



North Central Health Care

Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA of a meeting of the Board or a Committee
A meeting of the **Human Services Operations Committee** will be held at **North Central Health Care, 1100 Lake View Dr., Wausau, WI, Board Room** at **8:00 a.m.**, on **Wednesday, January 21st**, 2015.

(In addition to attendance in person at the location described above, Committee members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 by one hour prior to the meeting start time for further instructions.)

AGENDA

1. Call to order
2. Consent Agenda
 - a. Action: approve consent agenda:
 - 1) Minutes of 11/6/14 meeting
 - 2) Financial update
3. Human Services Report
4. Updates:
 - a. Psychiatry update (Gary)
 - b. Aquatic update (John)
 - c. Counseling in the Schools (Aekta Dassow, Carrie Paisar)
5. Future items for Committee consideration
6. Adjourn

- If time permits, beginning discussions may take place on future agenda items.
- Action may be taken on any agenda items.
- In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

Signed: /s/Gary Bezucha
 Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:
Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Langlade, Lincoln & Marathon County Clerk Offices
DATE 01/14/15 TIME 3:00 p.m.

THIS NOTICE POSTED AT
NORTH CENTRAL HEALTH CARE
DATE 01-14-15 Time 3:00 p.m.
By Debbie Osowski
Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call 715-848-4405.
For TDD telephone service, call 715-845-4928.

VIA: X FAX X MAIL

BY D. Osowski

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 30, 2014**

51.42/.437 PROGRAMS	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$1,392,065</u>	<u>\$1,321,598</u>	<u>\$70,467</u>	<u>\$14,220,606</u>	<u>\$14,628,725</u>	<u>(\$408,119)</u>
OTHER REVENUE						
State Match / Addendum	164,960	130,833	34,127	1,661,500	1,439,167	222,333
State Grant-in-Aid	325,061	325,000	61	3,575,663	3,575,000	663
Other Grants	90,572	83,417	7,155	835,799	917,583	(81,784)
County Appropriations - Net	565,540	588,525	(22,985)	6,540,222	6,473,780	66,443
Departmental and Other Revenue	132,126	61,616	70,510	1,105,261	677,777	427,484
State Facility Collection	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Other Revenue	<u>1,278,259</u>	<u>1,189,392</u>	<u>88,867</u>	<u>13,718,445</u>	<u>13,083,307</u>	<u>635,138</u>
TOTAL REVENUE	2,670,324	2,510,989	159,334	27,939,051	27,712,031	227,019
EXPENSES						
Direct expenses	1,664,243	1,787,087	(122,844)	19,051,787	19,571,384	(519,596)
Indirect Expenses	281,896	338,716	(56,820)	3,354,631	3,744,359	(389,727)
Shared Indirect Expenses	<u>419,205</u>	<u>401,881</u>	<u>17,324</u>	<u>3,663,976</u>	<u>4,456,294</u>	<u>(792,318)</u>
Total Expenses	<u>2,365,345</u>	<u>2,527,684</u>	<u>(162,339)</u>	<u>26,070,395</u>	<u>27,772,035</u>	<u>(1,701,642)</u>
Operating Income (Loss)	<u>304,979</u>	<u>(16,695)</u>	<u>321,674</u>	<u>1,868,656</u>	<u>(60,004)</u>	<u>1,928,661</u>
Nonoperating Gains(Losses):						
Interest Income	5,227	8,333	(3,106)	64,917	91,667	(26,750)
Donations and Gifts	11,896	0	11,896	75,304	0	75,304
Gain / (Loss) on Disposal of Assets	0	417	(417)	15,311	4,583	10,728
Net Assets Designated for Operatioi	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Loss)	<u>17,123</u>	<u>8,750</u>	<u>8,373</u>	<u>155,531</u>	<u>96,250</u>	<u>59,281</u>
Income Before Contributed/ (Returned) Capital	<u>\$322,102</u>	<u>(\$7,945)</u>	<u>\$330,047</u>	<u>\$2,024,187</u>	<u>\$36,244</u>	<u>\$1,987,943</u>

North Central Health Care
 Review of 2014 Actual/Budget Services
 Marathon County

