

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

**November 6, 2014**

**3:00 p.m.**

**NCHC – Wausau Campus**

Present:

X	Nancy Bergstrom	X	Lee Shipway	X	John Robinson
X	Linda Haney	EXC	Joanne Kelly	X	Holly Matucheski
X	Scott Parks	EXC	Greta Rusch		

Also Present: Toni Simonson, Brenda Glodowski, Becky Schultz, Debbie Osowski

The meeting was called to order, roll call was noted and a quorum declared.

Consent Agenda

- **Motion** Matucheski, 2<sup>nd</sup> Haney to approve the consent agenda, which includes the minutes of the 9/3/14 meeting and the financial reports. Motion carried.

Human Services Report

- Heather Street and Hillcrest Group Homes have recently received perfect surveys. Staff is doing a great job. Three residential homes have yet to be surveyed.
- Recent position vacancies in Outpatient Services are being filled.
- As a result of recently implementing a process improvement plan, there has been a dramatic decrease in the number of days to get into services. In the last three months, the number of days to receive services has dropped from 25 to 4.4 at the Wausau Campus.
- Several years ago the organizational structure changed to an Inpatient Service Line and an Outpatient Service Line by looking at patient flow.
  - ✓ Nursing Home, Hospital, and Crisis have been in the Inpatient Line for a couple of years.
  - ✓ During this time a standardization of nursing practices was established across the organization.
  - ✓ After a review for continuity of care, it was found there was good collaboration but there is a disconnect between the hospital/crisis services and the Outpatient Service Line.
  - ✓ As of 11/3/14, it has been identified to return to the Human Service Operations and Nursing Home Operations structure.
- Outpatient Clinics are being evaluated
  - ✓ Current no show rate is 38% with the highest no-show rate from the Criminal Justice System.
  - ✓ We are considering a 'group intake' pilot for the criminal justice population i.e. 4-5 individuals at one time to complete intake process which consists mostly of paperwork and reviewing the program.
  - ✓ Working with Probation and Parole including discussion of taking the intake process to the courthouse.

### Psychiatry Update

- Actively recruiting for psychiatrists.
- Dr. Espinoza will be onsite December 5. Staff was very impressed with the phone interview and she is excited about NCHC and the community.

### Aquatic Update

- USA Aquatics and Isaacs Sports Group working on phase two of a four phase study.
- Have met with user groups in developing a concept design.
- Costs and options are being formalized with a report toward the end of November. Report will consist of a realistic cost for a remodeling option which will include closing the pool for 12-18 months along with losing staff and referrals during that closure.
- Study consists of two components: 1) cost of options; and 2) who is responsible for payment(s) i.e. capital and operation.
- Linda Haney, Jean Burgener, and Steve Anderson are leading a fund raising task force.
- Strong support from physician community with referral base from over 100 physicians. Physicians have also committed funds in support of the pool.
- County Health & Human Services Committee has been provided preliminary report including costs with the caveat that costs are still under review.

### Adult ADHD Program

- Team is working to develop an Adult ADHD Program.
- Multiple calls are received on a daily basis for medications for ADHD.
- Prescribing medications is very subjective, therefore we are looking at the entire practice of prescribing and what needs to be in place for a program of this type.
- We will purchase a computerized objective assessment (IVA Plus Assessment) that clients must complete before medications are prescribed. Based on the test results, a psychologist may be engaged to determine further testing. Group Therapy will be a component of the program.
- A pilot program will begin in December with internal referrals to begin with. Once the program is established it will be marketed externally.

### AODA Day Treatment

- Program has not operated since April, 2014 due to low volume and vacant clinical positions.
- Program to re-open on January 5, 2015 due to increased volume and clinicians.

### AODA Residential Treatment

- Continue to develop program i.e. curriculum, staffing patterns, self-help, vocational components, location (Crisis CBRF vs another area of building).
- Application to expand license has been submitted.
- Application for AODA Residential Treatment will be submitted once the details are worked out.

### Fall Education Summit

- Will be held Nov. 13 at NTC.
- The Summit is being directed to prescribers and clinicians from Marathon, Lincoln, Langlade, Wood, Portage and Oneida Counties and is focused on prescribing practices.
- So far about 50 advanced practitioners are registered. We are pleased with the collaboration with the personal care physicians.
- Dr. Mays will provide the bulk of the educational sessions.

- We have been working with PESI out of Eau Claire.
- Participants will receive a flash drive that has been preloaded with best practice guides, SAMSA tools, etc. and a folder with NCHC logo and contact info.
- Funding for this Summit is provided through the Prescription Medication Grant.

#### Crisis Process Initiative

- An in-depth process improvement project has been underway for several months based on feedback through our community partner survey (jail personnel, Bridge Clinic, etc.), family and clients.
- Observations have been completed at the jail, with staff on different shifts, to see the process hands on.
- Several opportunities for improvement have been identified:
  - ✓ Tighten assessment process by introducing additional screening processes to communicate thoroughness to partners.
  - ✓ Introduce a disciplined communication process for staff to utilize i.e. referrals from community partners; including a process for consensus decision-making and recommendations.
  - ✓ Improved education on admission criteria and matrix.
  - ✓ Include follow-up action with community partners.
  - ✓ Better clarification on role of crisis staff i.e. crisis staff complete the assessment and are not therapists. Therapist will be obtained when needed.
  - ✓ Embed a suicide assessment in our overall crisis assessment in addition to a homicide and self-harm assessment. Next steps will be dependent on the screening results.
  - ✓ Potential admissions will involve more advanced clinicians.
  - ✓ Clinical triage system is being explored.
  - ✓ Discovered a long-term issue relating to volatile and high behavior patients. Currently, the unit is not set up to appropriately care for volatile patients i.e. a separate area to keep volatile patients away from the general population.
  - ✓ Capacity is another long-term community issue. Have had occasions where there were no beds in the state. This is a new trend.
  - ✓ No private rooms available in the hospital and crisis units. We cannot mix teens with adults or males with females.
  - ✓ Staff was asked to look at the crisis process vs the court system. Corp. Counsel has felt stresses of new staff and staffing constraints. Standardization of crisis process with three counties would be an area to review also.
  - ✓ Committee requested an update in six months.

#### Future Meeting Agendas

- IVA process update
- Tour
- Early Childhood Intervention Services update

**Motion** Shipway; 2<sup>nd</sup> Matucheski to adjourn at 4:33 p.m. Motion carried.

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