

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, September 9th, 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 24 hours prior to the meeting start time for further instructions.)

AGENDA

1. Call to order
2. Consent Agenda
 - a. ACTION: Approval of 8/12/16 Human Services Operations Committee Meeting Minutes
 - b. Financial Report
3. Behavioral Health Needs and Approaches – L. Scudiere
4. Human Services Outcome Reporting
 - a. Outcome Data Review
 - b. Crisis Services Update and Data Review
5. Counseling in Schools Update – L. Scudiere
6. Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC – L. Scudiere
 - a. Marathon County Human Services Asset Map
7. Future Items for Committee Consideration
8. 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: 09/02/16 TIME: 4:00 PM
VIA: X FAX X MAIL
BY: D. Osowski

THIS NOTICE POSTED AT:

North Central Health Care
DATE: 09/02/16 TIME: 4:00 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**

August 12, 2016

10:30 a.m.

NCHC – Wausau Campus

Present:

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

Others Present: Michael Loy, Laura Scudiere, Becky Schultz, Sue Matis, Tom Dowe

Guest: Chris Gunderson

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

Consent Agenda

- **Motion**/second, Rusch/Haney, to approve the consent agenda which includes the 7/18/16 Human Services Operations Committee meeting minutes and the Financial Report. Motion Carried.

Educational Presentation - Juvenile Criminal Justice Discussion with Chris Gunderson

- United Way Partnership for Youth works in collaboration with others i.e. Social Services, as a subgroup that deals with Juvenile Criminal Justice (see handout)
- Contracts with Marathon County on truancy; provides supervision for K – 3rd Grade
- Working on securing funding to continue the program.
- Committee discussion included:
 - Coordinating NCHC services in schools in conjunction with this group.
 - What is NCHC role as we look at this? County efforts in early intervention have been more adult criminal justice driven.
 - NCHC has been meeting with Judy Burrows heading up a grant project on Collective Impact on Behavioral Health and how NCHC can support Community Impact efforts.
 - Committee would like a list of schools where NCHC is already providing counseling in the school.
- What can we do to make the drugs and selling of drugs less attractive:
 1. Need to attack poverty issue in country
 2. Look at family system – kids join gangs for the ‘family’
 3. Research determines that kids can’t self-regulate emotions i.e. attention deficit
- Committee would like a ‘map’ in terms of what are we doing, roles clearly defined, and where the gaps are. Needs are addressed mostly for those 18 and older but not necessarily understand the ‘feeder system’. Where are we and where do we want to be?
- We also need to educate our older citizens in the community who are unaware of what their children are facing.
- Linda referenced an article she will share with the committee about a community reducing homelessness in 120 days.

Human Services Outcome Reporting

Outcome Data Review

- Executive Summary was reviewed.
- Staff vacations routinely impact revenue during summer months.
- Psychiatry services update:
 - Currently have five candidates showing interest; unfortunately with the uncertainties with the county we cannot confidently say they are strong candidates.
 - What does lack of psychiatry mean to our ability to provide services? With Dr. Ticho's move to outpatient services and reduced time it creates variability in services in Inpatient utilizing locums. Having adolescents on the unit is an issue with the psychiatrists here and those we are interviewing. Nancy Bergstrom shared concerns and the problems the courts have in locating locums to testify for court proceedings.
 - If unable to recruit psychiatrists it puts the psychiatry residency program at risk. It is the only project we are aware of trying to actively grow psychiatrists in the area.
 - Much of psychiatry is medication management and we must be a referral source.
- We need to begin the process of identifying the complexity of case management; difficulty in case management; difficulty in organizing the case management of multiple programs. We also need to begin talking about significant issues co-dependent and interrelated.

Crisis Services Update

- Process Improvement Team action plan was distributed.
- Transportation pilot program began August 1. This will not eliminate all law enforcement transportation but hope to decrease their interaction. Chief Deputy Chad Billeb has always said any number of transports will help law enforcement.
 - Morningside report indicated our ability and adaptability seemed slow. Slow and deliberate gets taken as unresponsive. Our concern has been with staff and patient safety. Staff needed to be hired, and trained in de-escalation and self-defense as individuals needing transportation typically have violent tendencies.
 - In essence, the transportation of these individuals is not the responsibility of NCHC but yet NCHC is seen in the negative for not working fast enough in trying to create a trauma informed situation and being collaborative.
 - Committee expressed frustration that no matter what NCHC does it will not be enough. The target keeps moving so how is NCHC able to focus on the target? Other players must take responsibility for resource issues.
- A public hearing is scheduled on the governance issue at 5 p.m. on 8/22/16.
- Concerned entire county board will not be at hearing and voices will not be heard.

Analysis on Diversions to State Institutions

Diversions

- A detailed analysis discovered a discrepancy in the data on diversions and there are actually more diversions than previously reported.
- There is a gap in service for children under 13 where they must be sent out of community as there is no facility in community currently.
- Cost of diversions is approximately \$1000 per day per person.
- The children diverted need psychiatric care. In conversation with the State, they suggested a group home with a psychiatric component be considered for adolescents and/or children under 13.

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

- Need easy to understand information.
- Morningside has inaccuracies and lacks depth.
- In regards to the possibility of contracting for services, several examples were used by the County. Brown, Dane, Rusk Counties are surrounded by hospitals to assist with inpatient and some of the same providers we contract with overflow. Brown County has enormous case management overhead.

Motion/second, Haney/Rusch, to adjourn the meeting at 12:15 p.m. Motion carried.

dko

North Central Health Care
Review of 2016 Services
Langlade County

	2016 July Actual Rev	2016 July Budg Rev	Variance	2016 July Actual Exp	2016 July Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$184,731	\$266,952	(\$82,221)	\$268,549	\$379,738	\$111,189	\$28,968
Psychiatry Services	\$25,977	\$15,459	\$10,518	\$125,682	\$119,158	(\$6,525)	\$3,994
Community Treatment	\$520,730	\$497,033	\$23,697	\$511,384	\$615,446	\$104,062	\$127,759
Day Services	\$271,178	\$277,678	(\$6,500)	\$277,708	\$277,678	(\$30)	(\$6,530)
	\$1,002,616	\$1,057,122	(\$54,506)	\$1,183,323	\$1,392,019	\$208,696	\$154,191
Shared Services:							
Inpatient	\$275,734	\$247,388	\$28,346	\$479,495	\$379,163	(\$100,332)	(\$71,986)
CBRF	\$45,009	\$49,520	(\$4,511)	\$40,612	\$41,489	\$877	(\$3,634)
Crisis	\$5,527	\$10,884	(\$5,357)	\$53,954	\$102,840	\$48,886	\$43,529
AODA Day Hospital	\$4,582	\$7,111	(\$2,529)	\$5,272	\$12,032	\$6,760	\$4,232
Protective Services	\$16,982	\$14,554	\$2,428	\$34,985	\$36,105	\$1,120	\$3,548
Birth To Three	\$39,258	\$78,334	(\$39,076)	\$77,842	\$144,283	\$66,441	\$27,365
Group Homes	\$123,079	\$78,216	\$44,863	\$125,822	\$78,216	(\$47,606)	(\$2,743)
Supported Apartments	\$28,363	\$87,868	(\$59,505)	\$27,787	\$87,868	\$60,081	\$576
Contract Services	\$0	\$0	\$0	\$121,475	\$61,300	(\$60,175)	(\$60,175)
	\$538,534	\$573,875	(\$35,341)	\$967,244	\$943,296	(\$23,948)	(\$59,289)
Totals	\$1,541,150	\$1,630,997	(\$89,847)	\$2,150,567	\$2,335,316	\$184,749	\$94,902
Base County Allocation	\$512,880	\$512,880	(\$0)				(\$0)
Nonoperating Revenue	\$3,189	\$2,160	\$1,030				\$1,030
County Appropriation	\$189,282	\$189,282	\$0				\$0
Excess Revenue/(Expense)	\$2,246,501	\$2,335,318	(\$88,817)	\$2,150,567	\$2,335,318	\$184,749	\$95,931