12/22/2014

Direct Services:	2014	2014	Variance	2014	2014	Variance	Variance by Program
	November Actual Rev	November Budget Rev		November Actual Exp	November Budget Exp		
Outpatient Services	\$968,839	\$1,028,131	(\$59,492)	\$1,535,399	\$2,075,497	\$540,098	\$460,597
Psychiatry Services	\$301,835	\$497,750	(\$195,915)	\$1,700,409	\$2,155,392	\$454,983	\$259,088
Community Treatment	\$2,052,794	\$2,453,275	(\$400,481)	\$3,455,884	\$3,835,578	\$379,692	(\$20,789)
Day Services	\$1,622,670	\$1,678,325	(\$55,655)	\$1,488,837	\$1,635,442	\$146,605	\$90,950
Clubhouse	\$228,545	\$208,115	\$20,431	\$390,663	\$405,198	\$14,535	\$34,965
Demand Transportation	\$417,568	\$387,968	\$29,600	\$353,546	\$387,968	\$34,422	\$64,022
Leased Space	\$235,174	\$226,417	\$8,757	\$250,382	\$278,394	\$28,012	\$36,770
Aquatic Services	\$606,586	\$606,352	\$214	\$604,165	\$606,352	\$2,187	\$2,401
AODA Residential	\$0	\$60,833	(\$60,833)	\$0	\$301,768	\$301,768	\$240,934
	\$6,433,791	\$7,147,165	(\$713,374)	\$9,779,285	\$11,881,577	\$1,902,292	\$1,188,918
Shared Services:							
Inpatient	\$2,280,912	\$1,769,677	\$511,235	\$3,202,049	\$2,724,373	(\$477,676)	\$33,559
CBRF	\$496,935	\$281,719	\$215,216	\$319,576	\$390,816	\$71,040	\$266,256
Crisis Services	\$110,117	\$139,343	(\$29,226)	\$884,723	\$916,364	\$31,641	\$2,416
AODA Day Hospital	\$8,929	\$95,423	(\$86,494)	\$71,025	\$182,897	\$111,872	\$25,378
Protective Services	\$151,755	\$152,905	(\$1,150)	\$333,241	\$357,737	\$24,496	\$23,347
Birth To Three	\$629,714	\$549,322	\$80,392	\$1,051,350	\$1,083,007	\$31,657	\$112,049
Group Homes	\$2,032,466	\$1,959,336	\$73,130	\$1,922,911	\$2,040,880	\$118,069	\$191,199
Supported Apartments	\$1,982,673	\$1,922,734	\$59,939	\$1,913,222	\$1,901,037	(\$12,186)	\$47,754
Contracted Services	\$52,777	\$78,100	(\$25,323)	\$778,035	\$464,410	(\$313,625)	(\$338,948)
	\$7,746,278	\$6,948,558	\$823,043	\$10,476,032	\$10,081,321	(\$414,712)	\$383,009
Totals	\$14,180,069	\$14,095,723	\$109,669	\$20,255,317	\$21,742,898	\$1,487,581	\$1,571,927
Base County Allocation	\$2,003,637	\$2,002,974	\$663				\$663
Nonoperating Revenue	\$58,544	\$84,105	(\$25,561)				(\$25,561)
County Appropriation	\$5,650,190	\$5,560,096	\$90,094				\$90,094
Excess Revenue/(Expense)	\$21,892,440	\$21,742,888	\$174,865	\$20,255,317	\$21,742,898	\$1,487,581	\$1,637,123

