North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA of a meeting of the Board or a Committee of the
North Central Community Services Program Board

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 **10:30 a.m.**, on **Friday, August 12th, 2016.**

AGENDA

1. Call to order
2. Consent Agenda
    a. ACTION: Approval of 7/18/16 Human Services Operations Committee Meeting Minutes
    b. Financial Report
3. Educational Presentation
    a. Juvenile Criminal Justice Discussion - Chris Gunderson
4. Human Services Outcome Reporting
    a. Outcome Data Review
    b. Crisis Services Update and Data Review
5. Analysis on Diversions to State Institutions – L. Scudiere/B. Glodowski
6. Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC – L. Scudiere
7. Inpatient Hospital Admission Policy Regarding Adolescents (ages 13-18) – M. Loy
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 Leader
Merrill Foto News
Lincoln & Marathon County Clerk Offices

DATE: 08/05/16 TIME: 12:00 PM
VIA: X FAX X MAIL
BY: D. Osowski

THIS NOTICE POSTED AT:

North Central Health Care
DATE: 08/05/16 TIME: 12:00 PM
By: Debbie Osowski

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
HUMAN SERVICES OPERATIONS COMMITTEE
MEETING MINUTES

July 18, 2016 **8:00 a.m.** **NCHC – Wausau Campus**

Present:

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

Others Present: Michael Loy, Laura Scudiere, Brenda Glodowski, Becky Schultz, Sue Matis

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

Consent Agenda

- In-depth discussion regarding current financial status including:
  - $680,000 above target through June.
  - State institute expenses continue to be high.
  - Costs associated with crisis services and additional services to the jail:
    - Phase 1: additional staff with higher educational level i.e. Bachelor or above, which increases salaries.
    - Phase 2: in progress with hiring youth workers and transportation workers; expenses have not yet been incurred.
  - Continue to look into the diversions made to Trempealeau County; have reduced the number from 5 to 2 and are reviewing the 2 cases with the goal to bring back to NCHC.
  - Marathon County had promised an additional $475,000 for the additional jail services; we have not yet received any payment.
  - Next meeting discussion will include: 1) Who is being placed at Trempealeau County, details on costs involved, opportunities to bring back to NCHC and costs; 2) Diversions and state institutes; 3) Crisis Services projected for remainder of 2016, benefit to population in Marathon County; 4) Fiscal year plan for HSO.
- **Motion**/second, Shipway/Rusch, to approve the consent agenda. Motion carried.

Juvenile Criminal Justice Discussion

- Unable to confirm presenter for July meeting. Will look for a presentation in August.

Morningside Report Discussion

- Purpose of hiring Morningside was to provide needs assessment and identify unmet needs throughout the county.
- Report recommended the following options: 1) continue current multi-county agreement with clear expectations and performance measures; 2) contract for services; 3) single county human service model; 4) multi-county human service approach
- Morningside is recommending Option 2 which is to pull out of the current 51.42 relationship and instead contract for services by releasing RFP's.

- Currently the county is considering contracting with NCHC for three years to allow for performance standards in a revised contract, and continue the relationship with Langlade and Lincoln Counties. However, the expectations have not yet been identified.
- The county asked for additional transparency from NCHC with more detailed financial information sent regularly to the Deputy Administrator. With the retirement of the Deputy Administrator it was recommended the information continue to be forwarded to Matt Bootz.
- Committee members agreed that it is an important time and an opportunity to develop a community behavioral health summit and include the epidemic and explosion of the increase use of opioids and meth in the community. NCHC should play a leadership role.

<u>Inpatient Hospital Admission Policy Regarding Adolescents (ages 13-18)</u>

- NCHC currently admits 13-18 year olds which allows adolescents to stay in their own community, be closer to their support networks, and eliminate transportation needs.
- Two issues relate to the admission of adolescents: mixing ages 13-18 with the adult population and psychiatrists do not approve of this care setting which makes added difficulties in securing psychiatrists to provide services.
- When adolescents are on the unit they cannot be mixed with the adult population and we must have higher staffing ratios.
- Consideration is being requested to transport the youth who need inpatient treatment to either Bellin or Winnebago. This would allow all beds to be utilized to unit capacity which would offset the costs for transporting the youth to another facility. Financial costs of this change in practice would need to be reviewed in detail along with the impact in the community.
- Continue to look to recruit child psychiatrists.
- Exploring the development of a smaller youth inpatient unit. We are struggling with youth in the community and our inpatient volumes for youth are up; our medical staff is in support; but impacts of a decision for transportation, cost, and care in the community are vital in making this decision. Will look for feedback from the community before looking at a potential change in service.
- Suggestion was made to inform Marathon County as to why we are exploring this option, issues being faced, costs, and seek their input. Recommended information to gather;
    - number of juveniles that need inpatient treatment who aren't receiving it in this county
    - number on juveniles on Medical Assistance
    - long term goal/timeline of inpatient unit for child and adolescents
- Committee was reminded that law indicates if we are licensed for more than 16 psychiatric hospital beds we are considered an IMD (Institute for Mental Disease) which means we would lose Medicaid funding.
- **Motion**/second, Shipway/Haney, to advance an evaluation of the policy regarding adolescents in the inpatient hospital. Motion carried.

<u>Human Services Operations Outcome Reporting</u>

- Executive Summary for Outcome Data was distributed and reviewed.
    - Will add data related to age i.e. adults and adolescents.
    - Have engaged Laura Yarie, but she unable to attend a meeting before the fall.
    - Will add a percentage on how many individuals were referred but didn't get scheduled.
    - Will include a combined financial report in addition to the breakdown of all three counties.

Human Services Operations Committee Charter

- **Motion**/second, Shipway/Parks, to advance the Human Services Operations Committee Charter to the Board for approval. Motion carried.

Future agenda items

- Inpatient Hospital Admission Policy Regarding Adolescents (ages 13-18) – continue discussion
- Juvenile Criminal Justice Discussion
- Morningside Report

Motion/second, Parks/Rusch, to adjourn the meeting at 9:30 a.m. Motion carried.

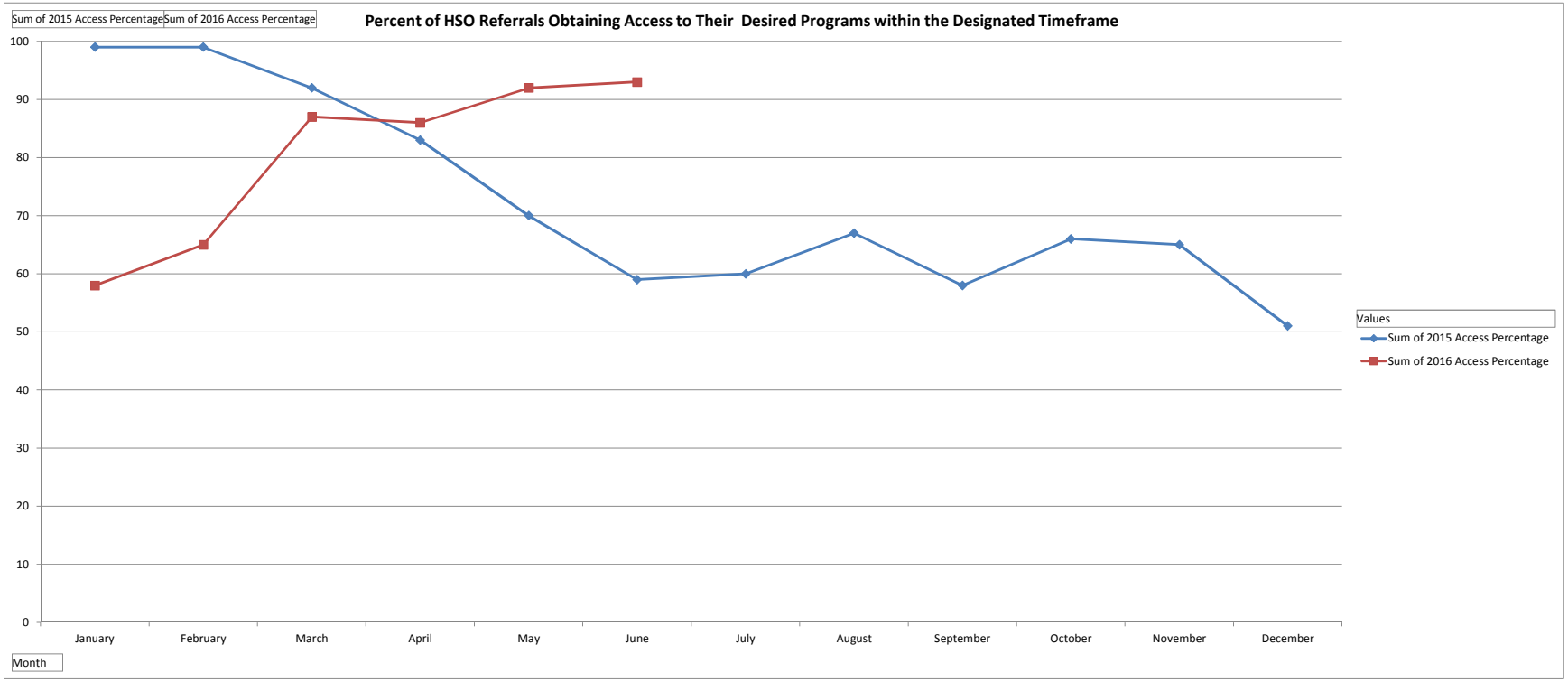
dko

Executive Summary

Outcome Data for HSO Programs

2016

- Marathon Psychiatry is down a provider and the access is down.
- Youth crisis is trending up (age 18 or younger).
- “Number of referrals followed through and scheduled” is now reported.
- Number of clients accessing multiple programs is down, but in comparison to last year, this tends to dip in the summer.
- The no roommate bed days are down to 10 in June. We believe this is due to some changes to our patient flow in the inpatient hospital, but needs to be tracked over time to determine if it’s statistically significant.



