



HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Wednesday, December 2, 2020 at 4:00 p.m.**

Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Tim Buttke, Chair; Michelle Van Krey, Vice-chair, Kelley Gabor, Dennis Gonnering, William Harris, Donna Krause, Tom Seubert

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Public Safety Committee members and the public to attend this meeting remotely. Instead of attendance in person, Committee members and the public may attend this meeting by **telephone conference**. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the **telephone conference beginning five (5) minutes prior to the start time indicated above using the following number: 1-408-418-9388. Access Code: 146 159 7938**

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**

1. Call Meeting to Order
2. Public Comment (15 minute limit)
3. Approval of the November 4, 2020, Committee meeting minutes.
4. Policy Issues for Discussion and Possible Action: None
5. Operational Functions required by Statute, Ordinance, or Resolution:
 - A. Resolution and Letter of Support to Increase Funding for Aging and Disability Resource Centers
6. Educational Presentations and Committee Discussion
 - A. Elderly and Disabled Transportation (Wis. Stats. 85.21) [Grant Application](#) (Dave Mack)
 - B. Stepped Enforcement Process under Administrative Code 145
 - C. Responding to the Housing Needs of our Covid Positive Homeless Population
 - D. Update on Discussions with WIPPS Relative to Community Conversation about COVID-19
 - E. Review and Update Health and Human Services Committee's Lead Strategic Plan Objectives
7. Next Meeting Logistics and Topics:
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: January 6, 2021 at 4:00 p.m.
8. Announcements
9. Adjournment

"Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 one business day before the meeting.

SIGNED /s/ Tim Buttke
Presiding Officer or Designee
NOTICE POSTED AT COURTHOUSE

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: T. Ranallo
FAXED DATE: _____
FAXED TIME: _____

BY: T. Ranallo
DATE: _____
TIME: _____



MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MINUTES

Wednesday, November 4, 2020 at 4:00 p.m.

Employee Resources Conference Room C-149, Courthouse, 500 Forest Street, Wausau WI
54403

Attendance:	Present	Absent
Tim Buttke, Chair	X	
Michelle Van Krey, Vice Chair	W	
Kelley Gabor		X
Dennis Gonnering	W	
William Harris	W	
Donna Krause	X	
Tom Seubert	W	

Also Present: Lance Leonhard, Jason Hake, Toshia Ranallo, Mary Palmer, Kurt Gibbs

Via Web or Phone – Sandi Cihlar, Craig McEwen, Joan Theurer, Ruth Heinzl, Brian Kowalski, John Robinson, Vicki Tylka, Jill Geoffroy

1. **Call Meeting to Order**

Chair Tim Buttke called the meeting to order at 4:00 p.m.

2. **Public Comment:** None

3. **Approval of the September 30, 2020, Committee meeting minutes.**

MOTION BY KRAUSE; SECOND BY GONNERING, TO APPROVE THE SEPTEMBER 30, 2020, HEALTH & HUMAN SERVICES COMMITTEE MEETING MINUTES. MOTION CARRIED.

4. **Policy Issues for Discussion and Possible Action:** None

5. **Operational Functions required by Statute, Ordinance, or Resolution:**

A. **Resolution Declaring Every Third Thursday in November as Rural Health Day (November 19, 2020)**

Discussion:

Supervisor Sandi Cihlar gave the background on this initiative. She referenced an article on the stress and high rate of suicide of farmer, ranchers and agricultural workers. She commented that the fourth Whereas in the resolution needed modification for accuracy. It was changed to: *WHEREAS, the Wisconsin Office of Rural Health, the National Organization of State Offices of Rural Health, the Marathon County Farm Bureau, and the National Farm Medicine Center in Marshfield, UW-Madison Division Extension have joined together to acknowledge the assets of rural America while raising awareness of the unique health issues of rural America during National Rural Health Day on the Third Thursday of November.*

Action:

MOTION BY GONNERING; SECOND BY KRAUSE TO APPROVE THE RESOLUTION AS MODIFIED AND FORWARD TO COUNTY BOARD FOR FURTHER CONSIDERATION. MOTION CARRIED.

Follow up:

Send to County Board for consideration

6. **Educational Presentations and Committee Discussion**

A. Public Engagement Strategies for Local Communicable Disease Ordinance (Buttke)

1. Report from Chair Buttke on discussion evaluating next steps

Discussion:

The workgroup on public engagement strategies for a local communicable disease ordinance met to discuss setting a listening session. The workgroup is comprised of Supervisors John Robinson and Tim Buttke, Joan Theurer, Health Officer and Administrator Lance Leonhard. They also collaborated with Eric Giordano of the Wisconsin Institute of Public Policy Service (WIPPS), as he has experience leading dialogues with the community on tough subjects. He is putting together a proposal and will be taken to HR/Finance, possibly in December.

The listening session(s) will help each side understand the other side of the issues. One result could be behavior change. How do we drive behavior change? Consensus within the workgroup is that we need to do a better job as a county. There is another viewpoint of those that don't do anything. Can we accept this, if nothing changes? What if an ordinance passes? What's our next step? Enforcement is larger than we think. It includes not only law enforcement, but 911, attorneys, District Attorney, Corporation Counsel, Courts, etc.

The Wausau Area Chamber of Commerce does have a program asking businesses to sign on that they are carrying on best practices for staff and customers – a Safety Pledge. There is not uniformity across all businesses.

Let's gather information, let people know their opinions do matter, and develop an inquiring process.

Follow up:

No follow up needed.

B. Level III Health Department Certification Review by Department of Health Services

Discussion:

Health Officer, Joan Theurer, asked the committee if they remember nothing else about the health department is the 3 "P's" Prevention, Population and Partnership. This is what local health departments are about. They look into what is causing people to become ill, why do they die early and how can it be prevented. They are responsible for the jurisdiction they serve, which is their county. Local health departments are guided by State Administrative rule under Chapter DHS 140 and have a choice to be a level 1, 2 or 3. Most counties our size are level 2 or 3. Marathon County has been a level 3 since 1998. Portions of Chapter DHS 140 were reviewed explaining the different levels. A handout from the Public Health National Center for Innovations (PHNCI) was also reviewed.

COVID has had a great impact on public health. Awareness has been made on the disparities in the community. It created new opportunities for partnerships that wouldn't have otherwise been engaged, such as weekly meetings with municipalities.

The committee was asked to remember what the Health Department does, what's expected by State Statute and remember the three "P's".

Follow up:

No follow through needed.

