



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, March 11st**, 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 01/21/15 meeting
 - 2) Financial update
3. Human Services Report
4. Updates:
 - a. Psychiatry update (Gary)
 - b. Aquatic update (Gary)
5. Frequency of meetings
6. Future items for Committee consideration
7. 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 03/05/15 TIME 2:00 p.m.

THIS NOTICE POSTED AT
NORTH CENTRAL HEALTH CARE
DATE 03-05-15 Time 2:00 p.m.
By Debbie Osowski

VIA: X FAX X MAIL

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.

BY: /s/ Debbie Osowski

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

January 21, 2015

8:00 a.m.

NCHC – Wausau Campus

Present:

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

Also Present: Toni Simonson, Brenda Glodowski, Becky Schultz, Gary Bezucha, Aekta Dassow, Carrie Paisar, Debbie Osowski

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

Consent Agenda

- **Motion** Bergstrom, 2nd Shipway to approve the consent agenda, which includes the minutes of the 11/6/14 meeting and the financial reports. Motion carried.

Human Services Report

Additional updates to the Human Services report were noted:

- Air quality concerns (high chlorine levels) were expressed by Aquatic Services staff. Maintenance worked on the air handling system in the pool followed by air quality testing by outside consultants. Tests indicated low levels of chlorine and air quality is very good in the pool. Routine testing will continue.
- A team reviewed all policies for Behavioral Health and Ambulatory Detox which resulted in improved processes and a reduction in the number of policies overall.
- A review of clients transferred to other facilities was conducted to determine whether we could be providing services rather than transferring the individuals. Communication will continue with Winnebago and Mendota and processes monitored.
- Clubhouse lease has been signed and the renovation process has started.
- The identified action plan in Crisis is in progress. We have been working with community partners identifying expectations, gaps, and how to improve working relationships.
- Presentation was given by Aekta Dassow, Outpatient Services Director, on the Adult ADHD 12-week program. The program was not able to begin in December due to delays with installing the IVA test on our computers. A pilot program will begin January 26 with our current population and will then be marketed to the community in about a month.
- Evidence showed that the collaborative and regional approach in the Birth to Three program has resulted, for the first time, to be 100% compliant across the tri-county region with the State of Wisconsin.

Psychiatry Update

- We have been successful in the recruitment of a psychiatrist, Dr. Brigitte Espinoza, who is completing her residency in Harvard Health System, Boston. We anticipate she will begin at NCHC in July.

- We continue to work with Merritt Hawkins in recruiting an additional psychiatrist.
- Commitments have been received from four entities (NCHC, Bridge Clinic, Wood and Portage Counties) as it relates to establishing a Psychiatry Residency Program and we continue to explore working relationships with the VA, Marshfield Clinic and Ministry Health.
 - The goal is to submit the application as a training site by the end of this year.

Aquatic Update

- Anticipate a final report from the two consulting firms in the next few weeks.
- Final project should be wrapped up by the end of the year with construction to begin in 2016.
- Information on the project has been well received by most of the major Foundations. Requests for financial support of the project have not yet occurred.

Counseling in the Schools

- Aekta Dassow and Carrie Paisar, Psychotherapist, provided an update on the Counseling in Schools program.
- Conversations about this program are occurring in more schools in the Merrill and Tomahawk areas.
- Feedback from the schools has been positive; school personnel are receptive and accommodating.

Future Meeting Agendas

Motion Haney; 2nd Bergstrom to adjourn at 9:16 a.m. Motion carried.