Access Data

Month	2015 Access Percentage	2016 Access Percentage
January	99	58
February	99	65
March	92	87
April	83	86
May	70	92
June	59	93
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

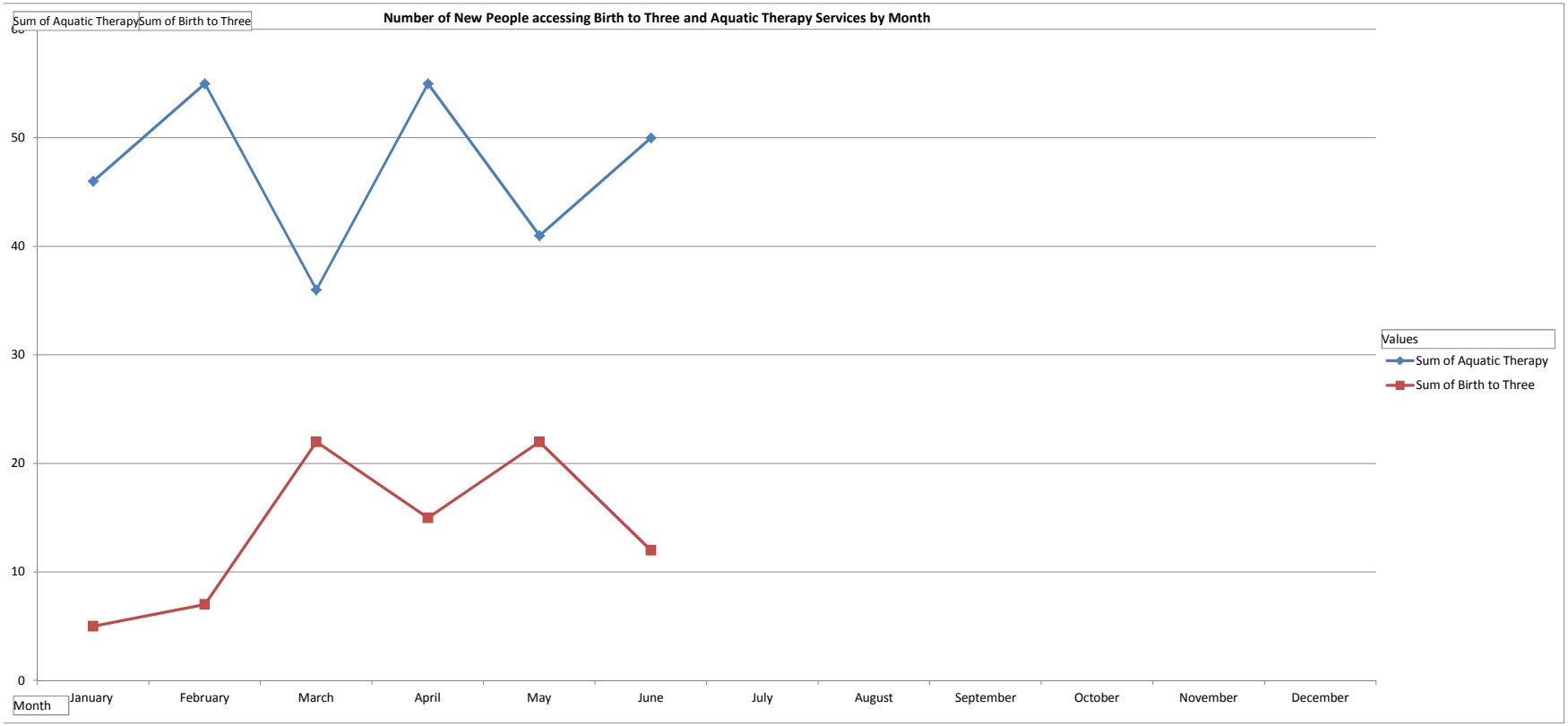
Number of referrals followed through and scheduled

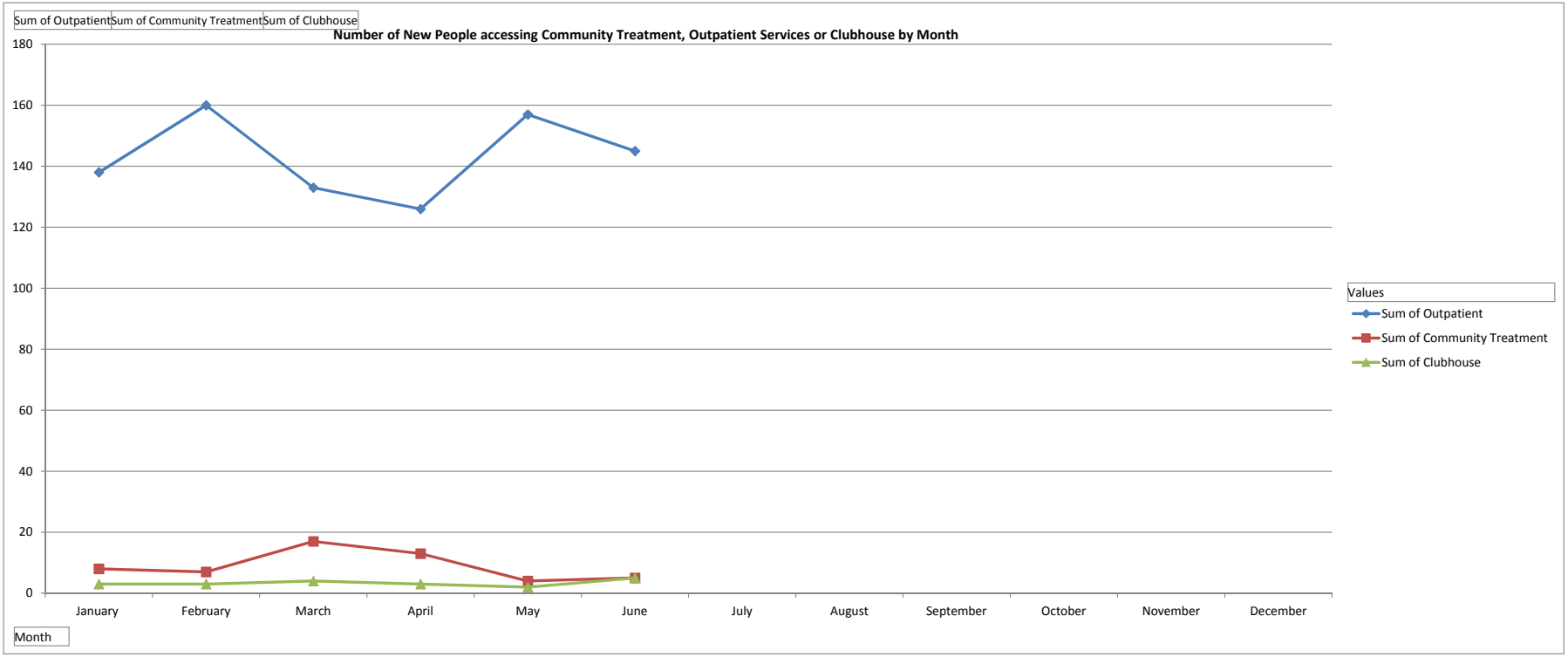
Month	2015 Number of Referrals Scheduled	2016 Number of Referrals Scheduled	Number of Total Outpatient Referrals			Total Number of Outpatient Persons Scheduled	Percent
			Marathon	Lincoln	Langlade		
January	243	206	103	44	51	138	70%
February	239	236	142	37	53	160	69%
March	254	216	112	51	59	133	60%
April	250	215	136	47	36	126	58%
May	245	229	124	43	60	157	69%
June	244	221	117	48	46	145	69%
July	240		121	43	32	113	58%
August	280						
September	255						
October	263						
November	227						
December	186						

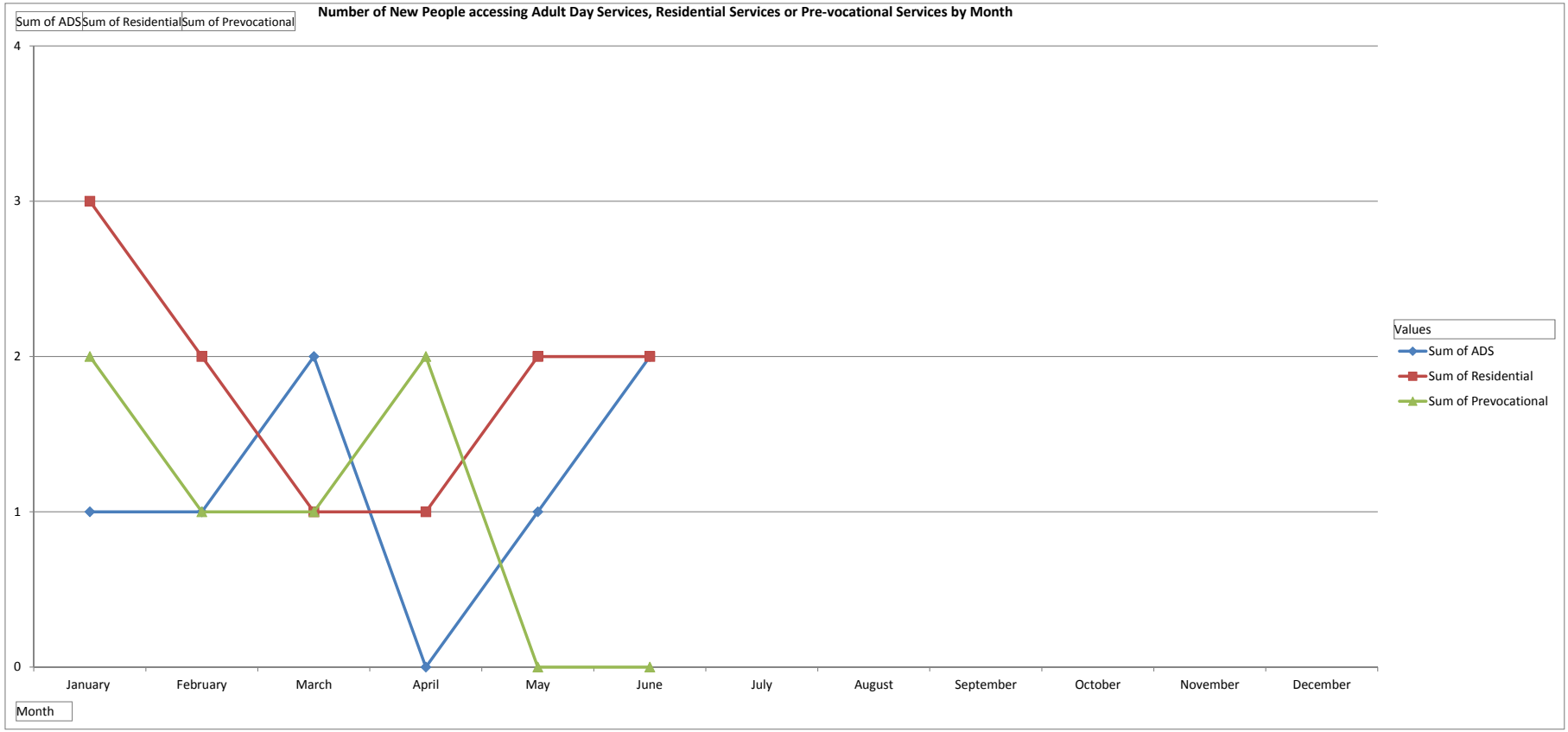
NUMBER OF CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH

