



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, Wausau Board Room at 2:00 p.m., on Thursday, May 28th, 2015.

AMENDED 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. Mental health services at the jail
5. Updates:
 - a. Psychiatry update (Gary)
 - b. Aquatic update (Gary)
 - c. Residential Care unit (Toni)
6. Early childhood services
7. Frequency of meetings
8. Future items for Committee consideration
9. 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 05/26/15 TIME 11:00 a.m.

VIA: X FAX X MAIL

BY: /s/ Debbie Osowski

THIS NOTICE POSTED AT

NORTH CENTRAL HEALTH CARE
DATE 05-26-15 Time 11:00 a.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.



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COPY OF NOTICE DISTRIBUTED TO:

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Tomahawk Leader Merrill Foto News
Langlade, Lincoln & Marathon County Clerk Offices
DATE 05/22/15 TIME 4:00 p.m.

THIS NOTICE POSTED AT

NORTH CENTRAL HEALTH CARE
DATE 05-22-15 Time 4:00 p.m.
By Debbie Osowski

VIA: X FAX X MAIL

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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**

05/18/2015

Direct Services:	2015 April Actual Rev	2015 April Budg Rev	Variance	2015 April Actual Exp	2015 April Budg Exp	Variance	Variance by Program
Outpatient Services	\$155,396	\$136,649	\$18,747	\$215,218	\$226,066	\$10,848	\$29,595
Psychiatry Services	\$17,060	\$8,450	\$8,610	\$69,812	\$73,479	\$3,667	\$12,277
Community Treatment	\$134,263	\$220,169	(\$85,906)	\$239,762	\$269,508	\$29,746	(\$56,159)
Day Services	\$155,600	\$188,717	(\$33,117)	\$137,060	\$167,473	\$30,413	(\$2,704)
Children's Services	\$20,994	\$26,557	(\$5,563)	\$72,553	\$54,360	(\$18,193)	(\$23,756)
	\$483,313	\$580,542	(\$97,229)	\$734,405	\$790,887	\$56,482	(\$40,748)
Shared Services:							
Inpatient	\$136,451	\$113,777	\$22,674	\$206,107	\$188,764	(\$17,343)	\$5,331
CBRF	\$34,875	\$14,153	\$20,722	\$28,193	\$29,471	\$1,278	\$21,999
Crisis	\$2,602	\$2,532	\$70	\$18,255	\$17,723	(\$532)	(\$461)
AODA Day Hospital	\$163	\$3,960	(\$3,797)	\$1,608	\$6,848	\$5,240	\$1,443
Protective Services	\$8,356	\$8,323	\$33	\$19,403	\$20,558	\$1,155	\$1,187
Birth To Three	\$23,250	\$43,473	(\$20,223)	\$50,485	\$81,205	\$30,720	\$10,497
Group Homes	\$44,254	\$45,223	(\$969)	\$42,409	\$47,276	\$4,867	\$3,898
Supported Apartments	\$49,598	\$52,364	(\$2,766)	\$46,034	\$49,524	\$3,490	\$724
Contract Services	\$0	\$0	\$0	\$26,681	\$25,733	(\$948)	(\$948)
	\$299,549	\$283,804	\$15,745	\$439,175	\$467,101	\$27,926	\$43,671
Totals	\$782,862	\$864,346	(\$81,484)	\$1,173,580	\$1,257,987	\$84,407	\$2,923
Base County Allocation	\$293,074	\$293,074	(\$0)				(\$0)
Nonoperating Revenue	\$1,124	\$1,234	(\$110)				(\$110)
County Appropriation	\$99,333	\$99,333	(\$0)				(\$0)
Excess Revenue/(Expense)	\$1,176,393	\$1,257,988	(\$81,595)	\$1,173,580	\$1,257,988	\$84,407	\$2,811