dko

North Central Health Care
Review of 2015 Services
Langlade County

02/17/2015

Direct Services:	2015	2015	Variance	2015	2015	Variance	Variance by Program
	January	January		January	January		
	Actual Rev	Budg Rev		Actual Exp	Budg Exp		
Outpatient Services	\$35,944	\$34,162	\$1,782	\$55,686	\$56,517	\$831	\$2,612
Psychiatry Services	\$6,466	\$2,113	\$4,354	\$20,123	\$18,370	(\$1,753)	\$2,600
Community Treatment	\$26,338	\$55,042	(\$28,704)	\$59,641	\$67,377	\$7,736	(\$20,968)
Day Services	\$36,179	\$47,179	(\$11,000)	\$34,077	\$41,868	\$7,791	(\$3,209)
Children's Services	\$3,662	\$6,639	(\$2,977)	\$16,178	\$13,590	(\$2,588)	(\$5,565)
	\$108,589	\$145,136	(\$36,547)	\$185,705	\$197,722	\$12,017	(\$24,530)
Shared Services:							
Inpatient	\$34,505	\$28,444	\$6,061	\$62,228	\$47,191	(\$15,037)	(\$8,976)
CBRF	\$8,812	\$3,538	\$5,274	\$5,088	\$7,368	\$2,280	\$7,553
Crisis	\$544	\$633	(\$89)	\$4,950	\$4,431	(\$519)	(\$608)
AODA Day Hospital	\$0	\$990	(\$990)	\$0	\$1,712	\$1,712	\$722
Protective Services	\$2,077	\$2,081	(\$4)	\$4,426	\$5,139	\$713	\$710
Birth To Three	\$6,544	\$10,868	(\$4,324)	\$11,953	\$20,301	\$8,348	\$4,024
Group Homes	\$11,662	\$11,306	\$356	\$10,954	\$11,819	\$865	\$1,221
Supported Apartments	\$12,606	\$13,091	(\$485)	\$12,392	\$12,381	(\$11)	(\$496)
Contract Services	\$0	\$0	\$0	\$7,860	\$6,433	(\$1,427)	(\$1,427)
	\$76,750	\$70,951	\$5,799	\$119,851	\$116,775	(\$3,076)	\$2,723
Totals	\$185,339	\$216,087	(\$30,748)	\$305,556	\$314,497	\$8,941	(\$21,807)
Base County Allocation	\$73,269	\$73,269	\$0				\$0
Nonoperating Revenue	\$240	\$309	(\$69)				(\$69)
County Appropriation	\$24,833	\$24,833	(\$0)				(\$0)
Excess Revenue/(Expense)	\$283,681	\$314,497	(\$30,816)	\$305,556	\$314,497	\$8,941	(\$21,876)

North Central Health Care
Review of 2015 Services
Lincoln County

02/17/2015

Direct Services:	2015	2015	Variance	2015	2015	Variance	Variance By Program
	January	January		January	January		
	Actual Rev	Budget Rev		Actual Exp	Budg Exp		
Outpatient Services	\$27,683	\$36,852	(\$9,169)	\$44,269	\$52,211	\$7,942	(\$1,227)
Lincoln Psychiatry Services	\$2,885	\$3,816	(\$931)	\$7,632	\$28,703	\$21,071	\$20,140
Community Treatment	\$26,828	\$54,439	(\$27,611)	\$63,005	\$71,157	\$8,152	(\$19,459)
Children's Services	\$4,217	\$5,542	(\$1,325)	\$18,487	\$15,988	(\$2,499)	(\$3,824)
	\$61,613	\$100,650	(\$39,037)	\$133,393	\$168,059	\$34,666	(\$4,371)
Shared Services:							
Inpatient	\$50,190	\$41,373	\$8,817	\$90,514	\$68,641	(\$21,873)	(\$13,056)
CBRF	\$12,818	\$5,147	\$7,671	\$7,401	\$10,717	\$3,316	\$10,987
Crisis	\$544	\$633	(\$89)	\$4,950	\$4,431	(\$519)	(\$608)
AODA Day Hospital	\$0	\$1,440	(\$1,440)	\$0	\$2,490	\$2,490	\$1,050
Protective Services	\$3,020	\$3,027	(\$7)	\$6,437	\$7,476	\$1,039	\$1,032
Birth To Three	\$9,239	\$7,744	\$1,495	\$16,877	\$15,174	(\$1,703)	(\$209)
Apartments	\$3,932	\$4,083	(\$151)	\$3,865	\$3,862	(\$3)	(\$154)
Contract Services	\$0	\$0	\$0	\$11,433	\$9,357	(\$2,076)	(\$2,076)
	\$79,743	\$63,447	\$16,296	\$141,477	\$122,147	(\$19,330)	(\$3,034)
Totals	\$141,356	\$164,097	(\$22,741)	\$274,870	\$290,206	\$15,336	(\$7,405)
Base County Allocation	\$69,643	\$69,643	\$0				\$0
Nonoperating Revenue	\$333	\$428	(\$95)				(\$95)
County Appropriation	\$56,039	\$56,039	\$0				\$0
Excess Revenue (Expense)	\$267,371	\$290,206	(\$22,835)	\$274,870	\$290,206	\$15,336	(\$7,499)