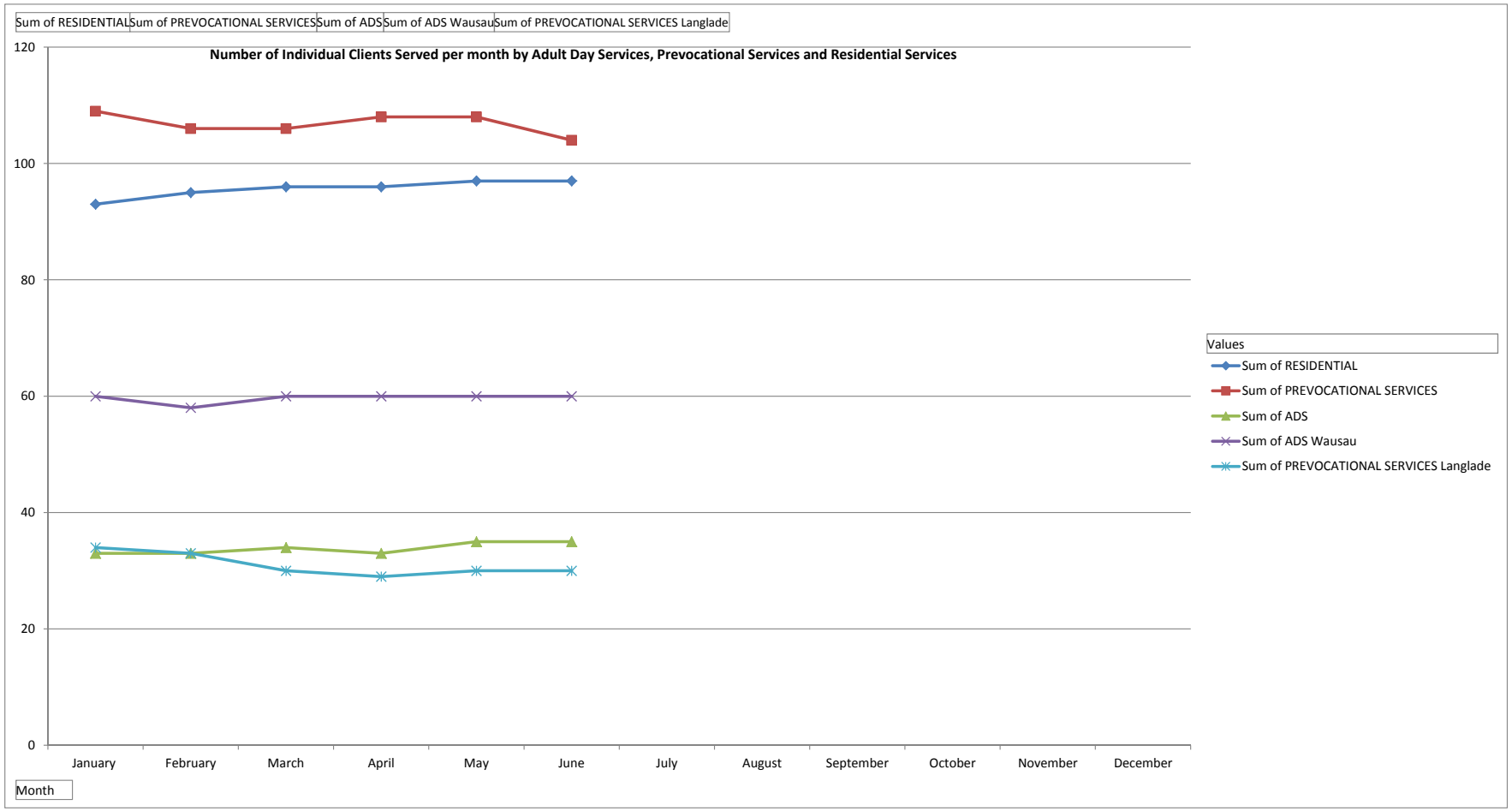
	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS
January	2165	500	104	19	3	1		1
February	2178	452	104	17	4	2		
March	2340	435	115	19	4	3		
April	2275	498	118	21	2			
May	2236	456	92	15	5	3		
June	2163	411	95	12	7	3		
July								
August								
September								
October								
November								
December								

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

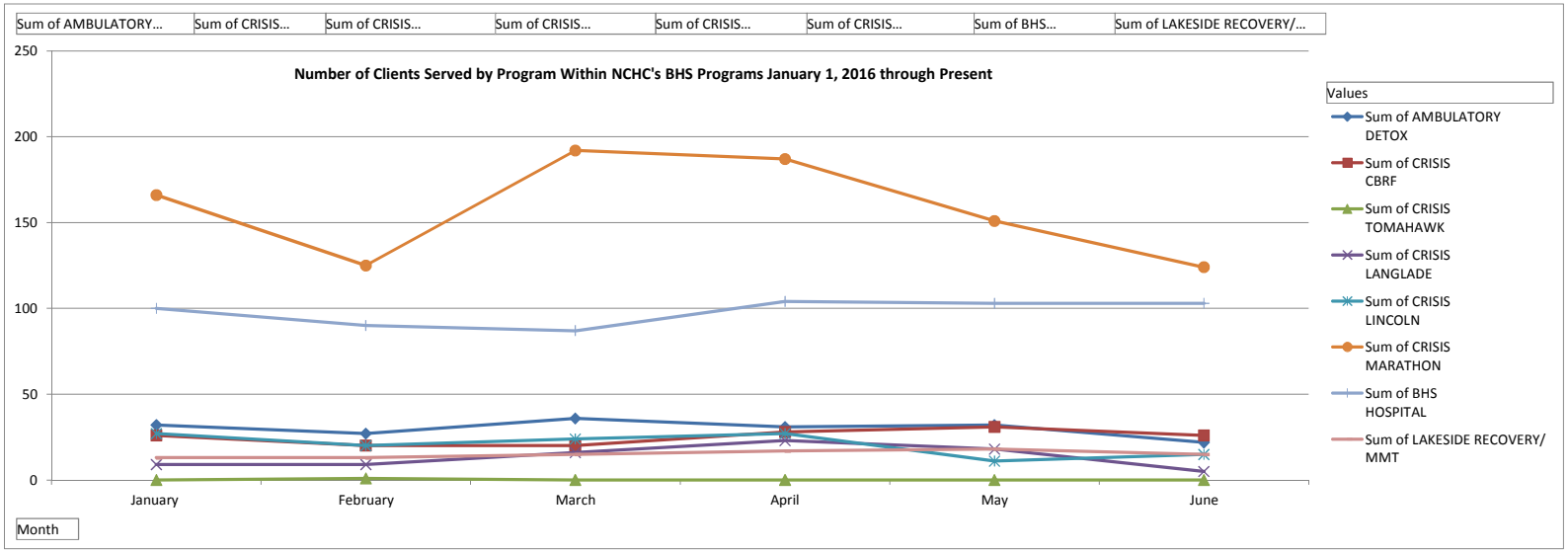

Sum of Aquatic Therapy
Sum of Birth to Three
Number of New People accessing Birth to Three and Aquatic Therapy Services by Month
60
50
40
30
20
10
0
January
February
March
April
May
June
July
August
September
October
November
December
Month
Values
Sum of Aquatic Therapy
Sum of Birth to Three


Sum of Outpatient
Sum of Community Treatment
Sum of Clubhouse
Number of New People accessing Community Treatment, Outpatient Services or Clubhouse by Month
180
160
140
120
100
80
60
40
20
0
January
February
March
April
May
June
July
August
September
October
November
December
Month
Values
Sum of Outpatient
Sum of Community Treatment
Sum of Clubhouse


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
4
3
2
1
0
January
February
March
April
May
June
July
August
September
October
November
December
Month
Values
Sum of ADS
Sum of Residential
Sum of Prevocational



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	96	108	29	33	60
May	97	108	30	35	60
June	97	104	30	35	60
July					
August					
September					
October					
November					
December					

