



HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, March 25 2019, 4:00 p.m.**

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

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

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.*

1. Call Meeting to Order
2. Public Comment (15 minute limit)
3. Approval of the February 14, 2019, Health & Human Services Committee meeting minutes and the minutes of the February 25, 2019, Joint Meeting with the Public Safety Committee.
4. Policy Issues for Discussion and Possible Action:
 - A. Governor’s proposed budget – areas of importance to this committee and plan of action to have program committees examine each and report to this committee. What do we want to know about each issue?
 - 1) A proposed \$15 million annually in Children and Families Aides allocation
 - 2) Proposed acceptance of Medicaid Expansion
5. Operational Functions required by Statute, Ordinance, or Resolution: None
6. Educational Presentations and Committee Discussion
 - A. What did we learn from the presentation on Adverse Childhood Experiences (ACEs) and how can we develop more informed policies that support our Strategic Plan Objectives?
7. Next Meeting Logistics and Topics:
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: Monday, April 22, 2019 at 3:00 p.m. at the Courthouse Assembly Room
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 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

SIGNED /s/ Matt Bootz
Presiding Officer or Designee
NOTICE POSTED AT COURTHOUSE

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

BY: _____
DATE: _____
TIME: _____



MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MINUTES

Thursday, February 14, 2019 – 5:45 p.m.

Employee Resources Conference Room, 500 Forest Street, Wausau WI 54403

Attendance:	Present	Absent
Matt Bootz, Chair	X	
Tim Buttke, Vice Chair	X	
Bill Miller		X
Donna Krause	X	
Katie Rosenberg	X	
Maynard Tremelling		X
Mary Ann Crosby	X	

Also Present: Lance Leonhard, Vicki Tylka, Michael Loy

1. Call Meeting to Order

Chair Bootz called the meeting to order at 5:46 p.m.

2. Public Comment:

None.

3. Approval of the November 26, 2018, Committee meeting minutes

MOTION BY BUTTKE, SECOND BY ROSENBERG, TO APPROVE THE NOVEMBER 26, 2018, MEETING MINUTES. MOTION CARRIED.

4. Policy Issues for Discussion and Possible Action:

A. Request from Social Services to Create One New FTE Social Service Coordinator (Economic Support Specialist) position effective February 11, 2019. 100% funded with Economic Support Enhanced Fund (no tax levy)

B. Approval to create additional Social Service Coordinator (Economic Support Specialist) positions as needed, on condition of positions having no county tax levy impact.

Discussion

Marathon County Department of Social Services Director Vicki Tylka appears before the committee and explains the work completed by the Economic Support Team and reviews the documentation within the packet explaining the need for the increased staffing to meet the performance metrics set by the State of Wisconsin and by Marathon County relative to each of the economic support programs. Tylka also elaborates on the funding that is available for the positions at this time and the fact that the size of the staff within this area (approximately 20 staff) would allow Tylka sufficient ability to reduce staff through normal attrition in the event that need or funding were reduced. Leonhard explains that the HR, Finance and Property committee had already reviewed this issue and approved the hiring of up to three (3) staff in this area provided that the new positions would not require direct levy support and County Administration approved of the requests as they arose. Leonhard explains that the language within the resolution within the County Board packet embodies the recommendation of the HR, Finance and Property Committee.

Action:

MOTION BY ROSENBERG TO APPROVE THE STAFFING MODEL ENVISIONED BY THE RESOLUTION IN THE COUNTY BOARD PACKET (R-8-19), SECOND BY CROSBY. MOTION CARRIED.

Follow Through:

No follow through needed, as the resolution is already within the County Board informational packet.

5. Operational Functions required by Statute, Ordinance, or Resolution: None

6. Educational Presentations and Committee Discussion

- A. Update from Retained County Authority (“RCA”) Committee representatives on recent work of committee and upcoming issues for RCA Committee consideration
1. North Central Health Care Recovery Coaching Collaborative, Birth to Three programming, Adult Protective Services, Chief Executive Officer performance appraisal process, legal services

Discussion:

Deputy Administrator Leonhard, one of Marathon County’s two representatives on the Retained County Authority (“RCA”) Committee and serves as the RCA Chair, provides an informational update relative to some of the larger pieces of business being considered by the RCA. Leonhard explains that the North Central Health Care is in the process of implementing a Recovery Coaching Collaborative, which seeks to provide clinical oversight and fidelity to what had been a loosely organized community of individuals trained as recovery coaches. Leonhard and NCHC CEO Michael Loy explain that NCHC is working with the Aging and Disability Resource Center of Central Wisconsin (ADRC-CW) to consider whether adult protective services is better delivered through the ADRC-CW. Similarly, Loy explains that NCHC is working with Marathon County Special Education to consider whether Birth to Three Programming could be more effectively delivered through Special Education. Leonhard and Loy explain that each of these issues would ultimately require approval of the Marathon County Board of Supervisors, but that because these are important programs that serve vulnerable populations the RCA and NCHC wanted to bring this potential change in delivery model to the county board early in the consideration process.