North Central Health Care
Review of 2015 Services
Lincoln County

05/18/2015

	2015 April Actual Rev	2015 April Budget Rev	Variance	2015 April Actual Exp	2015 April Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$113,471	\$147,409	(\$33,938)	\$160,536	\$208,844	\$48,308	\$14,370
Lincoln Psychiatry Services	\$14,881	\$15,264	(\$383)	\$42,951	\$114,810	\$71,859	\$71,476
Community Treatment	\$132,428	\$217,757	(\$85,329)	\$260,541	\$284,629	\$24,088	(\$61,241)
Children's Services	\$26,792	\$22,170	\$4,622	\$84,654	\$63,953	(\$20,701)	(\$16,079)
	\$287,572	\$402,600	(\$115,028)	\$548,682	\$672,236	\$123,554	\$8,526
Shared Services:							
Inpatient	\$198,474	\$165,493	\$32,981	\$298,888	\$274,565	(\$24,323)	\$8,658
CBRF	\$50,728	\$20,587	\$30,141	\$56,464	\$42,867	(\$13,597)	\$16,544
Crisis	\$2,602	\$2,532	\$70	\$18,255	\$17,723	(\$532)	(\$461)
AODA Day Hospital	\$237	\$5,760	(\$5,523)	\$2,338	\$9,961	\$7,623	\$2,100
Protective Services	\$12,155	\$12,107	\$48	\$28,222	\$29,902	\$1,680	\$1,728
Birth To Three	\$40,040	\$30,977	\$9,063	\$69,724	\$60,694	(\$9,030)	\$33
Apartments	\$15,470	\$16,333	(\$863)	\$14,358	\$15,447	\$1,089	\$226
Contract Services	\$0	\$0	\$0	\$38,809	\$37,430	(\$1,379)	(\$1,379)
	\$319,706	\$253,788	\$65,918	\$527,058	\$488,589	(\$38,469)	\$27,449
Totals	\$607,278	\$656,389	(\$49,111)	\$1,075,740	\$1,160,826	\$85,086	\$35,975
Base County Allocation	\$278,571	\$278,571	(\$0)				(\$0)
Nonoperating Revenue	\$1,504	\$1,711	(\$207)				(\$207)
County Appropriation	\$224,154	\$224,154	(\$0)				(\$0)
Excess Revenue (Expense)	\$1,111,507	\$1,160,826	(\$49,319)	\$1,075,740	\$1,160,826	\$85,086	\$35,767

North Central Health Care
Review of 2015 Services
Marathon County

05/18/2015

Direct Services:	2015	2015	Variance	2015	2015	Variance	Variance by Program
	April	April		April	April		
	Actual Rev	Budget Rev		Actual Exp	Budget Exp		
Outpatient Services	\$335,008	\$422,267	(\$87,259)	\$568,772	\$855,050	\$286,278	\$199,019
Psychiatry Services	\$88,055	\$108,835	(\$20,780)	\$365,140	\$583,718	\$218,578	\$197,798
Community Treatment	\$842,159	\$1,183,488	(\$341,329)	\$1,400,763	\$1,569,712	\$168,949	(\$172,379)
Day Services	\$607,988	\$588,751	\$19,237	\$555,763	\$599,218	\$43,455	\$62,692
Clubhouse	\$110,952	\$97,949	\$13,003	\$146,524	\$149,616	\$3,092	\$16,095
Demand Transportation	\$137,108	\$146,239	(\$9,131)	\$137,382	\$146,239	\$8,857	(\$274)
Leased Space	\$89,248	\$79,767	\$9,481	\$87,433	\$93,680	\$6,247	\$15,728
Aquatic Services	\$212,858	\$228,633	(\$15,775)	\$222,574	\$228,633	\$6,059	(\$9,716)
AODA Residential	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$2,423,376	\$2,855,929	(\$432,553)	\$3,484,351	\$4,225,867	\$741,516	\$308,964
Shared Services:							
Inpatient	\$905,539	\$755,063	\$150,476	\$1,380,556	\$1,252,705	(\$127,851)	\$22,624
CBRF	\$231,445	\$93,927	\$137,518	\$210,738	\$195,579	(\$15,159)	\$122,359
Crisis Services	\$46,837	\$45,570	\$1,267	\$328,590	\$319,019	(\$9,571)	(\$8,304)
AODA Day Hospital	\$1,080	\$26,280	(\$25,200)	\$10,668	\$45,447	\$34,779	\$9,579
Protective Services	\$55,457	\$55,237	\$220	\$128,764	\$136,428	\$7,664	\$7,885
Birth To Three	\$230,773	\$222,309	\$8,464	\$431,849	\$433,231	\$1,382	\$9,846
Group Homes	\$694,279	\$709,477	(\$15,198)	\$665,328	\$741,684	\$76,356	\$61,157
Supported Apartments	\$716,165	\$756,104	(\$39,939)	\$664,708	\$715,102	\$50,394	\$10,456
Contracted Services	\$0	\$0	\$0	\$177,065	\$170,773	(\$6,292)	(\$6,292)
	\$2,881,575	\$2,663,967	\$217,608	\$3,998,266	\$4,009,968	\$11,702	\$229,311
Totals	\$5,304,951	\$5,519,895	(\$214,944)	\$7,482,617	\$8,235,836	\$753,219	\$538,274
Base County Allocation	\$728,595	\$728,833	(\$238)				(\$238)
Nonoperating Revenue	\$20,705	\$27,055	(\$6,350)				(\$6,350)
County Appropriation	\$2,054,775	\$1,960,052	\$94,723				\$94,723
Excess Revenue/(Expense)	\$8,109,026	\$8,235,836	(\$126,810)	\$7,482,617	\$8,235,836	\$753,219	\$626,409