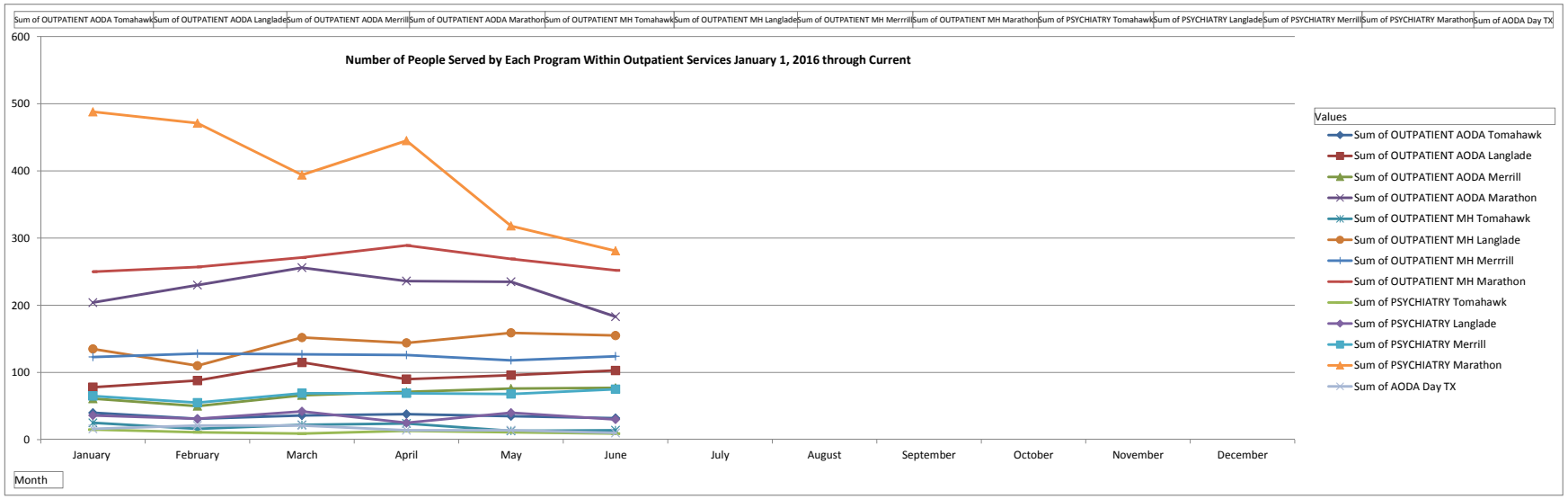


Month	AMBULATORY DETOX	CRISIS CBRF	CRISIS TOMAHAWK	CRISIS LANGLADE	CRISIS LINCOLN	CRISIS MARATHON	BHS HOSPITAL	LAKESIDE RECOVERY/ MMT
January	32	26	0	9	27	166	100	13
February	27	20	1	9	20	125	90	13
March	36	20	0	16	24	192	87	15
April	31	28	0	23	27	187	104	17
May	32	31	0	18	11	151	103	18
June	22	26	0	5	15	124	103	15
July								
August								
September								
October								
November								
December								

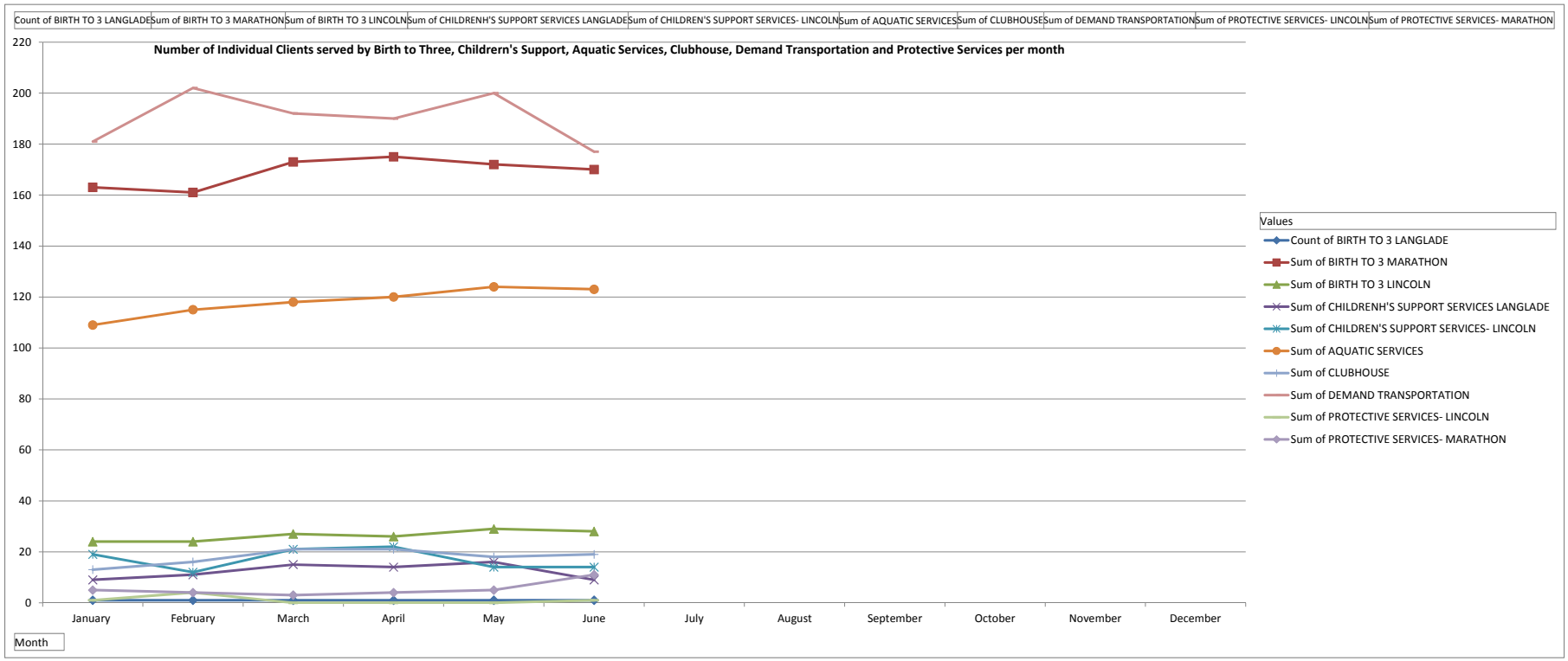
Number of Clients Served By Each Program

PROGRAM	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2015 TOTAL
ADS LANGLADE	33	33	34	33	35	35							37
ADS WAUSAU	60	58	60	60	60	60							68
AMBULATORY DETOX	32	27	36	31	32	22							55
AODA DAY TREATMENT	16	21	21	14	14	10							58
AQUATIC SERVICES	109	115	118	120	124	123							589
BIRTH TO 3 LANGLADE	16	16	19	17	19	17							38
BIRTH TO 3 LINCOLN	24	24	27	26	29	28							63
BIRTH TO 3 MARATHON	163	161	173	175	172	170							356
CASE MANAGEMENT LANGLADE	0	0	0	0	0	0							2
CASE MANAGEMENT LINCOLN	1	1	0	0	0	0							1
CASE MANAGEMENT MARATHON	2	2	2	2	1	2							11
CHILDRENH'S SUPPORT SERVICES LANGLADE	9	11	15	14	16	9							22
CHILDREN'S SUPPORT SERVICES- LINCOLN	19	12	21	22	14	14							39
CLUBHOUSE	13	16	21	21	18	19							35
CSP- LANGLADE	6	4	4	5	5	4							7
CSP- LINCOLN	0	0	0	0	0	0							1
CSP- MARATHON	24	24	23	22	22	21							32
CCS- LANGLADE	50	51	52	51	55	55							66
CCS- LINCOLN	72	71	76	73	75	77							85
CCS- MARATHON	341	334	348	342	346	346							426
CRISIS CBRF	26	20	20	28	31	26							248
CRISIS- TOMAHAWK	0	1	0	0	0	0							2
CRISIS- LANGLADE	9	9	16	23	18	5							61
CRISIS- LINCOLN	27	20	24	27	11	15							68
CRISIS- MARATHON	166	125	192	187	151	124							1230
DEMAND TRANSPORTATION	181	202	192	190	200	177							740
BHS HOSPITAL	100	90	87	104	103	103							1015
LAKESIDE RECOVERY-MMT	13	13	15	17	18	15							31
OUTPATIENT AODA- TOMAHAWK	40	31	36	38	35	32							100
OUTPATIENT AODA- LANGLADE	78	88	115	90	96	103							422
OUTPATIENT AODA- MERRILL	61	50	66	71	76	77							320
OUTPATIENT AODA- MARATHON	204	230	256	236	235	183							1319
OUTPATIENTMH- TOMAHAWK	25	16	22	24	13	14							64
OUTPATIENT MH- LANGLADE	135	110	152	144	159	155							407
OUTPATIENT MH- MERRILL	123	128	127	126	118	124							347
OUTPATIENT MH- MARATHON	250	257	271	289	269	252							1014
PREVOCATIONAL SERVICES- LANGLADE	34	33	30	29	30	30							38
PREVOCATIONAL SERVICES- MARATHON	109	106	106	108	108	104							127
PROTECTIVE SERVICES- LINCOLN	1	4	0	0	0	1							9
PROTECTIVE SERVICES- MARATHON	5	4	3	4	5	11							49
PSYCHIATRY- TOMAHAWK	15	11	9	13	11	9							47
PSYCHIATRY- LANGLADE	36	31	42	25	40	30							142
PSYCHIATRY- MERRILL	65	55	69	69	68	75							191
PSYCHIATRY- MARATHON	488	471	394	445	318	281							1402
RESIDENTIAL	93	95	96	96	97	97							108
TOTAL	3274	3181	3390	3411	3247	3055							