C. Wisconsin Changes Policy relative to Medicaid Coverage for Incarcerated Individuals (Leonhard)

1. What does this mean for inmates? <https://www.dhs.wisconsin.gov/news/releases/101620.htm>

Discussion:

Supervisors have been working with the Wisconsin Counties Association (WCA) and National Association of Counties (NACo) to only suspend Medicaid for incarcerated individuals. States have the option to suspend or terminate benefits upon incarceration. Wisconsin has been a termination state. When inmates are released from custody, they need to reapply for those benefits. At Federal prisons, benefits are suspended and upon release benefits are restored without any additional paperwork. There were positions in the community helping people apply and reapply for benefits.

There were constant technology, cognitive issues, and no paperwork.

In early 2019 then Deputy Administrator Leonhard found a reference that individual counties could become a suspended county within a termination state and this was put on the Administration Work Plan. After several meetings with the state they were looking to move the state to become a suspension state. He was very happy to report that the state did make the change at the end of October, 2020.

Follow up:

No follow up needed.

D. The Strategic Plan and the Role of the Health & Human Services Committee

Discussion:

Vice-Chair McEwen is touching base with all standing committees on their leadership role in the Strategic Plan. We are about half way through the plan (2 ½ years). Has there been any progress made on objectives 3.3, 3.7 and 7.2, which Health & Human Services has the lead? He's reminding committee chairs that they should monitor these objectives and keep track of the progress. In September a template was developed to prioritize and keep track of the Environmental Resources Committee's objectives. Each committee should look at the objectives they are lead on and report the progress.

Follow up:

The Objectives Template will be shared with all committee members. This will be put on each agenda moving forward.

7. Next Meeting Logistics and Topics:

A. Committee members are asked to bring ideas for future discussion

- Future items for discussion:
 - Update/Review Health & Human Services Committee's Lead Strategic Plan Objectives
 - John Shutske (Jason Hausler) Could provide a future presentation on Rural Health and/or Farm Stress
- Next meeting Wednesday, December 2, 2020, at 4:00 p.m.

8. Announcements: None were given

9. Adjournment

There being no further business to discuss, **CHAIR BUTTKE ADJOURNED THE MEETING AT 5:19 P.M.**

Minutes Prepared
By Mary Palmer

DRAFT

RESOLUTION SUPPORTING INCREASED FUNDING FOR AGING AND DISABILITY RESOURCE CENTERS

WHEREAS, Aging and Disability Resource Centers (ADRC) are the first place to go to get accurate unbiased information on all aspects of life related to aging or living with a disability; and

WHEREAS, ADRC services include providing information and assistance, options and benefits counseling, coordinating short-term services, conducting functional screens, and enrollment processing and counseling; and

WHEREAS, in Wisconsin, there are currently 34 single-county ADRCs, 12 multi-county/tribal ADRCs, and seven tribal Aging and Disability Resource Specialists that work with an ADRC; and

WHEREAS, ADRCs serve the fastest growing demographic of our state's population; and

WHEREAS, the funding method for ADRCs has not been revised in more than a decade, and funding for ADRCs has not increased since 2006; and

WHEREAS, it has become evident that ADRC funding needs revision for a number of reasons, including:

- The current inequitable distribution of funding among ADRCs.
- The need to increase funding so that all ADRCs may effectively meet their mission, as outlined in the Scope of Services contract addendum; and

WHEREAS, the Office for Resource Center Development (ORCD) within the Department of Health Services (DHS) established a stakeholder advisory group in 2017 to discuss ADRC funding; and

WHEREAS, the stakeholder advisory group identified a number of issues with the current funding formula, such as:

- Dollars are distributed based on the date of ADRC establishment - older ADRCs (Generation One) receive more funding than ADRCs established at a later date (Generation Two and Three ADRCs);
- The current formula does not take into account elements associated with health and social inequity that require a greater need for ADRC services;
- The current formula does not adjust with need – Wisconsin's aging and disability populations continue to grow and are expected to grow significantly over the next 20 years;
- The current formula does not account for needed cost of living adjustments; and

WHEREAS, a significant state GPR investment is needed to implement the recommendations of the stakeholder advisory group; and

DRAFT

WHEREAS, such a significant state investment would provide consistency in ADRC funding statewide, cover the services required and recommended in the Scope of Services contract addendum, and equalize services among ADRCs; and

WHEREAS, the work of the stakeholder advisory group complements the work of the Governor's Task Force on Caregiving; and

WHEREAS, according to the Wisconsin Department of Health Services Projected Population data for 2020, older adults 60 years plus are 26 percent of Marathon County's total population and this percentage is expected to increase to 30 percent by 2030; and

WHEREAS, according to the Wisconsin Department of Health Services 2014 Projected Population data for people 18-64 living with disabilities, comprise 5.4 percent of Marathon County's total population.

WHEREAS, the Marathon County Board of Supervisors recognizes that the growing aging population will place increased demands and costs on health care, public health, and long-term care systems; and

WHEREAS, the Marathon County Board of Supervisors believe it is imperative that Wisconsin ADRCs are funded adequately and equitably, consequently easing the burden on these systems.

NOW, THEREFORE, BE IT RESOLVED that the **Marathon** County Board of Supervisors does hereby support the following increases in the 2021-23 state biennial budget to ensure access to critical services provided by ADRCs to Wisconsin's aging and disability populations:

- Provide an additional \$27,410,000 GPR in funding to our state's ADRCs. It is important to note that the proposed change in the ADRC allocation methodology cannot occur unless the full \$27.4 million is allocated.
- Provide additional funding to expand/equalize ADRC services across the state:
 - Expand Dementia Care Specialist Funding Statewide: \$3,320,000
 - Fully Fund Elder Benefit Specialists Statewide: \$2,300,000
 - Expand Caregiver Support and Programs: \$3,600,000
 - Expand Health Promotion Services: \$6,000,000
 - Expand Care Transition Services: \$6,000,000
 - Fund Aging and Disability Resources in Tribes: \$1,180,000
 - Fully Fund Aging and Disability Resource Support Systems: \$2,650,000; and

BE IT FURTHER RESOLVED that a copy of this resolution be sent to Governor Tony Evers, DOA Secretary Joel Brennan, DHS Secretary-designee Andrea Palm, the Wisconsin Counties Association and all area legislators.



November 24, 2020

Tim Buttke, Chair
Marathon County Board of Supervisors Health and Human Services Committee
Marathon County Courthouse
500 Forest Street
Wausau, WI 54403

Dear Chair Buttke and Members of the Health and Human Services Committee:

On behalf of the Aging and Disability Resource Center of Central Wisconsin (ADRC-CW), and all ADRCs in Wisconsin, I am requesting your support of reinvesting in ADRCs and the adoption of the enclosed *Resolution Supporting Increased Funding for Aging and Disability Resource Centers*. To ensure access to critical services provided by ADRCs to Wisconsin's aging, disability and caregiver populations, the resolution recommends a total increase of \$52.46 million in the 2021-23 state biennial budget.