Leonhard also explains to two other issues that the RCA is currently focusing a significant amount of time on are the appraisal of the CEO, which was a requirement of the most recent Tri-County Agreement, and the consideration of how best to deliver legal services to NCHC. Leonhard explained that the appraisal process should be completed in March, while the consideration of how best to deliver legal services to NCHC will likely conclude in April. Finally, Leonhard referenced that at the next committee meeting he will provide an update relative to a pilot program in Langlade County to evaluate a sober living environment model.

Follow Through:

Additional updates to be provided at future meetings.

7. Next meeting Logistics and Topics:

- A. Committee members are asked to bring ideas for future discussion
- B. Next Scheduled Meeting: Monday, February 25, 2019 at 3:00 p.m. – **Joint meeting with Public Safety Committee on Adverse Childhood Experience (ACE’s)** the Courthouse Assembly Room

8. Announcements:

- Chair Bootz reports that he will be attending the upcoming NACo conference and he encourages committee members to continue to forward issues of concern to him, so that he can address them in his capacity on the Human Services Steering Committee of NACo
- Leonhard and Loy explain they would like to provide an educational update to the committee relative to the NCHC construction project in the near future and will discuss the issue with Chair Bootz to determine an appropriate date to do so.
- A committee member expresses a desire for the county to prepare an informational document to display voting results by municipality with respect to the referenda on medical and recreational marijuana; however, because this topic is not noticed, discussion is not permitted.

9. Adjournment

There being no further business to discuss, **MOTION BY BUTTKE, SECOND BY ROSENBERG TO ADJOURN THE HEALTH & HUMAN SERVICES COMMITTEE MEETING. MOTION CARRIED, MEETING ADJOURNED AT 6:32 p.m.**

By Lance Leonhard
on March 5, 2019.



JOINT MEETING HEALTH AND HUMAN SERVICES COMMITTEE and PUBLIC SAFETY

MINUTES

Monday, February 25, 2019 – 3:00 p.m.

Courthouse Assembly Room, 500 Forest Street, Wausau WI 54403

Attendance:	Present	Absent	Present	Absent
Craig McEwen, Chair	X		Matt Bootz, Chair	X
Jim Schaefer, Vice-Chair	X		Tim Buttke, Vice Chair	X
Shawn Black		EX	Bill Miller	X
Karen Kellbach		X	Donna Krause	X
David Nutting		X	Katie Rosenberg	X
Arnie Schlei	X		Maynard Tremelling	X
Chris Voll	X		Mary Ann Crosby	X

Also Present: Brad Karger, Lance Leonhard, Joan Theurer, Vicki Tylka, Stacia Burrows, Ruth Heinzl, Molly Lawrence, Peter Weinschenk

1. Call Meeting to Order

Chair Bootz calls the Health & Human Services Committee to order at 3:03 p.m. and Chair McEwen calls the Public Safety Committee to order at 3:15 p.m. when a quorum of his committee is in attendance.

2. Public Comment (15 minute limit) - None

3. Policy Issues Discussion and Committee Determination to the County Board for its Consideration - None

4. Operational Functions required by Statute, Ordinance, or Resolution: None

5. Educational Presentations and Committee Discussion

A. Presentation on Adverse Childhood Experience (ACE's)

Discussion:

Christy Keele – Marathon County Social Services Board Member, local attorney, and community member – delivers a Power Point supported presentation on Adverse Childhood Experiences (ACEs). Keele explains that ACEs are best understood as forms of trauma that are experienced by children, such as abuse, neglect, drug use within the home, and a number of other experiences and that research tells us that these things have a significant impact on adult life outcomes. Keele explains that ACEs are strongly correlated with adult drug use, smoking, depression and other mental health conditions, suicide, and other negative health conditions.

Keele concludes her presentation by discussing the importance of addressing the negative impacts of ACEs from a two-prong approach: prevention and resilience. Keele explains that resilience can be fostered by building attachment and supportive relationships with children and creating communities that provide social and emotional support to children and parents.