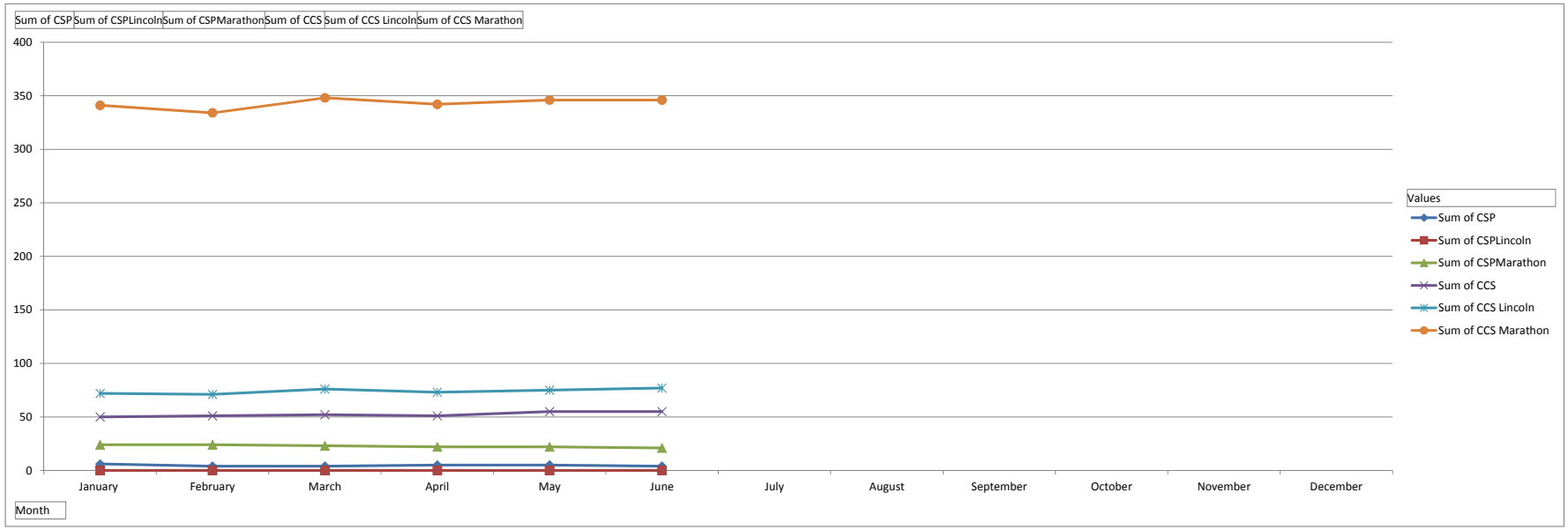
Total number of people served by each NCHC department per month for year 2016.



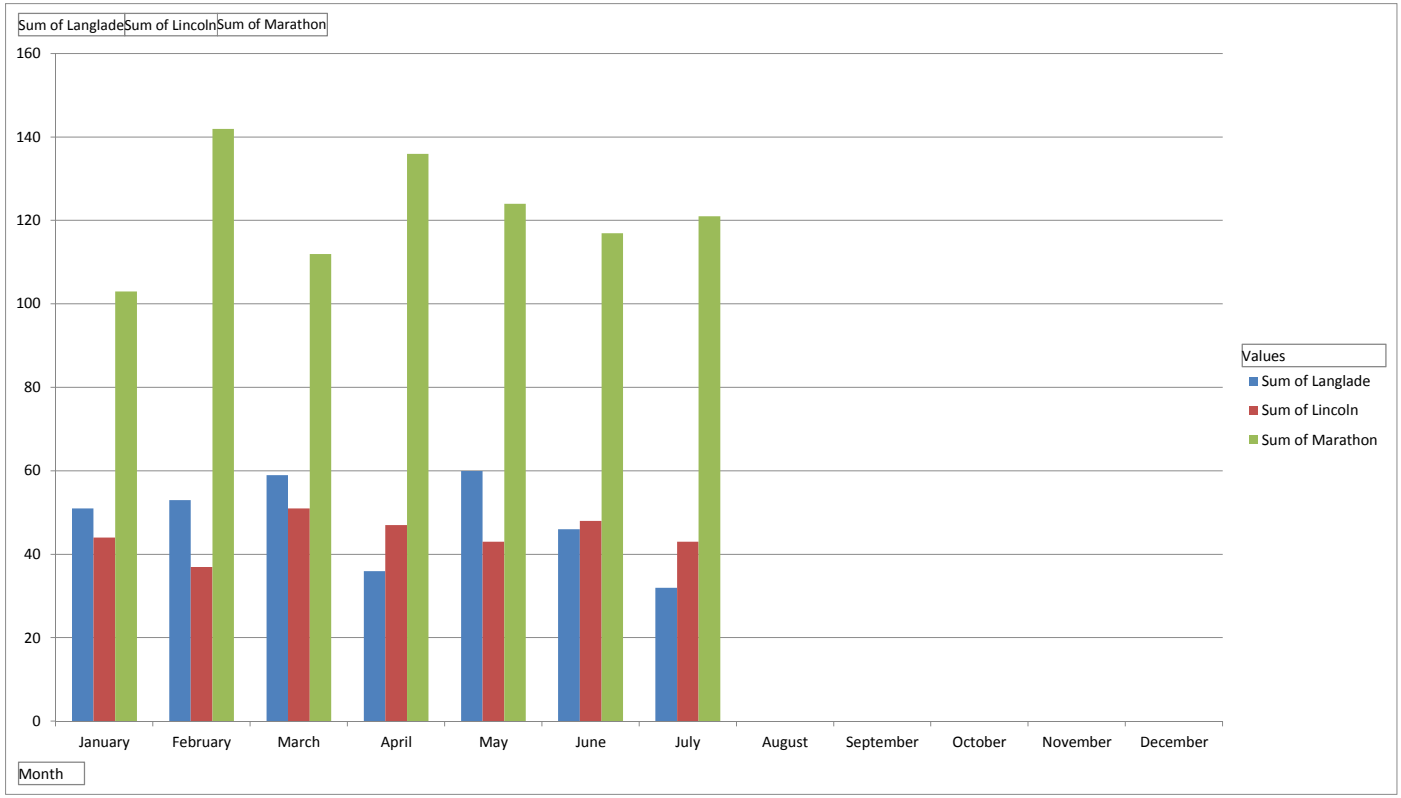
Month	PSYCHIATRY MARATHON	PSYCHIATRY MERRILL	PSYCHIATRY LANGLADE	PSYCHIATRY TOMAHAWK	OUTPATIENT MH MARATHON	OUTPATIENT MH MERRILL	OUTPATIENT MH LANGLADE	OUTPATIENT MH TOMAHAWK	OUTPATIENT AODA MARATHON	OUTPATIENT AODA MERRILL	OUTPATIENT AODA LANGLADE	OUTPATIENT AODA TOMAHAWK	OUTPATIENT AODA TOMAHAWK	AODA DAY TREATMENT
January	488	65	36	15	250	123	135	25	204	61	78	40	40	16
February	471	55	31	11	257	128	110	16	230	50	88	31	31	21
March	394	69	42	9	271	127	152	22	256	66	115	36	36	21
April	445	69	25	13	289	126	144	24	236	71	90	38	38	14
May	318	68	40	11	269	118	159	13	235	76	96	35	35	14
June	281	75	30	9	252	124	155	14	183	77	103	32	32	10
July														
August														
September														
October														
November														
December														



Month	BIRTH TO 3 LANGLADE	BIRTH TO 3 LINCOLN	BIRTH TO 3 MARATHON	CHILDREN'S SUPPORT SERVICES LANGLADE	CHILDREN'S SUPPORT SERVICES LINCOLN	AQUATIC SERVICES	CLUBHOUSE	PROTECTIVE SERVICES LINCOLN	PROTECTIVE SERVICES MARATHON	DEMAND TRANSPORTATION
January	16	24	163	9	19	109	13	1	5	181
February	16	24	161	11	12	115	16	4	4	202
March	19	27	173	15	21	118	21	0	3	192
April	17	26	175	14	22	120	21	0	4	190
May	19	29	172	16	14	124	18	0	5	200
June	17	28	170	9	14	123	19	1	11	177
July										
August										
September										
October										
November										
December										

