

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

September 9, 2015

8:00 a.m.

NCHC – Wausau Campus

Present:

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

Also Present: Toni Simonson, Gary Bezucha, Debbie Osowski, Aekta Dassow, Jennifer Jacobson, Ellen Barker

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

Consent Agenda

- **Motion**/second, Kelly/Shipway, to approve the consent agenda, which includes the minutes of the 7/16/15 meeting and the financial reports. Motion carried.

Human Services Operations Report

- Trauma Informed Care training sessions will be provided by Scott Webb, DHS, for the entire organization. All HSO Committee and Board members are welcome to attend. Dates and times of trainings will be forwarded via email along with a PowerPoint that should be reviewed prior to the sessions.
 - Trauma-Informed Care training focuses on how we interact with people. Using a trauma-informed approach directly correlates with client satisfaction.
- Several group homes in the area have closed recently resulting in our homes receiving many referrals and incurring a large waiting list. We believe the closings are related to the decrease in rates they are receiving from Family Care. CCCW is asking us to help with placement. Situations such as this are impacting our accessibility score on the Dashboard.
 - When Family Care was created it was determined that all DD services must pay for themselves and not to utilize tax levy money to support these services as they are the responsibility of Family Care. Toni Kellner, Director of Residential Services, will be invited to the next meeting for further discussion.
- Aquatic Services also has an accessibility issue, however, we are in the process of hiring a physical therapist. There has also been a significant change with insurance companies requiring services be provided by a physical therapist rather than a physical therapy aide.
- Outpatient clinics and substance abuse services are experiencing accessibility issues as we do not have the employees to deliver the services. We need to hire dual licensed therapists which are difficult to secure. We are contacting the 400 therapists in the state who meet these qualifications to see if any interest can be generated. We may need to consider hiring clinicians and providing the 3000 hours of training to become dual certified.
 - Suggestion made to break down the accessibility measure and summarize by category.
- Medically Monitored Treatment (MMT) program has opened with 6 beds
 - Huge demand for the program. Received 150 calls for treatment in the first week.

- Looking to align an expansion of services to 12 beds (by July 2016) if it makes sense and funding is available.
- An Occupational Therapist has been employed and will be available for the hospital, Crisis CBRF, and MMT.

Psychiatry

- All partners in the Psychiatry Residency Program convened last week.
- Anticipate filing the application in the next few weeks with an accreditation visit by the end of the year.
- A half-time training director has been secured.
- Confident the first class of residents will begin in June 2017.
- Dr. Chan feels there would be a benefit to add a forensic training component into the residency program also.
- Dr. Espinoza's visa situation was finally resolved and she has been working for about a month.

Aquatic Services

- No updates on the physical plant.
- A .75 FTE Physical Therapist is being recruited.

ADHD Program

- Aekta Dassow, Director of Outpatient Services, Jennifer Jacobson, Therapist, and Ellen Barker, Nurse Practitioner, joined the meeting.
- A packet of information that clients receive for the ADHD program was distributed and reviewed.
- The pilot program is currently completing the first cycle of the program. Anticipate the pilot lasting another 3-4 cycles. Will then review results, process issues, overcome barriers, before making any recommendations.
- Adults with ADHD have not had much research in comparison to children with ADHD. Medications only help about 30% of the problem. The comprehensive program is aimed at helping the other 70% and includes working to support clients in connecting with their personal care provider if medical needs are identified.
- Group components are based on cognitive behavioral therapy; 12-week program which meets once per week; 6-8 individuals per group; assignments are given; often times family members will attend but they may not participate as it becomes chaotic; skills are taught i.e. using planners to help stay organized, rewards for completed tasks, etc.; after 12-week program will work with individual's clinician to see if a second session would be beneficial.
- Will be determining ripple effects, proper timing, involve providers, etc. before considering expansion of the program.
- Currently working in Marathon County; considering expansion into Lincoln and Langlade Counties.

Independent/External Evaluation of Crisis Services

- Focal point has recently revolved around crisis services; NCHC image in the community has not been favorable.
- Goals of an evaluation of crisis services: better understanding of NCHC services in the community, involved users of services i.e. private sector behavioral health providers, schools, law enforcement, hospitals; identify strengths and weaknesses, better understanding of the expectations of clients. Group would make recommendations to NCHC, HSOC, and the Board on how to improve services and communicate services to the community.

- Committee agreed a panel should be identified and would like feedback in 3 months
 - Recommendations to lead this group included: Laura Scudiere, Andy Benedetto, Kathy Drenkler, and Dr. Tom Zentner.

Collaboration with Social Services regarding youth services options

- Receiving feedback and discussing needs of youth crisis services with the three county Social Services Directors.
- Consistent theme identified is a need for a place for kids to go who are in crisis or in need of immediate respite. NCHC is able to provide stabilization services but nothing beyond that i.e. placement. Our youth crisis location is not certifiable for placement. The Department of Children and Family Services has stated we can only keep kids up to 24 hours.
- NCHC and Marathon County Social Services will visit a group home in Wood County that has designated several beds for youth crisis. We may have an opportunity to relocate some DD clients in a group home to a different setting which would free up the site for respite/youth crisis. Will keep committee informed.

Future items for Committee consideration

- Interest in community and need for growing mental health needs i.e. Mental Health symposium (bring mental health community together; possibly an outgrowth of crisis services; ongoing meetings; how to get community to embrace issues).

Motion/second, Haney/Matucheski, to adjourn the meeting at 9:29 a.m. Motion carried.

dko