Chair Bootz and Chair McEwen explain that the next step for each of the committees is to consider how this information can assist them in developing policies that support our Strategic Plan, as many of the objectives within the plan are the negative adult outcomes that research has linked to ACEs.

Follow Through:

Further discussion to be had at each committee.

6. Next meeting Logistics and Topics:

- A. Committee members are asked to bring ideas for future discussion
- B. Next Scheduled Meeting: Health & Human Services - Monday, March 25, 2019 at 4:00 p.m.
Public Safety – Wednesday, March 13, 2019 at Noon – both in the Courthouse Assembly Room

7. Adjournment

MOTION BY BUTTKE, SECOND BY ROSENBERG, TO ADJOURN THE HEALTH & HUMAN SERVICES COMMITTEE MEETING. MOTION CARRIED. MEETING ADJOURNED AT 5:00 P.M.

MOTION BY SCHAEFFER, SECOND BY VOLL, TO ADJOURN THE PUBLIC SAFETY COMMITTEE MEETING, MOTION CARRIED. MEETING ADJOURNED AT 5:00 P.M.

Minutes Prepared

By Lance Leonhard and Brad Karger
on February 27, 2019.



What if the largest public health discovery of our time is about the smallest of us?



How Brains are Built

What facts do we know about ACEs?

What seems to be the most critical?

What was inspiring?

What is the importance of this?

What is the implication of what you learned?

What action ideas did this training trigger for you?

	Employees	Community Services
People		
Places (Environment)		
Practices (What we do)		
Policies (Investments)		

Study cited in debate on expanding Medicaid called 'baloney'

Guy Boulton Milwaukee Journal Sentinel USA TODAY NETWORK – WISCONSIN

Lost in the ongoing debate over whether Wisconsin should expand eligibility for Medicaid — and accept roughly \$184.9 million a year in federal dollars for doing so — is one small detail: Former Gov. Scott Walker and the Republican- controlled legislature already expanded the Medicaid program.

They just didn't take the federal money available to states to offset much of the cost.

Wisconsin is the only state in the country that expanded eligibility for its Medicaid program — the change made in 2014 covered 147,000 adults without dependent children as of January — while not accepting the federal money available to states through the Affordable Care Act.

That decision will have cost the state an estimated \$1.1 billion in federal dollars through the current fiscal year, according to the Legislative Fiscal Bureau.

Gov. Tony Evers has proposed expanding eligibility for Medicaid up to the threshold that would enable the state to receive the additional federal money.

Republicans in the Legislature — whose votes Evers would need — have largely stood firm in their opposition. And now legislators are

citing a study that contends expanding the program would shift \$1.1 billion in costs to private health plans.

The study — released last month by Republican lawmakers at a news conference at the state Capitol — was by the Wisconsin Institute for Law & Liberty and the Center for Research On the Wisconsin Economy, or CROWE, at the University of Wisconsin-Madison.

Economists and policy analysts quickly criticized the study for what they contend is a lengthy list of flaws, with one describing it as “baloney.”

“My real concern is they are trying to affect policy with such garbage work,” said Tim Classen, a professor of economics at Loyola University in Chicago.

The authors of the study — Will Flanders at the Wisconsin Institute for Law & Liberty and Noah Williams, an economics professor at UW-Madison — stand by the study and its conclusions.

“It's what the analysis shows backed up by a number of years of data,” Flanders said. “It's what the numbers came out to.”

The study set out to compare health care spending for people who are privately insured — largely those who get health insurance through an employer — in states that expanded Medicaid under the Affordable Care Act and those that didn't.

The premise of the study is that health systems, physician practices and other health care providers will shift costs to private health insurers because Medicaid's reimbursement rates don't cover their costs.

Whether the study adequately accounted for Wisconsin having already expanded eligibility for BadgerCare Plus, the state's largest Medicaid program, is a question. So, too, is whether health systems and other health care providers can shift costs at will to private health insurers. (More on both later.) There's also a question about the study's time frame. The study ended with data from 2014 — before any purported cost shift to private health plans could have occurred in most states.

Here's why this is a question:

- The expanded eligibility for Medicaid programs under the Affordable Care Act didn't begin until Jan. 1, 2014. Health systems would begin to see any purported shortfalls from more patients' being covered by Medicaid during that year.

- Insurers typically negotiate three to five-year contracts with health systems and other providers. Even assuming that health systems could raise prices for every health insurer if there was a shortfall, the price increases would not have been set until the following year, 2015.

- Insurers and employers who self insure, in turn, set premiums for their health plans for the following year in September or October.

