

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
HUMAN SERVICES OPERATIONS COMMITTEE
MEETING MINUTES**

May 1, 2013 12:00 p.m.

NCHC – Wausau Campus

X*	Nancy Bergstrom	X	Ray Bloomer	X	Jane Freitag
X	Linda Haney	X	Joanne Kelly	X	Holly Matucheski
X	Laura Yarie	X	Scott Parks	X	John Robinson
	Gary Gisselman	X	Lee Shipway		

* Via teleconference

Also Present: Gary Bezucha, Brenda Glodowski, Paula Hawkins

The meeting was called to order at 12:04 p.m. Roll call was noted and a quorum declared.

Consent Agenda

- **Motion** Bloomer, 2nd Yarie, to approve the consent agenda which included the minutes of the 3/6/13 meeting and the financial statements. Motion carried.

Human Services Report

- There are very few areas where we are not meeting our targets.
- We are developing an outpatient service line quality committee. They will develop an overall outpatient service line dashboard. It will be a summary document dealing with issues that are broad and cover the entire service line. They will begin meeting in June.
- Inpatient Service Line Director – a recruitment firm has been hired. They anticipate if all goes well we should have a candidate in place by early September. Lori Koeppel will be vacating the position in mid-June. Gary Bezucha will be the interim Inpatient Service Line Director.

Birth to 3 Presentation

- Birth to 3 (B-3) is a State & Federal mandated program, so there is a B-3 program in all 72 counties in the state.
- They have five service coordinators, two of which work in multiple counties.
- They have two speech therapists in Marathon county, a physical therapist in Langlade and Marathon County, and continue looking for an occupational therapist. Unmet staffing needs are covered by contract staff.
- Enrollment in the program begins with a referral. Referrals come from many places, primarily physicians (65-70%). They sometimes get 9-10 referrals a week. DSS automatically refers abuse and/or neglect cases.
- Eligibility is determined by 1) the percent delayed; 2) diagnosis with high probability of having a delay (early birth, born with fetal alcohol syndrome, or diagnosed shaken baby syndrome); 3) if child doesn't have a 25% delay, but displays something very atypical or out of the mold that warrants intervention.
- There are 193 in the program currently. They average 33 referrals per month.

- Best practice has shown that it is most effective to provide services in the child's home, determining who is the most appropriate person to work with the child, not necessarily the parent.
- Staff in all three counties meet quarterly to discuss best practice, new procedures, etc.
- Once a referral is received from a physician, we require a prescription for treatment. We then communicate on progress back to the physician every 90 days.
- Service coordinators have between 40-50 children in their case load.
- The program is funded through Medicaid (if consent is given), a grant from the state in conjunction with county levy, and we bill insurance if the family approves.
- It would be interesting to look at what percentage of unmanageable older children were previously involved in the B-3 program, which continued into the 3-5 year old program, or further.
- Some families are court-ordered to participate in B-3. Participation after age 3 is not always court-ordered. Perhaps we should be talking with the courts about ordering further services.
- There are some concerns for the population of children of parents who have developmental disabilities; there is concern with the child's development.
- In Wausau Schools, 70% of kids beginning kindergarten have gone through 4K, so they are being screened earlier.
- There is a long wait list (14 months, currently over 400 children) to get intensive services for autistic children through the Children's Waiver Program. So the earlier a child can be diagnosed, the earlier they can get on the list. These intensive services are for up to 40 hours a week in the home for up to three years.

Mental Health Services Discussion

- A small group of individuals met last Friday to discuss mental health issues in young children in the Wausau School system.
- At that meeting it was determined to develop a workgroup to create a summit; invite those with an interest in high needs behavioral problem children to a summit to discuss these problems. It should include agencies and parents.
- Next steps: key NCHC staff, United Way, Health Department, Social Services, schools should be brought together to identify where gaps and opportunities are, then identify next steps to advance the agenda.
- By the next HSOC meeting identify where the support will come from, and identify the players to be involved. Early childhood coalition – perhaps a subgroup of that could be involved. Identify what the issues are. Develop a set of strategies to move the project in the right direction.

Future Meeting Agendas

- July 10 is next meeting.
- Discuss progress on community group working on early intervention.

The meeting adjourned at 1:25 p.m.

Pdh