

## 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, May 13<sup>th</sup>**, 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. Consent Agenda- Action: Approval of the Consent Agenda
  - a. Approval of 4/08/16 HSOC meeting minutes
  - b. Accept the Financial Report
3. Action: Approval of 5-Year Facilities Capital Plan
4. Review Human Services Outcome Reporting
5. Action: Approval of Crisis Structure Modification Proposal
6. Review Operational Changes
  - a. Community Corner Clubhouse Hope House Concept– Michelle Hazuka
  - b. Residential Services Bellewood CBRF Facility Transition to Andrea Street – Toni Kellner
7. Review Human Services Operations Committee Charter
  - a. Action: Approve Committee Charter, Work Plan and Objectives
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   05/06/16   TIME   4:00 p.m.    
VIA:   X   FAX   X   MAIL  
BY:   Debbie Osowski  

THIS NOTICE POSTED AT  
NORTH CENTRAL HEALTH CARE  
DATE   05-06-16   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**

**April 8, 2016**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present:

X	John Robinson	EXC <sup>via</sup>	Holly Matucheski	EXC	Greta Rusch
X	Scott Parks	X <sup>phone</sup>	Nancy Bergstrom	X	Lee Shipway
X	Linda Haney				

Others Present: Ben Bliven, Michael Loy, Gary Bezucha, Laura Scudiere, Brenda Glodowski, Becky Schultz

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

Consent Agenda

- **Motion**/second, Haney/Parks, to approve the consent agenda which includes the 2/12/16 Human Services Operations Committee minutes. Motion carried.

Human Services Operations Report

- New data reports will be reviewed on a monthly basis and modified as needed:
  - Number of referrals
    - Data to be broken down by programs.
    - How many referrals are not scheduled?
    - Breakdown OWI data i.e. compliant vs non-compliant; consider reviewing OWI process, ask Laura Yarie to provide explanation of process, include data from county.
  - Access percentage
    - Two issues that affect access to care: assessment and treatment
    - Data to be broken down by programs.
  - Number of Clients Served by Each Program

Update on Behavioral Health

- Two crisis process improvement teams are in progress: a community involved group and an internal group.
- Distributed and reviewed the Crisis Process Improvement Team action plan.
  - Committee would like expectations identified along with measurable actions.
  - Noted that Trauma Informed Care may be a beneficial learning session for a future meeting.
- Committee would like to review this PI plan no less than quarterly.
- Appreciation was expressed to those working on this team as this process is critical in addressing the mental concerns in the community.
- Nancy Bergstrom noted that she felt concerns with North Central Health Care are addressed.

### Community Substance Abuse Treatment Strategy

- With deep concerns about substance abuse in the community and NCHC being leader in providing substance abuse programs, we have an opportunity to create more services for substance abuse.
- Would like to begin identifying what we are doing with substance abuse treatment and where there are gaps, delivery mechanisms, etc.
- How can we expand our services i.e. better communication, substance abuse protocols, etc.? What information and communication can we bring to the community, bring in providers?
- We want to be collaborating, not competing, with providers. 2015 Annual Report from AODA Partnership was provided. Must have dialogue with prevention and treatment providers and include an element of enforcement too. The crisis process improvement project has been a collective impact process and lends itself to this.
- Speak on collective impact – how to get people together in a correct forum, provide overview of NCHC and services, relationship between AODA and behavioral health issues, provide a menu of mental health and AODA services, recommended improvements, importance of providing services in crisis situations, etc.

### Financial update

- The organization as a whole is working to keep expenses down and increase revenue
- Many resources have been utilized with the action planning processes and crisis work.

### Future agenda items

- Drive agenda off policy resources and education advocacy
- Charter – developing work plan and objectives
- Periodically provide program reports

**Motion**/second, Shipway/Haney, to adjourn at 11:53 a.m. Motion carried.

*dko*

North Central Health Care  
Review of 2016 Services  
Langlade County

04/18/2016

	2016 March Actual Rev	2016 March Budg Rev	Variance	2016 March Actual Exp	2016 March Budg Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$78,236	\$114,408	(\$36,172)	\$111,623	\$162,745	\$51,122	\$14,950
Psychiatry Services	\$12,625	\$6,625	\$6,000	\$58,719	\$51,068	(\$7,652)	(\$1,652)
Community Treatment	\$203,761	\$213,014	(\$9,253)	\$221,176	\$263,763	\$42,587	\$33,333
Day Services	\$108,097	\$119,005	(\$10,908)	\$120,053	\$119,005	(\$1,048)	(\$11,956)
	\$402,719	\$453,052	(\$50,333)	\$511,571	\$596,580	\$85,009	\$34,676
<b>Shared Services:</b>							
Inpatient	\$114,085	\$106,025	\$8,060	\$239,384	\$162,498	(\$76,886)	(\$68,826)
CBRF	\$16,584	\$21,223	(\$4,639)	\$14,657	\$17,781	\$3,124	(\$1,515)
Crisis	\$2,104	\$4,665	(\$2,561)	\$20,959	\$44,074	\$23,115	\$20,555
AODA Day Hospital	\$2,409	\$3,048	(\$639)	\$2,529	\$5,157	\$2,628	\$1,989
Protective Services	\$7,272	\$6,238	\$1,035	\$13,919	\$15,474	\$1,555	\$2,589
Birth To Three	\$14,841	\$33,572	(\$18,731)	\$29,290	\$61,836	\$32,546	\$13,815
Group Homes	\$52,086	\$33,521	\$18,565	\$54,280	\$33,521	(\$20,759)	(\$2,194)
Supported Apartments	\$12,961	\$37,658	(\$24,697)	\$11,984	\$37,658	\$25,674	\$977
Contract Services	\$0	\$0	\$0	\$22,981	\$26,272	\$3,291	\$3,291
	\$222,342	\$245,948	(\$23,606)	\$409,983	\$404,270	(\$5,713)	(\$29,319)
Totals	\$625,061	\$699,000	(\$73,939)	\$921,554	\$1,000,850	\$79,296	\$5,356
Base County Allocation	\$219,806	\$219,806	\$0				\$0
Nonoperating Revenue	\$1,318	\$926	\$393				\$393
County Appropriation	\$81,121	\$81,121	\$0				\$0
Excess Revenue/(Expense)	\$927,306	\$1,000,852	(\$73,546)	\$921,554	\$1,000,852	\$79,296	\$5,748

North Central Health Care  
Review of 2016 Services  
Lincoln County

04/18/2016

Direct Services:	2016	2016	Variance	2016	2016	Variance	Variance By Program
	March	March		March	March		
	Actual Rev	Budget Rev		Actual Exp	Budg Exp		
Outpatient Services	\$88,289	\$107,345	(\$19,056)	\$138,908	\$153,344	\$14,436	(\$4,620)
Lincoln Psychiatry Services	\$19,903	\$12,174	\$7,729	\$146,371	\$80,134	(\$66,237)	(\$58,508)
Community Treatment	\$328,508	\$204,548	\$123,960	\$205,015	\$281,856	\$76,841	\$200,801
	\$436,700	\$324,067	\$112,633	\$490,294	\$515,334	\$25,040	\$137,673
<b>Shared Services:</b>							
Inpatient	\$165,942	\$154,214	\$11,728	\$348,205	\$236,361	(\$111,844)	(\$100,116)
CBRF	\$24,122	\$30,870	(\$6,748)	\$21,319	\$25,863	\$4,544	(\$2,204)
Crisis	\$5,892	\$4,665	\$1,227	\$58,684	\$44,074	(\$14,610)	(\$13,383)
AODA Day Hospital	\$3,504	\$4,433	(\$929)	\$3,679	\$7,501	\$3,822	\$2,893
Protective Services	\$10,578	\$9,073	\$1,505	\$20,245	\$22,507	\$2,262	\$3,767
Birth To Three	\$27,118	\$23,922	\$3,196	\$53,520	\$46,218	(\$7,303)	(\$4,107)
Apartments	\$12,961	\$11,746	\$1,215	\$11,984	\$11,746	(\$238)	\$977
Contract Services	\$0	\$0	\$0	\$33,426	\$38,213	\$4,787	\$4,787
	\$250,117	\$238,922	\$11,195	\$551,062	\$432,483	(\$118,580)	(\$107,385)
Totals	\$686,817	\$562,989	\$123,828	\$1,041,356	\$947,817	(\$93,540)	\$30,289
Base County Allocation	\$208,929	\$208,929	\$1				\$1
Nonoperating Revenue	\$1,612	\$1,284	\$329				\$329
County Appropriation	\$174,616	\$174,616	\$0				\$0
Excess Revenue (Expense)	\$1,071,974	\$947,817	\$124,158	\$1,041,356	\$947,817	(\$93,540)	\$30,618