ADRCs are the first place citizens go to get accurate unbiased information on all aspects of life related to aging or living with a disability. ADRCs serve the fastest growing demographic of our state's population; yet, the funding methodology has not been revised in more than a decade and the allocation has not increased since 2006. To address this problem the Office for Resource Center Development within the Department of Health Services established a stakeholder advisory group to identify the funding needed to cover the services required in the Scope of Services, add critical services to an ADRC's requirements, and equalize services among ADRCs statewide. In order to implement the recommendations made by the stakeholder advisory group, an additional investment of state GPR funding is needed as detailed below.

Provide an additional \$27,410,000 GPR in funding to our state's ADRCs to bring us to the level where we can provide basic services as required under State contract. It is important to note that the proposed change in the ADRC allocation methodology cannot occur unless the full \$27.4 million is allocated.

Provide additional funding of approximately 25 million to expand/equalize ADRC services across the state:

- Expand Dementia Care Specialist Funding Statewide: \$3,320,000
- Fully Fund Elder Benefit Specialists Statewide: \$2,300,000
- Expand Caregiver Support and Programs: \$3,600,000
- Expand Health Promotion Services: \$6,000,000
- Expand Care Transition Services: \$6,000,000
- Fund Aging and Disability Resources in Tribes: \$1,180,000
- Fully Fund Aging and Disability Resource Support Systems: \$2,650,000

Antigo

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Suite 206
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Wausau

715-261-6070
2600 Stewart Ave
Suite 25
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Wisconsin Rapids

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220 3rd Avenue S
Suite 1
Wisconsin Rapids, WI 54495

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WE PROVIDE WELCOMING, TRUSTWORTHY, RESPECTFUL, COLLABORATIVE, AND EMPOWERING SERVICES, PROGRAMS, AND OPPORTUNITIES.

The Wisconsin Counties Association is supportive of this proposal and included the initiative on pages 6 and 7 of their [2021-2022 Legislative Agenda](#). They also created the attached ADRC Reinvestment paper/factsheet and drafted the *Resolution Supporting Increased Funding for Aging and Disability Resource Centers*. I am hopeful that the Human Services Committee and Marathon County Board of Supervisors will adopt the resolution and support the initiative as well.

This is a joint advocacy effort by the Department of Health Services, Wisconsin Counties Association, and all ADRCs across the state.

Thank you for your support to the citizens you serve, your community and the ADRC-CW.

Respectfully,

A handwritten signature in black ink, appearing to read "Tim Buttke". The signature is fluid and cursive, with the first name "Tim" and last name "Buttke" clearly distinguishable.

Tim Buttke
ADRC-CW Board Chair

Attachments: ADRC - Marathon County Board of Supervisors DRAFT Resolution
Wisconsin Counties Association Paper/Factsheet on ADRC Reinvestment

AGING AND DISABILITY RESOURCE CENTER (ADRC) REINVESTMENT

Aging and Disability Resource Centers (ADRCs) are one-stop shops designed to provide services to individuals who need, or expect to need, long-term care services, as well as their families. ADRC services include providing information and assistance, benefits counseling, coordinating short-term services, conducting functional screens, and enrollment processing and counseling. There are currently 34 single-county ADRCs, 12 multi-county/tribal ADRCs, and seven tribal Aging and Disability Resource Specialists (ADRS) that work with an ADRC.

ADRCs serve the fastest growing demographic of our state's population; yet, the funding methodology for ADRCs has not been revised in more than a decade. The original funding methodology was based on several factors that were appropriate for the original ADRC pilots and the eventual expansion of ADRCs statewide. However, it is now evident that the funding methodology needs revision in order to create a more equitable distribution of funds across the state. It is also clear that additional funding is required to allow ADRCs to effectively meet their mission.

The Office for Resource Center Development (ORCD) within the Department of Health Services (DHS) established a stakeholder advisory group to begin the work necessary to revise the funding methodology for ADRCs. The group's mission shifted from reallocating existing GPR funding to determining the amount of funding needed to fully support ADRCs.

Multiple issues were identified and addressed by the stakeholder advisory group to develop a reliable, accurate, equitable, and flexible funding formula for ADRCs. These issues include:

- **Generational Differences:** Current funding for ADRCs differs based on date of establishment – Generation One, Generation Two, or Generation Three.
- **Health Equity:** The current funding formula does not address or take into account elements associated with health and social inequity that require a greater need for ADRC services – racial and ethnic minority status, income level, number of residents age 75 or older, rate of disability.
- **Projected Population Growth:** Wisconsin's aging (and disability) population continues to escalate. Understanding that this population will continue to grow over time, it is necessary to have a funding formula that adjusts with the aging and disability populations to ensure a continued equitable distribution of funds.
- **Cost of Living Adjustments:** ADRC contract allocations have remained flat despite increasing costs to operate.

In order to implement the new ADRC allocation formula recommended by the stakeholder advisory group, an additional investment of state GPR funding - \$27.4 million – is needed.

The stakeholder advisory group also determined how much additional funding would be needed to add critical services to an ADRC's operational requirements – approximately \$25 million. This additional investment would equalize the services provided by ADRCs throughout the state.

CURRENT STATUS: The current funding allocation results in an inconsistent approach to funding the state-contracted services every ADRC is required to perform. The funding allocation also does not account for all of the required and recommended services contained in the Scope of Services; for example, the state funds services for some ADRCs, such as dementia care specialists, but not for others.

The stakeholder advisory group has completed its work and developed a funding methodology that not only updates formula factors but ensures greater equity in funding and services provided throughout the state.

REQUESTED ACTION:

- Provide an additional \$27,410,000 GPR in funding to our state's ADRCs. It is important to note that the change in the ADRC allocation methodology cannot occur unless the full \$27.4 million is allocated.
- Provide additional funding to expand/equalize ADRC services across the state:
 - Expand Dementia Care Specialist Funding Statewide: \$3,320,000
 - Fully Fund Elderly Benefit Specialists Statewide: \$2,300,000
 - Expand Caregiver Support and Programs: \$3,600,000
 - Expand Health Promotion Services: \$6,000,000
 - Expand Care Transition Services: \$6,000,000
 - Fund Aging and Disability Resources in Tribes: \$1,180,000
 - Fully Fund Aging and Disability Resource Support Systems: \$2,650,000

TALKING POINTS:

- The lack of adequate funding directly impacts the ability of ADRCs to assist individuals with disabilities and older adults equitably throughout the state.
- The total number of consumers served by ADRCs increased from 130,588 in 2016 to 141,692 in 2019, an 8.5% increase.
- The number of ADRC contacts increased 11.5% from 2016 to 2019 – from 512,413 to 571,424.