North Central Health Care
Review of 2016 Services
Lincoln County

	2016 July Actual Rev	2016 July Budget Rev	Variance	2016 July Actual Exp	2016 July Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$210,355	\$250,471	(\$40,116)	\$313,611	\$357,803	\$44,192	\$4,076
Lincoln Psychiatry Services	\$44,436	\$28,407	\$16,029	\$261,860	\$186,979	(\$74,881)	(\$58,851)
Community Treatment	\$715,754	\$477,278	\$238,476	\$508,616	\$657,663	\$149,047	\$387,523
	\$970,545	\$756,156	\$214,389	\$1,084,087	\$1,202,446	\$118,359	\$332,748
Shared Services:							
Inpatient	\$401,068	\$359,833	\$41,235	\$697,451	\$551,510	(\$145,941)	(\$104,706)
CBRF	\$65,468	\$72,029	(\$6,561)	\$59,072	\$60,348	\$1,276	(\$5,286)
Crisis	\$15,477	\$10,884	\$4,593	\$151,071	\$102,840	(\$48,231)	(\$43,639)
AODA Day Hospital	\$6,664	\$10,343	(\$3,679)	\$7,668	\$17,501	\$9,833	\$6,154
Protective Services	\$24,702	\$21,170	\$3,532	\$50,887	\$52,516	\$1,629	\$5,162
Birth To Three	\$60,773	\$55,819	\$4,954	\$120,505	\$107,841	(\$12,664)	(\$7,710)
Apartments	\$28,363	\$27,407	\$956	\$27,787	\$27,407	(\$380)	\$576
Contract Services	\$0	\$0	\$0	\$176,691	\$89,164	(\$87,527)	(\$87,527)
	\$602,515	\$557,485	\$45,030	\$1,291,132	\$1,009,126	(\$282,006)	(\$236,976)
Totals	\$1,573,060	\$1,313,640	\$259,420	\$2,375,219	\$2,211,572	(\$163,647)	\$95,772
Base County Allocation	\$487,500	\$487,500	\$0				\$0
Nonoperating Revenue	\$3,903	\$2,995	\$908				\$908
County Appropriation	\$407,437	\$407,437	\$0				\$0
Excess Revenue (Expense)	\$2,471,900	\$2,211,572	\$260,328	\$2,375,219	\$2,211,572	(\$163,647)	\$96,681

North Central Health Care
Review of 2016 Services
Marathon County

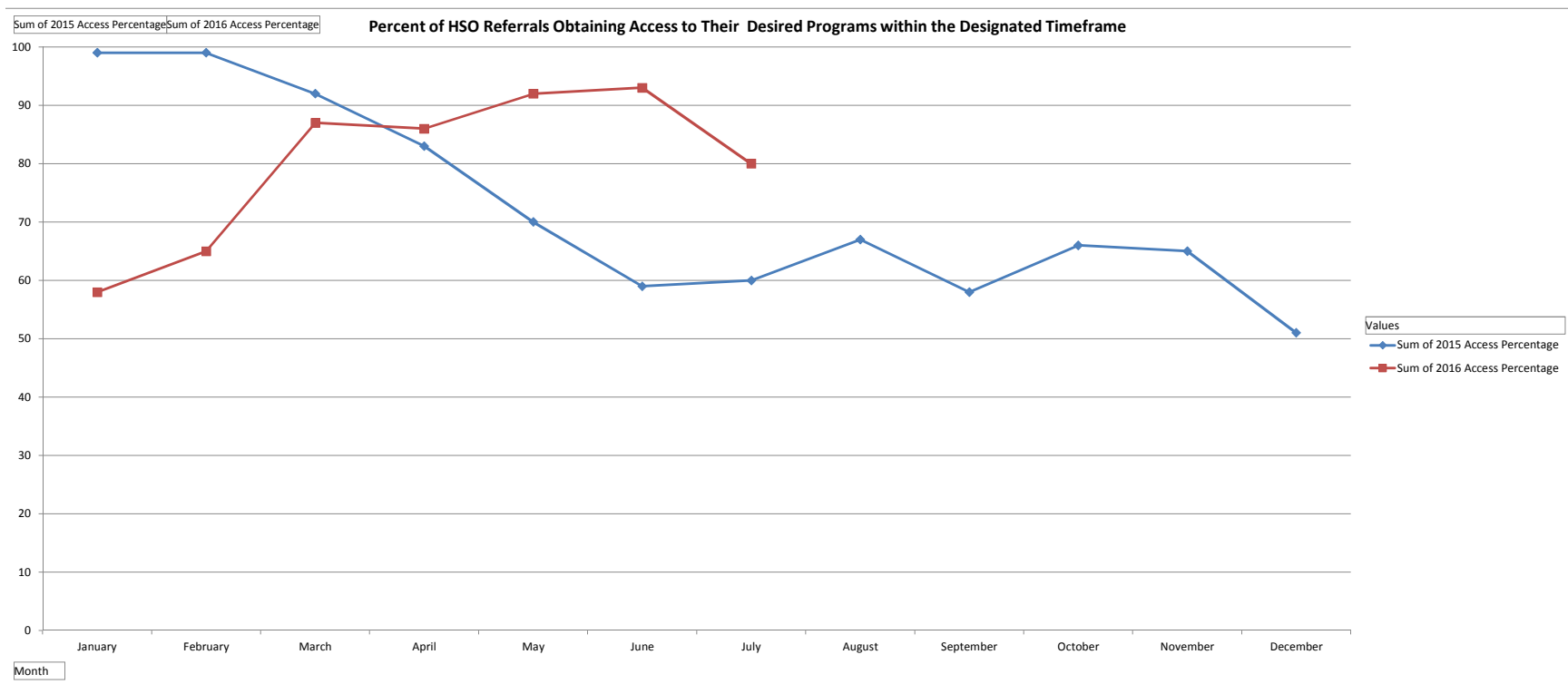
	2016 July Actual Rev	2016 July Budget Rev	Variance	2016 July Actual Exp	2016 July Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$518,141	\$783,778	(\$265,637)	\$987,539	\$1,433,452	\$445,913	\$180,277
Psychiatry Services	\$181,066	\$340,220	(\$159,154)	\$1,003,956	\$1,331,812	\$327,856	\$168,703
Community Treatment	\$2,388,285	\$1,767,413	\$620,873	\$3,123,821	\$2,609,375	(\$514,446)	\$106,427
Day Services	\$1,007,181	\$1,056,236	(\$49,055)	\$987,224	\$1,056,236	\$69,012	\$19,957
Clubhouse	\$182,322	\$220,210	(\$37,888)	\$278,492	\$275,626	(\$2,866)	(\$40,754)
Demand Transportation	\$208,267	\$245,419	(\$37,152)	\$231,386	\$245,419	\$14,033	(\$23,119)
Leased Space	\$146,142	\$145,833	\$309	\$148,694	\$161,911	\$13,217	\$13,525
Aquatic Services	\$392,136	\$455,798	(\$63,662)	\$419,707	\$455,797	\$36,090	(\$27,572)
Lakeside Recovery	\$45,298	\$116,667	(\$71,369)	\$169,876	\$323,182	\$153,306	\$81,937
	\$5,068,838	\$5,131,573	(\$62,735)	\$7,350,695	\$7,892,811	\$542,116	\$479,381
Shared Services:							
Inpatient	\$1,829,874	\$1,641,735	\$188,139	\$3,182,120	\$2,516,263	(\$665,857)	(\$477,719)
CBRF	\$298,696	\$328,634	(\$29,938)	\$269,518	\$275,335	\$5,817	(\$24,121)
Crisis Services	\$89,545	\$144,645	(\$55,100)	\$874,051	\$528,891	(\$345,160)	(\$400,259)
AODA Day Hospital	\$30,405	\$47,191	(\$16,786)	\$34,987	\$79,850	\$44,863	\$28,077
Protective Services	\$112,700	\$96,588	\$16,112	\$232,173	\$239,607	\$7,434	\$23,546
Birth To Three	\$382,762	\$400,583	(\$17,821)	\$758,957	\$769,760	\$10,803	(\$7,018)
Group Homes	\$1,183,802	\$1,227,090	(\$43,288)	\$1,210,185	\$1,227,090	\$16,905	(\$26,383)
Supported Apartments	\$1,466,249	\$1,268,761	\$197,488	\$1,436,464	\$1,268,761	(\$167,703)	\$29,785
Contracted Services	\$0	\$0	\$0	\$806,151	\$406,809	(\$399,343)	(\$399,343)
	\$5,394,033	\$5,155,225	\$238,808	\$8,804,606	\$7,312,365	(\$1,492,241)	(\$1,253,433)
Totals	\$10,462,871	\$10,286,798	\$176,073	\$16,155,301	\$15,205,176	(\$950,125)	(\$774,052)
Base County Allocation	\$1,272,226	\$1,275,458	(\$3,232)				(\$3,232)
Nonoperating Revenue	\$60,046	\$47,346	\$12,700				\$12,700
County Appropriation	\$3,595,947	\$3,595,575	\$373				\$373
Excess Revenue/(Expense)	\$15,391,090	\$15,205,176	\$185,914	\$16,155,301	\$15,205,176	(\$950,125)	(\$764,211)