North Central Health Care
Review of 2015 Services
Marathon County

02/17/2015

	2015 January Actual Rev	2015 January Budget Rev	Variance	2015 January Actual Exp	2015 January Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$80,034	\$105,567	(\$25,533)	\$151,609	\$213,763	\$62,154	\$36,621
Psychiatry Services	\$15,111	\$27,209	(\$12,098)	\$93,958	\$145,930	\$51,972	\$39,874
Community Treatment	\$165,387	\$295,872	(\$130,485)	\$312,662	\$392,428	\$79,766	(\$50,719)
Day Services	\$133,152	\$147,188	(\$14,036)	\$139,265	\$149,805	\$10,540	(\$3,496)
Clubhouse	\$33,283	\$24,487	\$8,796	\$40,121	\$37,404	(\$2,717)	\$6,079
Demand Transportation	\$34,015	\$36,560	(\$2,545)	\$33,114	\$36,560	\$3,446	\$901
Leased Space	\$12,212	\$19,942	(\$7,730)	\$22,027	\$23,420	\$1,393	(\$6,337)
Aquatic Services	\$45,385	\$57,158	(\$11,773)	\$52,071	\$57,158	\$5,087	(\$6,686)
AODA Residential	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$518,579	\$713,982	(\$195,403)	\$844,827	\$1,056,467	\$211,640	\$16,237
Shared Services:							
Inpatient	\$228,998	\$188,766	\$40,232	\$412,968	\$313,176	(\$99,792)	(\$59,560)
CBRF	\$58,482	\$23,482	\$35,000	\$33,766	\$48,895	\$15,129	\$50,129
Crisis Services	\$9,783	\$11,393	(\$1,610)	\$89,108	\$79,755	(\$9,353)	(\$10,963)
AODA Day Hospital	\$0	\$6,570	(\$6,570)	\$0	\$11,362	\$11,362	\$4,792
Protective Services	\$13,781	\$13,809	(\$28)	\$29,371	\$34,107	\$4,736	\$4,708
Birth To Three	\$53,422	\$55,577	(\$2,155)	\$97,582	\$108,308	\$10,726	\$8,571
Group Homes	\$182,957	\$177,369	\$5,588	\$171,858	\$185,421	\$13,563	\$19,151
Supported Apartments	\$182,026	\$189,026	(\$7,000)	\$178,932	\$178,776	(\$156)	(\$7,156)
Contracted Services	\$0	\$0	\$0	\$52,164	\$42,693	(\$9,471)	(\$9,471)
	\$729,449	\$665,992	\$63,457	\$1,065,749	\$1,002,492	(\$63,257)	\$200
Totals	\$1,248,028	\$1,379,974	(\$131,946)	\$1,910,576	\$2,058,959	\$148,383	\$16,437
Base County Allocation	\$182,149	\$182,208	(\$59)				(\$59)
Nonoperating Revenue	\$5,267	\$6,764	(\$1,497)				(\$1,497)
County Appropriation	\$513,695	\$490,013	\$23,682				\$23,682
Excess Revenue/(Expense)	\$1,949,139	\$2,058,959	(\$109,820)	\$1,910,576	\$2,058,959	\$148,383	\$38,563