Direct Services:	2016	2016	Variance	2016	2016	Variance	Variance by Program
	March	March		March	March		
	Actual Rev	Budget Rev		Actual Exp	Budget Exp		
Outpatient Services	\$220,306	\$335,905	(\$115,599)	\$414,784	\$614,337	\$199,553	\$83,954
Psychiatry Services	\$85,034	\$145,809	(\$60,775)	\$441,300	\$570,777	\$129,477	\$68,702
Community Treatment	\$1,043,989	\$757,463	\$286,527	\$1,364,227	\$1,118,304	(\$245,923)	\$40,603
Day Services	\$400,468	\$452,673	(\$52,205)	\$425,030	\$452,673	\$27,643	(\$24,562)
Clubhouse	\$51,875	\$94,376	(\$42,501)	\$116,788	\$118,125	\$1,337	(\$41,163)
Demand Transportation	\$91,588	\$105,180	(\$13,592)	\$99,403	\$105,180	\$5,777	(\$7,815)
Leased Space	\$56,861	\$62,500	(\$5,639)	\$64,004	\$69,390	\$5,386	(\$253)
Aquatic Services	\$174,619	\$195,342	(\$20,723)	\$177,963	\$195,342	\$17,379	(\$3,344)
Lakeside Recovery	\$18,797	\$50,000	(\$31,203)	\$42,055	\$138,507	\$96,452	\$65,249
	\$2,143,537	\$2,199,246	(\$55,709)	\$3,145,554	\$3,382,633	\$237,079	\$181,371
<b>Shared Services:</b>							
Inpatient	\$757,109	\$703,601	\$53,508	\$1,588,676	\$1,078,398	(\$510,278)	(\$456,770)
CBRF	\$110,058	\$140,843	(\$30,785)	\$97,275	\$118,001	\$20,726	(\$10,059)
Crisis Services	\$34,089	\$61,991	(\$27,902)	\$339,529	\$226,668	(\$112,861)	(\$140,763)
AODA Day Hospital	\$15,985	\$20,225	(\$4,240)	\$16,783	\$34,222	\$17,439	\$13,199
Protective Services	\$48,261	\$41,395	\$6,866	\$92,369	\$102,689	\$10,320	\$17,186
Birth To Three	\$163,488	\$171,678	(\$8,190)	\$322,652	\$329,897	\$7,245	(\$945)
Group Homes	\$500,974	\$525,896	(\$24,922)	\$522,075	\$525,896	\$3,821	(\$21,101)
Supported Apartments	\$670,037	\$543,755	\$126,282	\$619,530	\$543,755	(\$75,775)	\$50,507
Contracted Services	\$0	\$0	\$0	\$152,508	\$174,347	\$21,839	\$21,839
	\$2,300,001	\$2,209,382	\$90,619	\$3,751,397	\$3,133,871	(\$617,526)	(\$526,908)
Totals	\$4,443,538	\$4,408,628	\$34,910	\$6,896,951	\$6,516,504	(\$380,447)	(\$345,537)
Base County Allocation	\$545,240	\$546,625	(\$1,385)				(\$1,385)
Nonoperating Revenue	\$24,805	\$20,291	\$4,514				\$4,514
County Appropriation	\$1,541,121	\$1,540,961	\$161				\$161
Excess Revenue/(Expense)	\$6,554,704	\$6,516,504	\$38,200	\$6,896,951	\$6,516,504	(\$380,447)	(\$342,247)



# North Central Health Care

Person centered. Outcome focused.

## MEMO

DATE: May 11, 2016  
TO: Human Services Operations Committee  
Nursing Home Operations Committee  
FROM: Michael Loy, Interim CEO  
RE: Draft Five Year Capital Plan

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### Purpose

To deliver on the final recommendation to develop a five year capital plan for the NCHC campus as identified in the Final Report of the Oversight Task Force of Marathon County.

### Background

As described in the Final Report of the Oversight Task Force:

#### ***B. Marathon County Task Force to Oversee the Creation of a Facilities Plan for North Central Health Care Facilities.***

*The Facilities Task Force (of Marathon County) was told by NCHC representatives that a long range facilities plan existed for the entire campus except for the space occupied by ADRC-CW. NCHC did not present a written plan. They did present efforts for the remodeling of Mount View Care Center and the aquatic therapy pool study. ADRC-CW expressed frustration with the lack of movement on a plan to remodel space consistent with their needs. This planning was tabled until a decision is made on the current aquatic therapy pool. Given an inability to secure a plan for NCHC and its assertion that a long range facilities plan does not make sense in the fluid and dynamic health care world, the Facilities Task Force recommended that Health & Human Services develop a plan for ADRC-CW's needs once there was clarity regarding the aquatic therapy pool.*

*No additional action or recommendations were developed by the NCHC Oversight Task Force at that time.*

**Final Recommendation: Develop a five year capital plan for the NCHC campus which should include but not be limited to the nursing home renovation, aquatic therapy pool, psychiatric hospital, behavioral health unit, and other facility needs.**

### Recommendation

NCHC Administration has developed a draft Strategic Long-Range Facility and Corresponding Five Capital Year Plan for Service Delivering by North Central Health Care. The narrative plan is accompanied by a summary of 2017 Capital Project Requests and a summary of Forecasted Projects anticipated in 2018-2021. These documents provide a vision but would benefit from further Master Facility Planning in partnership with Marathon County Facilities Management and external resources to determine structurally how we achieve this vision once it is endorsed. We anticipate that work not to be a capital request which could be accomplished in the latter part of 2016 supported by operational funding.

NCHC's Operational Capital funding requests, including small IT projects, replacements furniture and equipment will be further developed through our annual budgeting process and submitted as part of NCHC's 2017 Budget in the fall.

### **Financial Analysis**

Estimated financial impacts are outlined in the adjoining documents.

### **Timelines**

These documents and requests have the following timeline for review, input and approval:

Friday May 13, 2016: NCHC Human Services Operations Committee

Friday May 20, 2016: NCHC Nursing Home Operations Committee

Monday May 23, 2016: Marathon County Health and Human Services Committee

Thursday May 26, 2016: 11:00 a.m. NCHC Finance, Property & Personal Committee

Thursday May 26, 2016: 12:00 p.m. NCCSP Board

Friday June 3, 2016: CIP Requests due to Marathon County



Strategic Long-Range Facility and Corresponding Five Year Capital Plan  
for Service Delivery by North Central Health Care

North Central Health Care (NCHC) will publish a Strategic Long-Range Facility Plan and corresponding rolling Five Year Capital Plan for North Central Health Care services on an annual basis. These plans describe NCHC's multi-year capital program vision, the potential financing mechanisms and impact on services. NCHC's Capital Plan focuses on the renewal of existing facilities and systems. Capital planning for an operation the size and age of NCHC's facilities carry a large price tag, but are absolutely necessary to keep NCHC at the forefront of providing health care to our communities. We are providing a vision for more than brick and mortar, we are investing in the healing and well-being of those we serve for generations to come. The main campus for NCHC has over 500,000 square feet with the majority of the campus being 50 years or older with the exception of the Mount View Care Center which has operated for slightly over 30 years. We have reached the thresholds of useful life and operate in a shell of inefficient design and operation; future large scale investment is imminent.