Executive Summary

Outcome Data for HSO Programs

2016

- Youth crisis numbers are down- this is a normal trend as crisis assessments decrease for kids when they are not in school
- Hospital continues to rise towards capacity
- Wait times- increase in MH and AODA Langlade (down 2 providers), MMT continues to have a longer wait
- Access is decreasing largely due to provider turnover in outpatient
- Aquatic services had a steep drop in the number served as they were closed for 2 weeks for normal pool maintenance
- Marathon Psychiatry number of people served by outpatient has improved due to Dr. Ticho joining outpatient staff
- Number of people scheduled in Outpatient down in June and July
- Number of referrals served declined from previous month, most due to the pool closures
- Number of referrals are down across Human Services Programming



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	80
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 CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH

	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS		% 1 Program	% 2 or More
January	2165	500	104	19	3	1		1	2793	77.52%	22.48%
February	2178	452	104	17	4	2			2757	79.00%	21.00%
March	2340	435	115	19	4	3			2916	80.25%	19.75%
April	2275	498	118	21	2				2914	78.07%	21.93%
May	2236	456	92	15	5	3			2807	79.66%	20.34%
June	2163	411	95	12	7	3			2691	80.38%	19.62%
July	1961	394	70	21	2	1			2449	80.07%	19.93%
August											
September											
October											
November											
December											

Number of clients to use multiple NCHC services during the specified year

Number of Programs Touched by an Individual Within the Specified Time Period

	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS	9 PROGRAMS	10 PROGRAMS
2015 Total	5378	1364	544	230	88	38	17	8	1	
1/1/16- 8/30/16	4584	1115	484	148	64	33	7	5	1	2

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	164	121	43	32	113	58%
August	280						
September	255						
October	263						
November	227						
December	186						

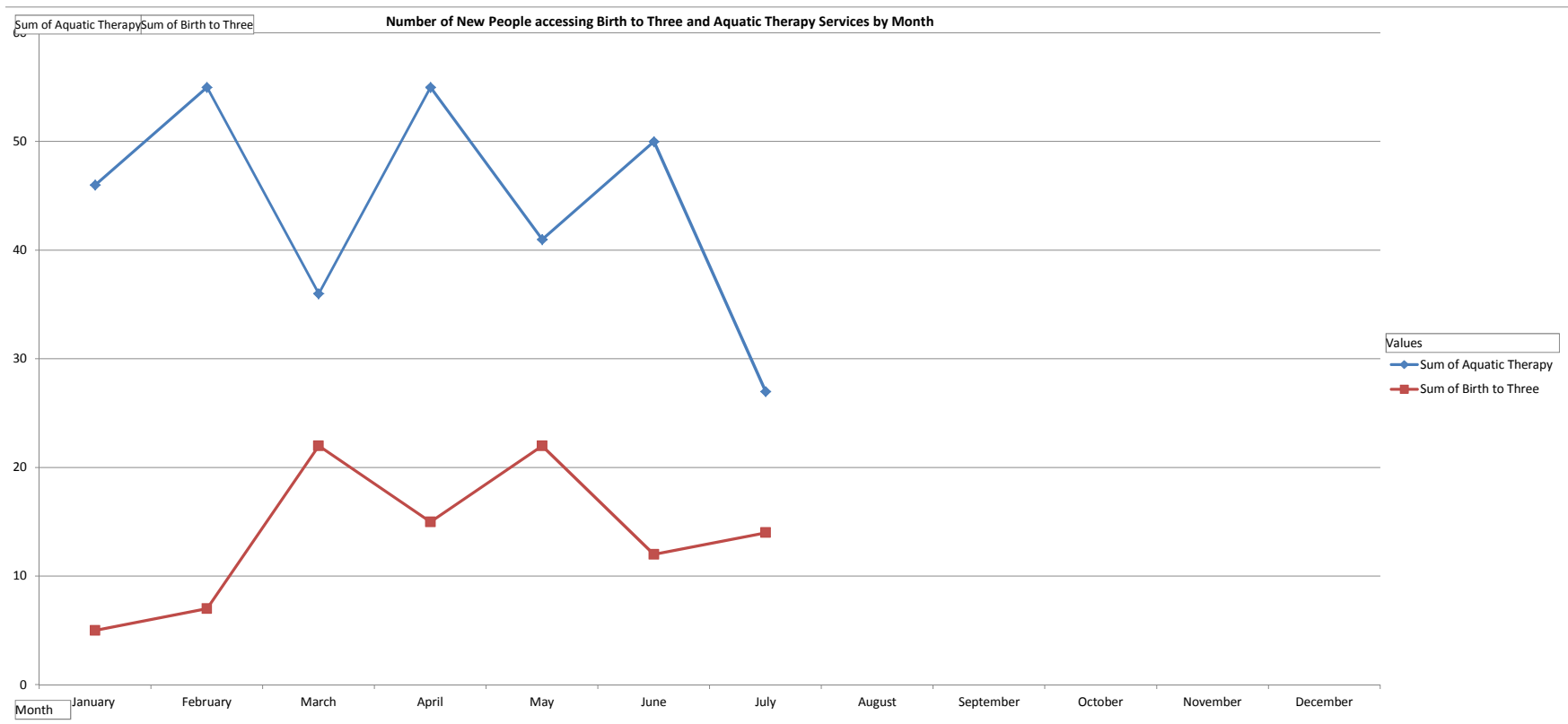
NUMBER OF CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH

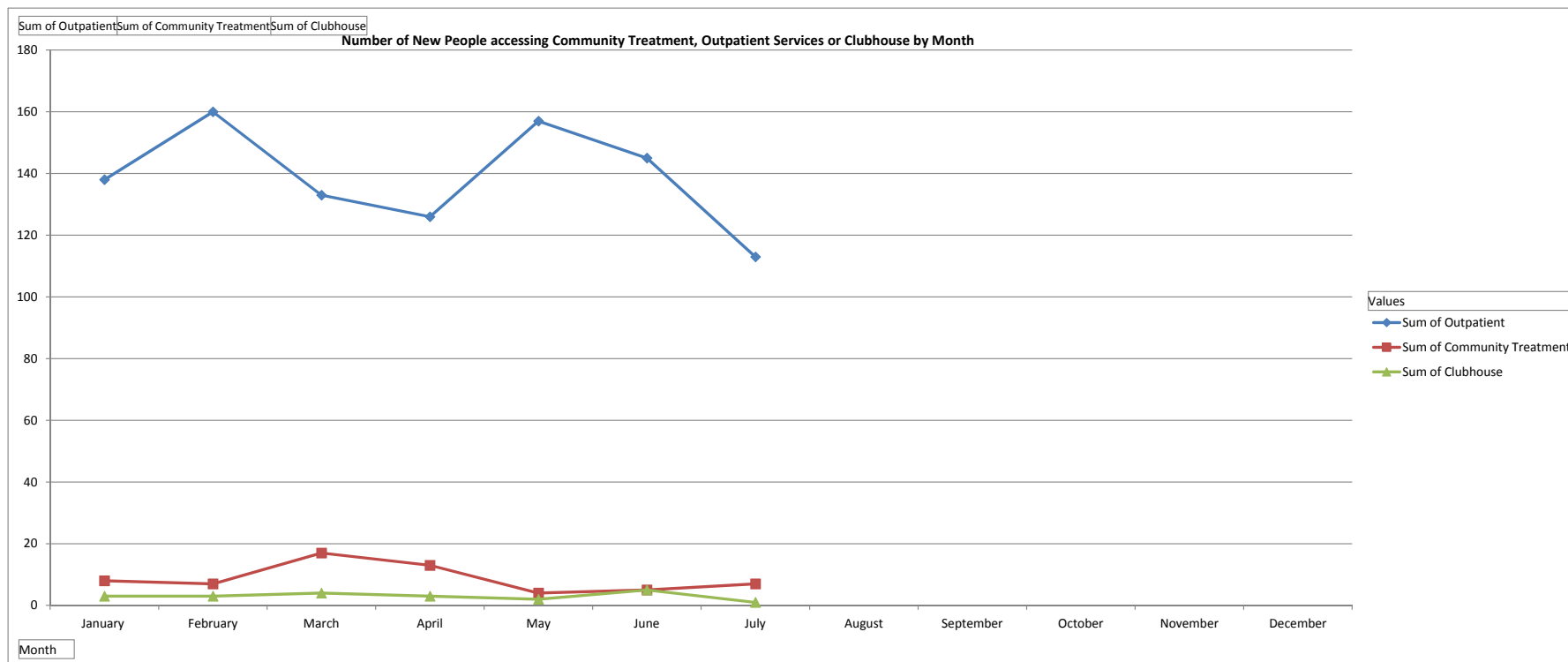
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January	2165	500	104	19	3	1		1	2793
February	2178	452	104	17	4	2			2757
March	2340	435	115	19	4	3			2916
April	2275	498	118	21	2				2914
May	2236	456	92	15	5	3			2807
June	2163	411	95	12	7	3			2691
July	1961	394	70	21	2	1			2449
August									
September									
October									
November									
December									