HUMAN SERVICE OPERATIONS - Update for Program Committee 03/11/15

Program	Statistics (census, admissions, discharges, referrals)	Capacity	Projects (activities/prevention work)	Moments of Excellence
<p align="center">Adult Day Services</p>	<p>Adult Day/Prevocational Antigo:</p> <p>36 Current census 3 Discharges Jan-Feb 0 Admissions Oct-Dec</p> <p>Adult Day Service Wausau:</p> <p>64 Current census 0 Discharges Dec-Feb 3 Admissions Dec-Feb</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>Both Antigo and Wausau Adult Day programs are beginning the annual planting season with the consumer's spring gardening group. Consumers engage in planting and care for plants in both an educational and therapeutic manner.</p> <p>Program management is currently assessing documentation processes and training for employees in preparation for accreditation in June. This will be a primary focus over the next 3 months.</p>	<p>A moment of excellence goes out to the Adult Day Services team in Wausau for displaying outstanding collaboration with a partnering department to ensure the best interests of the population they serve.</p> <p>The Adult Day Services team has adjusted their staffing patterns to assist their residential partners. They include assisting with transporting consumers who were not feeling well to their home so that other residents would not need to interrupt their daily routines, assisting with providing after hours care to ensure residential employees had an opportunity to participate in the scheduling committee, and adjusting there hours of operation to accommodate busing schedules all while remaining within their budgeted FTE.</p>
<p align="center">Aquatic Services</p>	<p>November:</p> <p>27 Physical Therapy 1886 Community/Family Fitt 163 Group Class</p> <p>December:</p> <p>43 Physical Therapy 1726 Community/Family Fitt 192 Group Class</p>	<p>Aquatic Physical Therapy is currently booking out <u>1</u> week.</p>	<p>Aquatic Services has been working with Dan Hoenecke from the County, Pat Kinney, Terry Kaiser, and AC Aquatics on the Pool Study on designs for a new pool or remodeling the exciting pool. AC Aquatics is putting the finishing numbers together.</p> <p>Over the last few months we have been visiting Physicians' offices and providing marketing packets. Brad Beilke, Physical Therapist has made a few contacts with our referring physicians asking to give an in-service on how we may help</p>	

			<p>their patients and why the warm water works.</p> <p>Warm Water Works (WWW) has been meeting quarterly. Their current fundraising activity is selling Kwik Trip Script Cards. They plan on selling beach towels with NCHC logo on them and in the spring a bake sale is being planned.</p>	
BHS/Ambulatory Detoxification	<p>November BHS <u>73</u> Admissions <u>452</u> Patient days</p> <p>Amb Detox <u>7</u> Admissions <u>17</u> Patient days</p> <p>December BHS <u>76</u> Admissions <u>419</u> Patient days</p> <p>Amb Detox <u>15</u> Admissions <u>44</u> Patient Days</p> <p>BHS Average length of stay <u>5.9</u> days</p> <p>Percent occupancy <u>87</u> %</p>	<p>BHS Capacity: 16 with emergency access up to 20.</p> <p>Provides services for clients ages 13 and above.</p> <p>Amb Detox Capacity: 5 Provides services for adults age 18 and up.</p>	<p>Developing programming to better meet the needs of the inpatient population.</p> <p>Adolescents age 13 and over are now a routine part of our inpatient census together with adults. As a result, we are in need of not only more programming, but curriculum that is population-specific and evidence-based.</p>	Completed 2 year state recertification survey without any citations on 2/25/2015.
Birth to Three/Children's Waiver/Family Support	<p>WAUSAU CAMPUS Head Count Feb 1: 189 Discharge YTD: 10</p> <p>ANTIGO CENTER Head Count Feb 1: 14</p>	<p><u>Birth to 3 Capacity</u> Unlimited</p> <p><u>Children's Waivers</u> <u>Capacity:</u> Based</p>	February 24 the full tri-county team came together for staff development day. The focus was building the capacity of the team to support parents and children with fidelity via the Primary Provider Service	<p>Birth-3 recognized Susan Lisch at the full team meeting with the first presentation of the "WE Recognize Excellence in Birth to Three Award."</p> <p>Susan was nominated by her colleagues to receive the award based upon her dedication and commitment to the team, her ability to share information with families clearly and concisely while</p>