Health care is a rapidly evolving industry where capital projects must be measured in two ways – can they increase operational efficiency, and can they produce better health outcomes? In considering the impact of the Affordable Care Act (ACA) and supporting regulatory changes, everything the health care system provides is now an expense and not revenue. An organization operating in the new accountable care environment must learn to operate with the risk of providing all care for a large population for a fixed price per person per year. At NCHC we are part of a much broader healthcare delivery system which is poised to only integrate more in the shared responsibility for the health of our entire population in our communities. With these changing responsibilities and overall increase in patient population is a corresponding decrease in overall reimbursement and need for increased operational efficiency. Healthcare in a reform environment will start much farther upstream (preventive care) and deliver care much more downstream (home and community based). Clearly, not bricks and mortar solutions at the ends of the spectrum; however, despite these broad shifts in the delivery stream, the acuity of care will increase in the middle driving the need for innovative service delivery environments. Given that services can be done only so cheaply and care can be delivered only so efficiently, the following five major capital objectives come into the forefront of our long-range planning:

1. Provide facilities that enable more efficient clinical operations to enhance health outcomes
2. Plan facilities that enable optimum care for a growing population
3. Invest wisely in future flexibility for changes yet to come
4. Clearly balance first cost versus life-cycle costs
5. Operate and maintain facilities more efficiently

Facility Asset Composition and Ownership Portfolio for NCHC

North Central operates out of a number of different locations identified below by facility identifier, address and ownership status for each location.

<b>Facility Identifier</b>	<b>Address</b>	<b>Ownership Status</b>
Mount View Care Center	2400 Marshall Street Wausau, WI 54403	Leased – Marathon County
Health Care Center	1100 Lake View Drive Wausau, WI 54403	Leased – Marathon County
Lake View Center	1000 Lake View Drive Wausau, WI 54403	Leased – Marathon County
Lake View Professional Plaza	1200 Lake View Drive Wausau, WI 54403	Leased – Marathon County
Lincoln County - Tomahawk Office	213 W. Wisconsin Avenue Tomahawk, WI 54487	Leased – Private Ownership
Langlade County - Antigo Center	1225 Langlade Road Antigo, WI 54409	Leased – Langlade County
Northern Valley – Prevocational Services	5424 Sherman Street Wausau, WI 54401	Leased – Private Ownership
Community Corner Clubhouse	319 N. Third Avenue Wausau, WI 54401	Leased – Private Ownership
<b>Residential – Group Homes</b>		
Bellwood	2211 Bellewood Avenue Schofield, WI 54476	Leased – Marathon County
Bissell	1408 Bissell Street Wausau, WI 54401	Leased – City of Wausau
Chadwick	5006 Chadwick Avenue Schofield, WI 54476	Leased – Marathon County
Heather	5010 Heather Street Schofield, WI 54401	Leased – Marathon County
Hillcrest	1115 Hillcrest Avenue Wausau, WI 54401	Owned – NCHC
<b>Residential – Supported Apartments</b>		
Riverview Towers	550 East Thomas Street Wausau WI, 54403	Leased – City of Wausau
Forest/Jackson	920 Forest Street Wausau, WI 54403	Leased – Private Ownership
Fulton	703 Fulton Street Wausau, WI 54403	Leased – City of Wausau
Jelinek 1	3102 Jelinek Street Schofield, WI 54476	Leased – Private Ownership
Jelinek 2	3104 Jelinek Street Schofield, WI 54476	Leased – Private Ownership

### Five-Year Capital Plan for North Central Health Care Programs

Over the course of the next five years we anticipate most, if not all capital projects to be focused on our main campus location in Wausau. However, as with any facility, unanticipated capital funding eligible projects are likely to occur but none are contemplated in our current plan. Almost all NCHC facilities are leased and not owned by NCHC; therefore, any future capital projects would need to be supported by our landlords in form and likely with financial substance. Debt service and capital funding support is available through enhanced reimbursement mechanism through government payers (Medicare and Medicaid) to support projects such as the nursing home; the extent of available reimbursement will be dependent on the scope of each project and the program.

Within the next five years, programming in Langlade and Lincoln Counties is anticipated to grow sustainably to fit within the footprint of current leased space. Small aesthetic improvements in these facilities reaching the capital funding threshold of greater than \$30,000 have the potential to occur in the next five years on an as needed basis. At this time, NCHC has not developed any anticipated major capital improvements in these locations. The same can be said for our Prevocational Services located at North Valley and at the Community Corner Clubhouse. Community Corner Clubhouse recently moved their location and continues on their journey to be non-levy supported. Any future capital projects would likely be handled through community supported capital campaigns and are not anticipated at this time.

The Adult Day Services program located on our main campus has the potential to be relocated. Two options exist: 1) relocation to the vacated space of the ADRC in the Lake View Center as the ADRC transitions off campus or 2) off campus, potentially to the Northern Valley location, which could serve to strengthen the developmental disability continuum and state initiated movement to community based services. The movement of the Adult Day Services program from the Health Care Center will be critical to providing for main campus expansion for Behavioral Health Services. At this time, we are not making a capital request for this move because it is predicated on a number of prior projects, most specifically the Nursing Home and regulatory approval.

Our Community Living "Residential" program provides residential services to the developmentally disabled in one of 10 residential facilities (5 supported apartments and 5 Community Based Rehabilitation Facilities (CBRF)). These facilities are scattered throughout the Marathon County community and vary by the scope of care needs of the consumer. The CBRF facilities are largely home-like environments with 6-8 higher acuity consumers in each location. Our supported apartment facilities typically provide apartment style living for a larger number of more independent consumers in each location. Almost all of these facilities are leased and NCHC is more likely to find alternative locations before making major capital investments in current facilities. Capital funding in our Residential services will likely result from unanticipated failures or an unwillingness of the landlord to provide the requisite updates. In the next five years we will address these capital needs for these facilities in shorter 1-2 planning cycles are not making long-range capital plans for any of these facilities at this time.

## **Main Wausau Campus**

Our main Wausau campus can be divided into a number of workable parts in the scope of this five year capital plan. The main campus has four divisions all connected through interior walkways:

1. Health Care Center (Administration, Community Treatment, Outpatient, Behavioral Health Services and Legacies Dementia units)
2. Mount View Care Center (Post-Acute Care, Long-term Care)
3. Lake View Center (Pool, Health Department, ADRC)
4. Lake View Professional Plaza (CCCW, Special Education)

The first consideration in the long-range plan is how we can improve the experience of the community we serve in interacting and navigating our services through the eyes of those receiving care at NCHC. With this first priority, the primary issue is one of limiting access and providing better navigational structure. There are too many access points in our main campus where our constituents can lose their way. The long-range vision for our main campus facility is to constrict access points to three. This would include access to:

- Nursing Home and Aquatic Therapy services on the Northeast side
- Behavior Health and Crisis services on the West side
- Outpatient and Administrative services on the Southeast side

Separate entrances directly into the Marathon County Health Department and ADRC space in the Lake View Center would remain in addition to the three central access points identified above. Two other significant features of NCHC's main campus long-term capital planning would be to centralize administrative support (enrollment, registration etc.,) in each of these three access point areas. Centralizing functions would support reducing long-term indirect costs as a percentage of NCHC's annual operating budgets. Centralization would also increase coordination between similar programs. The last cornerstone of the long-term design is a single contiguous navigational hallway system from one end of the building to the other. Currently there are too many hallways which create a maze to navigate for the community we serve. Changes to the navigational system lessen the institutional feel and heighten patient experience.

### *Nursing Home*

A major project in the five-year capital plan is the Nursing Home remodel. The Nursing Home project will be a 2017 Capital request but the project will span around two years. Decisions related to the Nursing Home project are significant as they impact long-term planning for Behavioral Health Services. The Nursing Home project rationale remains the same and the financial projections provided by WIPFLI in 2013 as predicted in the "status quo" approach have been playing themselves out on in terms of financial instability if we don't remodel. The project plans have been developed and NCHC awaits the bonding support from Marathon County to move forward.