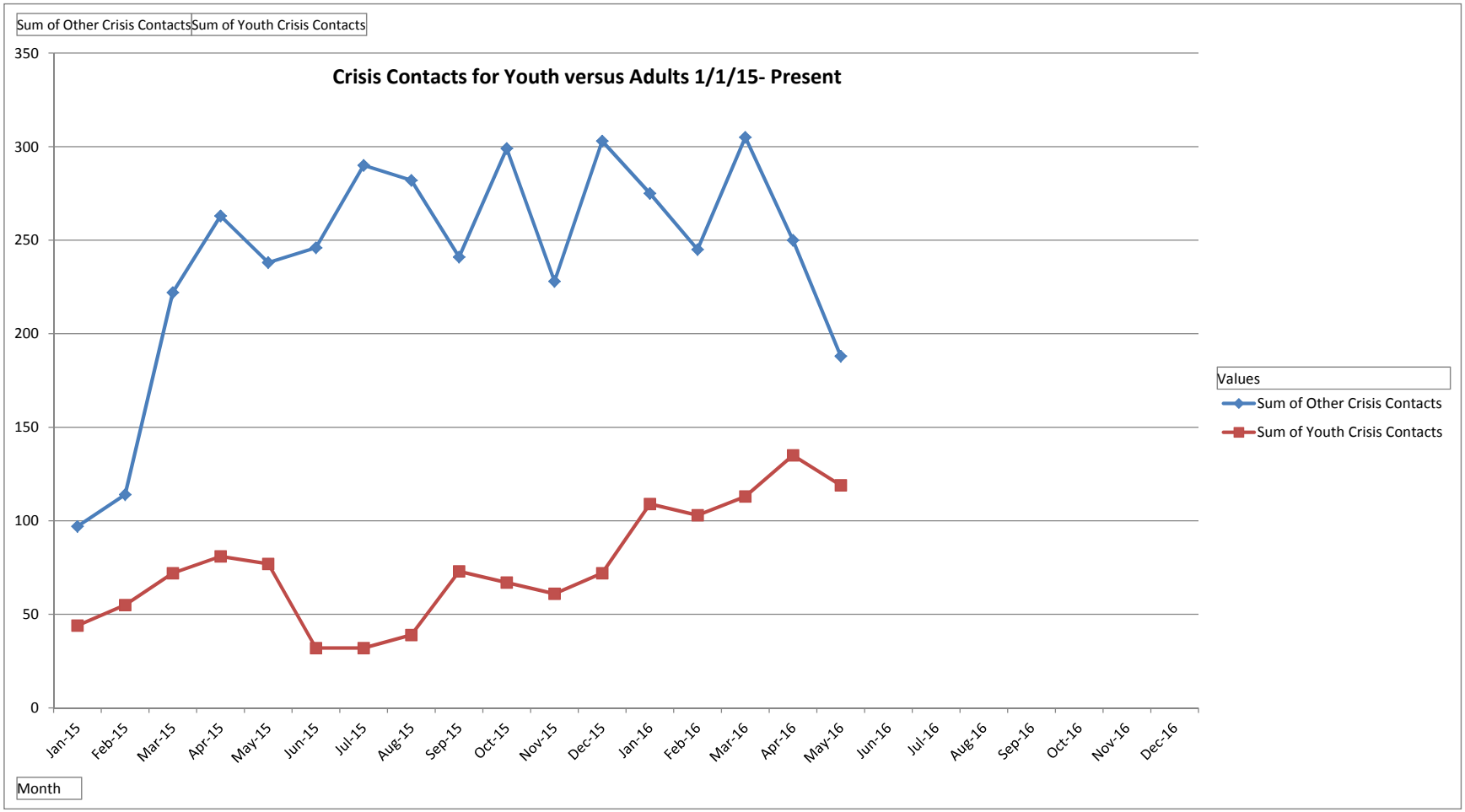


Month	CM LANGLADE	CM LINCOLN	CM MARATHON	CSP LANGLADE	CSP LINCOLN	CSP MARATHON	CCS LANGLADE	CCS LINCOLN	CCS MARATHON
January	0	1	2	6	0	24	50	72	341
February	0	1	2	4	0	24	51	71	334
March	0	0	2	4	0	23	52	76	348
April	0	0	2	5	0	22	51	73	342
May	0	0	1	5	0	22	55	75	346
June	0	0	2	4	0	21	55	77	346
July									
August									
September									
October									
November									
December									



Month	Marathon	Lincoln	Langlade
January	103	44	51
February	142	37	53
March	112	51	59
April	136	47	36
May	124	43	60
June	117	48	46
July	121	43	32
August			
September			
October			
November			
December			

Total number of referrals that come to each county. This may be a referral sent from their healthcare provider, the criminal justice system or a self referral by calling or coming in to one of the NCHC locations.



This data represents the number of contacts made to youth versus adults. Contacts are asseessments of their current states and determination if any follow-up is required

Month	Access for MMT	Access for Marathon Outpatient MH	Access for Outpatient Marathon AODA	Access for Day Treatment	Acess for Langlade MH	Access for Langlade AODA	Acess for Lincoln MH	Access for Lincoln AODA
June	60 Days	2.2 Days	3.6 Days	3.6 Days (No Waitlist)	9.8 Days	12.5 Days	3.7 Days	9.7 Days
July								
August								
September								
October								
November								
December								

Average number of day's per program = total number of days divided by the total number of clients.

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	66	5	8	0
May	64	7	10	1
June	48	7	4	0
July				
August				
September				
October				
November				
December				

This is the Number of Admits by County of Residence to the NCHC BHS Hospital Unit

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	5.21	6.4	6.38	0
May	4.55	4.14	4.2	1
June	6.15	6.71	18.5	0
July				
August				
September				
October				
November				
December				

This is the total number of days for patients from each county on the NCHC BHS Hospital Unit divided by the actual number of people admitted from that county giving the average patient days.

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
January			
01/04/2016	4		
01/05/2016	3	5	
01/06/2016	2		
01/07/2016	3		3
01/08/2016	4		
01/11/2016	1		
01/12/2016	4		
01/13/2016	1		
01/14/2016	4		
01/15/2016	3		
01/18/2016	4		
01/19/2016		5	
01/20/2016	2		
01/21/2016			4
01/22/2016	3		
01/25/2016	2		
01/26/2016	5		
01/27/2016	3		
01/28/2016	3		
01/29/2016			4
Total OWI Assessments	**51**	**10**	**11**
February			
02/01/2016	2		
02/02/2016		4	
02/03/2016	3		
02/04/2016	4		3
02/05/2016	5		
02/08/2016	2		
02/09/2016	5		
02/10/2016	3		
02/11/2016	4		
02/12/2016	5		
02/15/2016	4		
02/16/2016		4	
02/17/2016	3		
02/18/2016			5
02/19/2016	2		
02/22/2016	5		
02/23/2016	4		
02/24/2016	2		
02/25/2016	4		
02/26/2016	4		
02/29/2016	4		
Total OWI Assessments	**65**	**8**	**8**

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
March			
03/01/2016	2	5	
03/02/2016	4		
03/03/2016	5		5
03/04/2016	2		
03/07/2016	4		
03/08/2016	4		
03/09/2016	3		
03/10/2016	5		
03/11/2016	5		
03/14/2016	4		
03/15/2016		3	
03/16/2016	1		
03/17/2016			4
03/18/2016	5		
03/21/2016	2		
03/22/2016	3		
03/23/2016	4		
03/24/2016	5		
03/25/2016			3
03/28/2016	5		
03/29/2016	4		
03/30/2016	3		
03/31/2016	4		
Total OWI Assessments	**74**	**8**	**12**
April			
04/01/2016	4		
04/04/2016	3		
04/05/2016	5	5	
04/06/2016	3		
04/07/2016	4		4
04/08/2016	3		
04/11/2016	2		
04/12/2016	5		
04/13/2016	4		
04/14/2016	5		
04/15/2016	3		
04/18/2016	2		
04/19/2016		3	
04/20/2016	4		
04/21/2016			4
04/22/2016	3		
04/25/2016	1		
04/26/2016	4		
04/27/2016			
04/28/2016	4		
04/29/2016	5		
Total OWI Assessments	**64**	**8**	**8**

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
May			
05/02/2016	1		
05/03/2016	5	3	
05/04/2016	4		
05/05/2016	4		5
05/06/2016			
05/09/2016	3		
05/10/2016	4		
05/11/2016	1		
05/12/2016	4		1
05/13/2016	5		
05/16/2016	1		
05/17/2016		3	
05/18/2016	3		
05/19/2016			2
05/20/2016	5		
05/23/2016	2		
05/24/2016			
05/25/2016	4		
05/26/2016	5		
05/27/2016	4		
05/31/2016	1		
Total OWI Assessments	**56**	**6**	**8**
June			
06/01/2016	3		
06/02/2016	5		5
06/03/2016	4		
06/06/2016			
06/07/2016		3	
06/08/2016			
06/09/2016			
06/10/2016			
06/13/2016	2		
06/14/2016	3		
06/15/2016	4	2	
06/16/2016	2		2
06/17/2016	5		
06/20/2016	2		
06/21/2016		2	
06/22/2016	3		
06/23/2016	3		
06/24/2016	5		
06/27/2016	2		
06/28/2016	5		
06/29/2016	3		
06/30/2016			
Total OWI Assessments	**51**	**7**	**7**

Marathon Cty OWI Convictions	Lincoln County OWI Convictions	Langlade County OWI Convictions
198	49	50

Total OWI Assessments		
310	40	47

These counts are 1/1/16 through 5/31/16. These numbers include all municipalities and circuit court data. The number of assessments may exceed the number of convictions as you are required to do the assessment in your county of residence and other contributing factors. One factor that account for these numbers are that we see an increase around people getting their tax returns in the spring.

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	19	22	10	15
May	12	29	16	7
June	14	26	9	11
July				
August				
September				
October				
November				
December				

This is the number of clients from each county with their payer source when they were in the NCHC BHS Hospital.

Lincoln County				
MONTH	**COMMERCIAL**	**MEDICAID**	**MEDICARE**	**SELF PAY**
January	2	2	3	0
February	2	6	2	1
March	2	2	0	0
April	2	1	1	1
May	3	2	2	0
June	2	2	2	1
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	0	4	3	1
May	3	3	2	2
June	1	7	2	1
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	0	0	0	0
May	1	0	0	0
June	0	0	0	0
July				
August				
September				
October				
November				
December				

Crisis and Inpatient Data

Crisis Assessment Legal Status

MONTH	51.10	51.10D	51.13(6)	51.15	51.20(13)(G)	51.20(13)	51.20(2)	1.20(8)(b)(g	51.45(10)	51.45(10)Detox	51.45(11)	55.12	No Legal Status Entered
January	100	1	15	18	4	1	0	1	3	4	0	1	3
February	94	2	24	30	2	2	0	1	1	1	0	0	0
March	77	2	21	26	1	0	0	0	3	3	0	0	48
April	76	3	27	22	1	0	1	0	1	3	1	0	39
May	95	2	31	19	2	0	0	2	2	1	1	0	2
June	75	0	11	20	4	1	0	4	5	1	2	1	22
July													
August													
September													
October													
November													
December													

51.10 - Voluntary Adult- Mental Health
51.10(D) - Voluntary Drug
51.13(6) - Voluntary Minor (Short-term)
51.15 - Emergency Police Detention (Adult or Minor)
51.20(13)(G) - Recommitted up to 1 year
51.20(13) - 6 month Commitment
51.20(8)(b)(g) - Outpatient Court ordered settlement agreement
51.45(10) - Voluntary Adult Alcohol
51.45(10) Detox - Voluntary Detox
55.12 - Emergency Placement

Crisis and Inpatient Data

Hospital Legal Status

MONTH	51.10	51.10D	51.13(6)	51.15	51.20(13)(G)	51.20(13)	51.20(2)	51.20(8)(b)(g)	51.45(10)	51.45(10)Detox	51.45(11)	51.45(13)	55.12	No Legal Status Entered
January	20	0	1	40	11	1	0	1	0	1	2	0	0	0
February	16	0	1	35	5	2	0	2	0	1	4	0	0	0
March	12	0	1	32	4	6	0	2	3	0	0	0	0	2
April	7	0	0	44	8	7	1	0	4	0	5	3	0	0
May	16	1	1	39	5	4		4	1	1	8	2	0	0
June	14	0	2	33	7	3	1	0	4	3	6	6	0	0
July														
August														
September														
October														
November														
December														