North Central Health Care
 Review of 2014 Services
 Lincoln County

12/22/2014

	2014 November Actual Rev	2014 November Budget Rev	Variance	2014 November Actual Exp	2014 November Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$360,972	\$352,673	\$8,299	\$565,178	\$618,553	\$53,375	\$61,674
Lincoln Psychiatry Services	\$20,223	\$29,818	(\$9,595)	\$127,305	\$253,206	\$125,901	\$116,306
Community Treatment	\$280,186	\$376,321	(\$96,135)	\$571,441	\$695,969	\$124,528	\$26,393
Children's Services	\$54,559	\$52,438	\$2,121	\$152,789	\$132,509	(\$20,280)	(\$18,159)
	\$715,940	\$811,250	(\$95,310)	\$1,416,713	\$1,700,237	\$283,524	\$188,214
Shared Services:							
Inpatient	\$499,926	\$387,875	\$112,051	\$701,819	\$597,121	(\$104,698)	\$7,354
CBRF	\$108,917	\$61,747	\$47,170	\$70,044	\$85,615	\$15,571	\$62,741
Crisis	\$6,118	\$7,741	(\$1,623)	\$49,151	\$50,909	\$1,758	\$135
AODA Day Hospital	\$1,957	\$20,915	(\$18,958)	\$15,567	\$40,087	\$24,520	\$5,562
Protective Services	\$33,261	\$33,513	(\$252)	\$73,039	\$78,408	\$5,369	\$5,117
Birth To Three	\$109,205	\$76,545	\$32,660	\$182,325	\$151,726	(\$30,599)	\$2,080
Apartments	\$42,828	\$41,533	\$1,295	\$41,328	\$41,065	(\$263)	\$1,032
Contract Services	\$12,637	\$18,700	(\$6,063)	\$170,528	\$101,789	(\$68,740)	(\$74,803)
	\$814,849	\$648,569	\$166,280	\$1,303,801	\$1,146,719	(\$157,082)	\$9,198
Totals	\$1,530,789	\$1,459,819	\$70,970	\$2,720,514	\$2,846,956	\$126,442	\$197,412
Base County Allocation	\$766,071	\$766,071	(\$0)				(\$0)
Nonoperating Revenue	\$3,703	\$4,641	(\$938)				(\$938)
County Appropriation	\$616,424	\$616,424	(\$0)				(\$0)
Excess Revenue (Expense)	\$2,916,987	\$2,846,956	\$70,031	\$2,720,514	\$2,846,956	\$126,442	\$196,473

North Central Health Care
Review of 2014 Services
Langlade County

12/22/2014

	2014 November Actual Rev	2014 November Budg Rev	Variance	2014 November Actual Exp	2014 November Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$407,924	\$363,556	\$44,369	\$543,805	\$592,314	\$48,509	\$92,878
Psychiatry Services	\$43,542	\$34,084	\$9,459	\$161,818	\$168,683	\$6,845	\$16,304
Community Treatment	\$270,747	\$340,833	(\$70,086)	\$515,657	\$598,099	\$80,442	\$10,356
Day Services	\$453,421	\$560,103	(\$106,682)	\$465,317	\$535,982	\$70,665	(\$36,016)
Children's Services	\$64,479	\$88,817	(\$24,138)	\$101,816	\$172,640	\$70,824	\$46,687
	\$1,240,113	\$1,387,192	(\$147,079)	\$1,788,413	\$2,085,699	\$277,286	\$130,208
Shared Services:							
Inpatient	\$343,701	\$266,864	\$77,037	\$482,500	\$410,522	(\$71,978)	\$5,059
CBRF	\$74,881	\$42,461	\$32,430	\$48,155	\$58,860	\$10,705	\$43,135
Crisis	\$6,118	\$7,741	(\$1,623)	\$49,151	\$50,909	\$1,758	\$135
AODA Day Hospital	\$1,345	\$14,379	(\$13,034)	\$10,702	\$27,560	\$16,858	\$3,824
Protective Services	\$22,867	\$23,040	(\$173)	\$50,214	\$53,906	\$3,692	\$3,518
Birth To Three	\$82,159	\$107,421	(\$25,262)	\$137,170	\$202,999	\$65,829	\$40,567
Group Homes	\$129,551	\$124,889	\$4,662	\$122,562	\$130,088	\$7,526	\$12,167
Supported Apartments	\$137,309	\$133,158	\$4,151	\$132,499	\$131,655	(\$844)	\$3,308
Contract Services	\$8,920	\$13,200	(\$4,280)	\$117,238	\$69,979	(\$47,259)	(\$51,539)
	\$806,851	\$732,943	\$73,908	\$1,150,191	\$1,136,477	(\$13,714)	\$60,194
Totals	\$2,046,964	\$2,120,135	(\$73,170)	\$2,938,604	\$3,202,176	\$263,572	\$190,402
Base County Allocation	\$805,954	\$805,954	(\$0)				(\$0)
Nonoperating Revenue	\$2,670	\$2,921	(\$251)				(\$251)
County Appropriation	\$273,609	\$273,167	\$442				\$442
Excess Revenue/(Expense)	\$3,129,197	\$3,202,176	(\$72,979)	\$2,938,604	\$3,202,176	\$263,572	\$190,582