	<p>Discharge: 06</p> <p>MERRILL CENTER Head Count Feb 1: 25 Discharge YTD: 1</p>	<p>upon Cost of Services Delivered</p> <p><u>Family Support Capacity:</u> Based upon expenses families report</p>	<p>Delivery Model. Becky Schultz provided strategies on connecting with adults in care conversations and Karen Williams provided information related to enhance evidence-based practices. Specific focus was primary and secondary service providers, roles, role gaps and role overlap to clarify expectations for each team member.</p>	<p>supporting their individual needs, and her excellent demonstration of North Central Health Care Core Values in every situation.</p> <p>Susan is a true team player and supports the growth of the team by contributing quality information to the team both formally, at meetings or informally in one-to-one situations. Susan embraces the new service delivery model and leads by example!</p>
Clubhouse	<p>Nov-Dec 2014</p> <p>113 Current Active Membership</p> <p>25 Average Daily Attendance</p> <p>42 YTD tours</p>	<p>No wait list</p> <p>Unlimited capacity</p>	<p>Community Corner Clubhouse (CCC) continues to assist members with vocational support and provides transitional, supported and independent employment opportunities. CCC ended the year with strong employment outcomes.</p> <p>The end of 2014, over 50% of its membership was employed- <i>83% are working at least 15 hrs.' per week.</i></p> <p>Community Corner Clubhouse staff and Advisory Board members ended 2014 developing action goals to support our strategic plan which outlines increasing service capacity, continued reduction of county levy funding, and raising funds activities.</p>	<p>Community Corner Clubhouse ended the 2014 year, wrapping up final funding for its new space. Overall CCC was able to raise \$109,000 towards renovations with plans to move into new space in early 2015.</p> <p>Community Corner Clubhouse's current strategic priorities include expanding on current services. Fund raising efforts are assisting Community Corner Clubhouse with our remaining relocation and renovation efforts, allowing support, vocational training and personal skill development for those with mental illness to be provided in our new location.</p>
Community Treatment	<p><u>Census (current):</u></p> <p>Total: 390 <u>55</u> Lincoln <u>17</u> Youth</p>	<p>Community Treatment is accepting youth and adult referrals in all three counties.</p>	<p>Community Treatment staff was one of two counties invited to present at the statewide Children Come First Advisory Council on the implementation</p>	<p>Michelle Carr, an Employment Specialist in Community Treatment, has been working with a consumer to help her find competitive employment. This consumer had originally planned on applying for Social Security Disability benefits but, with Michelle's</p>