51.10(m) - Voluntary Adult - Mental Health
51.10(D) - Voluntary Drug
51.13(6) - Voluntary Minor (Short-term)
51.15 - Emergency Police Detention (Adult or Minor)
51.20(13)(G) - Recommitted up to 1 year
51.20(13) - 6 month Commitment
51.20(8)(b)(g) - Outpatient Court ordered settlement agreement
51.45(10) - Voluntary Adult 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	462	96.3%
May	377	76.0%
June	416	86.7%
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

MONTH	Number of Clients Diverted to other Facilities	
January	12	7 Minors
February	23	9 Minors
March	11	6 Minors
April	13	6 Minors
May	6	6 Minors
June	3	1 Minor
July		
August		
September		
October		
November		
December		

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

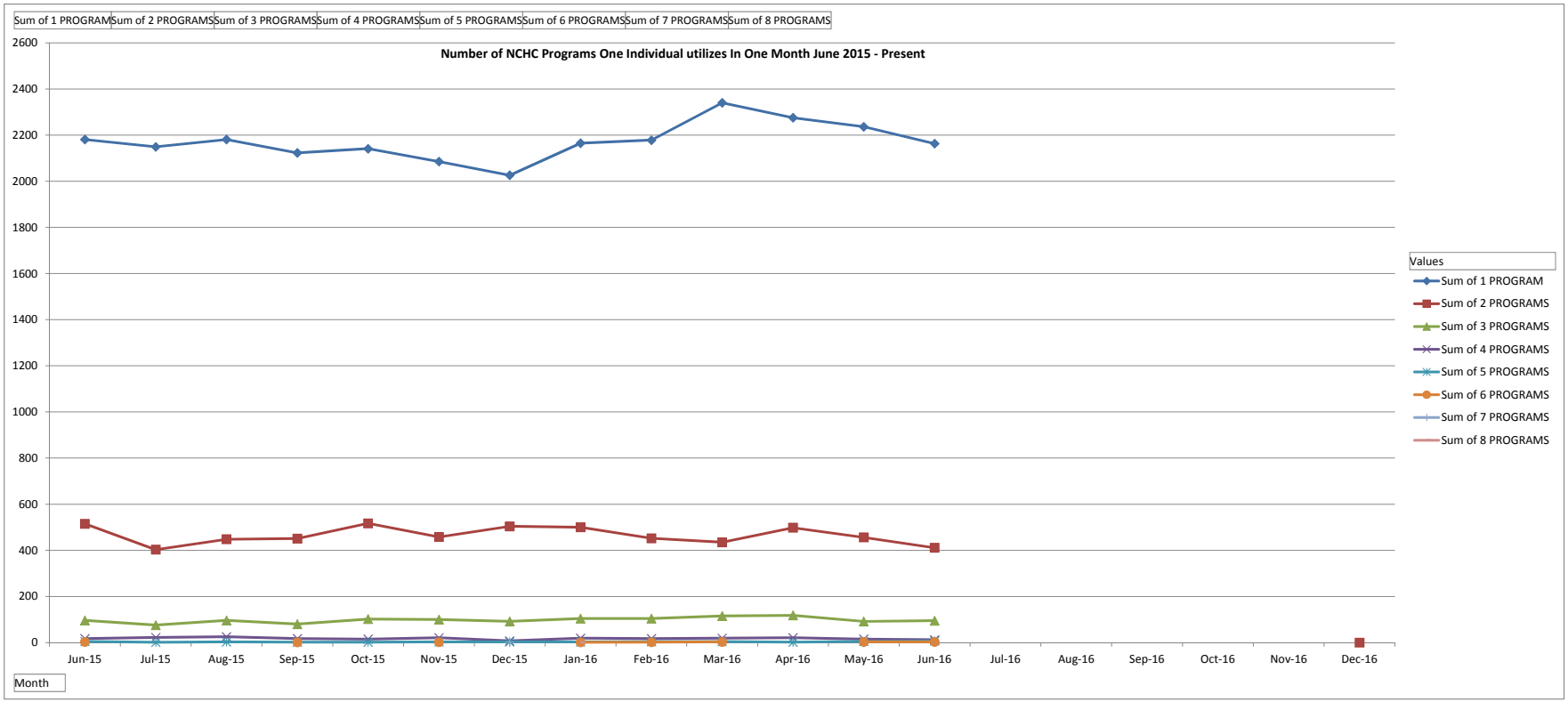
Crisis and Inpatient Data

June

1610435	06/01/2016		no
1731353	06/01/2016		no
17723257	06/01/2016		no
1956463	06/02/2016	04/05/16	58
1944386	06/02/2016	04/13/00	5894
1663392	06/02/2016	05/24/16	9
2043541	06/04/2016	04/10/15	421
15631397	06/05/2016	03/17/16	80
17835432	06/06/2016		no
1743354	06/07/2016		no
1962124	06/07/2016	06/28/02	5093
1815391	06/07/2016		no
1965537	06/07/2016		no
2335778	06/08/2016		no
1639714	06/08/2016		no
1880306	06/08/2016		no
1825782	06/08/2016	06/08/16	0
1877068	06/08/2016	03/16/14	815
1653017	06/08/2016	03/07/12	1554
1871368	06/08/2016		no
1556281	06/09/2016	05/20/16	20
1956463	06/11/2016	06/03/16	8
1610298	06/12/2016	11/19/15	206
3182258	06/12/2016		no
2069363	06/12/2016	07/29/09	2510
13741955	06/13/2016		no
2068225	06/13/2016	01/21/13	1239
16862551	06/13/2016	05/01/16	43
1786502	06/13/2016	07/07/15	342
1840730	06/13/2016		no
1798582	06/13/2016	02/27/14	837
1786189	06/14/2016	06/27/08	2909
1884898	06/14/2016	09/10/15	278
1956463	06/15/2016	06/13/16	2
1893626	06/16/2016	01/28/14	870
1894662	06/16/2016	02/03/16	134
18101960	06/16/2016		no
1610298	06/16/2016	06/15/16	1
1766962	06/17/2016	04/26/16	52
1992822	06/17/2016	03/06/14	834
2036295	06/17/2016	02/24/14	844
1884082	06/17/2016		no
1904357	06/18/2016	10/06/14	621
1920466	06/19/2016	03/14/14	828
1898589	06/19/2016		no
1864446	06/19/2016		no
2076082	06/19/2016		no
1635022	06/21/2016	09/13/15	282
1750556	06/21/2016	10/26/15	239
6162282	06/21/2016	05/21/16	31
2048591	06/21/2016		no
1694148	06/22/2016		no
1590754	06/22/2016		no
1892555	06/22/2016	01/19/14	885
18272908	06/24/2016		no
1738987	06/24/2016	09/16/15	282
2068225	06/24/2016	06/22/16	2
18263532	06/24/2016		no
1873600	06/25/2016		no
1761430	06/25/2016	06/19/13	1102
1684422	06/25/2016	07/02/14	724
1642156	06/25/2016		no
18310396	06/26/2016		no
18298758	06/26/2016		no
1948370	06/27/2016	05/28/15	396
1920359	06/28/2016	07/07/15	357
1669014	06/28/2016		no
18361307	06/29/2016		no
1956463	06/29/2016	06/21/16	8
1619560	06/29/2016	06/03/16	26
18376825	06/29/2016		no
1775359	06/29/2016	07/02/12	1458
16862551	06/29/2016	06/16/16	13
1635022	06/30/2016	06/24/16	6
16971777	06/30/2016	05/07/16	54
1643082	06/30/2016	09/23/07	3203
14541778	06/30/2016	05/25/16	36
1787584	06/30/2016	04/18/16	73
1709391	06/30/2016		no

Average Days Since Last Hospitalization - 759

Number of Clients the Have No Past Reocrd with NCHC - 33


Sum of 1 PROGRAM
Sum of 2 PROGRAMS
Sum of 3 PROGRAMS
Sum of 4 PROGRAMS
Sum of 5 PROGRAMS
Sum of 6 PROGRAMS
Sum of 7 PROGRAMS
Sum of 8 PROGRAMS
Number of NCHC Programs One Individual utilizes In One Month June 2015 - Present
2600
2400
2200
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Month
Values
Sum of 1 PROGRAM
Sum of 2 PROGRAMS
Sum of 3 PROGRAMS
Sum of 4 PROGRAMS
Sum of 5 PROGRAMS
Sum of 6 PROGRAMS
Sum of 7 PROGRAMS
Sum of 8 PROGRAMS