HUMAN SERVICE OPERATIONS - Update for HSO Committee 01/21/15

Program	Statistics (census, admissions, discharges, referrals)	Capacity	Projects (activities/prevention work)	Moments of Excellence
Adult Day Services	<p>Adult Day/Prevocational Antigo:</p> <p>39 Current census 0 Discharges Oct-Dec 1 Admissions Oct-Dec</p> <p>Adult Day Service Wausau:</p> <p>61 Current census 4 Discharges Oct-Dec 2 Admissions Oct-Dec</p>	<p>Antigo:</p> <p>Capacity is 42 individuals on a daily basis with current staffing patterns.</p> <p>Wausau:</p> <p>Capacity is 63 individuals on a daily basis with current staffing patterns.</p>	<p>Adult Day Services for both Marathon and Antigo held their annual Holiday parties and dinners on the evening of Dec 4th. The Marathon Holiday party was held at Dales Weston Lanes in Weston and the Antigo Holiday dinner was held at North Star Lanes in Antigo.</p> <p>Antigo had approximately 27 consumers out of the 39 enrolled and approximately 35 guardian's and/or family members accompany them which is the highest attendance in the last couple of years. Music was provided by Jenny and Bill Rusch at no charge. A big thanks to Jenny who works with our B-3 program.</p> <p>Over 150 consumers attended the Marathon Holiday party between Adult Day Services and Prevocational Services.</p>	<p>A consumer within the prevocational services has been working to build skills at the prevocational community-based work sites offered within the Adult Day Program in Antigo to obtain competitive employment. This individual's dream job was to work within retail. She enrolled with DVR services in late 2013 and did a work experience at Walgreens.</p> <p>After completion of her work experience her true desire was to obtain employment with this agency. The agency generally has not been willing to hire individuals through our services due to the nature of their environment. However, through the persistence of the dedicated staff advocating for individuals with disabilities and their 'can do' attitude in providing coaching to the consumer and the employee, this participant obtained her community-based job at Walgreens in October and continues to maintain her job successfully.</p>
Aquatic Services	<p>November:</p> <p>27 Physical Therapy 1886 Community / Family Fitt 163 Group Class</p> <p>December:</p>	<p>Aquatic Physical Therapy is currently booking out two (2) weeks.</p>	<p>Warm Water Works fundraising activities included a swim suit sale and the Kwik Trip Script Cards. Many cards were sold due to the holidays and people purchasing them for gifts.</p>	<p>A family member of a client receiving Aquatic Physical Therapy was quite desperate; the client had dementia and a history of falls at home. The husband had to work and leave her home alone. Staff was able to refer client to other programs to get her help to keep her safe at home while he was at work.</p>

	<p>43 Physical Therapy 1726 Community / Family Fitt 192 Group Class</p> <p>End of year numbers: Physical Therapy: 506 Evaluations Committee Fitt: 19,371 Group Class: 2,512</p>		<p>Donated funds are \$9,251.54.</p> <p>At the November Warm Water Works meeting, it was decided they would meet quarterly on the third Monday of the month at 9:30 am. They are currently recruiting new volunteers to sit on this committee.</p> <p>The Aquatic Director had met with a few new Physicians and provided our marketing packets for their offices.</p> <p>Beginning in December, our Cancellation and No Show Policy is given to each new client who comes for Aquatic Physical Therapy in an effort to decrease no shows and cancellations.</p>	
BHS/Ambulatory Detoxification	<p>November 73 Admissions 452 Patient days</p> <p>December 76 Admissions 419 Patient days</p> <p>2014 Totals 956 Admissions 5,088 Patient days</p> <p>Average length of stay: 5.3 days</p> <p>Percent occupancy: 87.1%</p>	<p>BHS Capacity:</p> <p>16 with emergency access up to 20.</p> <p>Provides services for clients ages 13 and above.</p>	<p>Currently reviewing all policies and procedures with a goal of improved patient care and customer service.</p> <p>Staff training underway.</p> <p>Work continues with the electronic record transition.</p>	<p>An individual who had come to our services under an involuntary status returned over the holidays to let Dr. Ticho and the staff know that she was doing well. She reported that while her situation had been difficult, she felt that the help she had received had "allowed her to get her life back". She is now working and has returned to her "normal".</p>
Birth to Three	<p>4TH QUARTER 2014 (AS OF 12/29/2014)</p>	<p><u>Birth to 3 Capacity:</u></p>	<p>Birth to 3 Outreach Team: The Birth to 3 has aggressive plans for 2015 which include</p>	<p>Notification was received from the State of Wisconsin, dated 12/04/2014, related to the review of North Central Health Care Birth to 3 data. Analysis</p>