	<p><u>38</u> Adult</p> <p><u>52</u> Langlade</p> <p><u>21</u> Youth</p> <p><u>31</u> Adult</p> <p><u>283</u> Marathon</p> <p><u>60</u> Youth</p> <p><u>46</u> ACT</p> <p><u>15</u> IDDT</p> <p><u>151</u> CCS Adult</p> <p><u>11</u> TCM</p> <p>Referrals:</p> <p><u>70</u> Total YTD</p> <p><u>27</u> Youth</p> <p><u>43</u> Adult</p> <p><u>11</u> Lincoln</p> <p><u>7</u> Youth</p> <p><u>4</u> Adult</p> <p><u>15</u> Langlade</p> <p><u>9</u> Youth</p> <p><u>6</u> Adult</p> <p><u>44</u> Marathon</p> <p><u>11</u> Youth</p> <p><u>33</u> Adult</p> <p>Admissions:</p> <p><u>19</u> Total YTD</p> <p><u>9</u> Youth</p> <p><u>10</u> Adult</p> <p><u>4</u> Lincoln</p> <p><u>5</u> Langlade</p> <p><u>10</u> Marathon</p>	<p>Additional capacity to serve youth has been created with the implementation of the Coordinated Service Team initiative. This too, however, is quickly reaching capacity and need is expected to outweigh capacity shortly.</p>	<p>of our Coordinated Services Initiative.</p> <p>Children's Long Term Support services in Lincoln County, with the leadership of Janelle Hintz, have worked with Kindhearted Home Care in Merrill to expanded respite services to youth served by NCHC. Kindhearted Home Care is now able to provide respite services at their office location in Merrill. The respite provider is able to spend time with clients in the office space doing activities including games and crafts. The provider and client are also able to access community activities. This service is available for CLTS clients from Lincoln or Langlade County.</p> <p>CLTS in Langlade County has been working on supporting youth in foster care served by both NCHC and Langlade County DSS by funding a portion of foster care cost related to their exceptional needs.</p> <p>Community Treatment and NCHC's Behavioral Health Unit are meeting monthly to ensure that programs are collaborating to effectively meet the needs of our consumers across our system of care. We are developing a new collaborative process in which a monthly Post-Admission Case Consultation with an aim of creating strong collaboration</p>	<p>help, soon found a factory job that pays \$11.25/hour. She has been working successfully almost full-time and has now decided not to apply for benefits and to focus on employment instead.</p> <p>A teenager began working with Community Treatment around 1 year ago and has since made incredible progress especially in regards to school. At the time of his enrollment, he was on a truancy order, failing multiple classes and behind in credits. He was successfully released from truancy court and related services a few months ago and he has continued to have great attendance. He took summer school thus making up some of his credits. There have been no behavioral issues this school year and he has done well in all classes. He is now even volunteering at Mount View Care Center seven hours a week.</p> <p>An adult Community Treatment consumer recently experienced a sudden decline in mental health and attempted suicide. She was subsequently hospitalized and became catatonic and non-responsive to treatment efforts. Possible ECT (electroconvulsive therapy) and transfer to long term treatment facility were discussed. Community Treatment Service Facilitator reviewed records of past hospitalization and found evidence to support a longer hospitalization which was communicated to BHS staff. ECT was avoided and consumer, with use of medications and other supports, was able to make a full recovery. Upon discharge the consumer was able to return to work within the same week and has been stable ever since. Strong collaboration between Community Treatment, BHS and Outpatient Therapist Shannon Cole was recognized as being helpful to this consumer.</p>
--	--	---	--	---

	<p><u>CLTS:</u></p> <p><u>32</u> Lincoln <u>25</u> CLTS <u>7</u> FSP</p> <p><u>17</u> Langlade <u>11</u> CLTS <u>6</u> FSP <u>7</u> Wait list</p>		<p>with the inpatient unit and low hospitalization rates of our consumers. Community Treatment and Inpatient Services staff have worked together to develop a new process for sharing ideas, supporting each other and helping our consumers.</p> <p>Community Treatment is working on 3 process improvement projects related to Client Satisfaction, Employee Partnership and Referrals.</p>	
<p>Crisis</p>	<p><u>November Admissions</u></p> <p><u>4</u> Youth Crisis <u>60</u> Mobile Crisis Assessments <u>20</u> CBRF <u>3.6</u> CBRF average census</p> <p><u>Mobile Crisis Diversions</u></p> <p><u>41</u> Total <u>28</u> Adults <u>13</u> Minors</p> <p><u>December Admissions</u></p> <p><u>6</u> Youth Crisis <u>57</u> Mobile Crisis Assessments <u>16</u> CBRF <u>4.1</u> CBRF average census</p> <p><u>Mobile Crisis Diversions</u></p> <p><u>46</u> Total <u>32</u> Adults <u>14</u> Minors</p>	<p><u>Occupancy</u></p> <p><u>45%</u> CBRF <u>23.3%</u> Youth Crisis</p> <p><u>Occupancy</u></p> <p><u>50.8%</u> CBRF <u>22.6%</u> Youth Crisis</p>	<p>Developing Medically Monitored Treatment program for adult substance users. Crisis CBRF is increasing from 8 to 12 beds. Clients will stay in the Crisis CBRF while participating in a 21 day substance use disorder treatment curriculum. Treatment sessions will take place in the outpatient group room area.</p> <p>Diversion rate for 2014: 95.9%</p>	<p>Completed 2 year state recertification survey without any citations 2/25/2015.</p>

