

**OFFICIAL NOTICE AND AGENDA**

of a meeting of the **Human Services Operations Committee** to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Board Room** at **10:30 am** on **Friday, October 14<sup>th</sup>, 2016**

In addition to attendance in person at the location described above, Board 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 start time of the meeting for further instructions. 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.

1. Call to order
2. Consent Agenda
  - a. ACTION: Approval of 9/09/16 Human Services Operations Committee Meeting Minutes
  - b. Financial Report
3. Educational Presentation
  - a. Behavioral Health Grant – J. Burrows, Marathon County Health Department
4. Human Services Outcome Reporting
  - a. Outcome Data Review
  - b. Crisis Services Update and Data Review
5. OWI 2016 Recidivism Discussion – L. Yarie
6. Jail Services Update – T. Simonis
7. Continue Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC
8. Budget Initiatives for HHS – M. Loy
9. Aquatic Therapy Pool Update – J. Robinson
10. Future Items for Committee Consideration
11. Adjourn



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Presiding Officer or Designee

**NOTICE POSTED AT:** North Central Health Care

**COPY OF NOTICE DISTRIBUTED TO:** Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 10/07/16 TIME: 4:00 p.m. BY: D. Osowski

**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*

North Central Health Care  
Review of 2016 Services  
Langlade County

	2016 August Actual Rev	2016 August Budg Rev	Variance	2016 August Actual Exp	2016 August Budg Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$208,919	\$305,088	(\$96,169)	\$292,527	\$433,987	\$141,460	\$45,291
Psychiatry Services	\$29,209	\$17,667	\$11,542	\$135,089	\$136,180	\$1,091	\$12,633
Community Treatment	\$612,780	\$568,038	\$44,742	\$613,117	\$703,367	\$90,250	\$134,992
Day Services	\$312,349	\$317,346	(\$4,997)	\$308,916	\$317,346	\$8,430	\$3,433
	\$1,163,257	\$1,208,139	(\$44,882)	\$1,349,649	\$1,590,879	\$241,230	\$196,348
<b>Shared Services:</b>							
Inpatient	\$318,941	\$282,728	\$36,213	\$536,614	\$433,329	(\$103,285)	(\$67,073)
CBRF	\$61,859	\$56,595	\$5,264	\$53,792	\$47,416	(\$6,376)	(\$1,112)
Crisis	\$8,483	\$12,439	(\$3,956)	\$62,092	\$117,531	\$55,439	\$51,483
AODA Day Hospital	\$3,929	\$8,127	(\$4,198)	\$5,760	\$13,751	\$7,991	\$3,794
Protective Services	\$19,404	\$16,633	\$2,771	\$39,888	\$41,263	\$1,375	\$4,146
Birth To Three	\$45,623	\$89,525	(\$43,902)	\$90,897	\$164,895	\$73,998	\$30,097
Group Homes	\$141,220	\$89,389	\$51,831	\$142,880	\$89,389	(\$53,491)	(\$1,660)
Supported Apartments	\$34,114	\$100,420	(\$66,306)	\$31,613	\$100,420	\$68,807	\$2,501
Contract Services	\$0	\$0	\$0	\$137,107	\$70,057	(\$67,050)	(\$67,050)
	\$633,573	\$655,856	(\$22,283)	\$1,100,643	\$1,078,053	(\$22,590)	(\$44,874)
<b>Totals</b>	<b>\$1,796,830</b>	<b>\$1,863,996</b>	<b>(\$67,166)</b>	<b>\$2,450,292</b>	<b>\$2,668,932</b>	<b>\$218,640</b>	<b>\$151,474</b>
Base County Allocation	\$586,149	\$586,149	\$0				\$0
Nonoperating Revenue	\$3,656	\$2,468	\$1,188				\$1,188
County Appropriation	\$216,322	\$216,322	\$0				\$0
Excess Revenue/(Expense)	\$2,602,957	\$2,668,934	(\$65,977)	\$2,450,292	\$2,668,934	\$218,640	\$152,662