	<p>WAUSAU CAMPUS <u>Birth to 3</u> 150 Head Count</p> <p>ANTIGO CENTER <u>Birth to 3</u> 15 Enrolled</p> <p>MERRILL CENTER <u>Birth to 3</u> 24 Enrolled</p>	<p>Unlimited</p> <p>No Wait List</p> <p>Birth to 3 is accepting referrals across tri-county region.</p>	<p>outreach to community partners across the tri-county region. A workgroup is developing materials for various audiences including child care, social services, and physicians.</p> <p>Birth to 3 will continue to address service quality as the State has identified providing EBP with fidelity, in other words; services which address all three components of the Primary Coach Approach to components include teaming, coaching, and contextualized natural environment. Two additional workgroups are moving the work forward.</p> <p>1) Birth to 3 Talking Points Team: To ensure fidelity of practice and to develop talking points to ensure consistency of program presentation across the three counties.</p> <p>2) Birth to 3 Primary Provider Team: To develop a tool the team can rely upon in the determination of progress for children enrolled. Again, the goal is consistency across providers in determining the level of development for each child as they enter and exit programming.</p>	<p>indicates 100% compliance with Office of Special Instruction Federal Indicators across the tri-county region. This is the first time the entire region has met the Federal 100% compliance target.</p>
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<p style="text-align: center;">Clubhouse</p>	<p>Nov-Dec 2014</p> <p>113 Current Active Membership</p> <p>28 Average Daily Attendance</p>	<p>No wait list</p> <p>Unlimited capacity</p>	<p>Community Corner Clubhouse (CCC) held a retreat at Samoset Lodge, this past November to help support action planning process. Members of the program as well as staff met to review 2014 goals and achievements and addressed areas of opportunities to address moving forward.</p> <p>We spent time reviewing efficiencies of staff with a Flywheel exercise to demonstrate how resistance or barriers can disrupt momentum. We also learned from this activity that when all staff work together and put in equal amounts of force we get the best outcomes. The take away from this exercise is that we all play a crucial role in our success. We also were able to connect ourselves back to purpose and align our action steps with our intended goal.</p>	<p>CCC sponsored its annual Thanksgiving meal and it was held this year at Holy Name Church. The church donated the space so that we could host our meal. We had over 60 members attend; family and community members also attended our meal. Parents of a CCC member provided music and dancing for the group. Neighbors Place provided donations of food for the meal, and we also received private donations to help offset our cost.</p> <p>CCC also recently held its annual Holiday Dinner. This event is very popular with our membership and we had great attendance. The meal was catered through Lee's Famous Recipe Chicken. We played Christmas bingo, and had a gift exchange. We are looking forward to next year being able to spend the holidays in our new location where we will have enough space for everyone!</p> <p>CCC is moving ahead with its planned relocation into a larger space. A total of \$109,000 was raised towards remodeling. The Community Corner Clubhouse intends to be in its new location in early spring of 2015.</p> <p>Michelle Hazuka-Community Corner Clubhouse Director completed a 12 month course sponsored by WPS and Community Foundation. This course was intended to bring all area non-profits together to both learn about best practices concerning sustainability but also develop future curriculum for NTC's future coursework.</p>
<p style="text-align: center;">Community Treatment</p>	<p><u>Census (current):</u></p> <p>Total: 383</p> <p>54 Lincoln 15 Youth 39 Adult</p> <p>47 Langlade 17 Youth 30 Adult</p>	<p>Community Treatment is accepting youth and adult referrals in all 3 counties.</p> <p>Additional capacity to serve youth has been created with the implementation of the Coordinated Service Team</p>	<p>Community Treatment has begun providing services through the newly state-funded CST (Coordinated Service Team) initiative and is currently almost 50% capacity with a goal to be at capacity by 3/31/15.</p> <p>The CT Youth Team has established a relationship</p>	<p>An adult Community Treatment Client, R, came to CCS with significant depression and anxiety explaining that she often could not get out of bed each day. She described accomplishing tasks as being very overwhelming and said that this usually resulted in her not even trying. Most early meetings with CT staff involved R crying and talking about feeling hopeless, helpless and worthless. She used to feel that she wasn't able to be helped and that this was the way things would always be for her. After months of</p>