HUMAN SERVICE OPERATIONS - Update for HSO Committee 05/28/15

Program	Statistics (census, admissions, discharges, referrals)	Capacity	Projects (activities/prevention work)	Moments of Excellence
Adult Day Services	<p>Adult Day/Prevocational Antigo:</p> <p>36 Current census 0 Discharges March-April 0 Admissions March-April</p> <p>Adult Day Service Wausau:</p> <p>65 Current census 0 Discharges March-April 1 Admissions March-April</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 are wrapping up 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. The annual plant sale that currently supports the cost of the activity begin 5/4/2015 and runs through 5/5/2015. Within the first hour of the sale the program had sold over \$60.00 which is consistent to prior years and generally proceeds have always completely financially supported the activity plus.</p> <p>Program management continues to assess documentation processes and has begun training for employees in preparation for accreditation in June. This continues to be a primary focus.</p>	<p>The Adult Day Prevocational Services Antigo had a consumer which we will refer to as Jacky. Jacky has had several issues with getting drawn into drama and overreacting which often could upset her work ability and performance, and hinder her from being hired in the past.</p> <p>However, through her social skill development plan within the Adult Day Program Jacky made significant improvements learning the skills to remove herself from peer pressure and then proceeded to seek her goal of community employment. Jacky did a work experience the summer of 2014 to early fall at Walgreens. Jacky, at this point, had wished to obtain true employment with this agency. At the time the work experience ended Walgreens was not ready to offer her employment. However, through the consistent collaboration of the Adult Day Services Supported Employment Program (SEP) division, the staff's continued encouragement for appropriate social skills, and work ethics, Jacky obtained her dream employment with Walgreen in March. After 2 months of employment they are working with her to train as a cashier. This is an outstanding achievement.</p>