The final plans for the Nursing Home remodel will be need to be adjusted to provide some minor adjustments to accommodate long-term planning for expanded Behavioral Health Services. This would include adjustment to the Mount View Care Center design to reduce the number of long-term beds in the 2<sup>nd</sup> floor to accommodate the transfer of the Evergreen dementia program from the Health Care Center. The Evergreen program transfer to long-term care program will reduce the conversion of one of the long-term care wings from double occupancy to private rooms which would reduce the project scope. However, there will be some new modifications to the floor plan to secure the unit. The Dementia wing in the long-term care program would accommodate the 22 beds the Evergreen program currently supports. The long-term care bed availability would be reduced by 12-14 beds from the 59 beds in the initial plan to 45-47 beds. We believe this is a prudent long-term strategy in the current local skilled nursing market.

Once the relocation of the Evergreen and Adult Day Services programs from the Health Care Center has occurred, it will allow the remodel of their current adjoining space to relocate the Lake View Heights Dementia program of approximately 44 beds. The Lakeview Heights space is currently located in the second floor space above Emergency Services and Inpatient hospital. Moving this program will allow for future remodel and expansion of the Inpatient hospital, CBRF and Medically Monitored Treatment program into this vacated space. Those projects are outlined below and would likely be 2018 and 2019 requests. Further, these adjustments to the nursing home project shuffle disparate program locations into more central service areas making our continuum and operational needs more synergistic for the people we serve.

#### *Lake View Center*

The Aquatic Therapy pool, Adult Protective Services, Community Treatment Youth team, Marathon County Health Department and the Aging & Disability Resources Center (ADRC) are located in the Lake View Center. Long-term, NCHC would be interested in centralizing Adult Protective Services and Community Treatment by moving these areas out of the Lake View Center to the Health Care Center. The Aquatic Therapy pool project will be submitted as a capital project request for 2017. The pool facility is in a critical status. Failure to commit to the project in the next year would likely result in significant new maintenance costs or complete facility failure. The relocation of the pool near the Nursing Home in a rectangular design makes sense and has strong potential to be operationally self-sufficient. Once the pool is relocated and operational, the current pool envelope and facility should be demolished to provide a new face for the Lake View Center.

Marathon County Health Department's facilities are new and likely will support their anticipated growth. The ADRC has expressed significant interest in relocating off campus in the near future which will free their space. A potential tenant is the relocation of our Adult Day Services program. Regardless, it is anticipated that whoever occupies this space, there will be likely renovations, the scope of which is unknown at this time.

### *Lake View Professional Plaza*

The Lake View Professional Plaza is a separate building on the Southwest corner of our main campus but is connected through an underground walk-way. Currently, the first, second and part of the third floors of the Lake View Professional Plaza is occupied by Community Cares of Central Wisconsin (CCCW). The remainder of the third floor is occupied by Special Education who is interested in expanded space and will likely become the main tenant on the third floor over time. There is a risk that CCCW will continue to downsize or potentially move from this location as their lease expires at the end of 2016 and the Family Care program adapts through Family Care 2.0 recommendations. NCHC does not currently foresee major uses for this space if it becomes available at this time. Therefore, major long-term capital planning for this space is not anticipated at this time.

### *Health Care Center*

The Health Care Center is the space between the Lake View Center and Mount View Care Center. There are two main sections for the Health Care Center that can be generally described as south and north of the cafeteria. The Health Care Center southern facility includes Administration and support services, Community Treatment, Outpatient and Birth to Three programs. The northern portion of the Health Care Center includes the Legacies Dementia programs (currently Evergreen, Gardenside Crossing and Lakeview Heights). The Adult Day Services program is part of this area but is anticipated to be relocated in our long-term planning. Behavioral Health and Emergency services programs are also located in the northern most portion of the Health Care Center and includes Crisis, Inpatient, Ambulatory Detox, Medically Monitored Treatment (MMT), CBRF, and youth stabilization programs.

Long-term, as the Evergreen program moves into the Mount View Care Center and the movement of ADS from this area occurs, there is significant opportunity to expand our Behavioral Health Services to better meet the community needs. The Gardenside Crossing and relocated Lakeview Heights programs would remain as part of the Health Care Center on the western and eastern ends of the northern portion of the Health Care Center.

There will be a major capital improvement request in 2018 for the Inpatient hospital to address the constraint the current unit provides with multiple bed rooms. The unit's design is not a contemporary care environment and has safety concerns. Additionally, the movement of the unit to single occupancy rooms would reduce the need for expensive diversions as a result of capacity issues related to single room assignments in a multi-bed environment. We are currently licensed for 16 beds with an emergency waiver to increase to 20 beds but are often faced with an artificial bed constrain when a patient needs a private accommodation. Along with the Inpatient remodel there will be a need to upgrade the Emergency and Crisis services intake area to support the expanded Emergency services model and improve patient experience in emergency assessment and treatment.

As the Lakeview Heights program is moved out of its current space above the inpatient unit it will provide the long-term opportunity to expand both the MMT and CBRF programs from 6 beds up to 20-24 beds each. The MMT program would provide an opportunity to be relocated onto one side of the current Lakeview Heights program to expand capacity to address the wait list for services of

approximately 150 people and counting. This move would increase the available beds up to 24 beds for MMT and CBRF would be able to expand from 6 beds to 12 beds within the current Lakeside Recovery footprint. During the remodel of the inpatient unit, the other side of the current Lakeview Heights program would be available for a temporary home for the inpatient unit during construction. When construction on the inpatient unit is complete, the CBRF could be moved upstairs and expanded to 20 beds adjoining the MMT program of 24 beds. Lastly, all these improvements and relocations are made; the current Lakeside Recovery space of 12 beds could be developed into an adolescent or geriatric psychiatric unit to further address community need. This final program expansion would be dependent on finding a physician and would be a request in 2019 or 2020.

As we consider long-term planning for the southern portion of the Health Care Center we are thinking out 5-10 years. This portion of our building contains a number of isolated outpatient programs and a maze of separate offices and hallways. Long-term this area would benefit from having one central outpatient and administrative services entrances where program coordination and support can be centralized for better patient experience and outcomes. Offices would be consolidated into two main areas, administration and outpatient services to include Community Treatment, Outpatient, Birth to Three and Adult Protective Services. There are operational efficiencies to be gained and an environment would be designed to support better outcomes.

#### *Master Facility Plan*

This document serves as the long-term facility vision. To materialize this vision, we need to engage in a long-term facility master planning initiative with Marathon County Facilities Management staff in addition to external resources to determine structurally how we achieve this vision and what are the potential costs. From there we can start to piece together the pro-forma projections on these projects. A detailed long-range facility plan would more adequately provide a visual for these moves and the major facility implications outside of making the spaces work for the capital planning objectives we laid out at the beginning of this plan, most importantly of which is the outcomes for those we serve.

Short-term projects, such as the Nursing Home and the Pool have more detail and are ready to move. However, in the absence of commitment to the Nursing Home project, there are a number of physical plant projects which must be addressed and will be requested in 2017 and 2018. If the Nursing Home project is initiated, these largely go away as part of the broader project.



# North Central Health Care

Person centered. Outcome focused.

## SUMMARY OF CURRENT (2017) MARATHON COUNTY CAPITAL PROJECT REQUESTS

PROJECT	DESCRIPTION OF PROJECT	ESTIMATED COSTS
Air Handler 1 & 2	Rebuild HVAC 1 & 2 – New coils, dampers, drive and fan unit	\$510,000
Asphalt Repair and Replacement	Replace the main road and small parking lot, crack fill all other parking lots	\$130,000
HCC Roofing	Replace roofing on MVCC, HCC link and Doctor's Suite	\$93,000
Legacies Flooring	Replace flooring on Evergreen	\$48,000
Mt. View Nursing Home Remodel	Remodel the 240 bed nursing home	\$15,000,000
MVCC Domestic Hot Water and Boiler Replacement*	New boilers and water tanks	\$425,000
MVCC Window Replacement*	Window replacement in the MVCC Building	\$437,750
New Aquatic Building	Build a new building for warm water therapy pool	\$7,400,000
Special Education Upgrades	Replace flooring, paint, and wallpaper in the entire Special Education space in LVPP	\$74,000
Purchasing Cooler/Freezer Replacement	Replace 44 year old walk-in cooler and freezer units	\$68,000
Rolling Stock	Replace Rolling Stock	\$222,000

\*Projects included in the Nursing Home remodel project scope that will need to be addressed if further delay in the Remodel project occurs. If remodel project proceeds, these projects will not be additional separate requests.