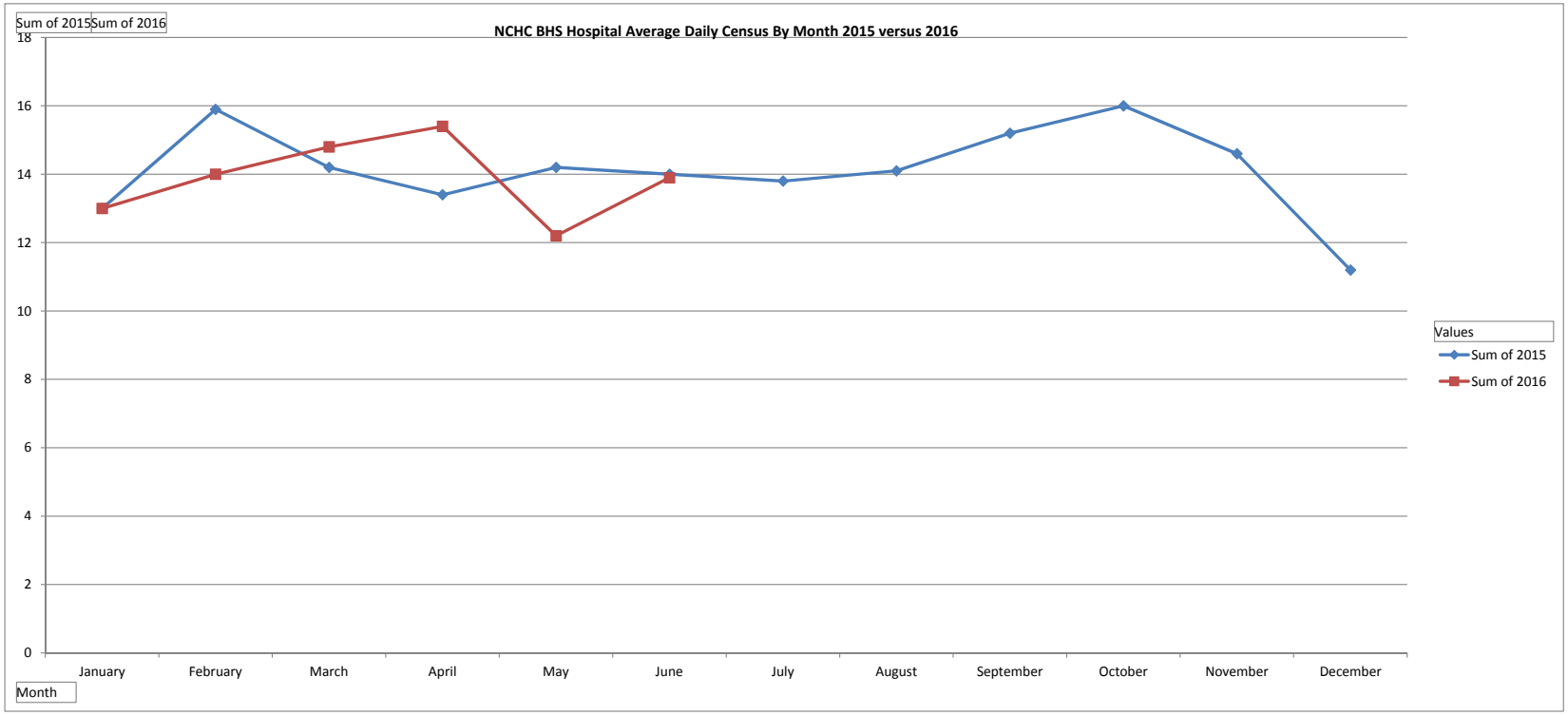
Crisis and Inpatient Data

NUMBER OF CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH

Month	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS
Jun-15	2181	515	96	17	5	3		
Jul-15	2149	403	76	22	1			
Aug-15	2181	448	96	25	3			
Sep-15	2123	451	80	17	2	1		
Oct-15	2141	517	102	15	2			
Nov-15	2085	458	100	21	3	2		
Dec-15	2026	504	92	7	3		1	
Jan-16	2165	500	104	19	3	1		1
Feb-16	2178	452	104	17	4	2		
Mar-16	2340	435	115	19	4	3		
Apr-16	2275	498	118	21	2			
May-16	2236	456	92	15	5	3		
Jun-16	2163	411	95	12	7	3		
Jul-16								
Aug-16								
Sep-16								
Oct-16								
Nov-16								
Dec-16								

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

Crisis and Inpatient Data



Census Data		
Month	**2015**	**2016**
January	13	13
February	15.9	14
March	14.2	14.8
April	13.4	15.4
May	14.2	12.2
June	14	13.9
July	13.8	
August	14.1	
September	15.2	
October	16	
November	14.6	
December	11.2	

Average Daily Census on the NCHC BHS Hospital Unit. This is derived from total patient days for the month divided by the total number of patients for the month.

Crisis and Inpatient Data

Month	Number of Minors On Unit
November 15'	10
December 15'	7
January 16'	9
February 16'	10
March 16'	9
April 16'	10
May 16'	15
June 16'	10
July 16'	
August 16'	
September 16'	
October 16'	
November 16'	
December 16'	

Actual number of minors on the
NCHC BHS Hospital Unit

Crisis and Inpatient Data

Month	No Roommate Bed Days (Adult)
September 15'	67
October 15'	50
November 15'	51
December 15'	42
January 16'	69
February 16'	46
March 16'	43
April 16'	46
May 16'	45
June 16'	10
July 16'	
August 16'	
September 16'	
October 16'	
November 16'	
December 16'	

Crisis and Inpatient Data

Month	# of Minor Days 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'	7
May 16'	32
June 16'	25
July 16'	
August 16'	
September 16'	
October 16'	
November 16'	
December 16'	

Minors do not have roomates 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.

North Central Health Care
Summary of Costs of Inpatient Stays at Other Institutions
2013-2016

Month/Year	Trempealeau County Health Care Center ①	DHS (Winnebago & Mendota) ②	Norwood Health Care Center (Wood County) ③	Brown County Community Treatment Center
January 2013	7,820	83,538	0	0
February 2013	0	71,129	0	4,080
March 2013	0	71,129	0	0
April 2013	0	30,680	0	0
May 2013	0	58,509	0	4,590
June 2013	0	34,074	1,166	0
July 2013	7,912	(65,632)	0	0
August 2013	8,105	(11,090)	2,332	0
September 2013	7,890	66,461	0	0
October 2013	8,080	79,800	4,345	0
November 2013	8,032	104,303	822	0
December 2013	2,085	49,831	0	0
Total - 2013	49,924	572,732	8,665	8,670
January 2014	0	81,949	0	0
February 2014	0	105,213	2,685	0
March 2014	0	73,729	7,112	0
April 2014	0	99,174	4,475	0
May 2014	5,921	182,067	0	0
June 2014	14,100	89,013	0	0
July 2014	18,264	(1,272)	0	0
August 2014	21,621	58,653	895	0
September 2014	28,046	94,011	0	0
October 2014	28,505	(551)	4,110	0
November 2014	23,806	(2,200)	3,580	0
December 2014	29,207	25,939	0	0
Total - 2014	169,470	805,725	22,857	0

Month/Year	Trempealeau County Health Care Center ①	DHS (Winnebago & Mendota) ②	Norwood Health Care Center (Wood County) ③	Brown County Community Treatment Center
January 2015	26,119	97,207	0	0
February 2015	34,602	63,265	3,171	0
March 2015	43,170	98,777	0	0
April 2015	40,257	160,959	3,760	0
May 2015	59,542	139,513	719	0
June 2015	65,513	129,890	0	0
July 2015	78,286	140,143	1,260	0
August 2015	82,777	136,236	4,440	0
September 2015	65,209	64,935	0	0
October 2015	73,515	(6,014)	11,415	0
November 2015	77,392	215,785	100	0
December 2015	86,946	49,146	10,770	0
Total - 2015	733,328	1,289,842	35,635	0
January 2016	80,037	2,381	0	0
February 2016	64,692	78,413	3,094	0
March 2016	67,074	232,951	0	0
April 2016	64,785	147,083	0	0
May 2016	63,910	210,064	0	0
June 2016	***	174,049	***	***
Total through June 2015	340,498	844,941	3,094	0
Total - All Years	**1,293,220**	**3,513,240**	**70,251**	**8,670**

Comments:

① Expenses for Trempealeau County are reported in the month they were incurred, not the month they were paid.

② Expenses for Winnebago and Mendota are reported in the month they were incurred, not the month they were paid. These amounts also include credits for payments made to DHS by third-party payors for previous months' stays.

③ Expenses for Norwood Health Care Center (Wood County) are reported in the month they were incurred, not the month they were paid. There is a large lag time between date of service and date of billing/invoice from this vendor.

*** Information not available at the time of report completion.

Facilities Utilized For The Purpose of Chapter 51 Detentions and or Discharge Planning Needs

North Central Health Care

Institution	What do we use them for specifically?
Norwood	• If NCHC is at capacity
Winnebago	• If NCHC is at capacity • Violent patients • Sex offenders • Minors under the age of 14
Mendota	• If NCHC is at capacity • Violent patients • Sex offenders • Individuals with a criminal history and individuals that are found NGI (Not Guilty by Reason of Insanity)
Gemini	• Substance abuse needs for individuals that require being in a secure (locked) treatment facility. • This may also be ordered by the court
St. Elizabeth's (Appleton)	• If NCHC is at capacity for Adolescents • For on-going substance abuse and long term mental health treatment for adolescents. (Rarely used by Crisis. Used more in discharge planning for NCHC Inpatient psychiatric needs).
St. Mary's-Rhinelander	• If NCHC is at capacity • Individuals that are Lincoln County residents usually are the only individuals that we use this facility for.
St. Michaels (Stevens Point)	• Substance abuse needs for individuals that require being in a treatment facility.
Rogers In Appleton	• If NCHC is at capacity for Adolescents • For on-going substance abuse and long term mental health treatment for adolescents. (Rarely used by Crisis. Used more in discharge planning for NCHC Inpatient psychiatric needs).

Deficiencies for Marathon County as Listed in the 2016 Morningside Report

Mental Health

1. Improved crisis stabilization
2. Increased capacity for mental health services (long-term, inpatient services, outpatient services)
3. Substance abuse services and dual-diagnosed
4. Gaps for seniors, youth, adolescents

Substance Abuse Services

1. Inpatient AOD
2. Step down therapy
3. Transitional Housing

Youth Services

1. Lack of AOD treatment
2. Limited prevention
3. Limited early intervention
4. Limited crisis options
5. Insufficient foster home placements

Housing

1. Affordable housing
2. Transitional housing
3. Housing for homeless
4. Domestic violence housing

Transportation

1. Limited public transportation in metro area and rural areas

Senior Engagement

1. Lack of awareness of resources
2. Need for respite care for caregivers
3. Lack of transportation for seniors
4. Need for senior center

Criminal Justice and Jail Diversion

1. Limited capacity in jail
2. Limited mental health and AOD in jail
3. Lack of training and communication about mental health
4. Limited mental health screenings
5. Criminalizing Juveniles with mental illness
6. Need additional diversion programs
7. Need re-entry services

Job Training and Employment Assistance

1. Need for job training programming

Rural Service Delivery

1. Lack of transportation
2. Lack of primary health, mental health and AOD services
3. Need for innovation in service deliver

Coordination, Collaboration, and Outreach

1. Need for effective collaboration between partners, mental health agencies, law enforcement, and government
2. Lack of awareness of resources

Culturally Competent Services

1. Lack of migrant housing, education and outreach
2. Barriers to care

Critical Workforce Shortages

1. Limited behavioral health providers
2. Lack of psychiatrists
3. Limited social services, nursing home, and other health care workers