- This means that any costs shifted to private insurers wouldn't have appeared in the cost of health plans until 2016 at the earliest.

Flanders and Williams said some states expanded Medicaid before 2014.

For example, New York, Delaware and Massachusetts expanded coverage before that year. And some other states did limited expansions before 2014.

That said, more than 8 million people — a large number by any gauge — gained coverage through the expanded eligibility for Medicaid in 2014.

The study's conclusion — that expanding eligibility for Medicaid would result in \$1.1 billion in costs being shifted to private employers — also raised questions.

The Legislative Fiscal Bureau estimates that 76,000 people in Wisconsin have incomes between 100 percent and 138 percent of the federal poverty threshold, or \$12,490 to \$17,236 this year.

The Evers administration puts the number at 82,000 people in the state.

That high end — 138 percent — is the threshold for the state to be eligible for the federal dollars available under the Affordable Care Act.

(Adults with incomes below 100 percent now are eligible for BadgerCare Plus under the state's partial expansion.) Using the Legislative Fiscal Bureau estimate, the study's conclusion would result in an average of \$15,065 in costs being shifted to private health insurers for each person — and that's if all of them sign up for coverage.

Their actual medical bills would have to be higher given that this is just the purported shortfall between what it costs to provide medical care and what the BadgerCare Plus program pays health systems and other providers.

The program spends \$3,252 a year to cover adults.

In other words, each person would have to have roughly \$18,000 a year in medical costs based on the study's conclusions.

To put that in perspective, for adults with health benefits through an employer, average health care spending ranged from \$1,746 a year for men 19 to 34 years old to \$8,344 for women 55 to 64 in 2016, according to the Peterson-Kaiser Health System Tracker.

It averaged \$4,326 for men and \$5,775 for women who were 45-54 that year.

The average costs for people with low incomes could be somewhat higher given the relationship between health and income.

"It really is unfortunate when they do such sloppy work that gives you conclusions like this that are just ridiculous," said Classen, the economics professor at Loyola University in Chicago.

Flanders said more people could be in that group — those with incomes between 100 percent and 138 percent of the federal poverty threshold — and that the study was not based on a perenrollee cost. "This is a somewhat unique approach to be looking at private health care spending," he said. "This is what the results found."

And Williams, the economics professor at UW-Madison and co-author of the study, said the study's estimate is plausible.

The study's conclusions didn't evoke any skepticism by the legislators — Rep. Joe Sanfelippo, R-New Berlin; Sen. Duey Stroebel, R-Saukville; Sen. Chris Kapenga, R-Delafield; and Sen. Dave Craig, R-Big Bend, — who held the news conference to tout them.

That may be understandable given that it had the imprimatur of Williams, a respected macro-economist who has a doctorate from the University of Chicago. And Flanders, research director at the Wisconsin Institute for Law & Liberty, has a doctorate in political science from Florida State University and has been published in Politico, National Review and The Wall Street Journal.

Without question, Republican legislators raise a valid point in noting that private health plans pay higher rates to hospitals, doctors and other health care providers than Medicaid.

But studies show that expanding eligibility for Medicaid significantly improved hospital operating profit margins, according to an issue brief from the Kaiser Family Foundation, which does health policy research.

Further, hospital associations have pushed to expand eligibility for Medicaid in states that didn't — and they presumably wouldn't take that position if they thought it would increase their costs and force them to raise prices.

Critics of the study done by Flanders and Williams also contend that it did not account for the fact that Wisconsin already partially expanded Medicaid.

“The issue that really is not addressed for me is Wisconsin's expansion has sort of already happened,” said Laura Dague, an economist and associate professor of health policy at Texas A& M University. “The application of these numbers to the Wisconsin context is pretty questionable.”

Basically, the study comes up with a national average of the purported cost shift to private health plans from a broad group — adults with incomes up to 138 percent of the poverty threshold. It then applies that average to a subset of that group — those with incomes between 100 percent and 138 percent of the threshold.

The study's critics contend that isn't an apples-to-apples comparison.

Flanders and Williams contend that some of the states that expanded Medicaid already covered adults, including adults without dependent children.

“The assumption we are making here is those equal out for us to arrive at a reasonable estimate for the group in question,” Flanders said. “The assumption I would dispute is that it is a broader group.”

And Williams noted that five states already had broad coverage for adults without dependent children before the Affordable Care Act.

Four states and Washington, D.C., did. Five states had limited coverage. Six states had programs that were closed. And eight states, including Ohio and Illinois, had no coverage, according to information from the Kaiser Family Foundation.