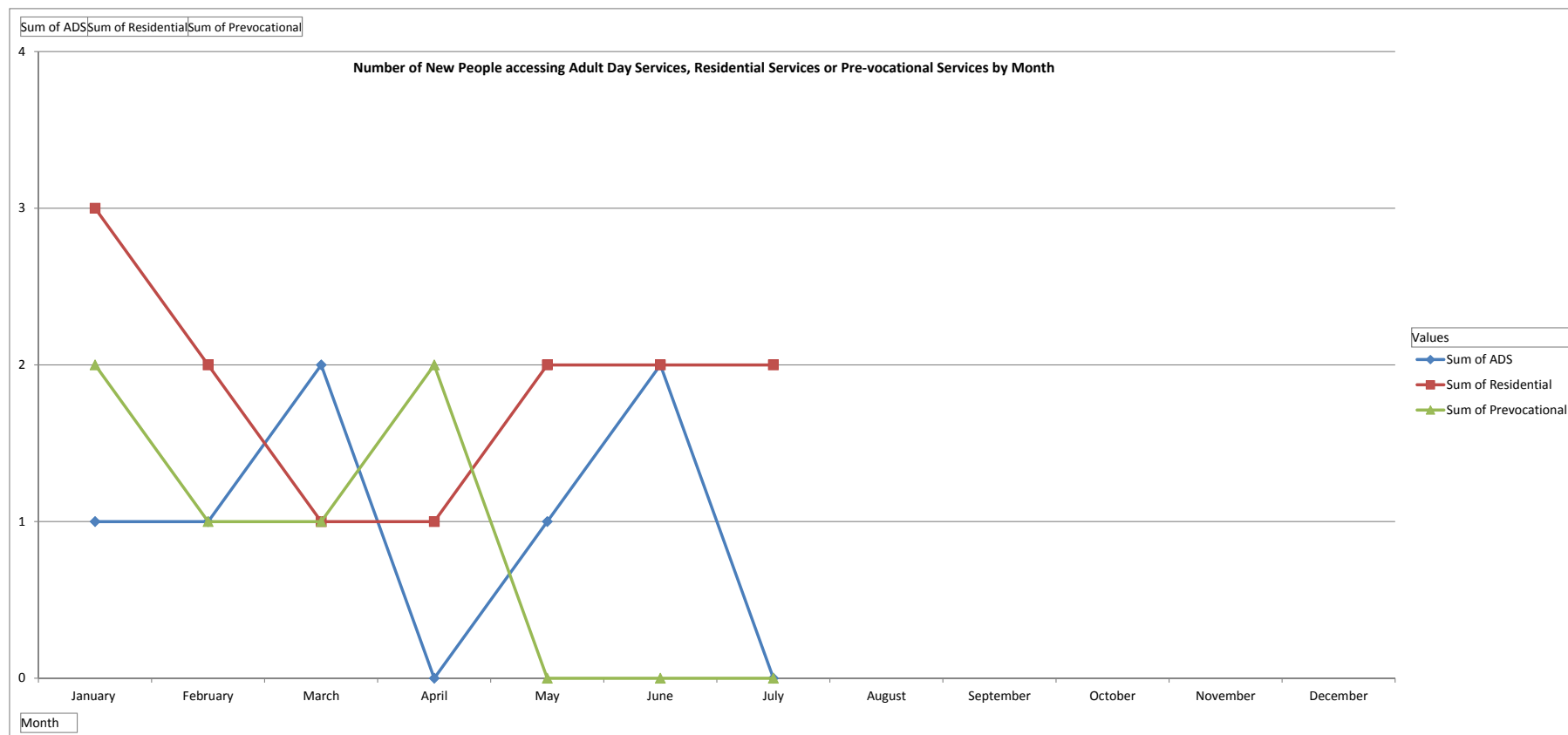
Number of clients to use multiple NCHC services during the specified year

Number of Programs Touched by an Individual Within the Specified Time Period

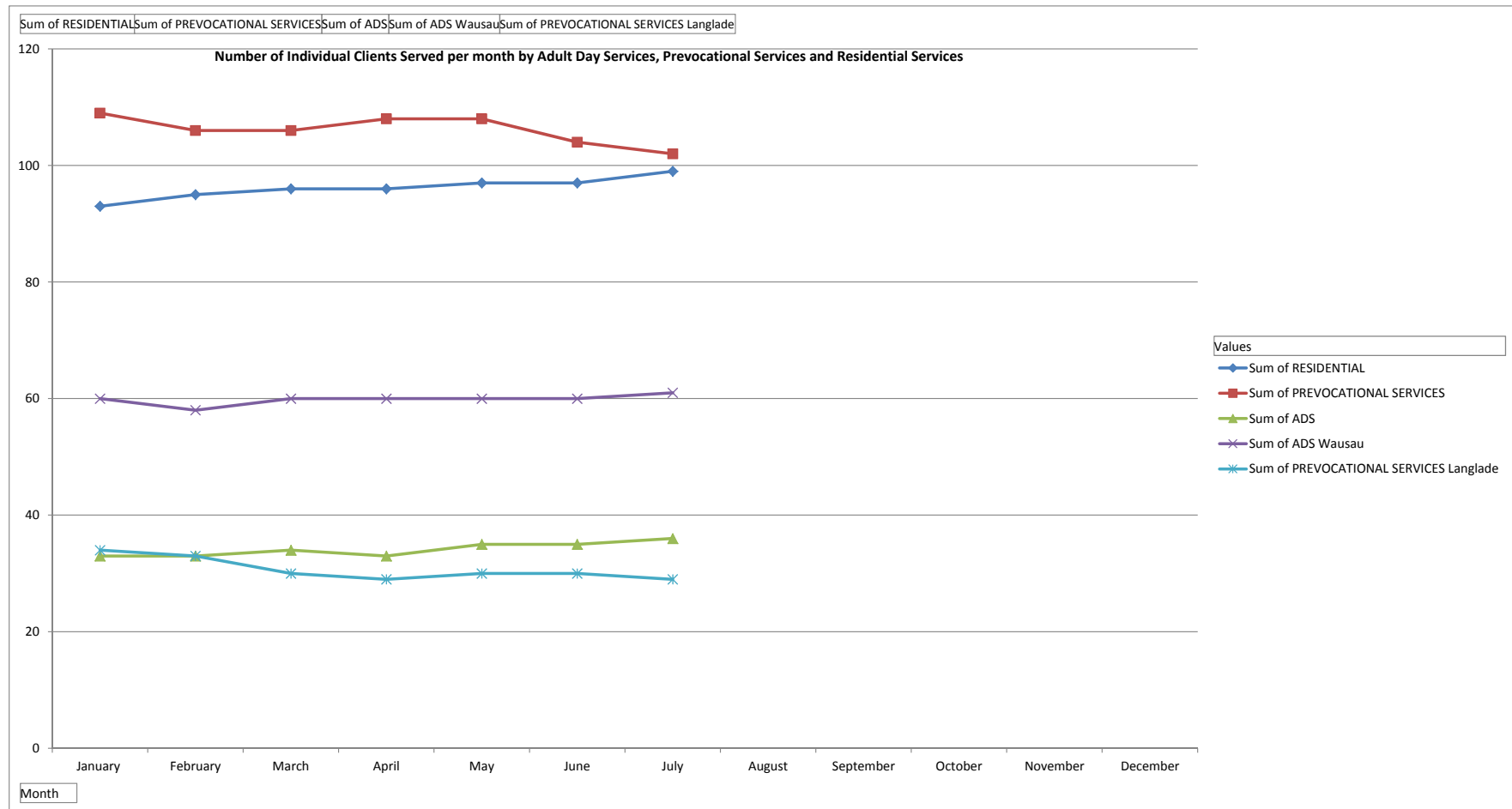
	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS	9 PROGRAMS	10 PROGRAMS
2015 Total	5378	1364	544	230	88	38	17	8	1	
1/1/16- 8/30/16	4584	1115	484	148	64	33	7	5	1	2