<p style="text-align: center;">Outpatient (AODA/MH/Psychiatry)</p>	<p>December, 2014</p> <p><u>MH admissions</u></p> <p>62 Wausau 20 Antigo 31 Merrill 1 Tomahawk</p> <p><u>AODA admissions</u></p> <p>62 Wausau 24 Antigo 27 Merrill 8 Tomahawk</p> <p><u>Psychiatry Evaluations</u></p> <p>15 Wausau 1 Antigo 2 Merrill 1 Tomahawk</p> <p><u>OWI Assessments</u></p> <p>48 Wausau 10 Antigo 4 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u> N/A Wausau</p> <p>January, 2015</p> <p><u>MH admissions</u></p> <p>81 Wausau 27 Antigo 20 Merrill 3 Tomahawk</p> <p><u>AODA admissions</u></p> <p>67 Wausau 18 Antigo 22 Merrill 6 Tomahawk</p>	<p>No capacity limitations.</p>	<p>Developing Adult ADHD Program.</p> <p>Developing curriculum and workflows for Substance Abuse Day Treatment Program.</p> <p>In process of developing new Process Improvement Teams for Outpatient employees to participate in team decision-making</p>	<p>Outpatient Services welcomes Brenda Schultz, LPC, SAC to NCHC-Wausau Campus to provide mental health and substance abuse counseling services.</p> <p>NCHC successfully recruited a full-time employed psychiatrist, Dr. Brigette Espinoza to provide Outpatient Psychiatry Services to clients at the Wausau Campus. Dr. Espinoza will begin employment in the Summer, 2015.</p>
---	---	---------------------------------	---	---

	<p><u>Psychiatry Evaluations</u></p> <p>21 Wausau 2 Antigo 1 Merrill/Tomahawk</p> <p><u>OWI Assessments</u></p> <p>64 Wausau 4 Antigo 10 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u> N/A Wausau</p>			
<p>Pre-Vocational Services</p>	<p>118 Prevocational Service's Wausau current census</p> <p>2 Discharges</p> <p>0 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 besides any 1 to 1 rated consumers. We are currently operating within our contractual agreements.</p>	<p>Construction of the Prevocational Services office space, health room, reception area, etc. was completed at the end of February. Prevocational services is now working to reset the vocational work floor to improve consumer working conditions, training and process flows. This reset should improve the process and training activities, and improve the professional appearance of the service to match the quality of service provided.</p> <p>As resetting of the area is being completed the main areas are being deep cleaned to ensure we are meeting accreditation and a healthy work environment.</p> <p>In addition to on site improvements, Prevocational Services also continues its community-based prevocational options with roll outs of new community-based</p>	<p>In November of 2013. We included the following moment of excellence for a consumer that benefited by the community work experience program: 'The community volunteer program for work skill development continues to prove to be a valued program encouraging participants within the prevocational setting to strive to grow and become more productive and motivated individuals within their vocational employment goals. Just a year ago one particular member, who we will refer to as Joan, had no desire to obtain community or competitive work. Her life goal was to remain working in the workshop setting with her friends.</p> <p>She had a lack in motivation and hygiene issues in which she would often come to work in her pajamas. Through the encouragement of her staff, the class room curriculum, and the community volunteer program she became motivated, improving her work performance, taking pride in her appearance, and motivated to find a job in the community all within the last year. Within just a couple of weeks of her DVR referral recommendation she obtained a job at a local hotel just minutes from her home. Joan is encouraging her friends to reach for the sky as well, helping to motivate other participants within the prevocational settings on the days she attends when not working in her community job.</p>