The study's model also incorrectly used a “per-enrollee” figure — average spending for people in private health plans — as a “per-capita” figure, meaning everyone in the state.

This was an honest mistake that came from an incorrect footnote. But it distorted the study's conclusion because about a third of the state is covered by Medicaid or Medicare.

Finally, there's the debate over the underlying premise of the study — whether health systems can shift costs to private health plans. For one thing, it implies that health systems have the leverage and market power to set prices higher.

“They are going to raise prices to the extent that they can anyway,” said Andy Schneider, a research professor at the Center for Children and Families at Georgetown University. “If they have market leverage, they are going to raise prices.”

Economists and hospital trade groups, however, fiercely debate this.

Neither Flanders nor Williams contend the study is perfect.

“There are invariably assumptions that have to be made in every econometric analysis,” Flanders said.

Flanders also said that there are inevitably differing viewpoints on how to best model the question in the study and valid critiques can be offered.

There were more than a few of those. “It really is unfortunate because Noah (Williams) is an exceptional macro- economist,” Classen said. “He’s incredibly talented as an academic economist. But this foray into health economics is really disappointing to see.”

“It gets out there,” he added. “People retweet it. People believe it.”

It also is almost certain to be cited by Republican lawmakers who oppose expanding eligibility for Medicaid and taking the money available through the Affordable Care Act. Whether to accept the federal money is a key issue in the debate. And the position of the Republican lawmakers frustrates Robert Laszewski of Health Policy & Strategy Associates, a health care consultant and Wisconsin native who has been a sharp critic of flaws in the Affordable Care Act.

“Why are we even having this discussion? The data is there. The studies are there. The practical information is there,” Laszewski said. “When are these people going to give up and finally admit that forcing Wisconsin taxpayers to pay something the federal government has been begging to pay for is not smart policy?”

Evers touts Medicaid expansion as boost for kids

Chris Mueller Appleton Post-Crescent USA TODAY NETWORK - WISCONSIN

APPLETON - Expanding eligibility for Medicaid would allow Wisconsin to help more children facing mental health challenges, Gov. Tony Evers said Friday.

"If we want to focus on mental health, we need to have the resources to make it happen," he said. "We're going to be fighting for that, and we believe at the end of the day we'll be successful."

The fight over Medicaid expansion isn't new, but Evers' comments on Friday were among the first times he has tied calls for expanded coverage directly to youth mental health. That issue, also pushed by former Gov. Scott Walker, had been an area of some bipartisan agreement.

Evers, a Democrat, spoke with reporters in Appleton after touring Catalpa Health, a facility that specializes in mental health care for young people, with Democratic U.S. Sen. Tammy Baldwin and Lt. Gov. Mandela Barnes. Catalpa Health also has locations in Oshkosh and Waupaca.

Evers' proposed two-year budget would expand the reach of BadgerCare Plus, the state's largest Medicaid program, up to the threshold that would allow Wisconsin to get more federal funding available as a result of the Affordable Care Act, commonly known as Obamacare.

Baldwin, too, urged lawmakers in Wisconsin to expand access to Medicaid, mentioning that she had previously urged Walker to do just that.

"It would allow Wisconsin to serve so many more additional people who are in need," she said.

Wisconsin's Republican legislative leaders, including Speaker Robin Vos and Senate Majority Leader Scott Fitzgerald, have already openly opposed expanding Medicaid in the state. But some Republican legislators have indicated

support for some additional expansion of funding for youth mental health services.

Evers' budget would also add \$22 million each year to help schools pay for social workers, psychologists, counselors and nurses.

The proposed increases would be added to the \$3 million designated by Republican Gov. Scott Walker in the 2017-19 state budget to help schools hire social workers and would bring the state's total investment to \$25 million in each year of Evers' budget.

Evers' proposed budget still needs approval from the Republican-controlled state Legislature, which has already signaled opposition to many of the measures included in the governor's proposed budget.

Earlier this week, Sen. Luther Olsen and Rep. Joel Kitchens, Republican chairmen of the Blue Ribbon Commission on School Funding, said Evers' proposed \$600 million increase in special education funding won't make the final budget.

Evers responded Friday by vowing to continue to fight for his boost to special education funding, but also noted that developing a budget often requires compromises.

“We hope that we’ll be in a much better place going forward,” he said.

Contact Chris Mueller at 920-996-7267 or cmueller@gannett.com. Follow him on Twitter at [@AtChrisMueller](https://twitter.com/AtChrisMueller).