# Capital Improvement Project Forecast for Future Program Years

*General Instructions for completing this form:*

- Enter requested information after placing the cursor (point and click) in the corresponding gray-shaded blank.
- For all but the most obvious items, more detailed instructions are available by typing the F1 key while the cursor is placed on the corresponding blank.
- Each box will expand as necessary to include your text. Limits on text length are noted in the F1 instructions.
- Use the tab key to advance the cursor to the next blank; use shift/tab to move the cursor to the previous blank.

## 1. DEPARTMENT AND CONTACT INFORMATION

<b>Department</b>	North Central Health Care		
<b>Submitted By</b>	Michael Loy	<b>Phone</b>	715-848-4402
<b>Date</b>	May 10, 2016	<b>Email</b>	mloy@norcen.org

## 2. FORECASTED PROJECTS (1-5 years beyond next fiscal year)

Program Year	Project	Description of Project	Estimated Cost
2018	NCHC Boiler Replacement	Replace 45 year old steam boilers	\$2,000,000.00
2018	Replace Sloped Glazing	Replace leaking sloped window framing in LVC and HCC buildings	\$720,000.00
2018	HCC Phase 1	Inpatient /CBRF/MMT/Behavior Health and Crisis renovation	\$1,900,000.00
2018	HVAC Replacement in Pyramids	Replace the air handlers in the HCC units and related roof work	\$850,000.00
2018	LVPP 3 <sup>rd</sup> Floor Upgrade	Install new flooring, paint walls and new window treatments	\$66,000.00
2018	Rolling Stock	2 small bus/ 1 small dump truck /1 Van	\$190,000.00
2019	Brick Sealing	Seal the brick exterior on HCC,LVC,LVPP	\$172,000.00
2019	LVPP 2 <sup>nd</sup> Floor Upgrade	Paint and recarpet 2 <sup>nd</sup> floor of LVPP	\$155,000.00
2019	Laundry Windows	Replace laundry windows in plant	\$120,000.00
2019	HCC Phase 2	Inpatient /CBRF/MMT/Behavior Health and Crisis renovation	\$1,900,000.00
2019	Rolling Stock	2 Vans, 2 small cars	\$120,000.00
2019	Nurse Call Replacement	Replace nurse call in MVCC & HCC	\$245,000.00
2020	LVPP 1 <sup>st</sup> floor Upgrade	New flooring and paint on the 1 <sup>st</sup> floor of LVPP	\$130,000.00
2020	LED parking lot lighting	Replace the lighting on the road and HCC parking lots to LED	\$62,000.00
20			

## Crisis and Inpatient Data

Number of patients admitted to Inpatient Hospital from each county of residence

Month	Marathon County Admits	Lincoln County Admits	Langlade County Admits	Other County Admits
January	61	7	7	2
February	44	11	10	1
March	51	6	4	1
April				
May				
June				
July				
August				
September				
October				
November				
December				

## Crisis and Inpatient Data

### Average Length of Stay at Inpatient Hospital by County in Number of Days

Month	Marathon County	Lincoln County	Langlade County	Other
January	4.92	7.43	5.14	3.5
February	5.5	8.36	6.7	2
March	7	3.67	18.25	6
April				
May				
June				
July				
August				
September				
October				
November				
December				

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>January</b>			
01/04/2016	4		
01/05/2016	3	5	
01/06/2016	2		
01/07/2016	3		3
01/08/2016	4		
<hr/>			
01/11/2016	1		
01/12/2016	4		
01/13/2016	1		
01/14/2016	4		
01/15/2016	3		
<hr/>			
01/18/2016	4		
01/19/2016		5	
01/20/2016	2		
01/21/2016			4
01/22/2016	3		
<hr/>			
01/25/2016	2		
01/26/2016	5		
01/27/2016	3		
01/28/2016	3		
01/29/2016			4
<hr/>			
<b>Total OWI Assessments</b>	<b>51</b>	<b>10</b>	<b>11</b>

<b>February</b>			
02/01/2016	2		
02/02/2016		4	
02/03/2016	3		
02/04/2016	4		3
02/05/2016	5		
<hr/>			
02/08/2016	2		
02/09/2016	5		
02/10/2016	3		
02/11/2016	4		
02/12/2016	5		
<hr/>			
02/15/2016	4		
02/16/2016		4	
02/17/2016	3		
02/18/2016			5
02/19/2016	2		
<hr/>			
02/22/2016	5		
02/23/2016	4		
02/24/2016	2		
02/25/2016	4		
02/26/2016	4		
<hr/>			
02/29/2016	4		
<hr/>			
<b>Total OWI Assessments</b>	<b>65</b>	<b>8</b>	<b>8</b>

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>March</b>			
03/01/2016	2	5	
03/02/2016	4		
03/03/2016	5		5
03/04/2016	2		
<hr style="border: 2px solid black;"/>			
03/07/2016	4		
03/08/2016	4		
03/09/2016	3		
03/10/2016	5		
03/11/2016	5		
<hr style="border: 2px solid black;"/>			
03/14/2016	4		
03/15/2016		3	
03/16/2016	1		
03/17/2016			4
03/18/2016	5		
<hr style="border: 2px solid black;"/>			
03/21/2016	2		
03/22/2016	3		
03/23/2016	4		
03/24/2016	5		
03/25/2016			3
<hr style="border: 2px solid black;"/>			
03/28/2016	5		
03/29/2016	4		
03/30/2016	3		
03/31/2016	4		
<hr style="border: 2px solid black;"/>			
<b>Total OWI Assessments</b>	<b>74</b>	<b>8</b>	<b>12</b>

## Crisis and Inpatient Data

Number of clients admitted to NCHC BHS Hospital  
with each of the payor sources

Marathon County				
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	19	20	14	8
February	17	13	9	5
March	15	15	14	7
April				
May				
June				
July				
August				
September				
October				
November				
December				

Lincoln County				
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	2	2	3	0
February	2	6	2	1
March	2	2	0	0
April				
May				
June				
July				
August				
September				
October				
November				
December				

Langlade County				
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	1	3	1	2
February	1	7	2	0
March	0	4	0	0
April				
May				
June				
July				
August				
September				
October				
November				
December				

Other Counties				
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	0	1	0	1
February	1	0	0	0
March	0	1	1	1
April				
May				
June				
July				
August				
September				
October				
November				
December				

## Crisis and Inpatient Data

MONTH	Crisis Assessment Legal Status											No Legal Status Entered
	51.10(m)	51.10(vol)	51.10D	51.13(6)	51.15	51.20(13)(G)	51.20(13)	51.20(8)(b)(g)	51.45(10)	51.45(10)Detox	55.12	
January	77	23	1	15	18	4	1	1	3	4	1	3
February	81	13	2	24	30	2	2	1	1	1	0	0
March	56	21	2	21	26	1	0	0	3	3	0	48
April												
May												
June												
July												
August												
September												
October												
November												
December												

**51.10(m)** - Voluntary Adult  
**51.10(vol)** - Voluntary Adult  
**51.10(D)** - Voluntary Drug  
**51.13(6)** - Youth Crisis  
**51.15** - Emergency Detention  
**51.20(13)(G)** - 1 Year Commitment  
**51.20(13)** - 6 month Commitment  
**51.20(8)(b)(g)** - Non-compliance of settlement agreement  
**51.45(10)** - Voluntary Alcohol  
**51.45(10)** - Detox - Voluntary Detox  
**55.12** - Emergency Placement