			<p>work experience sites that started March 1st at Camp Blessing and Saint Marks Parish. Community-based enrollment continues to increase and DVR referrals are high.</p> <p>The prevocational SEP division recently developed a partnership with Wagner Shell in hiring individuals with disabilities. Through this partnership all hires for these positions at Wagner Shell will route through the NCHC Prevocational program despite the provider servicing the consumer. This will result in NCHC obtaining the payment fee for the hire. These positions are modified options and specifically designed for individuals with disabilities.</p>	<p>She is a true reflection of what a prevocational program is meant to provide its participants in achieving.'</p> <p>Moments of Excellence circle back around to this individual as she continues to maintain her employment. Not only did she obtain an a job that pays above minimum wage job, but this month completed her employee evaluation and obtained a \$.20 raise for the excellent job she is doing. This is again an amazing achievement as, just under 2 years ago, Joan was making \$2.50 - \$4.00 an hour.</p>
<p>Residential Services</p>	<p>Current Census:</p> <p>___ CBRF ___ Apts. ___ Total</p> <p><u>Hillcrest CBRF</u> _6_ Current _6_ Capacity</p> <p><u>Bellwood CBRF</u> _6_ Current _6_ Capacity</p> <p><u>Heather CBRF:</u> _7_ Current _7_ Capacity</p>	<p><u>Capacity:</u></p> <p>CBRF: 34 Apts.: 51</p>	<p>Residential Services continues to work on strategic plans initiated several months ago to improve efficiencies while improving services as a whole. We anticipate continuing through these changes throughout 2015.</p> <p>Residential Services entered the second phase of the process. Mail delivery service started the middle of February and has improved timeliness of incoming and outgoing mail to residential sites as well as decreasing staffing demand.</p> <p>To address employee concerns with scheduling practices,</p>	<p>A presentation was given to the Kiwanis Club on the Voyagers for Growth Program on 2-26-2015. This presentation received positive feedback from Club members following socialization after the meeting. Club members expressed the value that the program offers. One testament to the positive view of the program was especially expressed from one club member that was so impressed of the benefit to the population served that he personally offered the his resort in Costa Rica to the program for a cost of only \$10.00 per day and offered a commitment to work with other local business owners to obtain discounted service to be able to support new experiences for the consumers we serve.</p> <p>Although it may not be feasible to travel to this location, it is a testament to the support of the program and would anticipate a result of good publicity through word of mouth.</p>

	<p><u>Chadwick CBRF:</u> <u>7</u> Current <u>7</u> Capacity</p> <p><u>Bissell CBRF:</u> <u>6</u> Current <u>6</u> Capacity</p> <p><u>Jelinek Apt:</u> <u>18</u> Current <u>19</u> Capacity <u>0</u> Wait List</p> <p><u>Fulton Apt:</u> <u>7</u> Current <u>8</u> Capacity</p> <p><u>River View Apt:</u> <u>8</u> Current <u>Varies:</u> Capacity <u>0</u> Wait List</p> <p><u>Forest Jackson</u> <u>16</u> Current <u>Varies</u> Capacity <u>0</u> Pending Admissions</p>		<p>master schedules were released to staff as of March 1st. For the most part everyone is very positive about the scheduling changes.</p> <p>Residential is also in the process of standardizing practices such as vacation approvals, filling vacancies, and call ins. To improve employee engagement and obtain employee input and ownership, a scheduling committee was developed to outline a standard procedure for scheduling basics. Feedback from employees has been that they truly appreciate the opportunity to have input into the processes that directly affect them.</p> <p>In February the CBRF within Residential Services began transitioning to internal ordering for food. We anticipate a positive fiscal impact as well as a positive work flow for staff.</p> <p>Residential Services continues to work to fill staffing vacancies identified upon the completion of master scheduling. There are only four part-time positions left to fill. We will then fill the care coordinator positions as part of our new process flow that should also improve fiscal responsibility as well as enhance the service as a whole.</p>	
--	---	--	--	--

Key: AODA = Alcohol & Other Drug Abuse; BHS = Behavioral Health Services; CSP = Community Support Program; CCS = Comprehensive Community Services; OP = Outpatient; MH = Mental Health