<p align="center">Aquatic Services</p>	<p>January: 33 Physical Therapy 1654 Community/Family Fitt 197 Group Class</p> <p>February : 37 Physical Therapy 1804 Community/Family Fitt 190 Group Class</p> <p>March: 38 Physical Therapy 1798 Community/Family Fitt 186 Class</p>	<p>Aquatic Physical Therapy is currently booking out 2-3 weeks.</p> <p>We are receiving 5-6 new referrals a day for Aquatic Physical Therapy.</p>	<p>Warm Water Works is a committee of pool users that help with fundraising for Aquatic Services. They are selling beach towels and script cards. To date a total of \$7,278.82 is in that account. They are having discussions of fundraising for the construction project. This fundraising would include patrons of Aquatic Services.</p> <p>Another fundraising committee is working with foundations in Marathon County. Other area business will also be called on for donation towards the Aquatic Services project.</p>	<p>Aquatic Physical Therapy in April exceeded the largest number of evaluations in one month; 52 new clients were seen. The hope is that this is going to be a new trend. The talk in the Media has sparked something with the referring Physicians. Also many phone calls have been taken from people in the community asking if anyone can use the facility. It is exciting to see that the word is being spread and people are interested in using Aquatic Services for staying healthy.</p>
<p align="center">BHS/Ambulatory Detoxification</p>	<p>February 66___ Admissions 446___ Patient days</p> <p>March 83___ Admissions 439___ Patient days</p> <p>April 92___ Admissions 403___ Patient days</p> <p>Average length of stay 5.6 ___ days</p> <p>Percent occupancy 88.1___%</p>	<p>BHS Capacity: 16 with emergency access up to 20.</p> <p>Provides services for clients ages 13 and above.</p>	<p>Initiating Trauma-Informed Care as a means to decrease stress/trauma for the clients we serve. Have begun training and changes in environment.</p>	<p>BHS staff is working to increase collaborative relationship with Crisis staff as a means to improve the continuum of care and the patient/family experience. Trauma Informed Care is being used as a key component of this initiative</p>
<p align="center">Birth to Three</p>	<p>(AS OF 4/17/15)</p> <p>WAUSAU CAMPUS <u>Birth to 3</u> 157 Head Count</p>	<p>No wait list</p> <p>Unlimited capacity</p>	<p>The team is developing materials for outreach to community partners and physicians. A tri-county team meeting addressed fidelity of</p>	<p>The team continues to receive increasing numbers of referrals from community partners. The department exceeded the largest number of referrals in one day in early April; receiving 13 referrals for services.</p> <p>The team, being fully staffed and trained, managed</p>

	<p>3 Referred to Districts</p> <p>ANTIGO CENTER <u>Birth to 3</u> 14 Enrolled 0 Referred to Districts</p> <p>MERRILL CENTER <u>Birth to 3</u> 23 Enrolled 2 Referred to Districts</p>		<p>practice and ensuring providers are sharing the same message with all families.</p>	<p>the increased number of referrals without difficulty continuing with 100% access outcome scores.</p> <p>Likewise the team continues to grow toward documentation outcome of 95% within given timelines. Of the 2,291 services billed in the first quarter 94% were timely. Increased timeliness is recognized across all professionals in Birth to 3.</p>
Clubhouse	<p>As of May 18,2015</p> <p>115 Current Active Membership</p> <p>26 Average Daily Attendance</p> <p>15 YTD tours</p>	<p>No wait list</p> <p>Unlimited capacity</p>	<p>Community Corner Clubhouse (CCC) met with several community partners this first quarter. These contacts are intended to develop strong community contacts, address referral opportunities and increase collaboration.</p> <ul style="list-style-type: none"> ▪ Catholic Charities ▪ Job Center (Marathon County Employment and Training) ▪ Neighbors Place ▪ Salvation Army ▪ United Way First Call ▪ HCC Crisis Center ▪ HCC- Community Treatment ▪ Ministry Health Care 	<p>We are developing a process improvement plan regarding referral and intake process for CCC. We hope to improve access to CCC and make the referral process more efficient. A focus group will be held in June. This process will include outside stakeholders who refer clients to CCC.</p> <p>We also continue to develop a youth track for CCC and are looking for ways to improve our connections and services for our younger members. We are also looking to partner with the CCS Youth Program of NCHC to address ways to collaborate.</p> <p>CCC moved into its new space May 13-14 and held its open house May 21. We are very excited to be able to expand our services and to meet our community needs.</p> <p>We extend an offer to the board to stop by our new club anytime to see our space.</p>
Community Treatment	<p><u>Census (current):</u></p> <p>Total: <u>397</u></p> <p><u>56</u> Lincoln</p> <p><u>20</u> Youth</p> <p><u>36</u> Adult</p>	<p>Community Treatment is accepting youth and adult referrals in all 3 counties.</p>	<p>Marathon Youth Staff, Michelle Gleason, Ryan Thiel, and Miranda Babl, met with the Wausau and D.C. Everest school districts</p>	<p>A program of Community Treatment, the Coordinated Services Team initiative (CST) is aimed at developing a team of formal and informal supports to help families with challenging children with multi-system</p>