### Crisis and Inpatient Data

MONTH	Hospital Legal Status													No Legal Status Entered
	51.10(m)	51.10(vol)	51.10(8)	51.10D	51.13(6)	51.15	51.20(13)(G)	51.20(13)	51.20(8)(b)(g)	51.45(10)	51.45(10)Detox	51.45(11)	55.12	
January	16	4	0	0	1	40	11	1	1	0	1	2	0	0
February	14	1	1	0	1	35	5	2	2	0	1	4	0	0
March	10	2	0	0	1	32	4	6	2	3	0	0	0	2
April														
May														
June														
July														
August														
September														
October														
November														
December														

**51.10(m)** - Voluntary Adult  
**51.10(vol)** - Voluntary Adult  
**51.10(D)** - Voluntary Drug  
**51.13(6)** - Youth Crisis  
**51.15** - Emergency Detention  
**51.20(13)(G)** - 1 Year Commitment  
**51.20(13)** - 6 month Commitment  
**51.20(8)(b)(g)** - Non-compliance of settlement agreement  
**51.45(10)** - Voluntary Alcohol  
**51.45(10)** - Detox - Voluntary Detox  
**55.12** - Emergency Placement



## Crisis and Inpatient Data

### Capacity (Beds Filled)

MONTH	Number of Patient Days	MTD Capacity
January	402	81%
February	407	87.7%
March	459	92.5%
April		
May		
June		
July		
August		
September		
October		
November		
December		

Number of Patient Days (Physically in the Hospital) divided by 16 times the number of days in that month. 16 is the number of beds that the BHS hospital is certified to run.  
Example **400 patient days / (16 beds \* 30 days) = 83.3%**

### Crisis and Inpatient Data

<b>MONTH</b>	<b>Number of Clients Diverted to other Facilities</b>
January	12
February	23
March	11
April	
May	
June	
July	
August	
September	
October	
November	
December	

Number of clients that needed inpatient psychiatric intervention but were unable to stay at the NCHC BHS Hospital for a specific reason and were sent to an outside facility

## Crisis and Inpatient Data

March	AdmitDate	DischDate	# of Days Since Last Hospitalization	March	AdmitDate	DischDate	# of Days Since Last Hospitalization
Client 1	03/01/16			Client 54	03/26/16	12/02/15	115
Client 2	03/02/16			Client 55	03/27/16	04/03/13	1089
Client 3	03/02/16	02/08/16	23	Client 56	03/28/16		no
Client 4	03/02/16		no	Client 57	03/29/16		no
Client 5	03/03/16	12/21/15	73	Client 58	03/29/16		no
Client 6	03/03/16	12/27/05	3719	Client 59	03/30/16		no
Client 7	03/04/16		no	Client 60	03/31/16		no
Client 8	03/05/16		no	Client 61	03/31/16	11/17/89	9631
Client 9	03/05/16		no	Client 62	03/31/16	02/23/16	37
Client 10	03/06/16	12/21/15	76				
Client 11	03/07/16	02/09/16	27				
Client 12	03/07/16		no				
Client 13	03/08/16	09/26/12	1259				
Client 14	03/09/16		no				
Client 15	03/10/16	02/09/16	30				
Client 16	03/10/16		no				
Client 17	03/10/16	03/26/91	9116				
Client 18	03/10/16		no				
Client 19	03/11/16	01/02/13	1164				
Client 20	03/11/16	01/08/15	428				
Client 21	03/11/16	12/30/15	72				
Client 22	03/11/16	10/25/10	1964				
Client 23	03/11/16		no				
Client 24	03/11/16		no				
Client 25	03/11/16		no				
Client 26	03/12/16	01/14/14	788				
Client 27	03/13/16		no				
Client 28	03/13/16	01/13/11	1886				
Client 29	03/13/16		no				
Client 30	03/14/16		no				
Client 31	03/14/16	01/24/16	50				
Client 32	03/15/16	09/16/15	181				
Client 33	03/15/16	08/18/06	3497				
Client 34	03/16/16		no				
Client 35	03/16/16	04/21/15	330				
Client 36	03/17/16	02/10/14	766				
Client 37	03/17/16		no				
Client 38	03/18/16	05/06/01	5430				
Client 39	03/18/16		no				
Client 40	03/18/16	09/05/12	1290				
Client 41	03/19/16		no				
Client 42	03/19/16		no				
Client 43	03/20/16	11/29/10	1938				
Client 44	03/20/16	05/27/14	663				
Client 45	03/21/16		no				
Client 46	03/22/16		no				
Client 47	03/23/16	03/09/16	14				
Client 48	03/23/16	05/16/08	2868				
Client 49	03/23/16	04/12/15	346				
Client 50	03/25/16	10/31/05	3798				
Client 51	03/25/16	03/07/16	18				
Client 52	03/25/16		no				
Client 53	03/26/16	04/22/00	5817				

No= No history of hospitalizations

Admit date is that of the current BHS Hospital admission. The discharge date is that of the latest psychiatric hospital admission.

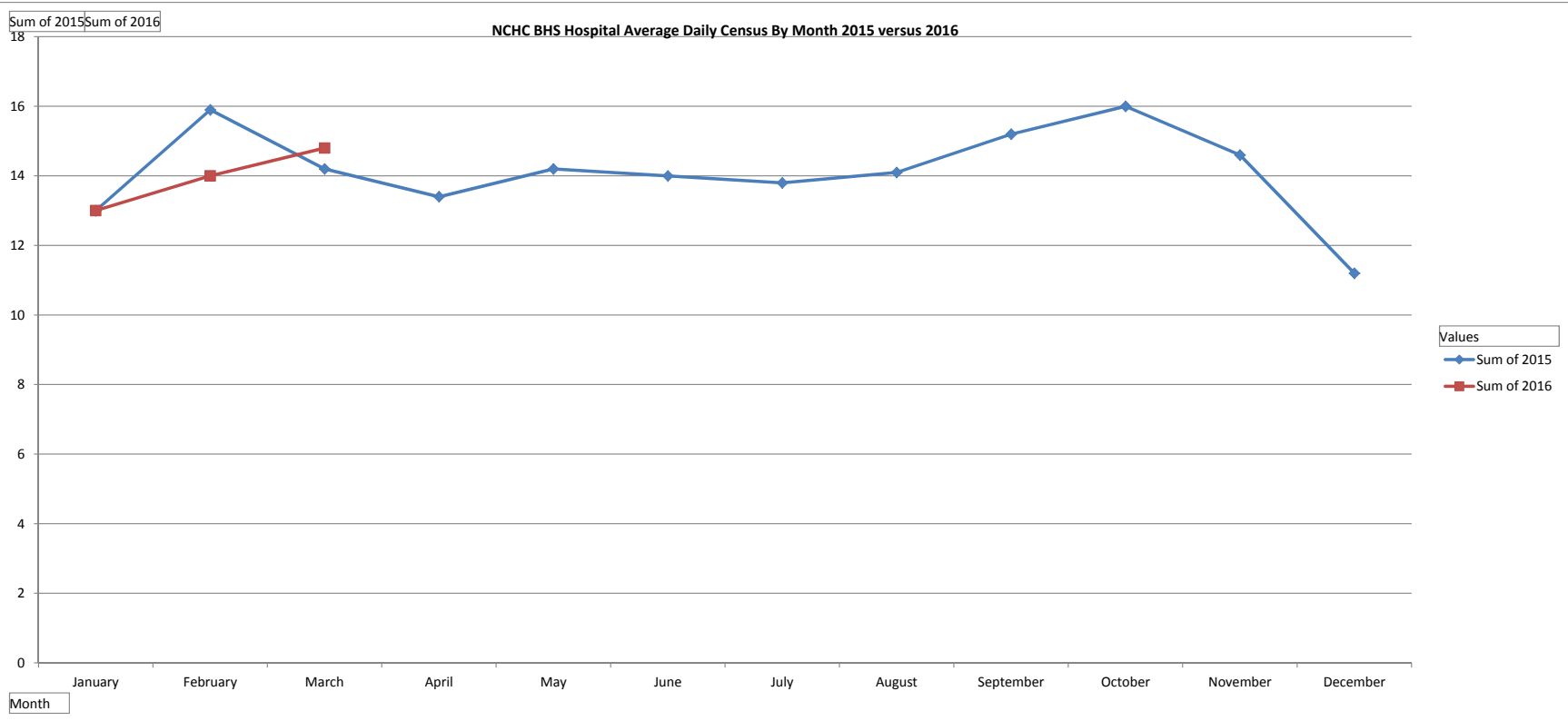
### Crisis and Inpatient Data

#### NUMBER OF CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH

	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS
January	2165	500	104	19	3	1		1
February	2178	452	104	17	4	2		
March	2340	435	115	19	4	3		
April								
May								
June								
July								
August								
September								
October								
November								
December								