	<p>281 Marathon 55 Youth 45 ACT 16 IDDT 149 CCS Adult 16 TCM</p> <p><u>Referrals:</u></p> <p>331 Total YTD 143 Youth 188 Adult</p> <p>52 Lincoln 30 Youth 22 Adult</p> <p>72 Langlade 49 Youth 23 Adult</p> <p>207 Marathon 64 Youth 143 Adult</p> <p><u>Admissions:</u></p> <p>102 Total YTD 48 Youth 54 Adult</p> <p>10 Lincoln 3 Youth 7 Adult</p> <p>20 Langlade 14 Youth 6 Adult</p> <p>72 Marathon 31 Youth 41 Adult</p>	<p>initiative.</p>	<p>with a charitable organization, Leader Central, and is working collaboratively with Leader Central and the Wausau School District to plan a clothes drive for families in the community.</p> <p>Community Treatment had a site visit by DQA for CCS and CSP recertification. No citations were issued and a 2-year certification period was awarded. The state surveyor explained that he has high expectations of North Central Health Care based on his experience reviewing the agency's programs.</p> <p>A Community Treatment employee, Lindsay Sondelski, worked collaboratively with the Mosinee School District to start a skill-building group with Mosinee School District students in CCS. The school is donating space in the High School to hold the group Lindsay facilitates.</p>	<p>support from a Service Facilitator and eventually an Employment Specialist, R is now completing online Human Services courses at NTC. She recognizes her successes, her progress, and is giving herself credit for these things. She also credits community treatment staff for their support and assistance. She now has a vision for her life which includes working with youth and women affected by domestic violence. She is using coping skills and reaching out for supports less often. Her transformation and recovery has been inspiring. Everything she has done or set her mind to do she has done well.</p> <p>A 3rd grade boy involved in CT, J, began in services due to out-of-control behavior and at risk of being kicked out of school. Last school year he could barely make it through a full day at school. Academically, he was working at a Kindergarten level (when he was 2nd grade). So far this school year, he has only had one behavioral issue very early in the school year and academic work is at grade level. He, school and family recognize the great progress he has made.</p>
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	<p>LANGLADE 9 CLTS 6 Family Support 8 Wait List</p> <p>LINCOLN 20 CLTS 7 Family Support 0 Wait List</p>			
Crisis	<p>November</p> <p><u>Admissions</u> 4 Youth Crisis 19 Mobile Crisis Assessments 20 CBRF 3.6 CBRF average census</p> <p><u>Mobile Crisis Service</u> 3060 Hours of Service 5938 Telephone Contacts</p> <p>December</p> <p><u>Admissions</u> 6 Youth Crisis 19 Mobile Crisis Assessments 16 CBRF 4.1 CBRF average census</p>	<p><u>Capacity</u> 1 Youth Crisis 8 CBRF</p> <p><u>Occupancy</u> 23.3 CBRF 45 Youth Crisis</p> <p><u>Occupancy</u> 50.8 CBRF 22.6 Youth Crisis</p>	<p>Process improvement project underway to assure standardized approach to requests for Crisis services. Forms have been developed and include feedback component for referral sources</p> <p>Customer service training underway to improve communication with partners. Training will be complete by 1/31/15.</p>	<p>A parent of an adolescent who was struggling with thoughts of suicide took the time to follow up after the situation was settled. The parent let the staff know that the experience was difficult but that the care and concern demonstrated by the two staff members who worked with them made a huge difference for them. The parent was able to provide feedback about the process that will be incorporated into our process improvement project.</p>
Outpatient (AODA/MH/Psychiatry)	<p>August, 2014:</p> <p><u>MH admissions</u> 65 Wausau 18 Antigo 21 Merrill 1 Tomahawk</p>	<p>No capacity limitations.</p>	<p>Updates on the 7 Outpatient Process Improvement teams with each Outpatient employee participating on 1 team to engage each employee in team decision making and lead by an Outpatient leader:</p>	<p>Outpatient Services welcomes Laurie Hines, CSAC and William Steber, LMFT, SAC to NCHC-Wausau Campus to provide mental health and substance abuse counseling services.</p>

