

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

**September 9, 2016**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present:

X	John Robinson	Via X phone	Holly Matucheski	EXC	Greta Rusch
X	Scott Parks	EXC	Nancy Bergstrom	X	Lee Shipway
EXC	Linda Haney	X	Yee Leng Xiong		

Others present: Laura Scudiere, Becky Schultz, Brenda Glodowski, Sue Matis, Tanya Simonis, Carrie Paiser, Tom Dowe

Committee members agreed to reorder the agenda items.

Counseling in Schools Update

- Counseling in Schools has been a pilot program in 11 schools in Lincoln and Marathon Counties and are looking to expand into Langlade County.
  - At the onset of the program there were 168 appointments; 2014/2015 = 376 appointments; and 2015/2016 = 704 appointments. With the growth in appointments expansion is definitely a need in schools.
- One counselor has sole responsibility in the school and is booked solid Thursdays and Fridays.
- A focus group will be conducted with all participants to determine how we can better assist the schools and how the program intermingles with law enforcement.
- Referrals are received from guidance counselors; parents are also very involved in the process.
  - Committee would also like to receive:
    - Number of referrals, how many participate, and number declined.
    - What is the ethnicity of the referrals?
    - Committee requested that outreach for Hmong community is considered going forward. The term mental health in Hmong means 'crazy'; what has been done to provide education in the Hmong community? It was noted that the majority of Hmong clients are in the elementary grades.
- There is a collaborative group, AOD Partnership, working on treatment and prevention in the schools that study at risk and prevention strategies.
- Community Treatment is another program that provides help for young children. Youth treatment programs in Lincoln and Langlade Counties are 'bursting at the seams'.
- The school pilot program in some school systems is currently on hold to further review the program and determine whether we make it an official program. Committee requested the following be reviewed in the future development of this program:
  - To verify if there is any duplication of efforts.
  - Develop a business plan, costs, etc.
  - Identify direction of program, whether we have the capabilities, assets and skill sets to move forward.
  - What is our relationship and role with the private sector? How will we interface and support each other?
  - Law enforcement input and involvement is important.

### Consent agenda

- **Motion**/second, Matucheski/Shipway, to approve the consent agenda which includes the 8/12/15 Human Services Operations Committee Meeting Minutes and financial report. Motion carried.

### Behavioral Health Needs and Approaches

- Distributed and discussed information in the Life Report of Marathon County and an article on Collective Impact.
- Have been working with the Health Department and AOD Partnership to launch a *Collective Impact* program around treatment, tentatively called the Substance Abuse Treatment Alliance (SATA).
  - A Collective Impact effort brings in many partners who are involved and committed, who embrace the program, and are engaged in developing a common agenda. Partners must be willing to commit resources.
  - A Charter is being drafted.
  - Critical parties to be involved include: Health Department, AOD Partnership, law enforcement, and schools.
  - Next steps will include developing a shared vision, identifying resources, developing a timeframe, developing a process, identifying roles of partners, etc. NCHC is poised to be the backbone but the partners may want someone else to do so.
  - Committee would like continued feedback as they feel this is critical and important to relay this initiative to the county board as well.
- Dean Danner from Aspirus raised the issue of behavioral health and the effects on Aspirus; felt community is under-served to meet needs of the area. How do we best attract providers to this area?

### HSO Outcome Reporting:

- Crisis - working with DC Everest on a pilot for proactive crisis in the school systems.
- Hospital - consistently at capacity; continues to experience issues with not having single rooms for patients who have violent tendencies, are verbally abusive, minors, etc. We would be able to accommodate more patients and be more effective with our space, if we had single rooms. The cost is about \$1000 per day when individuals are diverted to other facilities.
- Medically Monitored Treatment (MMT) – continues to have a long wait list.
- Access times are increasing because Dr. Ticho moved from inpatient to outpatient; have been using locums for inpatient unit which has associated challenges
- Outpatient - Currently there are at least two outpatient counseling vacancies. It is preferable to have dually certified counselors. Staff is encouraged to get dual certification.
- Jail Services – committee requested updates on the services provided to the jail i.e. services under contract, reintegration and case management, number of patients in jail, discharge planning, etc.
  - Jon Snyder, forensic counselor, is currently providing services in the jail. An additional counselor was recently hired and will be trained to provide services in the jail also; the plan is to be in the jail part time and counseling in outpatient so she can continue with treatment following release from jail services.
  - What are the needs, shortages, improvements for discharge plan, recidivism rate for those receiving services vs those not receiving services, successes and roadblocks, costs of providing services, outlay, projected revenue and revenue sources, etc.

### Crisis Services Update

- Continue to work with the Crisis Process Improvement team.
- Additional groups created and working on unique needs of law enforcement i.e. information sharing, in October NCHC will be hiring a half-time law enforcement liaison (possibly a retired law enforcement officer).
- Team consisting of law enforcement, school personnel, and crisis workers is discussing the needs of youth crisis i.e. looking at specific crisis needs in schools and developing a work plan to address those needs.
- Transportation program had a setback due to van needing service. Sheriff Parks was asked his perspective on the transport services and stated that identified issues were discussed and handled.
- Being a new program it is important for good communication, an understanding of roles such as transporting of violent patients and restraint use. Unclear parameters lead to uncertain or inaccurate assumptions. It was suggested a FAQ document or standard operating procedure manual be created.
- Crisis PI group will be discussing efficacy and make any adjustments.

### Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC

- Distributed and reviewed the deficiencies for Marathon County as listed in the 2016 Morningside Report.
- Much reflected in the Life Report.
- The limited number of providers who do not accept Medicaid patients was discussed.

### Future Items for Committee Consideration

- Begin with the discussion on the deficiencies identified in the Morningside Report now that the report has been finalized including information from the services to the jail, how we define these issues, deficiencies and gaps, and then begin prioritization for success of community and efforts and how NCHC fits into these roles.
- Marketing programs for better participation i.e. improved education in Hmong community and how it relates to their religious beliefs.

**Motion**/second, Xiong/Shipway, to adjourn the meeting at 12:01 p.m. Motion carried.

*dko*