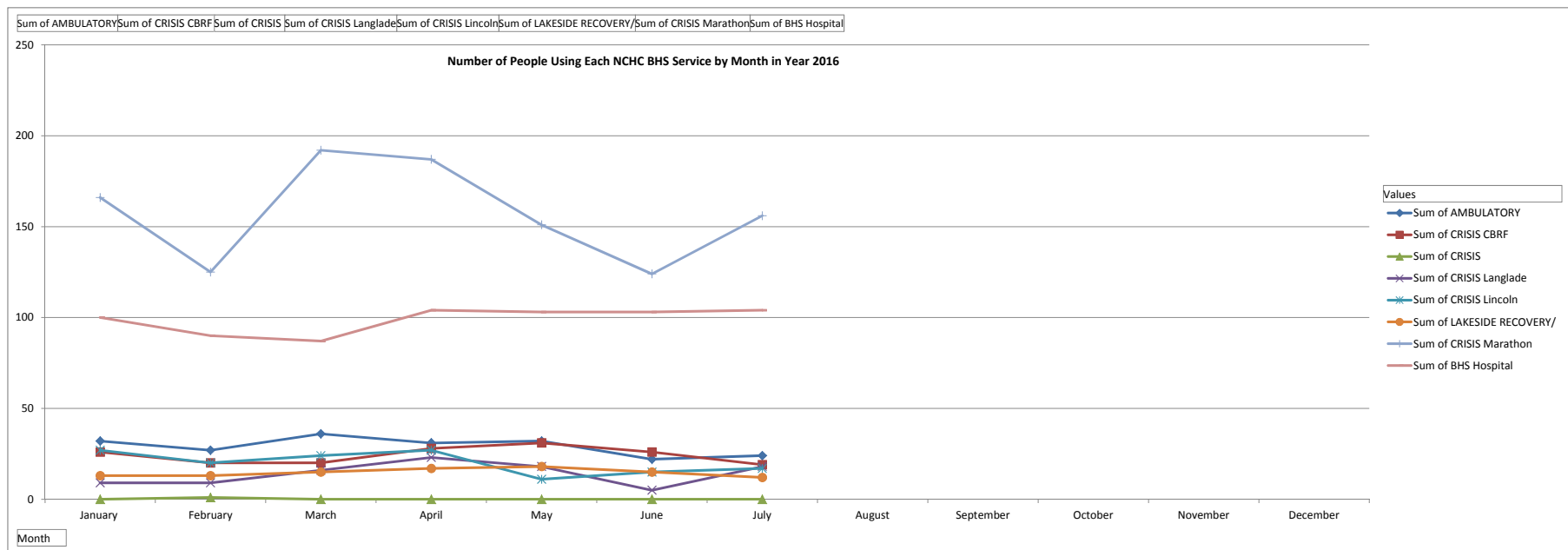




Number of New Referrals Accessing Services								
Month	Aquatic Therapy	Birth to Three	Clubhouse	Community Treatment	Outpatient	Prevocational	Residential	ADS
January	46	5	3	8	138	2	3	1
February	55	7	3	7	160	1	2	1
March	36	22	4	17	133	1	1	2
April	55	15	3	13	126	2	1	0
May	41	22	2	4	157	0	2	1
June	50	12	5	5	145	0	2	2
July	27	14	1	7	113	0	2	0
August								
September								
October								
November								
December								

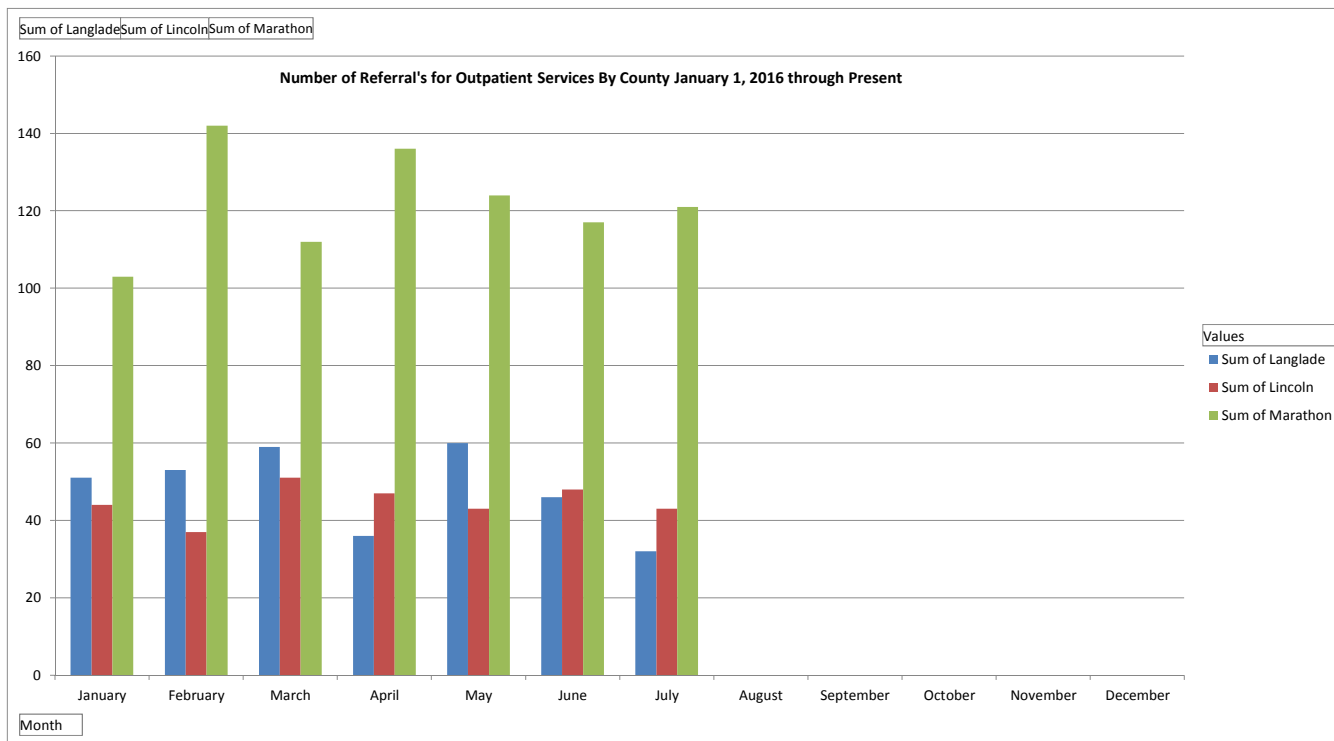


Residential, Pre-vocational and Adult Day Services Data on the Number of Clients Served by Month 2016					
Month	RESIDENTIAL	PREVOCATIONAL SERVICES		ADS	
		Marathon	Langlade	Langlade	Wausau
January	93	109	34	33	60
February	95	106	33	33	58
March	96	106	30	34	60
April	96	108	29	33	60
May	97	108	30	35	60
June	97	104	30	35	60
July	99	102	29	36	61
August					
September					
October					
November					
December					



Number of Clients Served within each Program of NCHC's BHS Serves 2016								
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	24	19	0	18	17	156	104	12
August								
September								
October								
November								
December								