	<p><u>AODA admissions</u></p> <p>35 Wausau 16 Antigo 10 Merrill 3 Tomahawk</p> <p><u>Psychiatry Evaluations</u></p> <p>21 Wausau 4 Antigo 0 Merrill 1 Tomahawk</p> <p><u>OWI Assessments</u></p> <p>35 Wausau 10 Antigo 6 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u> N/A Wausau</p> <p>September, 2014:</p> <p><u>MH admissions</u></p> <p>73 Wausau 15 Antigo 21 Merrill 3 Tomahawk</p> <p><u>AODA admissions</u></p> <p>40 Wausau 13 Antigo 20 Merrill 2 Tomahawk</p> <p><u>Psychiatry Evaluations</u></p> <p>19 Wausau 0 Antigo 1 Merrill 0 Tomahawk</p>		<p>Outpatient Marketing Team – Developed Blog articles for NCHC website written by all OP therapists/counselors. Working on marketing strategies for Substance Abuse Day Treatment program.</p> <p>No show Reduction Team- Developed welcome letter. Began sending letter 8/4/14 and tracking no show data for initial assessments</p> <p>Aug= 28% & Nov= 11%</p> <p>Group therapy census, group types, group retention-</p> <p>2014 new group types-</p> <p>Voices group (adolescent females)-Merrill Center</p> <p>Men’s Recovery Group-Antigo Center</p> <p>Adult ADHD Program-Wausau Campus</p> <p>Dr. Green Response (Outpatient)/Safety Team – Developed workflow for safety at each Outpatient location. Developed office layout recommendation to promote safety in clinician offices.</p> <p>Counseling in the schools Team: In process of discussing</p>	
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	<p><u>OWI Assessments</u></p> <p>59 Wausau 11 Antigo 9 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u> N/A Wausau</p> <p>October, 2014:</p> <p><u>MH admissions</u></p> <p>64 Wausau 46 Antigo 27 Merrill 2 Tomahawk</p> <p><u>AODA admissions</u></p> <p>56 Wausau 27 Antigo 9 Merrill 4 Tomahawk</p> <p><u>Psychiatry Evaluations</u></p> <p>29 Wausau 1 Antigo 0 Merrill 0 Tomahawk</p> <p><u>OWI Assessments</u></p> <p>80 Wausau 11 Antigo 10 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u> N/A Wausau</p> <p>November, 2014:</p>		<p>counseling in the Schools with the Marathon County Special Education and CESA 9 NAC program.</p> <p>OWI recidivism Team – monitoring data. Currently exceeding target of 36-40% recidivism of multiple offenders who previously received services at NCHC-Outpatient. Team is brainstorming strategies to recognize clients who complete their Drivers safety plan (DSP), identify what went well when completing DSP and what service improvements could be made specific to DSP treatment.</p> <p>Access to service/wait times Team (STAR-QI) – The team has decided to adopt the following strategies to increase access to counseling at all OP locations:</p> <ul style="list-style-type: none"> •OP Referral Coordinator will adjust providers' schedules at their location(s) to ensure all initial assessment and hospital discharge pre-blocks are in the Tier Scheduler and accessible for clients. •If a therapy pre-blocked slot is unfilled two business days prior to the scheduled time, the Referral Coordinator will utilize the unfilled therapy slot into an initial assessment slot (not to 	
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	<p><u>MH admissions</u></p> <p>63 Wausau 20 Antigo 18 Merrill 1 Tomahawk</p> <p><u>AODA admissions</u></p> <p>47 Wausau 17 Antigo 19 Merrill 3 Tomahawk</p> <p><u>Psychiatry Evaluations</u></p> <p>12 Wausau 1 Antigo 0 Merrill 0 Tomahawk</p> <p><u>OWI Assessments</u></p> <p>42 Wausau 9 Antigo 7 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u> N/A Wausau</p>		<p>exceed 2 initial assessments per day, unless more is needed to build a provider's caseload).</p> <ul style="list-style-type: none"> •OP Referral Coordinators will follow the new substance abuse counselor scheduling guidelines when assigning clients who present with both mental health and substance abuse concerns (used when determining whether to place a perspective client with a mental health therapist or substance abuse counselor). • OP Leadership will ensure schedule templates show accessibility for each therapist/counselor's paid FTE hours. 	
<p>Pre-Vocational Services</p>	<p>123 Prevocational Service's Wausau current census</p> <p>2 Discharges</p> <p>2 Transfers to ADS Wausau</p> <p>2 Admissions</p>	<p>Maximum consumer census fluctuates according to multiple factors of current behavioral levels, one on one consumer requirements, and production needs. Our current contractual agreement requires a 1 to 15 staff to consumer ratio</p>	<p>The first of December the IROW location of prevocational services officially closed due to the owner downsizing and selling the billing to a drop in recycling demand. All consumers from the IROW location have successfully transitioned to the main Wausau location with the exception of 1 individual who decided to retire due to the closing of the plant. No other discharges or negative impacts</p>	<p>This reports moment of excellence goes out to the staff of prevocational services. With the events of both the renovations and closing of IROW a lot of work was needed to be completed outside the normal process flows that could have impacted services. However, all this was completed without impact. Staff really pulled together as a team with the move of the IROW location managing to move all working supplies and machinery without closing programing or impacting training activities.</p> <p>Then just a matter of a couple of weeks later they needed to pull together and clear out the entire front quarter half of the Wausau location while maintaining</p>

