

NORTH CENTRAL COMMUNITY SERVICES PROGRAM

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 **10:30 a.m.**, on **Friday, March 11th**, 2016.

(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. Education:
 - a. Birth to 3 – Janelle Hintz
3. Consent Agenda
 - a. Action: approve consent agenda:
 - 1) Minutes of 2/12/16 meeting
4. Financial update
5. Human Services Report – data review
6. Crisis Process Improvement update (Laura)
7. Community Substance Abuse Treatment Strategy (Laura)
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/Michael Loy
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk LeaderMerrill Foto News
Langlade, Lincoln & Marathon County Clerk Offices
DATE 03/04/16 TIME 4:00 p.m.
VIA: X FAX X MAIL
BY: /s/ Debbie Osowski

THIS NOTICE POSTED AT

NORTH CENTRAL HEALTH CARE
DATE 03-04-16 Time 4:00 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.

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

January 12, 2016

10:30 a.m.

NCHC – Wausau Campus

Present:

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

Also Present: Gary Bezucha, Becky Schultz, Laura Scudiere, Brenda Glodowski, Janelle Hintz, Debbie Osowski

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

Introduction of Janelle Hintz, Birth to 3 Director.

Consent Agenda

- **Motion**/second, Kelly/Rusch, to approve the consent agenda which includes the 12/11/15 HSOC meeting minutes and financial update. Motion carried.

Human Services Operations Report

- In light of what is transpiring at the county level, evaluating the human services delivery and the possibility of dissolving the tri-county agreement as of 1/1/18 and moving towards a human service model, the work of this committee is critical.
- The importance of having Sheriff Scott Parks or a designee from law enforcement at this meeting is also critical.
- This committee has organizational responsibility for crisis, psychiatric hospital, etc. in working with county leadership to provide mental health services for the community which includes the criminal justice system.
- Committee members need to be a communication link between community and NCHC.
- We will need to determine what services to provide the criminal justice system to better meet their needs, reduce recidivism, and address mental health. We have already begun making changes in jail services.
- HSO Report revisions:
 - Success stories (continue on quarterly basis)
 - Action plan oriented report with goals and progress (each meeting)
 - Individuals served by program and trends; include referrals received, number served, access by program, etc. definitions

Crisis Process Improvement update

- Crisis Process Improvement team, which consists of Marshfield and Aspirus hospital systems, Marathon and Langlade Sheriff's Departments, Wausau Police Department, Bridge Clinic, and NCHC, has been meeting weekly since October 2015.
- Discussed current state issues, learned each other's 'languages and terminology', identified specific issues to address and improve the system for each county.

- Crisis Intervention Training (CIT) will be completed for law enforcement on how to de-escalate and deal with some mental health issues. Training will be on-going for officers. Training is being coordinated by Marathon County and will reach to three county area.
- An evaluation on the trainings and actions plans will also be developed. Baseline measures have been identified to monitor progress.
- Looking to move the treatment model (currently we have an assessment/triage model) to a care model (no refusal model). We want to be able to monitor the support and progress; reduce the need for additional law enforcement, reduce bouncing between hospital systems; and provide a better experience for patients as well as community partners. NCHC will be the gatekeeper rather than law enforcement; we will be working closely with law enforcement in this endeavor.
- Changes will definitely be needed in how we can accomplish this but feel this will build trust and promote good quality care.
- Marathon County Public Safety Committee will be provided with a presentation on the process improvement effort next week.
- Changes to crisis would include:
 - *From assessment model to care model:*
Example: when an individual comes to NCHC, we will continue to provide crisis assessment to determine appropriate level of care at the least restrictive setting. The change will be that the individual may stay longer in the Crisis Center to receive additional support. To provide the additional care and support:
 - more resources will be required i.e. advanced practice personnel such as physician assistant, nurse practitioner; additional psychiatrist time
 - physical space more conducive to care model i.e. more private rooms
 - ability to provide medical clearance i.e. additional lab testing capabilities
- Transportation is also an issue we are working on with the Sheriff's Department. We are hoping to reduce the time the officers spend transporting individuals to other facilities by possibly utilizing retired officers on an on-call basis.
- Committee requested on update on each of these areas each month; including resources needed, action taken, etc.

Psychiatric bed utilization

- An issue the county has expressed, which also involves law enforcement, is the bed utilization. May need to look at the configuration of the inpatient unit to better provide the services needed in a more effective and efficient manner.
- Report on diversions was provided.
 - Implemented the following rule late last fall: whenever census is above nine we do not admit from other counties. Diversions dropped substantially at the end of last year.
- Marathon County Chair is open to receiving the core needs and a plan of action to better meet the needs of psychiatric services in Marathon County.
- **Motion**/second, Kelly/Shipway, to develop an action plan to address the needs of the psychiatric facility including an education plan for Marathon County leaders and community. Motion carried.