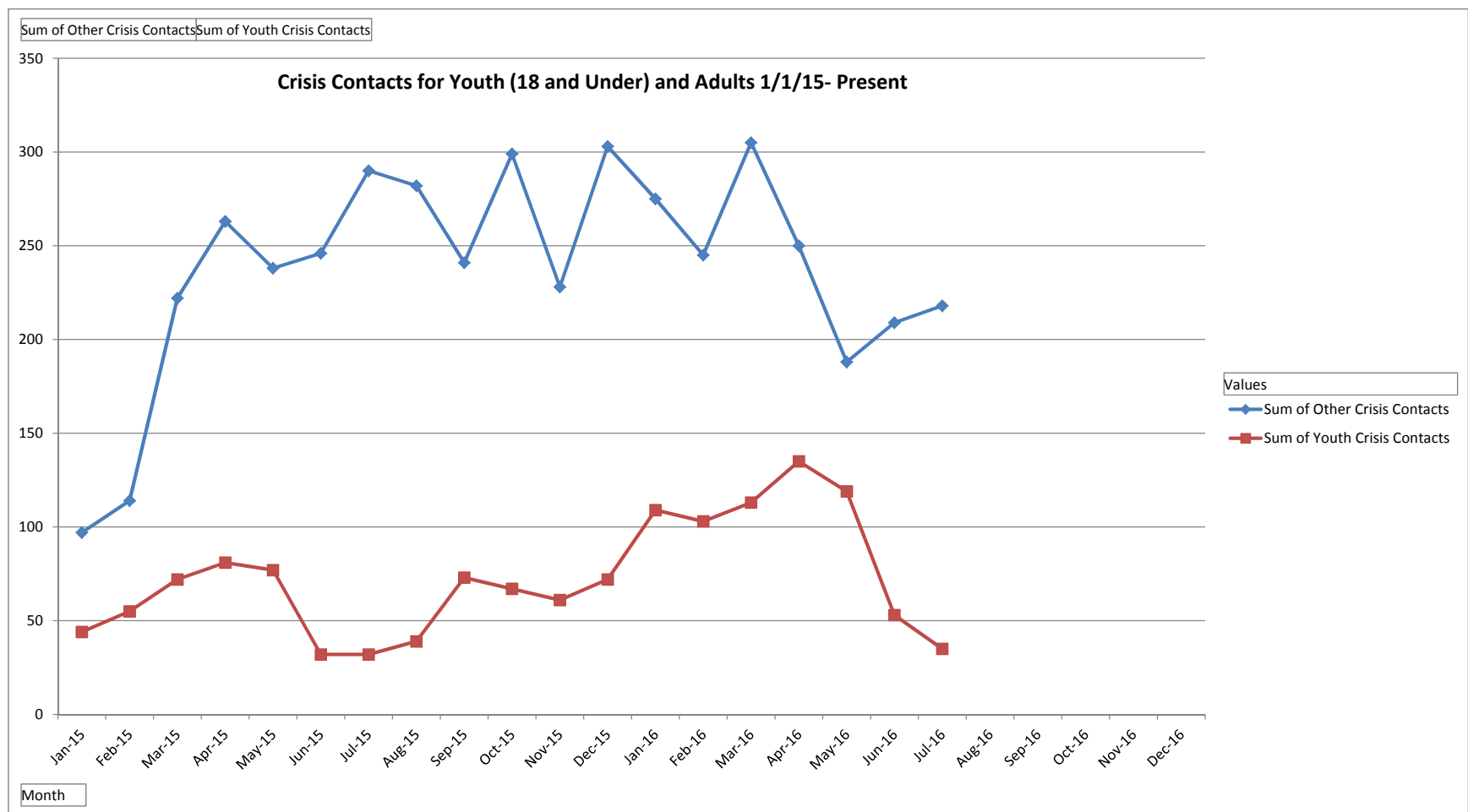
PROGRAM	Number of Clients Served By Each Program												2015 TOTAL
	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	
ADS LANGLADE	33	33	34	33	35	35	36						37
ADS WAUSAU	60	58	60	60	60	60	61						68
AMBULATORY DETOX	32	27	36	31	32	22	24						55
AODA DAY TREATMENT	16	21	21	14	14	10	6						58
AQUATIC SERVICES	109	115	118	120	124	123	88						589
BIRTH TO 3 LANGLADE	16	16	19	17	19	17	16						38
BIRTH TO 3 LINCOLN	24	24	27	26	29	28	28						63
BIRTH TO 3 MARATHON	163	161	173	175	172	170	170						356
CASE MANAGEMENT LANGLADE	0	0	0	0	0	0	0						2
CASE MANAGEMENT LINCOLN	1	1	0	0	0	0	0						1
CASE MANAGEMENT MARATHON	2	2	2	2	1	2	3						11
CHILDREN'S SUPPORT SERVICES LANGLADE	9	11	15	14	16	9	14						22
CHILDREN'S SUPPORT SERVICES- LINCOLN	19	12	21	22	14	14	21						39
CLUBHOUSE	13	16	21	21	18	19	22						35
CSP- LANGLADE	6	4	4	5	5	4	4						7
CSP- LINCOLN	0	0	0	0	0	0	0						1
CSP- MARATHON	24	24	23	22	22	21	22						32
CCS- LANGLADE	50	51	52	51	55	55	55						66
CCS- LINCOLN	72	71	76	73	75	77	80						85
CCS- MARATHON	341	334	348	342	346	346	346						426
CRISIS CBRF	26	20	20	28	31	26	19						248
CRISIS- TOMAHAWK	0	1	0	0	0	0	0						2
CRISIS- LANGLADE	9	9	16	23	18	5	18						61
CRISIS- LINCOLN	27	20	24	27	11	15	17						68
CRISIS- MARATHON	166	125	192	187	151	124	156						1230
DEMAND TRANSPORTATION	181	202	192	190	200	177	146						740
BHS HOSPITAL	100	90	87	104	103	103	104						1015
LAKESIDE RECOVERY-MMT	13	13	15	17	18	15	12						31
OUTPATIENT AODA- TOMAHAWK	40	31	36	38	35	32	28						100
OUTPATIENT AODA- LANGLADE	78	88	115	90	96	103	73						422
OUTPATIENT AODA- MERRILL	61	50	66	71	76	77	53						320
OUTPATIENT AODA- MARATHON	204	230	256	236	235	183	226						1319
OUTPATIENTMH- TOMAHAWK	25	16	22	24	13	14	12						64
OUTPATIENT MH- LANGLADE	135	110	152	144	159	155	101						407
OUTPATIENT MH- MERRILL	123	128	127	126	118	124	71						347
OUTPATIENT MH- MARATHON	250	257	271	289	269	252	243						1014
PREVOCATIONAL SERVICES- LANGLADE	34	33	30	29	30	30	29						38
PREVOCATIONAL SERVICES- MARATHON	109	106	106	108	108	104	102						127
PROTECTIVE SERVICES- LINCOLN	1	4	0	0	0	1	2						9
PROTECTIVE SERVICES- MARATHON	5	4	3	4	5	11	10						49
PSYCHIATRY- TOMAHAWK	15	11	9	13	11	9	15						47
PSYCHIATRY- LANGLADE	36	31	42	25	40	30	45						142
PSYCHIATRY- MERRILL	65	55	69	69	68	75	60						191



Outpatient Services Referrals By County 2016

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 with the definition of under 18 years old. Contacts are assessments 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	Access for Langlade MH	Access for Langlade AODA	Access 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	86 Days	2.7 Days	1.4 Days	1.4 Days (No Waitlist)	20.2 Days	28 Days	7.5 Days	6.5 Days
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						Percentage of Hospital Admits from Each County				
Month	Marathon County Admits	Lincoln County Admits	Langlade County Admits	Other County Admits	Total Admits	Month	Marathon County Admits	Lincoln County Admits	Langlade County Admits	Other County Admits
January	61	7	7	2	77	January	79.22%	9.09%	9.09%	2.60%
February	44	11	10	1	66	February	66.67%	16.67%	15.15%	1.52%
March	51	6	4	1	62	March	82.26%	9.68%	6.45%	1.61%
April	66	5	8	0	79	April	83.54%	6.33%	10.13%	0.00%
May	64	7	10	1	82	May	78.05%	8.54%	12.20%	1.22%
June	61	7	11	0	79	June	77.22%	8.86%	13.92%	0.00%
July	66	3	8	1	78	July	84.62%	3.85%	10.26%	1.28%
August					0	August				
September					0	September				
October					0	October				
November					0	November				
December					0	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	5.73	4.33	5.88	5
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 Langede 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 Langede 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

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
July			
07/01/2016	4		
07/05/2016	2		
07/06/2016	2		
07/07/2016	4		4
07/08/2016	4		
07/11/2016	2		
07/12/2016	3		
07/13/2016	2		
07/14/2016	4		
07/15/2016	4		
07/18/2016	1		
07/19/2016	1	3	
07/20/2016	4	4	
07/21/2016			4
07/22/2016	4		
07/25/2016	2		
07/26/2016	4		
07/27/2016	4		
07/28/2016	5		
07/29/2016	4		
Total OWI Assessments	60	7	8