- ADRC funding must be increased to keep pace with the state's increasing aging population – in 2010, Wisconsin had 777,314 residents aged 65 and over; in 2040, this population is expected to grow to 1,535,365.
- The number of Wisconsin residents living with a disability is also expected to rise substantially by 2040.
- ADRCs are underfunded for the amount of work they are required to provide. ADRCs are required to enter into a grant agreement with the Wisconsin Department of Health Services, that includes a 78-page Scope of Services contract addendum, listing mandated and recommended services.
- In order to fully fund the current contract requirements (mandated and recommended services), ADRCs need approximately \$64,755,000 in GPR funding. This is based upon an all-funds need of \$104,500,000 that includes GPR funds, as well as a 38% federal Medicaid Administration drawdown average. An additional \$27.4 million GPR investment is needed to meet the \$64.7 million goal.
- The allocation for each ADRC has not increased since 2006.
- The current funding allocation for ADRCs is based on cost estimates that are more than 10 years out of date and treats ADRCs differently depending on when they began operations. ADRCs that have been open the longest are funded at a higher level than those that started at a later date.
- From FY11 to FY18, ADRC expenditures have risen from \$46.6 million to \$65.8 million.
- The additional \$25 million requested (expand/equalize ADRC services) would cover the costs to fully expand several programs that are not provided consistently statewide but are known to make a significant impact in people's lives.

Contact: Sarah Diedrick-Kasdorf, Deputy Director of Government Affairs
608.663.7188
diedrick@wicounties.org

Addressing COVID-19 in Marathon County

A Public Dialogue about Our Future

A Proposal from
WIPPS Research Partners



I. PURPOSE

The purpose of this proposal is to provide a **Public Deliberative Inquiry Process** roadmap to support the following goals articulated by Marathon County leaders:

1. Engage county residents in meaningful and civil dialogue to lower the temperature around the highly contentious issue of reducing the spread of COVID-19.
2. Provide a mechanism for productively addressing long-term strategies to mitigate the spread and impact of COVID-19 and potential future pandemics.
3. Provide a transparent public inquiry process, culminating in a series of county-wide public deliberations involving key community leaders as well as the general population.
4. Provide inclusive opportunities to engage local public voices—particularly from underrepresented populations—to share viewpoints regarding COVID-19, its impact on community health, and options for effectively addressing its spread.
5. Engage in a process that builds and (where necessary) begins to restore trust and confidence in public health institutions and evidence-based practices around addressing COVID-19.
6. Engage local leaders in the process to set an example for improved civil discourse around a challenging public issue.
7. Uncover shared values and potential common ground for action.

II. RATIONALE AND EXPECTATIONS

We are at a particularly challenging moment in our nation, state and county regarding the effects of COVID-19 on public health as well as the health of our economy. Unfortunately, rather than bind us together, the pandemic has cleaved us as communities, institutions and even families—mirroring an unhealthy polarization generally in society. As a result, we lack trust in information sources about the spread and impact of COVID-19, in government attempts to address the pandemic, and in one another. Trust is a necessary foundation for any effective interaction between government and the governed, between decision-makers and stakeholders, as well as the foundation for effective collective action regarding such fundamental issues as our physical

and economic health and wellbeing. This project is designed to begin a process of restoring public trust in our institutions and in fellow citizens.

This proposal focuses on a deliberative inquiry process culminating in county-wide public deliberations around the issue of addressing and reducing the public health and economic impacts of COVID-19. Deliberation is a unique form of dialogue that seeks out opposing perspectives, takes into account the importance of factual information, considers the inherent value dilemmas in complex public controversies, and relies on structured discussion and debate to help achieve the critical goal of reasoned judgment. While deliberation encourages greater understanding and respect among diverse groups, it goes a step further than dialogue by asking participants to focus on the costs and consequences of various options and encouraging them to weigh various tradeoffs. Ultimately, deliberation holds out the possibility—and even seeks—common ground, where possible. However, we need to realize that achieving consensus or even a clear majority opinion can be elusive if the issue is still being worked through by residents—particular in a politically divided community. In other words, while it is possible that deliberation might point the community towards some agreed upon actions, if the issue is not ripe for resolution, the most likely result is a series of civil conversations where views are exchanged but without substantial policy direction achieved.

Nevertheless, there is solid evidence from research on public deliberations that participants *do* learn information from deliberative engagement, including information that is contrary to their opinions. Sometimes people change their opinions in line with this new information.¹ The flipside is that sometimes participant views can become even more entrenched as a result of deliberation. Even if citizens do not change their views during deliberation, they commonly emerge from such processes with a greater appreciation for people who hold opposing viewpoints. And the fact that their own opinions have survived greater scrutiny through a dialogue process means that the opinions should be taken more seriously both by outsiders and by citizens themselves. In other words, deliberative processes help generate respect for people and opinions that are sincerely held, even when there are wide gaps in those opinions.

Additional research suggests that deliberation can cause citizens to become more pro-social, meaning more attuned to and supportive of collective goals of the community.² For example, there is evidence from Deliberative Polls conducted by the Centre for Deliberative Democracy that participants of deliberative processes become more considerate of the needs of others.³

Although in a best-case scenario we would hope that participating residents find common ground for action, another equally valuable characteristic of deliberation is that it can and should explore

¹ See Nabatchi, et al., 2012, *Democracy in Motion*. Luskin et al., 2002, *Considered opinions*; Barabas, 2004, *How Deliberation Affects Policy Opinions*; Fishkin, 2009, *When the people speak*.

² Gastil, et al., 2010, *Is deliberation neutral?*

³ See, for example, Fishkin & Luskin, 2012, *Deliberation and “Better Citizens.”* A study of a public budgeting discussion held in a politically conservative state in the US found that the deliberative process led to residents proposing tax increases. See PytlikZillig et al., 2012, *Trust in Government*. Similar findings have been observed many times over throughout communities, including in Wisconsin.

the importance of self-interest and of negotiating conflicting interests. In sum, by choosing a deliberative inquiry approach, we are trying to thread the needle between these two outcomes. Too much emphasis on self-interest may entrench positions and lead participants to talk past one another. Too much focus on achieving the collective good can lead to minority voices feeling pressure to conform to the views of the majority. Without careful facilitation, privileging one or the other could lead to socially powerful viewpoints dominating the conversations. Such an outcome would lead to the exact opposite of the stated project goals.