Number of clients to use that number of NCHC services during the specified month

### Crisis and Inpatient Data



Row Labels	Sum of 2015	Sum of 2016
January	13	13
February	15.9	14
March	14.2	14.8
April	13.4	
May	14.2	
June	14	
July	13.8	
August	14.1	
September	15.2	
October	16	
November	14.6	
December	11.2	
<b>Grand Total</b>	<b>169.6</b>	<b>41.8</b>

## Crisis and Inpatient Data

<b>Month</b>	<b>Number of Minor's On Unit</b>
November 15'	10
December 15'	7
January 16'	9
February 16'	10
March 16'	9
April 16'	
May 16'	
June 16'	
July 16'	
August 16'	
September 16'	
October 16'	
November 16'	
December 16'	

## Crisis and Inpatient Data

<b>Month</b>	<b>No Roommate Beds (Adult)</b>
September 15'	67
October 15'	50
November 15'	51
December 15'	42
January 16'	69
February 16'	46
March 16'	43
April 16'	
May 16'	
June 16'	
July 16'	
August 16'	

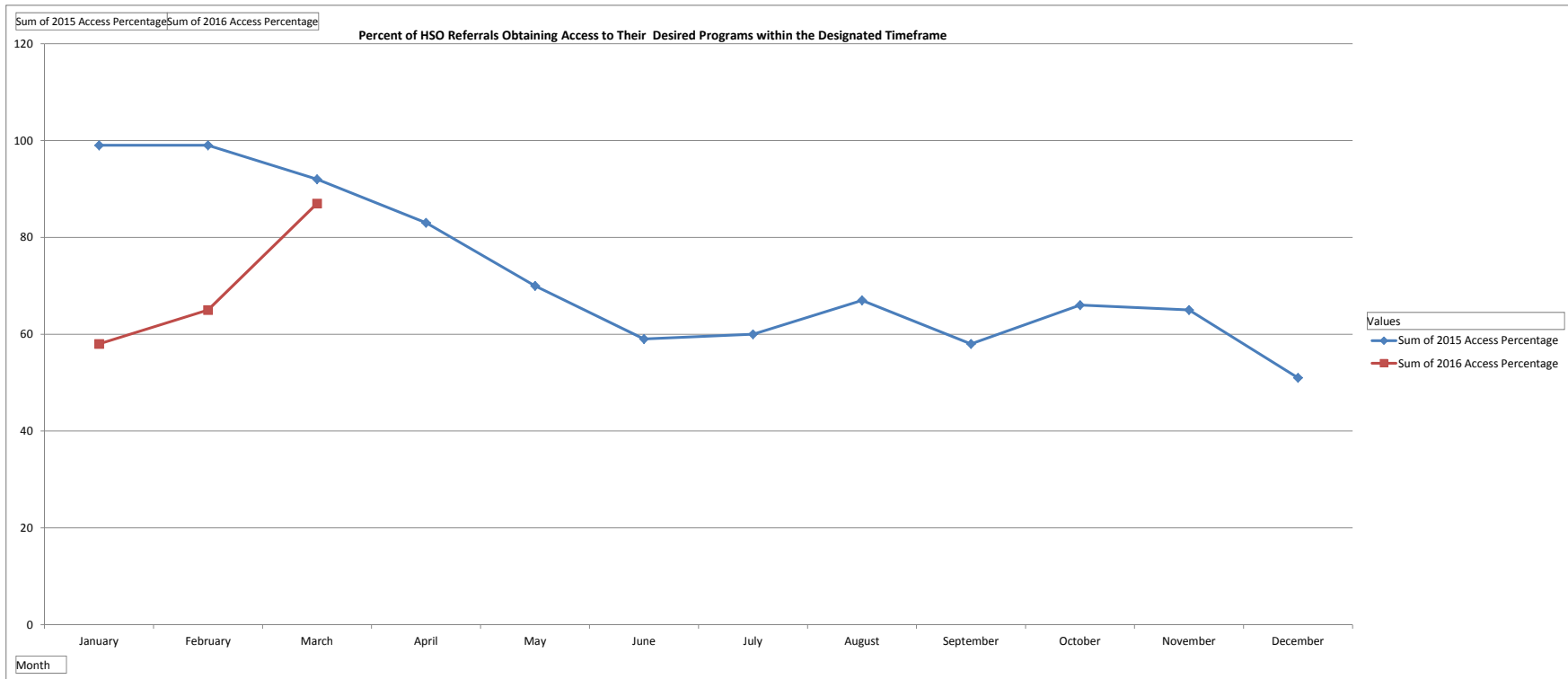
## Crisis and Inpatient Data

Month	# of Minor's w/o Roommate
September 15'	0
October 15'	0
November 15'	0
December 15'	12
January 16'	9
February 16'	15
March 16'	32
April 16'	
May 16'	
June 16'	
July 16'	
August 16'	

Minors do not have roommates during their stay for the following reasons:

- They can only be paired up if they are the same gender
- Depending on admission and current disposition, cannot be with an adult, or if one has criminal sexual offenses.
- Generally only allowing two minors on the unit on a time.





Access Data		
Month	2015 Access Percentage	2016 Access Percentage
January	99	58
February	99	65
March	92	87
April	83	
May	70	
June	59	
July	60	
August	67	
September	58	
October	66	
November	65	
December	51	

Goal is 90-95%

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 recieving paperwork
- Residential - Within 1 month or recieving referral
- Adult Day Services - Within 2 weeks of receiving documentation