Crisis and Inpatient Data

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 payer 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	15	23	13	11
August				
September				
October				
November				
December				

61
44
51
66
64
60
62
0
0
0
0
0

Payer Mix Percentage of NCHC BHS Hospital

MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	28.57%	33.77%	23.38%	14.29%
February	31.82%	39.39%	19.70%	9.09%
March	27.42%	35.48%	24.19%	12.90%
April	26.58%	34.18%	17.72%	21.52%
May	23.17%	41.46%	24.39%	10.98%
June	21.79%	44.87%	16.67%	16.67%
July	20.78%	38.96%	23.38%	16.88%
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	2	1	1	1
May	3	2	2	0
June	2	2	2	1
July	0	3	0	0
August				
September				
October				
November				
December				

7
11
4
5
7
7
3
0
0
0
0
0

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	1	2	3	2
August				
September				
October				
November				
December				

7
10
4
8
10
11
8
0
0
0
0
0

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	0	2	2	0
August				
September				
October				
November				
December				

2
1
3
0
1
0
4
0
0
0
0
0

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)	51.20(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	104	4	1	20	1	2	0	1	3	5	1	0	0
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(2)- 3 Party Patition- Involuntary Hold
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
51.45(11)- Involuntary Alcohol Detention
55.12 - Emergency Placement

Crisis and Inpatient Data

MONTH	Hospital Legal Status													No Legal Status Entered
	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	
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	20	2	0	30	8	4	1	3	2	4	1	3	0	0
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(2)**-
 3 Party Patition- Involuntary Hold
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
51.45(11)- Involuntary Alcohol Detention
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	452	91.1%
August		
September		
October		
November		
December		

Number of Patient Days (Physically in the Hospital),divided by 16 mutiplied by 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

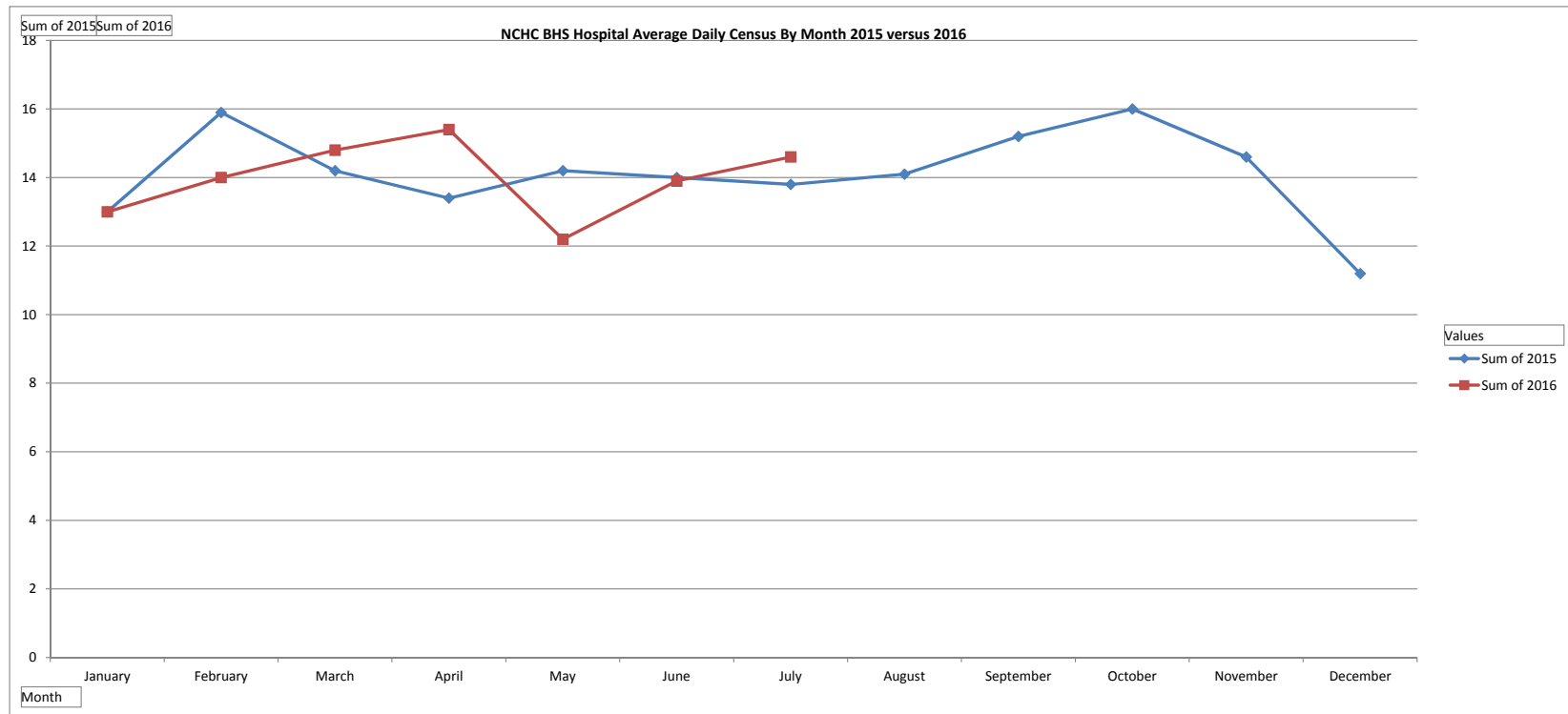
MONTH	Number of Clients Diverted to other Facilities	Age 13-17	
January	12	7 Minors	12
February	23	9 Minors	30
March	11	6 Minors	29
April	13	6 Minors	36
May	6	6 Minors	48
June	3	1 Minors	22
July			
August			
September			
October			
November			
December			

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

July	AdmitDate	DischDate	# of Days Since Last Hospitalization	
1615330	07/01/2016	05/18/2016	44	
14541778	07/01/2016	05/25/2016	37	
2049888	07/01/2016	06/07/2016	24	
1930101	07/03/2016		no	16272
18469980	07/03/2016		no	47
1821873	07/04/2016		no	
18505918	07/04/2016		no	346.21
1635022	07/05/2016	07/03/2016	2	
1642156	07/05/2016	06/27/2016	8	Average Days Since Last Admission- 346.21
1870627	07/05/2016		no	Number of People with no previous history at NCHC- 30
1859420	07/06/2016	04/25/2013	1168	
1640836	07/06/2016	02/15/2016	142	
1801400	07/06/2016	02/10/2015	512	
18545896	07/06/2016		no	
1642156	07/07/2016	07/05/2016	2	
1857434	07/07/2016	05/16/2016	52	
18613618	07/08/2016		no	
1639714	07/08/2016	06/13/2016	25	
1873794	07/08/2016		no	
5929545	07/08/2016	02/08/2016	151	
1635022	07/09/2016	07/08/2016	1	
18611575	07/09/2016		no	
18638388	07/10/2016		no	
18637585	07/10/2016		no	
4234598	07/10/2016	04/24/2016	77	
1560994	07/10/2016		no	
1606552	07/11/2016	05/16/2014	787	
1789037	07/11/2016	07/28/2014	714	
1678949	07/12/2016	06/17/2014	756	
18376825	07/12/2016	07/06/2016	6	
1619560	07/12/2016	07/05/2016	7	
2054179	07/12/2016	05/25/2016	48	
2047530	07/13/2016		no	
18778495	07/15/2016		no	
1886938	07/15/2016	06/18/2015	393	
1771964	07/15/2016	02/08/2016	158	
6233940	07/17/2016		no	
2048591	07/17/2016	07/01/2016	16	
1619560	07/17/2016	07/15/2016	2	
2069363	07/17/2016	06/14/2016	33	
1926243	07/18/2016		no	
1963582	07/18/2016	04/13/2004	4479	
6597866	07/18/2016		no	
1852341	07/18/2016	07/14/2014	735	
1753158	07/18/2016	07/20/2015	364	
1789037	07/19/2016	07/15/2016	4	
1784178	07/20/2016	04/14/2014	828	
18848732	07/20/2016		no	
18868473	07/20/2016		no	
1636396	07/21/2016		no	
1868764	07/21/2016	11/03/2014	626	
1596400	07/21/2016		no	
2374867	07/22/2016	09/25/2015	301	
1821873	07/22/2016	07/13/2016	9	
1818541	07/22/2016	01/29/2014	905	
13630540	07/22/2016		no	
1771964	07/26/2016	07/20/2016	6	
1594162	07/26/2016		no	
1635473	07/26/2016		no	
15957087	07/26/2016	03/29/2016	119	
1681168	07/27/2016	04/25/2016	93	
1615330	07/27/2016	07/05/2016	22	
19011964	07/27/2016		no	
19014026	07/27/2016		no	
19014331	07/28/2016		no	
1877068	07/28/2016	06/14/2016	44	
1963582	07/28/2016	07/21/2016	7	
1683243	07/29/2016	06/24/2010	2227	
1774114	07/29/2016	01/28/2016	183	
1789037	07/29/2016	07/25/2016	4	
2048591	07/29/2016	07/21/2016	8	
14778593	07/29/2016	05/03/2016	87	
1750556	07/30/2016	06/27/2016	33	
19085299	07/30/2016		no	
10800005	07/31/2016		no	
1709391	07/31/2016	07/08/2016	23	
13521778	07/31/2016		no	

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	14.6
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'	7
August 16'	
September 16'	
October 16'	
November 16'	
December 16'	

Actual number of minors (ages 13-17) 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'	45
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'	26
August 16'	
September 16'	
October 16'	
November 16'	
December 16'	

Minors (ages 13-17) 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.