WIPPS Research Partners understands that resource and time challenges may impact Marathon County's ability to create a comprehensive public engagement process. For this reason, although we provide an outline of a public inquiry process in this proposal, choices will have to be made around how to use scarce resources to maximize resident engagement and impact. Given the general goals of the project as well as taking into consideration best practices of community engagement, we recommend that this process:

1. Prioritize involvement of key stakeholder groups as well as underrepresented residents who have high stakes and significant interest in the outcome, including residents in rural areas, communities of color, and individuals with low socioeconomic status, among others.
2. Provide training and support for stakeholders and community members to participate in ways in which their voices are heard.
3. Direct available resources toward the activities most needed to maximize public participation.
4. Communicate clearly and transparently to stakeholders and the public about process, goals, and expected outcomes.
5. Remain realistic about what can and cannot be achieved as a result of community deliberations.
6. Recruit the participation of a Feedback Panel of key community stakeholders representing a variety of demographic characteristics and viewpoints to serve as an advisory body to provide feedback on the design, implementation, and assessment of the project.
7. Adopt an inclusive and transparent design process that embraces fidelity to resident concerns and input.
8. Integrate a coherent plan to monitor and evaluate the deliberative inquiry process from start to finish.
9. Generate a report that includes a summary of findings as well as potential common ground for action but *without expectation* that actionable recommendations will be achieved.

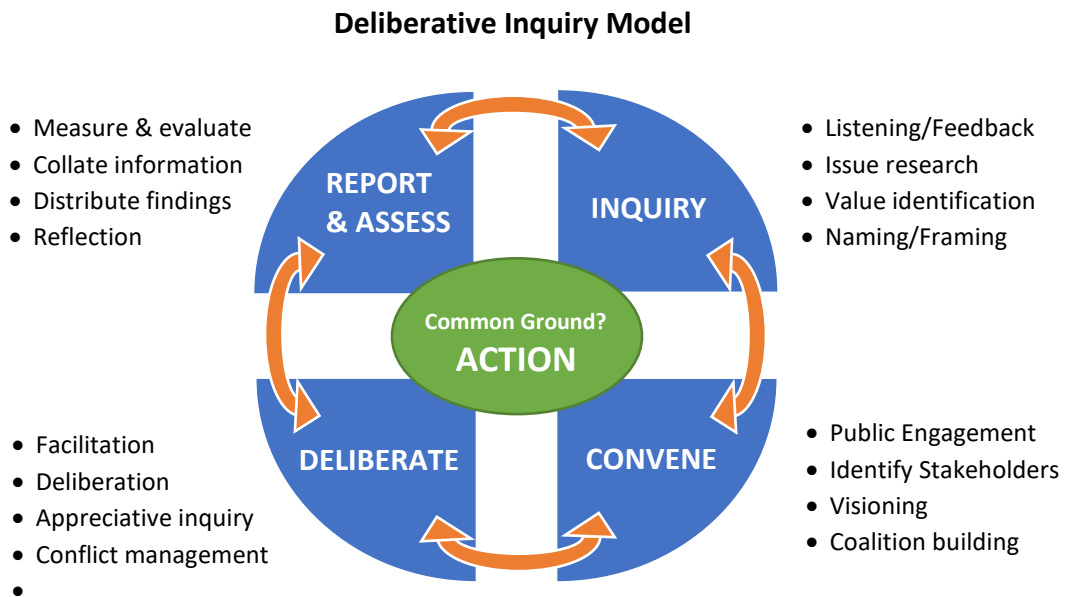
III. DELIBERATIVE INQUIRY PROCESS

Deliberative inquiry is an approach to politics in which citizens, not just experts or politicians, are deeply involved in community problem solving and public decision making. In a deliberation, citizens come together and consider relevant facts and values from multiple points of view; listen to one another in order to think critically about the various options before them and consider the underlying tensions and tough choices inherent to complex public issues; and ultimately seek to come to some common ground for action in the form of a reasoned public judgment.

The practice of deliberation is the cornerstone of democratic and community politics. Deliberation connects people, even those with conflicting interests, in a way that allows them to make decisions and act in regard to problems or challenging circumstances. Deliberation can also reveal new possibilities for action that individuals alone did not see before.

However, deliberative inquiry is primarily reserved for situations when decisions haven't been made and for which some public judgment is required. Issues for which a decision has already been made—or for which decision makers want public support—are more appropriately presented as problems of advocacy and are best resolved by debate about the merits of respective positions. Deliberative inquiry, by contrast, provides an opportunity for citizens to work through an issue using their collective wisdom and judgment with no predetermined outcomes.

There are four basic phases to the deliberative inquiry model, which is outline in the diagram below: 1) Inquiry, 2) Convene, 3) Deliberate, and 4) Assess and report. Each step consists of multiple steps, the process of which is outlined below.



IV. INQUIRY PHASE

The purpose of the Inquiry Phase is to understand the issues at stake and name and frame them in such a way that ALL stakeholders can “see” their perspective(s) and values fairly represented. A complementary purpose of this phase is to build credibility, legitimacy and trust in the goals, purpose and design of the proposed public engagement process.

A. Recruit Feedback Panel

To help ensure transparency, representative community participation, legitimacy, and fairness of the overall process, we propose the creation of a “panel” of community leaders who represent key demographics and points of view that are broadly reflective of views held in the community. The purpose and tasks of this advisory group include:

1. Provide input on the design and implementation of the deliberative inquiry process.
2. Observe one or more public deliberations to ensure fidelity of process.
3. Provide feedback to the project design, process, findings, assessment, and final report.
4. Serve as public ambassadors for the project and encourage community and resident participation.

B. Gather Viewpoints and Uncover Values

To appropriately name and frame the issue at hand, we must gather information from a variety of stakeholders such as businesses (including small business owners), public health officials, government leaders, non-profit organizations, geographically unique groups (urban, suburban, rural), and the public at large (including underrepresented populations), among others. In other words, we must ensure that a range of voices and perspectives are represented.

This can be accomplished through multiple methods including stakeholder interviews, public listening sessions, and an online questionnaire. Although the process of information gathering need not be scientific for purposes of naming and framing, it *is* important to ensure that those whose voices are often underrepresented, including culturally unique groups, low income groups, and rural residents (to name just a few) are fairly and accurately represented. This is particularly important given the divisiveness surrounding public policy options to address COVID-19 and the potential impact on community health and economic wellbeing.

Although not everyone in the County will participate in the deliberative inquiry process, the goal is to ensure a transparent, well-publicized opportunity for as broad and diverse participation as can be reasonably accommodated given available resources.