	<p><u>55</u> Langlade <u>23</u> Youth <u>32</u> Adult</p> <p><u>286</u> Marathon <u>61</u> Youth <u>44</u> ACT <u>14</u> IDDT <u>161</u> CCS Adult <u>6</u> TCM</p> <p>Referrals:</p> <p><u>149</u> Total YTD <u>68</u> Youth <u>81</u> Adult</p> <p><u>28</u> Lincoln <u>20</u> Youth <u>8</u> Adult</p> <p><u>31</u> Langlade <u>20</u> Youth <u>11</u> Adult</p> <p><u>90</u> Marathon <u>28</u> Youth <u>62</u> Adult</p> <p>Admissions:</p> <p><u>40</u> Total YTD <u>16</u> Youth <u>24</u> Adult</p> <p><u>8</u> Lincoln <u>7</u> Youth <u>1</u> Adult</p> <p><u>7</u> Langlade <u>2</u> Youth</p>	<p>Youth services in Lincoln and Langlade are almost at capacity. Lincoln and Marathon adult and youth and Langlade youth programs are currently not accepting consumers without medical assistance unless it is a referral from inpatient behavioral health.</p>	<p>to review program information and the referral process.</p> <p>Children's Services Coordinator in Lincoln and Langlade Counties, Janelle Hintz, scheduled outreach meetings with the Pine River School for Young Learners, the Merrill High School Special Education Teachers and Lund Van Dyke.</p> <p>Additionally, Community Treatment staff met with representatives from the Marathon County Health Department's Start Right program to share program information and discuss increased collaboration.</p> <p>In an effort to enhance collaboration, Lincoln County youth staff have begun meeting on a monthly basis with the staff of Lincoln County Department of Social Services. While meeting, a DSS social worker stated that the services and supports put in place by CT Service Facilitator, Haley Ellenbecker, has prevented out-of-home placement of a very complex child.</p>	<p>involvement. Our CST Service Facilitator in Wausau, Ryan Thiel, shared a story that illustrates the potential effectiveness of this collaborative model:</p> <p>A description of a first child and family team meeting for a child, "M" (initial changed) in the Service Facilitator's words: "So going into it I did not have the best feeling as the school involvement so far has been pretty cold and rigid. Mom contacted me yesterday telling me how nervous she was because she has left the last 4 school meetings in tears. There were 6 people at the meeting; mom, grandma, 3 school staff and myself. I began by explaining what CST was and the role that I would be playing with M and his family. I then asked the school staff to explain to me what was going on with M and where they needed help. From there things took off. Mom and grandma were noticeably hesitant to put their input in at the beginning so I spoke for them from the information I had from meeting with mom during intake. It wasn't long before mom was speaking for herself and ideas were flying all over the place!! It got to the point where mom would speak and then the staff would come up with a strategy based on what she said. I would keep the ball rolling when things slowed down. We met for an hour and a half and it was amazing. At the end the school staff was excited that they had a game plan for him. Mom and grandma were more excited that they had a game plan and that they felt as though they had been heard for once. I met with mom and grandma in the parking lot before we left and unfortunately mom left this meeting in tears as well, but I am almost certain they were tears of joy☺ While writing this email I received a message from her stating how good she felt</p>
