconsin. Web. <http://www.co.clark.wi.us/index.aspx?nid=268>. Accessed May – June 2016.

The following map illustrates counties that are members of health commissions and those with county-owned nursing homes.

Figure D-1: Wisconsin Health Commissions and County-Owned Nursing Homes