		<p>besides any one to one rated consumers. We are currently operating within our contractual agreements.</p>	<p>have resulted from the closing.</p> <p>The relocation of IROW participants have resulted in near full capacity for on-site service's due to the space restrictions, but community-based services continue to expand and accept enrollment.</p> <p>To best serve the needs of consumers within the area vocational case workers are focusing on encouraging transfers of non-community focused individuals to a more appropriate placement within the day service program. Two transfers have occurred to date. This is also in preparation of aligning with state focus of the objective of vocational services.</p> <p>NCHC Prevocational Services additionally was informed that the other local area service provider will discontinue sheltered based workshop services effective in June of 2015 and NCHC has already received two referrals that will transition over the next 6 months.</p> <p>To provide a more professional atmosphere and improved training for consumers, construction of the Prevocational Services office space, health room, reception area, etc. began 12-29-14 and should be completed in 4-6 weeks. The new reception desk area will also be used to provide vocational training for</p>	<p>training activities and process flows.</p> <p>Staff did an outstanding job showing great team effort and can do attitudes. This great team work prevented family's, providers, and our own residential services from having to find other options for consumers during the day if program closing would have had to occurred.</p> <p>They made this transition non-stressful for the consumers served, and consumer actually showed a level of positive excitement for the changes occurring.</p>
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<p>Residential Services</p>	<p>Current Census:</p> <p>32 CBRF 52 Apts. 84 Total</p> <p>Hillcrest CBRF 6 Current 6 Capacity</p> <p>Bellwood CBRF 6 Current 6 Capacity</p> <p>Heather CBRF: 7 Current 7 Capacity</p> <p>Chadwick CBRF: 7 Current 7 Capacity</p> <p>Bissell CBRF: 6 Current 6 Capacity</p> <p>Jelinek Apt: 20 Current 20 Capacity 0 Wait List</p>	<p><u>Capacity:</u></p> <p>CBRF: 32 Apts.: Varies</p>	<p>Residential Services continues to work on strategic plans initiated several months ago to improve efficiencies while also improving the services as a whole.</p> <p>Two of the objectives have been completed and implementations dates defined.</p> <p>1st – Stream line busing will begin Jan 5th. Route times have been provided to all residential sites and safety riders are in place. This should be a cost savings to NCHC as a whole by decreasing staff time, mileage and gas use for vehicles, while adding a safety rider to ensure consumer safety and provide a staff to interact and redirect behavioral issues with consumers which has been lacking and an issue with the current processes.</p> <p>After about a month of running to ensure good routine and tweak any issue that arise we will transition to site delivery of supplies through the busing route.</p>	<p>Hillcrest underwent its annual state survey and received no citations or plan of corrections.</p>

	<p><u>Fulton Apt:</u> <u>8</u> Current <u>8</u> Capacity</p> <p><u>River View Apt:</u> <u>8</u> Current Varies Capacity <u>1</u> Wait List</p> <p><u>Forest Jackson</u> <u>16</u> Current Varies Capacity <u>0</u> Pending Admissions</p>		<p>2nd – Master scheduling has been completed and shared with all staff during Dec. Staff were given opportunities to give feedback and voice concerns before implementation. Overall, there have only been a few concerns voiced and overall the initial roll out has had less negative feedback from staff than anticipated.</p> <p>All employees are able to maintain hours to keep them within their current benefit level. Hour re-educations were implemented to improve flexibility of staff time off and illness and prevent overtime usage.</p> <p>With the master scheduling and busing changes implementation of Care Coordinators to enhance services at each site, plus two at larger apartment settings, without financial impact and actually has shown a small reduction. Pending the actual bus pick-ups and drops after actually running some minimal additional cuts may be able to occur due to the late return times for residents to their homes.</p> <p>Care Coordinator positions will not be posted to hire until all current vacancies are filled to ensure a positive transition and proper training for new care coordinators.</p>	
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Key: AODA = Alcohol & Other Drug Abuse; BHS = Behavioral Health Services; CSP = Community Support Program; CCS = Comprehensive Community Services; OP = Outpatient; MH = Mental Health

**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, 2nd 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; 2nd Matucheski to adjourn at 4:33 p.m. Motion carried.

dko