C. Naming and Framing⁴

The ultimate purpose of the Inquiry Phase is to collect and collate the concerns and viewpoints of County residents and stakeholders in order to create an issue framework or guide that will be used during the Deliberative Phase of the project to help residents constructively address the issue at hand. If the concerns gathering process is effective and careful attention is paid to the diverse viewpoints in the community, the resulting issue guide will reflect underlying values as well as specific positions that appeal to different segments of the population. Below are the key steps in the naming and framing process:

1. Convene a Naming and Framing team (usually a small group of individuals with experience framing issues and writing ideas for broad audiences)
2. Name and frame the issue using information gathered from the Feedback Panel, online public questionnaire, and stakeholder interviews.

⁴ For a detailed primer on the value and process of naming and framing, see Davis Matthews, *Naming and framing Difficult Issues to make Sound Decisions*, accessed here: <https://www.kettering.org/sites/default/files/product-downloads/CRG%20Naming%20and%20Framing%20FINAL%20Digital%2010-14-16.pdf>.

3. The issue guide typically consists of three approaches to addressing the problem with each approach consisting of multiple potential action items or policy choices and potential tradeoffs or consequences.
4. In the case of addressing COVID-19, it may also be imperative to add appropriate technical or scientific information to the issue guide to ensure residents have a more complete picture as they begin the Deliberative Phase.
5. Once the issue is framed it is helpful to test the frame to ensure it holds up to public scrutiny.
6. We recommend creating a post-forum survey to capture viewpoints of participants.
7. Once named and framed, we are ready to design and print the issue guide for public dissemination.

It is important to note that no framed issue guide is perfect. Instead, the guide is meant to allow multiple stakeholders to find things they value and actions they can support (or reject), with space to provide new ideas. Therefore, as we name and frame issues, it is wise to consider the words of David Matthews, President of the Kettering Foundation, and longstanding advocate of citizen engagement in decision-making:

*The issue guides that result from the framings are like the starters on cars. Their purpose is to jump-start deliberative decision-making. Their job is to be provocative, not comprehensive. People in forums will add their own options and views on advantages and disadvantages, and their contributions are part of what makes deliberation work in any given context.*⁵

Examples of framed issue guides can be found at the National Issues Forum Institute website and through a variety of organizations that form a global network of practitioners and organizations committed to public participation.⁶

V. CONVENING PHASE

The Convening Phase focuses on planning, organizing and populating public deliberations. Key steps include:

A. Identify and Train Facilitators

Constructive and meaningful conversation about wicked problems benefits from a structured dialogue format led by trained facilitators who help ensure that participants stay on track as they deliberate and weigh tradeoffs of policy choices. As part of the convening phase, WIPPS will call on a cadre of trained facilitators in our community who understand and have experience in deliberative dialogue facilitation. In addition, WIPPS has the capacity and experience conducting forums using a virtual format.

⁵ The Kettering Foundation is a nonprofit operating foundation rooted in the American tradition of cooperative research. Kettering's primary research focuses on what it takes to make democracy work as it should—in other words, what people can do collectively to address problems affecting their lives, their communities, and their nation. For more information, visit <https://www.kettering.org/about>.

⁶ Examples of framed issue guides can be accessed here: <https://www.nifi.org/en/nifi-materials>.

B. Organize Deliberative Forums

If we are to move the needle on helping to improve the divisive climate around the issue of appropriate responses to a pandemic, we must convene deliberative forms “where the people are,” as opposed to where we want them to be. Special attention will have to be paid to both urban and rural, for example, to ensure a wide representation of voices and perspectives. We will need to be thoughtful about where to host deliberations and how to invite people to come to the table. Especially in an environment where face-to-face interactions are dangerous to public health, we must be prepared to hold these events in a virtual format. But this begs the question of how to encourage participation by populations who are skeptical about masking and who may be “turned off” by virtual meetings. Here again, access to a Feedback Panel of trusted community leaders can help provide legitimacy to the process.

C. Public Engagement Campaign

Perhaps the biggest challenge of the deliberative inquiry process is bringing people together who have strongly competing views and who maintain a high level of emotional commitment and intensity about the “correctness” of their point of view and/or the fallacy of differing viewpoints. Although election season is slowly winding down, the notion of “winning” as the most important political outcome is still in the forefront of our minds. This will undoubtedly mean a high level of skepticism of the value of coming together to have difficult conversations, especially with those who do not think as we do. On the other hand, studies consistently reveal that people believe policy issues are more readily “solvable” at the local level. And despite seemingly never-ending political conflict in the foreground, local communities manage to get things done. Nevertheless, sponsors and organizers of this project will have to call on a variety of allies and stakeholders across the aisle to help invite and convince community members to come to the table.

For this reason, the project will require a credible and meaningful public communications campaign endorsed by key organizational partners and community leaders who can convince residents to see the value of participating in deliberations. Asking our partners and allies to share these opportunities through email and social media is a key part of an effective public communications plan. In addition, we propose using traditional media sources, op-ed articles, and social media to keep the project at the forefront of public consciousness. This, in turn, will help encourage participation in the deliberative forums.

VI. DELIBERATION PHASE

The Deliberative Phase of the project consists of the following components:

A. Convene Deliberative Forums

We recommend holding a significant number of deliberative events. Although there is no “magic” number, holding more deliberative events increases overall participation. This is particularly important in a large county with a diverse population spread over a large area. Project organizers will consult with public health officials and local leaders across the County to determine the safest and most effective way to convene forums, whether virtual, face-to-face, or some combination.

B. Facilitation and Data Collection

At each forum, a trained facilitator and notetaker helps moderate and capture the highlights of the conversation. Usually, a third observer captures themes, common ground, tensions, agreements and disagreements. If a post-forum survey or deliberative poll is used, this data is also collected. All quantitative and qualitative data will be collated, analyzed, and presented in user-friendly report distributed to community leaders and the public at the conclusion of the Deliberative Phase.

VII. REPORTING AND ASSESSMENT PHASE

A. Collate and Analyze Data

It is difficult to predict what outcomes will emerge from the deliberative forums, especially whether or not there will be common ground for action. Regardless, it is important to collect, collate and analyze available data in the form of qualitative outcomes from forums, including recurring themes, tensions, common ground, and other relevant viewpoints. In addition, we propose to use a post-deliberation poll to gain a snapshot of where people are with respect to COVID-19-related issues *after* participating in a forum. Other data we will seek to collect includes what information (and information sources) people find most and least credible.

B. Generate a Findings Report

Although we are not using random sample techniques to populate the deliberative forums, we believe that it is important to report out what was said and learned as accurately as possible. A comprehensive report will be created based on the data collected and will be made freely available to the public online as well as to community leaders.