Motion/second, Kelly/Rusch, to adjourn at 11:56 a.m. Motion carried.

dko

Month	2015 Number of Referrals Scheduled	2016 Number of Referrals Scheduled
January	243	206
February	239	
March	254	
April	250	
May	245	
June	244	
July	240	
August	280	
September	255	
October	263	
November	227	
December	186	

Number of referrals followed through and scheduled

Month	2015 Access Percentage	2016 Access Percentage
January	99	58
February	99	
March	92	
April	83	
May	70	
June	59	
July	60	
August	67	
September	58	
October	66	
November	65	
December	51	

Percentage of referrals scheduled for each HSO program within there allotted timeframe:

Aquatic services - First appointment within 2 week of referral

Birth to Three - ISP (Treatment Plan) completed within 45 days of referral

Clubhouse - Opened within 2 weeks

Community Treatment- Open to program within 60 days

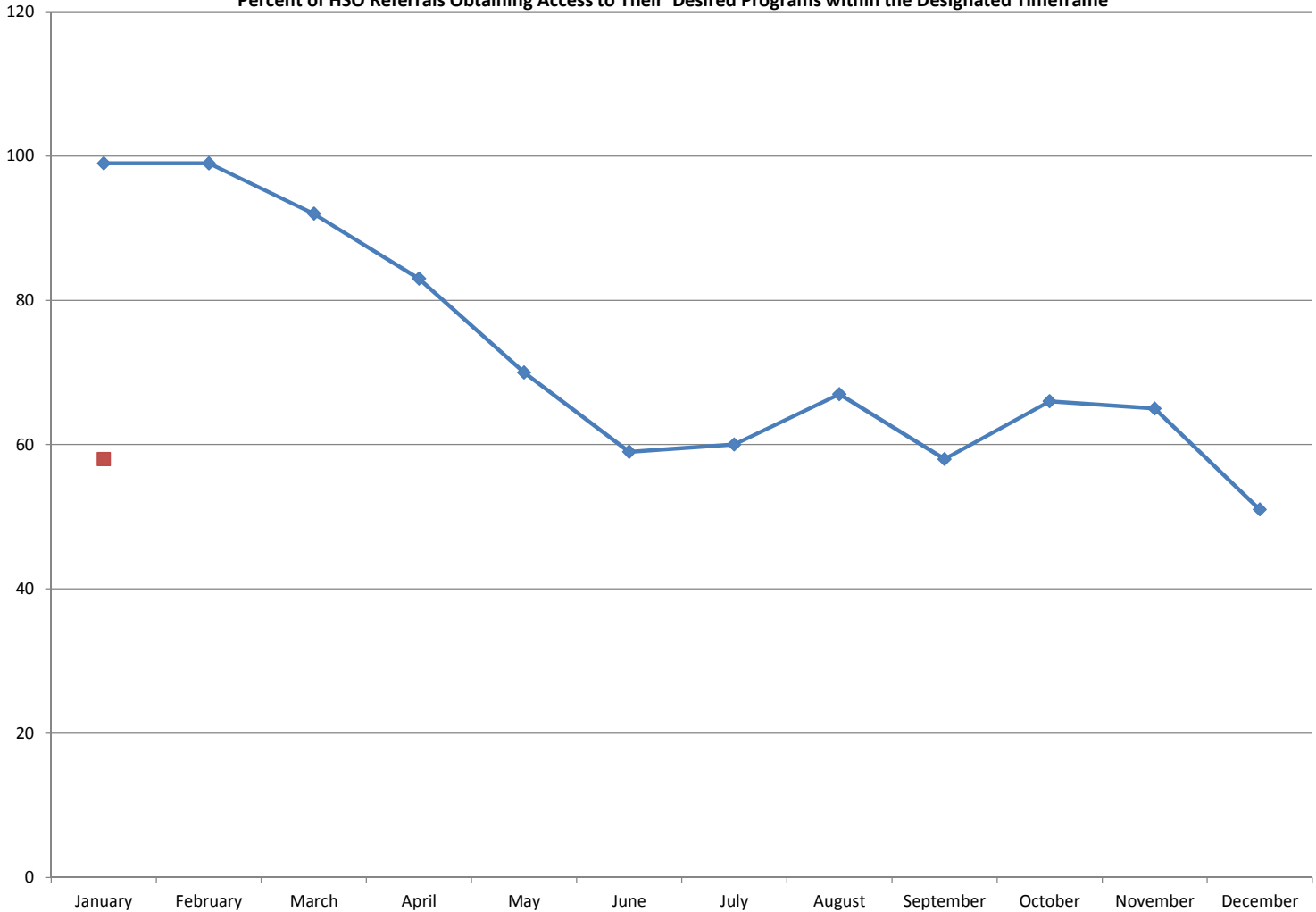
Outpatient Counseling - First appointment within two weeks

Pre- Vocational - Start within 2 weeks of receiving paperwork

Goal is 90-95%

Sum of 2015 Access Percentage

Percent of HSO Referrals Obtaining Access to Their Desired Programs within the Designated Timeframe



Values

- Sum of 2015 Access Percentage
- Sum of 2016 Access Percentage

Month