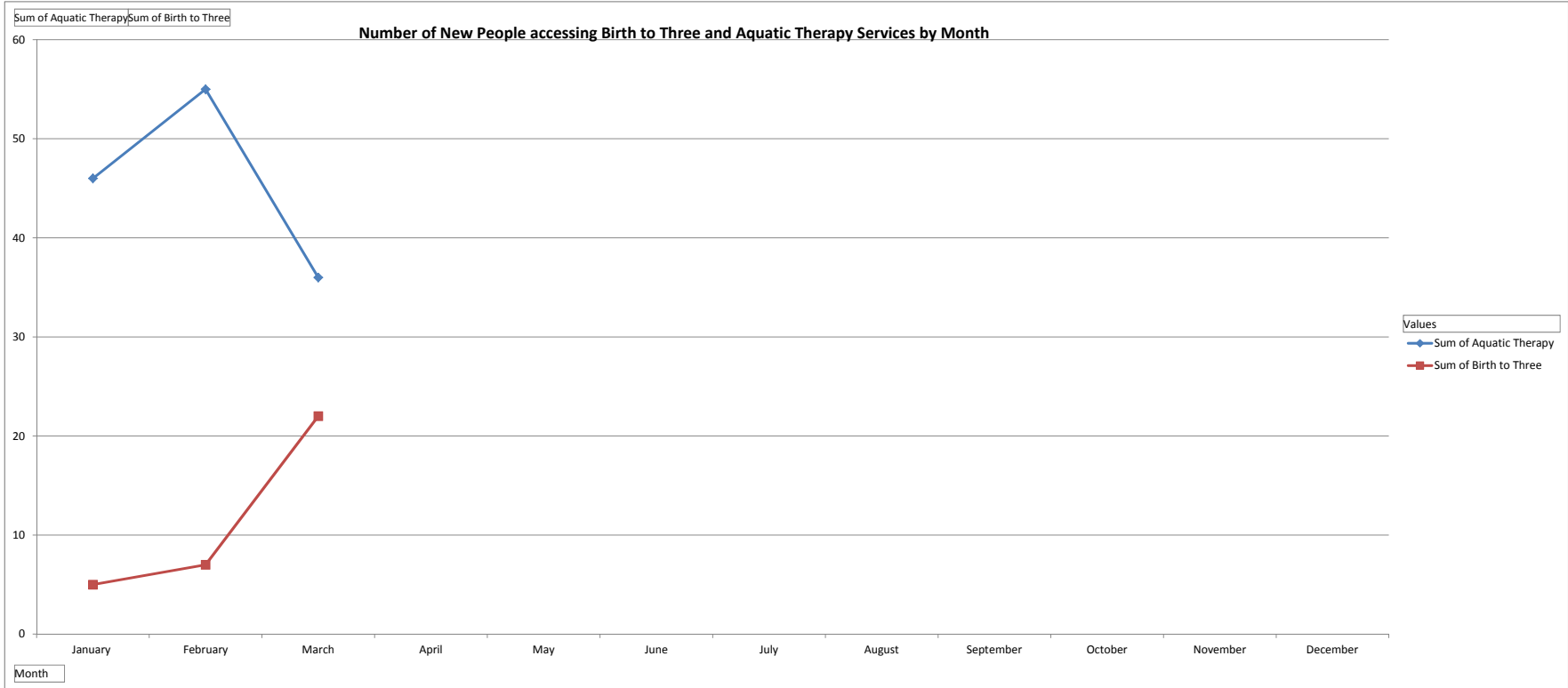
## Number of referrals followed through and scheduled

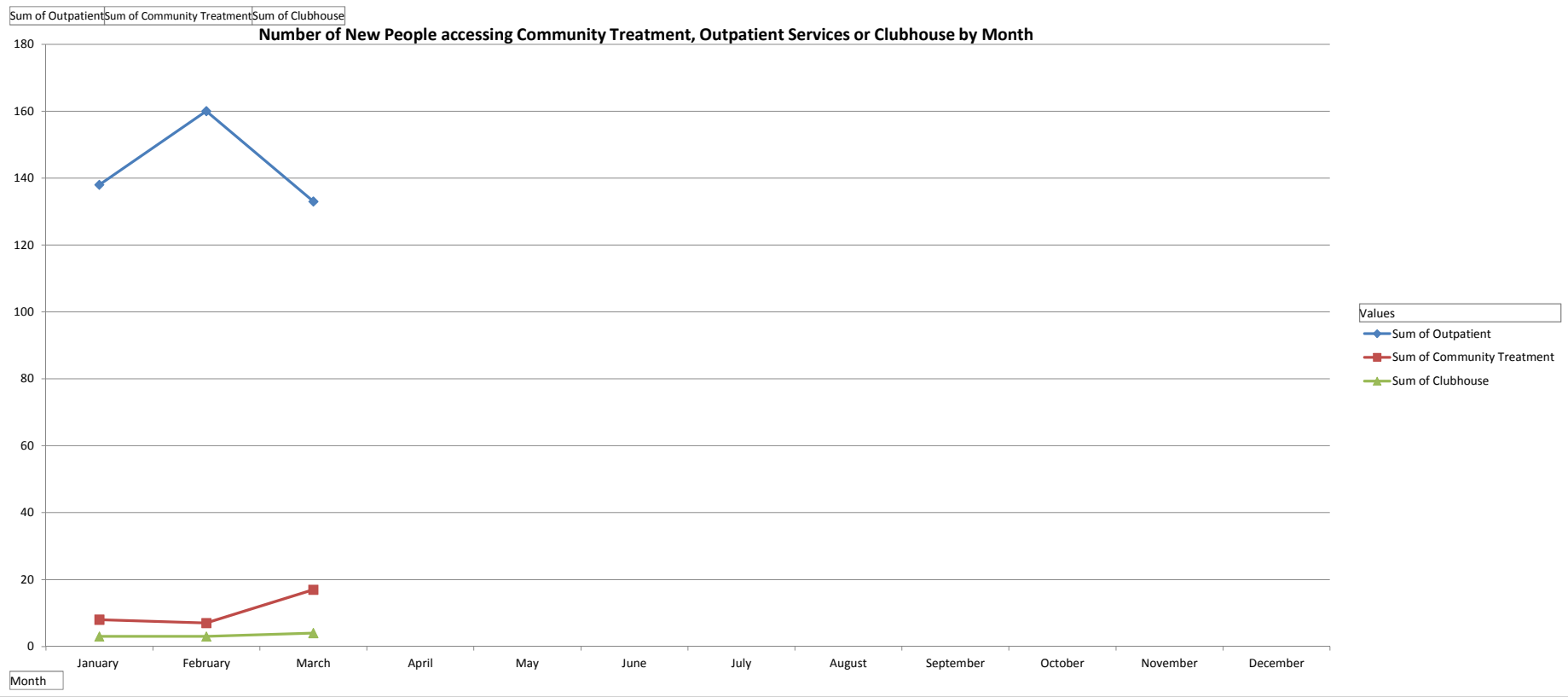
<b>Month</b>	<b>2015 Number of Referrals Scheduled</b>	<b>2016 Number of Referrals Scheduled</b>
January	243	206
February	239	236
March	254	216
April	250	
May	245	
June	244	
July	240	
August	280	
September	255	
October	263	
November	227	
December	186	

## NUMBER OF CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH

	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS
January	2165	500	104	19	3	1		1
February	2178	452	104	17	4	2		
March	2340	435	115	19	4	3		
April								
May								
June								
July								
August								
September								
October								
November								
December								

Number of clients to use that number of NCHC services during the specified month





Sum of ADS Sum of Residential Sum of Prevocational

Number of New People accessing Adult Day Services, Residential Services or Pre-vocational Services by Month





Number of Individual Clients Served per month by Adult Day Services, Prevocational Services and Residential Services



Month	RESIDENTIAL	PREVOCATIONAL SERVICES Marathon	PREVOCATIONAL SERVICES Langlade	ADS Langlade	ADS Wausau
January	93	109	34	33	60
February	95	106	33	33	58
March	96	106	30	34	60
April					
May					
June					
July					
August					
September					
October					
November					
December					















# North Central Health Care

Person centered. Outcome focused.

## **North Central Community Services Program Board Human Services Operations Committee**

### **Charter**

- Members:** Eight (8) to twelve (12) member committee consisting of representatives from the North Central Community Services Program Board (51.42) and the general public with knowledge or expertise in human services, community issues, and/or business and industry. The number of members from the board is at the discretion of the Board.
- Resource** NCHC CEO, CFO, Director - Human Services Operations, and other NCHC Team as deemed helpful.
- Purpose:** To assure that North Central Health Care meets the communities' most critical mental health, alcohol/drug abuse and developmental disability service needs with available resources, and by working in collaboration with the communities served.
- Responsibility & Authority:** The Committee works closely with senior management, providing expertise, establishing expectations of operations and monitoring those expectations, including quality of care. The Committee provides input and oversight with regards to the broad strategic direction for the NCHC Human Services programs. The Committee is accountable to the North Central Community Services Program Board. Makes recommendations to the Board when policy changes are needed. The Committee will be involved in setting strategic direction and performance expectations, which may or may not require Board action.
- Outcomes:** Outcomes will be established on an annual basis for the following categories:
- Financial
  - Community
  - Clinical Quality
  - Service
  - People
- Meeting:** At least four times per year.
- Reporting:** North Central Community Services Program Board
- Adopted:** By NCCSP Board, December 22, 2011