North Central Health Care

Person centered. Outcome focused.

North Central Health Care Counseling in Schools

North Central Health Care's services are continually evolving to meet the changing needs of our community, and are offered in a variety of formats designed to best meet the needs of children, adolescents and adults. We offer programs that provide mental health and substance abuse treatment and support in community, home and workplace settings, in addition to support and care in a school setting for children and adolescents.

Counseling in Schools Program Goals

- Provide individual mental health services to children and adolescents in a school setting
- Reduce time students/parents miss from classes or work due to travel to appointments
- Increase accessibility for appointments
- Provide options for appointments at school or NCHC Outpatient Services

Program History

- Counseling in Schools began as pilot program in May 2013 at Wausau East and Wausau School District Alternative High School at Northcentral Technical College (NTC)
- Appointments were available with 2 different Licensed Professional Counselors (LPC) specializing in care for adolescents
- All information discussed is confidential and not shared with school district, regardless of appt. location

The Program Today

Counseling in Schools is now offered in the following school districts in Marathon and Lincoln counties:

Wausau - K-12
D.C. Everest - K-12
Mosinee - PreK-12
St. Mary's - K-12
Merrill Trinity Lutheran - PreK-8
Marathon County Special Education Cooperating Districts:
Abbotsford - K-12
Athens - K-12
Marathon - K-12
Spencer - K-12
Rosholt - K-12

- Parents are responsible for child's enrollment.
- NCHC provides 3 therapists that will travel to the various school districts for appointments at the school in a selected location within the school that protects each child's right to privacy while providing a comfortable healing environment.

Program Communication

Informational packets are made available at each school location that include informational brochures, provider information, rights and responsibilities information as well as enrollment instructions and contact information. (see sample)

Various marketing and informational materials are available to schools. Upon request, NCHC can provide both print materials and online graphics for use in school newsletters, emails to parents, handouts, flyers, posters and more as works best in each school communication strategy with parents and students. Panel discussions and forums can also be planned to give parents an opportunity to have open dialogue with professionals. NCHC's Communications Coordinator will discuss each school's individual needs and provide a communication plan that addresses each school or district's needs.

Training and Education Opportunities Available For School Faculty and Staff

Early Identification of Drug Use:

What to look for, resources available, updates on the latest illicit drugs, and drug trends in the area.

Suicide Prevention and Training with

NCHC Community Behavioral Health Liaison

For Parents

Good Drugs Gone Bad Curriculum

Guiding Good Choices Curriculum

For Students

Good Drugs Gone Bad Curriculum

Other resources from Substance Abuse and Mental Health Association (SAMSHA)

www.norcen.org

Wausau Campus
1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center
607 N. Sales Street, Ste. 309
Merrill, Wisconsin 54452
715.536.9482

Antigo Center
1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

MARATHON COUNTY HUMAN SERVICES ASSET MAP

BACKGROUND AND PURPOSE

In the fall of 2015, the Marathon County Board of Supervisors approved Resolution #R-63-15 to secure a consultant to identify future needs and a service delivery structure for human services in Marathon County. Marathon County issued a competitive request for proposals in November 2015 and selected Morningside Research and Consulting (Morningside) in February 2016 to conduct the Human Services Needs Assessment. To accompany the Human Services Needs Assessment report, Morningside created the Marathon County Human Services Asset Map designed to visually display the number of existing human services providers in Marathon County compared to the human services needs prioritized during the stakeholder input process for the Human Services Needs Assessment report.

METHODOLOGY

The number of human services providers, or assets, in Marathon County were compiled from lists provided by Marathon County, a list of service providers from the United Way of Marathon County 2-1-1 Directory, and a list of providers registered with Community Care Connections of Wisconsin, the Managed Care Organization certified by the State of Wisconsin to operate in 17 counties in north central and northwest Wisconsin, including Marathon County.

Morningside combined and sorted the three lists of human services providers into one master list for the creation of the Marathon County Human Services Asset Map. Each service provider was assigned a primary service category from this list: Basic Needs, Criminal Justice, Employment, Healthcare, Housing, Mental Health, Outreach, Senior Engagement, Substance Abuse, Transportation, Youth and Family, and Other. Many of the organizations on the master list may provide services in several of these categories; however, only the primary service category assigned to each provider was used in the creation of the Asset Map.

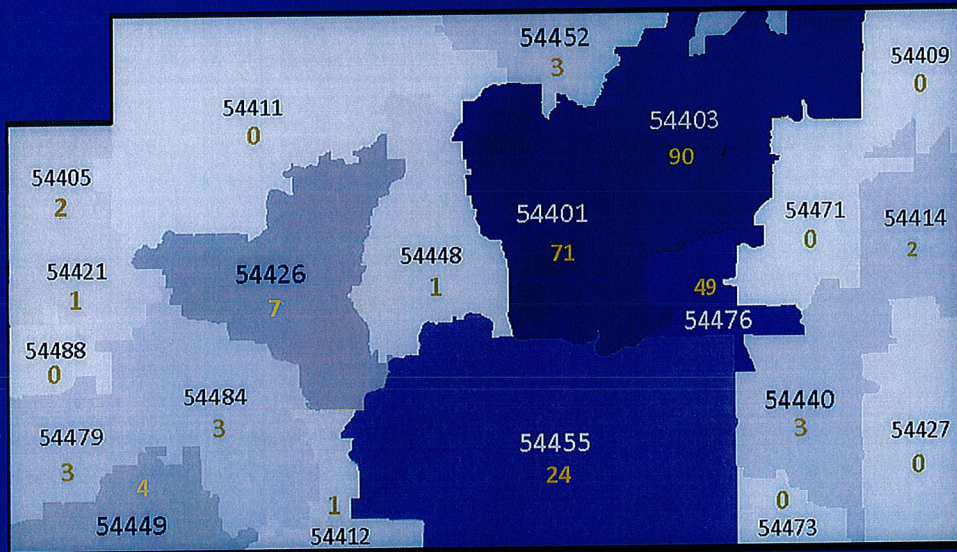
The Marathon County Human Services Asset Map on the following page shows the distribution of human services providers across geographical and categorical divisions. The data is displayed using two different graphics: Figure 1: Human Services Providers by Zip Code and Figure 2: Human Services Providers and Needs Prioritization Comparison.

Figure 1: Human Services Providers by Zip Code is a zip code map of Marathon County that displays the zip code of each area in white or black and the number of human services providers in that area in yellow. The map is also color-coded so that areas with higher concentrations of human services providers are shown in darker shades of blue and areas with fewer human services providers are shown in lighter shades of blue.

Figure 2: Human Services Providers and Needs Prioritization Comparison is a circular bar plot that compares the number of human service providers with needs prioritization data collected from stakeholders during the Human Services Needs Assessment report stakeholder input process. The “service providers” bars represent the percentages of the total number of human services providers in each category, while the “needs prioritization” bars represent the percentage of stakeholder responses prioritizing each category of services.

MARATHON COUNTY HUMAN SERVICES ASSET MAP

Figure 1: Human Services Providers by Zip Code



Zip codes are shown in black or white and the number of human services providers in each zip code is shown in yellow.

Figure 2: Human Services Providers and Needs Prioritization Comparison