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	<p><u>5</u> Adult</p> <p><u>25</u> Marathon</p> <p><u>7</u> Youth</p> <p><u>18</u> Adult</p>		<p>Community Treatment staff and leaders are meeting monthly with staff and leaders from Community Care of Central Wisconsin to enhance collaboration. The group is developing a guiding document to ensure that work with dually enrolled clients is collaborative, effective, cost-effective and non-duplicative. The state Family Care contact has been involved in these conversations and is looking forward to using our final product as an example in the state.</p> <p>Two new groups will be starting to provide education, support and skill-building to Community Treatment adults. These groups will be Illness Management and Recovery (an evidence-based practice) and a Health and Wellness group.</p> <p>Community Treatment has 3 Process Improvement projects in progress: client satisfaction, referral process, and employee partnership.</p>	<p>about how the meeting went! That is definitely the way to end a week, I am very excited to see how our plan works out for M. “</p> <p>An adult consumer, C, had lived in a supported setting (first a group home and then a supported apartment setting) for decades. Her Service Facilitator in our CCS Adult Team (that serves individuals with less intensive needs), Sandy Bassett, introduced the idea of moving towards greater independence. After much work and planning, she moved into her own apartment about 1 year ago. Support for her in this new independent setting needed to increase so she was transitioned to our more intensive team, ACT, where she received daily support and assistance with medication, ADL's and symptom management. Now, a year later, the ACT team has assessed that she no longer needs such intensive services to continue successfully in her independent apartment. She has now been transitioned back to Sandy in our less-intensive team. This serves as an example of how the continuum of care in Community Treatment can be flexible and fluid to meet changing consumer needs.</p>
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<p style="text-align: center;">Crisis</p>	<p>January</p> <p><u>Admissions</u> 9 Youth Crisis 73 Mobile Crisis Assessments 16 CBRF 66.1 CBRF average census</p> <p>February</p> <p><u>Admissions</u> 8 Youth Crisis 76 Mobile Crisis Assessments 19 CBRF 61.6 CBRF average census</p> <p>March</p> <p><u>Admissions</u> 9 Youth Crisis 121 Mobile Crisis Assessments 25 CBRF 59.7 CBRF average census</p>	<p><u>Occupancy</u> 8 CBRF 2 Youth Crisis</p>	<p>Process underway to open Medically Monitored AODA Treatment based in CBRF with treatment services occurring in group room area in Outpatient area. CBRF will increase to 12 beds.</p>	<p>Updating of CBRF environment with support of Friends of NCHC and the Foundation has been completed. The area has been painted; the floors have been replaced; and, new furniture has been purchased. The CBRF looks wonderful!</p>
<p style="text-align: center;">Outpatient (AODA/MH/Psychiatry)</p>	<p>February, 2015</p> <p><u>MH admissions</u> 78 Wausau 20 Antigo 22 Merrill 2 Tomahawk</p> <p><u>AODA admissions</u> 55 Wausau 21 Antigo 14 Merrill 10 Tomahawk</p>	<p>No capacity limitations.</p>	<p>Completed annual merit based performance evaluations in February, 2015.</p> <p>Substance Abuse Day Treatment program planning team is on target for opening program on April 1, 2015. Structure of the program is very different than in past years with 6 Outpatient therapists rotating facilitating group</p>	<p>Adult ADHD Program has started and Skills Group will begin on April 28, 2015. Clients in the program have been very grateful for having a program to more accurately diagnosis their ADHD.</p> <p>Marathon County Special Education has joined NCHC's Counseling in the Schools services in the following school Districts: Abbotsford, Athens, and Spencer. Marathon pending.</p> <p>Citations free State of WI Recertification Survey across all 4 Outpatient locations. Brad Jahr (surveyor) recognized Tanya Zaloudek and Shelly Gallenberg, both therapists in the Antigo Center) for their excellent documentation.</p>