C. Assess the Process

Process assessment is critical and we will create an assessment rubric consisting of categories including (but not limited to) the following:

1. The extent to which the project met stated goals.
2. Whether and to what extent the deliberative process itself was perceived as transparent.
3. The breadth and effectiveness of communication of the project, including opportunities for public participation throughout Marathon County.
4. The extent to which the deliberations involved diverse residents from the County that reflect the actual distribution of residents (based on multiple factors including geography, race/ethnicity, gender, income status, etc.)
5. A list of takeaways, including successes, areas of concern, and challenges that impacted the project process and outcomes.

We will seek input from the Feedback Panel as well as Marathon County leaders. WIPPS Research Partners will also conduct a self-assessment.

D. Presentation on Process and Outcomes

In consultation with Marathon County, WIPPS Research Partners will plan to present results of the project to various audiences as needed.

VIII. PROJECT COSTS

A. Project Management and Feedback Panel

Recruit and Manage Feedback Panel	Cost Estimate
Project management, including meetings with County leaders, project team members, and panelists.	\$2,000
TOTAL	\$2,000

Is this expense necessary?

Project management is an essential expense as is communication with project team members from the county as well as the stakeholder Feedback Panel.

B. Gather Viewpoints and Uncover Values

Gathering Data/Values	Cost Estimate
Design upload and manage the online questionnaire	\$500
Conduct 25 key stakeholder interviews	\$3,500
TOTAL	\$4,000

Is this expense necessary?

Although these two components are not absolutely necessary to effectively name and frame an issue guide, there are tradeoffs to consider regarding process legitimacy, transparency, and credibility. The online questionnaire is the most efficient and cost-effective means to obtain viewpoints and values of the community necessary to name and frame an issue guide. In particular, encouraging public involvement in this early step will signal to the public that their voice matters.

The stakeholder interviews are less essential from the perspective of obtaining information that could otherwise be gleaned from the online questionnaire. However, conducting key stakeholder interviews is instrumental to other key goals as follows:

1. Ensures that key stakeholder viewpoints are consulted and their views included in the naming and framing process.
2. Lends transparency, credibility and legitimacy to the project by publicly involving high profile community leaders with diverse points of view.
3. Uses the interviews as a recruitment tool for populating the Feedback Panel.

C. Naming and Framing

Naming/Framing	Cost Estimate
Collate and analyze interview data	\$1,000
Analyze survey data	\$1,000
Research and curate appropriate data around COVID-19 and its impact on public health and the economy	\$1,000
Name and frame issue guide	\$3,000
TOTAL	\$6,000

Is this expense necessary?

The core element of this phase is naming and framing the issue guide. It is difficult to cut corners here because the guide is the foundational basis for the Deliberative Phase of the project. However, it is possible to forego the analysis of the questionnaire and interview data, particularly if either or both are eliminated from the overall process. However, the tradeoff of eliminating both is a decrease in public engagement early in the project, which could affect transparency, credibility, and public participation in the Deliberative Phase. Probably the most obvious opportunity to reduce costs is in the research and curation of COVID-19-related facts and information. This data could be provided by the Department of Public Health and other county sources.

D. Identify and Train Facilitators

Preparing Facilitators	Cost Estimate
Recruit and train facilitators	\$1,000
Facilitator/note-taker stipends (non-WIPPS staff)	\$1,000
TOTAL	\$2,000

Is this expense necessary?

There is tremendous value in having multiple facilitators for a public facing project. In fact, it is a best practice to have at least two trained facilitators at each deliberation. This funding is minimal yet important.

E. Organize, Convene, and Facilitate Deliberative Forums

The number of deliberative events (in-person or online) is to be determined by WIPPS Research Partners in consultation with the County. We recommend fifteen (15) groups of 10-12 participants each for a total of 150-180 participants representing diverse backgrounds.

Deliberative Forum Expenses	Cost Estimate
Organize and manage 15 deliberative online forums: IT	\$1,000
Organize communications/registration for online forums	\$1,000
WIPPS Marketing/Public communications/social media	\$1,000
Forum facilitation (WIPPS staff)	\$4,000
Forum notetaking/data collection	\$1,000
TOTAL	\$8,000

Is this expense necessary?

Convening and facilitating the deliberative forums are at the heart of the project. These costs are therefore considered necessary to the project.

F. Post-Forum Data Collation, Analysis and Report

Data Collation/Analysis and Report	Cost Estimate
Collate and analyze deliberative forum data	\$3,000
Report write-up	\$2,000
TOTAL	\$5,000

Is this expense necessary?

At the conclusion of the deliberations, researchers will collect, collate, and analyze the data from the forum, including the post-forum survey, and will write a qualitative report incorporating the findings. WIPPS Research Partners will present findings to and debrief the County and other key stakeholders. Although these tasks are essential to the project, we could scale back the scope of the analysis and findings.

G. Deliberative Inquiry Process Assessment

Project assessment will be carried out at no additional cost and we intend to share the assessment findings as part of the project report.

H. Other Potential Expenses

The costs outlined above do not include additional resources which may be needed such as:

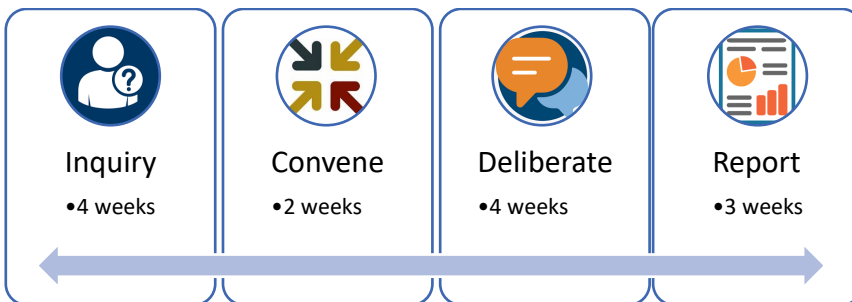
1. Graphic design needs for an issue guide or placemat.
2. Additional advertising to encourage public participation in the deliberation sessions.
3. Assistance for low-income and other vulnerable populations to support participation.

I. Total Expenses

TOTAL PROJECT EXPENSES	\$27,000
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IX. NEXT STEPS

This proposal is purposely meant to serve as a “working” draft and WIPPS Research partners invites feedback on any aspect herein. Although we have purposely avoided a specific timeline due to the changing landscape around COVID-19, we have provided a minimalist version of a timeline below. This is also negotiable depending on needs.



X. CONTACT INFORMATION

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Systematic Budgeting Overview

What is System Budgeting?

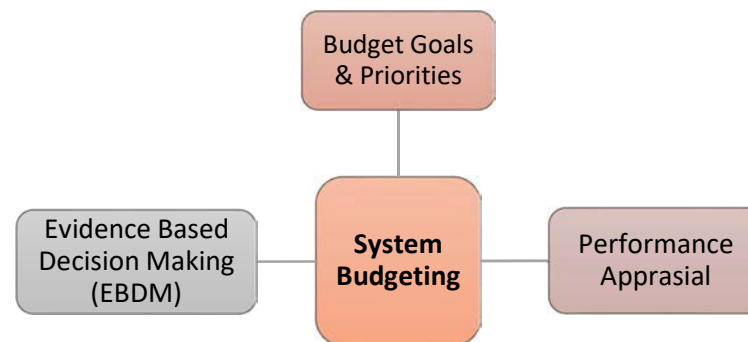
System budgeting is a formal process to allow key system stakeholders the ability to work in a collaborative effort to solve systematic issues. This is a strategy we have adopted to help create efficiencies, identify cost savings opportunities, and improve the overall quality of programs through a deliberative process of annually aligning system resources to achieve county goals.

Why is it important?

Currently, County government is challenged with the reality of unsustainable budgets. Each year, within individual departments and county-wide, tough decisions are made to simply maintain our current programs and levels of service. Systematic budgeting aims to operate between those two levels, as part of a holistic approach to making better, more informed decisions at a departmental, system, and county-wide level. By adopting this strategy, we aim to create an environment that will both institutionalize and incentivize cooperation amongst departments that operate within identified systems, with the intent to accomplish common goals and improve the long term success of county programming.

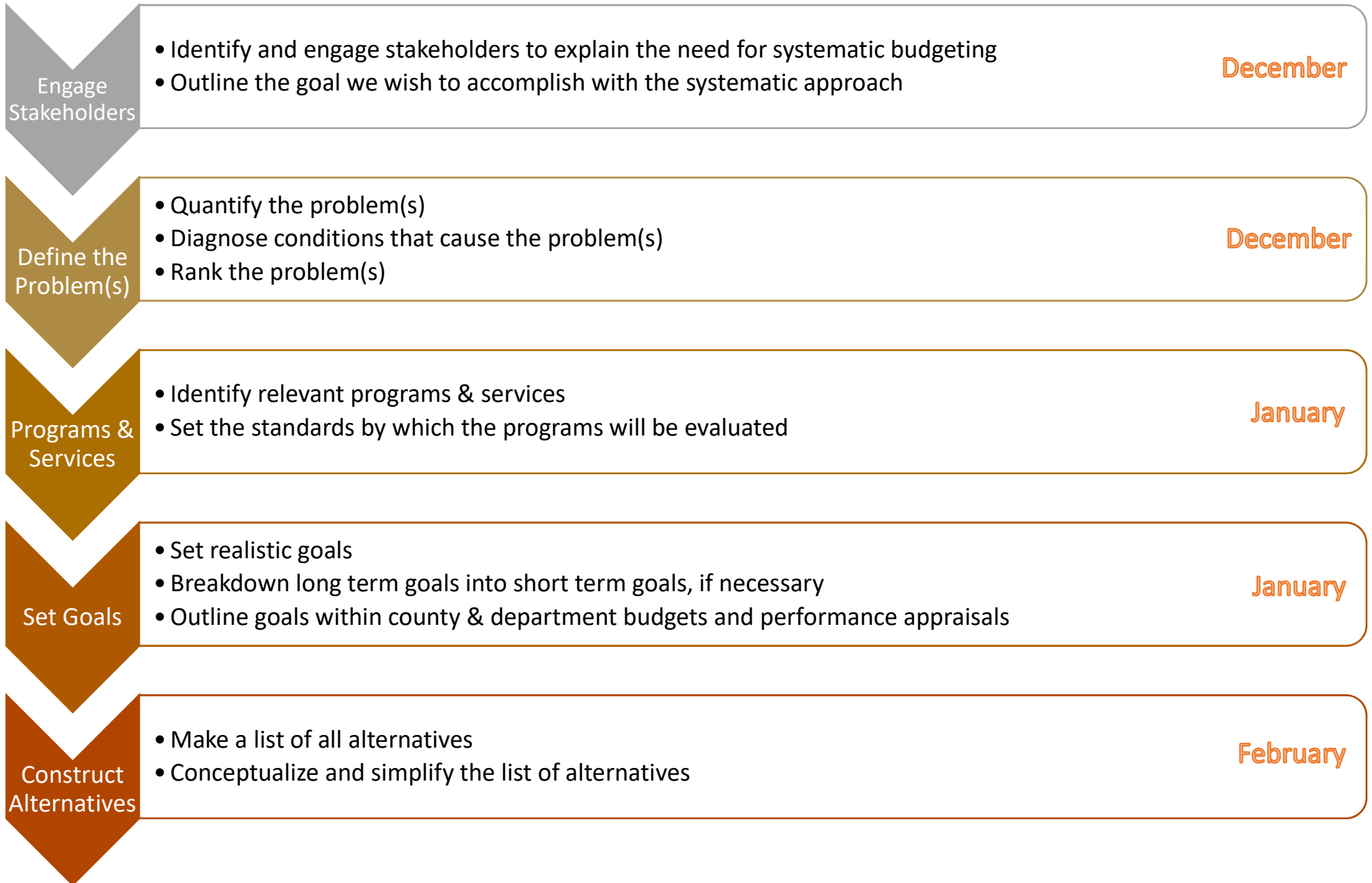
What does success look like?

Various County Departments working collaboratively to examine and develop County budgets with consideration given to systems rather than simply focusing on individual department or county-wide strategies. Incorporating meaningful and specific Departmental, System, and Countywide performance measures that are based on identified Departmental, System, and Countywide goals into individual employee performance appraisals.



Priority Based Budgeting (PBB) is a valuable resource to utilize throughout the System Budgeting process

Roadmap for Systematic Budgeting



Roadmap for Systematic Budgeting

Confront the Trade-Offs

- Confront the trade-offs based on evidence
- Narrow & deepen analysis of the trade-offs (more than just evidence based on data)
- Apply a holistic approach to rank the alternatives

March

Decide/Provide Recommendation

- Decide based on the analysis
- Decide on an alternative that has a champion(s) in the relevant policy environment who have an incentive to implement and see it through

April

Communicate the Decision

- Communicate the decisions and the expected outcomes to relevant stakeholders and interested parties

May

Review the Decision(s)

- Reconvene to evaluate the success of the decisions
- Make adjustments as needed

Continuously