	<p><u>Psychiatry Evaluations</u></p> <p>26 Wausau 1 Antigo 5 Merrill 1 Tomahawk</p> <p><u>OWI Assessments</u></p> <p>59 Wausau 5 Antigo 14 Merrill/Tomahawk</p> <p><u>AODA Day Treatment</u></p> <p>N/A Wausau</p>		<p>therapy.</p> <p>Meet with Mosinee School District as they are interested in NCHC's Counseling in the Schools services.</p> <p>Joint Commission preparation.</p> <p>Developed 5 Outpatient Process Improvement teams to be aligned with the department dashboard with each outpatient employee being a member of one team</p> <ul style="list-style-type: none"> • Clinical team- Reviewing OWI Assessment Process • People Team- Employee Partnership Action Plan • Service Team- Client satisfaction • Community Team Assess access to service • Finance Team Documentation completion audits and timely billing. Missed appointment policy and procedure review. 	<p>Dr. Richard Minnihan retired in March, 2015 after many years of providing psychiatry services to individuals within our community.</p>
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<p style="text-align: center;">Pre-Vocational Services</p>	<p>119 Prevocational Service's Wausau current census</p> <p>0 Discharges</p> <p>1 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 one to one rated consumers. We are currently operating within our contractual agreements.</p>	<p>Program management continues to assess documentation processes and has begun training employees in preparation for accreditation in June. This continues to be a primary focus.</p> <p>To continue to improve prevocational services outcome and benefit to community preparedness for consumers, prevocational services evaluated their current in house services and training activities schedules. One area of needed improvement that was noted is that consumers were spending 25 to 40 percent of their day in rest period and transitions times. This does not resemble what true community work would require and which often is reflective in the population when transition to the community based prevoc options. Therefore the production floor schedules were evaluated and modified to ensure that consumers are engaging in work activities and training the same as they would in a community based job to continue to provide them with the skills needed within their ability to stay on task and focused for realistic time frames prior to transitioning to ensure positive experiences. Letters of the new schedule of activities was mailed out to the MCO, guardian's and care providers two weeks prior and the new flows in schedule</p>	
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			<p>begin 5/4/2015. This is anticipated to assist in successful transition and moving our population to community based employment at a higher success rate.</p>	
<p>Residential Services</p>	<p>Current Census:</p> <p>32 CBRF 53 Apts. 85 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>Chadwick CBRF:</u> 7 Current 7 Capacity</p> <p><u>Bissell CBRF:</u> 6 Current 6 Capacity</p> <p><u>Jelinek Apt:</u> 20 Current 20 Capacity 0 Wait List</p> <p><u>Fulton Apt:</u> 8 Current 8 Capacity</p>	<p><u>Capacity:</u></p> <p>CBRF: 33 Apts.: Varies</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>Last report 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. Residential is now proceeding to move towards medications being delivered from the NCHC pharmacy to the home location through the busing system as well. Currently staff spends about 2-4 hours off site going to the pharmacy once a month picking up and checking meds off site. Running through transportation again will limit the millage on the</p>	<p>Residential recently completed the first three months of the new transportation system were as all consumers are now transported to and from program through the NCHC transportation system. The first three months there was not a defined rate as they needed to evaluate the cost impact of this service. Initially this was estimated to be more cost effective in staff time and travel expense. At the end of April this cost was defined. Residential services cost prior to streamlining this process \$8450.00 Per month with ¾ was billed to the Jelinek apartment as they were the primary users. The cost now for all residential monthly is \$8043.00. These results in a \$307.00 per month savings just in the cost paid to transportation. There is additional cost saving in approximately \$2500.00 per month in vehicle usage, FTE reductions which have allowed the incorporation of the Care coordinator position without additional FTE and in the end should result in additional reduction of 2.0 FTE while still improving level of care.</p>

	<p><u>River View Apt:</u> 9 Current Varies Capacity 1 Wait List 1 Admission Pending</p> <p><u>Forest Jackson</u> 16 Current Varies Capacity 0 Pending Admissions</p>		<p>vehicle and free staff time, allow for a more thorough medication review of cycle medications, reduce medication errors related to cycle med check in, and also be more cost effective.</p> <p>Residential is currently beginning to train current residential leads in their new roles as care coordinators. They will begin training sessions to give them the skills and knowledge needed to be successful in their new roles, to assist in improving care, productivity, and we anticipate decreased stress levels once fully trained and organized. The four remaining care coordinator positions were submitted for recruitment with a hire date of July 5th. This was postponed to July 5th to allow current care coordinators to begin training so they may become mentors as residential managers change their responsibilities and focus from current direct care to more business management and quality improvement.</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