9/15/2016

North Central Health Care  
Review of 2016 Services  
Lincoln County

	2016 August Actual Rev	2016 August Budget Rev	Variance	2016 August Actual Exp	2016 August Budg Exp	Variance	Variance By Program
<b>Direct Services:</b>							
Outpatient Services	\$230,696	\$286,253	(\$55,557)	\$351,835	\$408,918	\$57,083	\$1,526
Lincoln Psychiatry Services	\$48,104	\$32,465	\$15,639	\$281,681	\$213,691	(\$67,990)	(\$52,351)
Community Treatment	\$843,864	\$545,461	\$298,403	\$591,585	\$751,615	\$160,030	\$458,434
	\$1,122,664	\$864,178	\$258,486	\$1,225,101	\$1,374,224	\$149,123	\$407,609
<b>Shared Services:</b>							
Inpatient	\$463,905	\$411,237	\$52,668	\$780,529	\$630,297	(\$150,232)	(\$97,565)
CBRF	\$89,977	\$82,319	\$7,658	\$78,243	\$68,969	(\$9,274)	(\$1,617)
Crisis	\$23,754	\$12,439	\$11,315	\$173,858	\$117,531	(\$56,327)	(\$45,012)
AODA Day Hospital	\$5,715	\$11,821	(\$6,106)	\$8,378	\$20,001	\$11,623	\$5,518
Protective Services	\$28,224	\$24,194	\$4,030	\$58,018	\$60,019	\$2,001	\$6,031
Birth To Three	\$69,871	\$63,793	\$6,078	\$139,206	\$123,247	(\$15,959)	(\$9,881)
Apartments	\$34,114	\$31,322	\$2,792	\$31,613	\$31,322	(\$291)	\$2,501
Contract Services	\$0	\$0	\$0	\$199,429	\$101,901	(\$97,528)	(\$97,528)
	\$715,560	\$637,125	\$78,435	\$1,469,274	\$1,153,287	(\$315,987)	(\$237,553)
<b>Totals</b>	<b>\$1,838,224</b>	<b>\$1,501,303</b>	<b>\$336,921</b>	<b>\$2,694,375</b>	<b>\$2,527,511</b>	<b>(\$166,864)</b>	<b>\$170,056</b>
Base County Allocation	\$557,143	\$557,143	\$0				\$0
Nonoperating Revenue	\$4,473	\$3,423	\$1,050				\$1,050
County Appropriation	\$465,642	\$465,642	\$0				\$0
Excess Revenue (Expense)	\$2,865,482	\$2,527,511	\$337,971	\$2,694,375	\$2,527,511	(\$166,864)	\$171,107

9/15/2016

North Central Health Care  
Review of 2016 Services  
Marathon County

	2016 August Actual Rev	2016 August Budget Rev	Variance	2016 August Actual Exp	2016 August Budget Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$592,078	\$895,746	(\$303,668)	\$1,131,998	\$1,638,231	\$506,233	\$202,565
Psychiatry Services	\$199,915	\$388,823	(\$188,908)	\$1,144,888	\$1,522,071	\$377,183	\$188,276
Community Treatment	\$2,811,658	\$2,019,900	\$791,758	\$3,757,919	\$2,982,143	(\$775,776)	\$15,982
Day Services	\$1,150,148	\$1,207,127	(\$56,979)	\$1,122,133	\$1,207,127	\$84,994	\$28,015
Clubhouse	\$217,684	\$251,668	(\$33,984)	\$317,450	\$315,001	(\$2,449)	(\$36,433)
Demand Transportation	\$240,993	\$280,479	(\$39,486)	\$262,657	\$280,479	\$17,822	(\$21,664)
Leased Space	\$158,363	\$166,667	(\$8,304)	\$170,149	\$185,041	\$14,892	\$6,588
Aquatic Services	\$442,036	\$520,912	(\$78,876)	\$484,595	\$520,911	\$36,316	(\$42,560)
Lakeside Recovery	\$58,212	\$133,333	(\$75,121)	\$193,987	\$369,351	\$175,364	\$100,242
	\$5,871,087	\$5,864,655	\$6,432	\$8,585,776	\$9,020,355	\$434,579	\$441,012
<b>Shared Services:</b>							
Inpatient	\$2,116,589	\$1,876,269	\$240,320	\$3,561,166	\$2,875,729	(\$685,437)	(\$445,117)
CBRF	\$410,521	\$375,581	\$34,940	\$356,982	\$314,669	(\$42,313)	(\$7,374)
Crisis Services	\$137,431	\$165,308	(\$27,877)	\$1,005,893	\$604,447	(\$401,446)	(\$429,323)
AODA Day Hospital	\$26,073	\$53,933	(\$27,860)	\$38,224	\$91,257	\$53,033	\$25,174
Protective Services	\$128,769	\$110,386	\$18,383	\$264,709	\$273,837	\$9,128	\$27,511
Birth To Three	\$432,943	\$457,809	(\$24,866)	\$862,569	\$879,725	\$17,156	(\$7,709)
Group Homes	\$1,358,296	\$1,402,388	(\$44,092)	\$1,374,262	\$1,402,388	\$28,126	(\$15,966)
Supported Apartments	\$1,763,551	\$1,450,013	\$313,538	\$1,634,273	\$1,450,013	(\$184,260)	\$129,278
Contracted Services	\$0	\$0	\$0	\$909,894	\$464,924	(\$444,970)	(\$444,970)
	\$6,374,173	\$5,891,686	\$482,487	\$10,007,972	\$8,356,989	(\$1,650,983)	(\$1,168,496)
Totals	\$12,245,260	\$11,756,341	\$488,919	\$18,593,748	\$17,377,344	(\$1,216,404)	(\$727,485)
Base County Allocation	\$1,453,973	\$1,457,666	(\$3,693)				(\$3,693)
Nonoperating Revenue	\$68,824	\$54,109	\$14,715				\$14,715
County Appropriation	\$4,109,654	\$4,109,228	\$426				\$426
Excess Revenue/(Expense)	\$17,877,711	\$17,377,344	\$500,367	\$18,593,748	\$17,377,344	(\$1,216,404)	(\$716,037)

9/15/2016

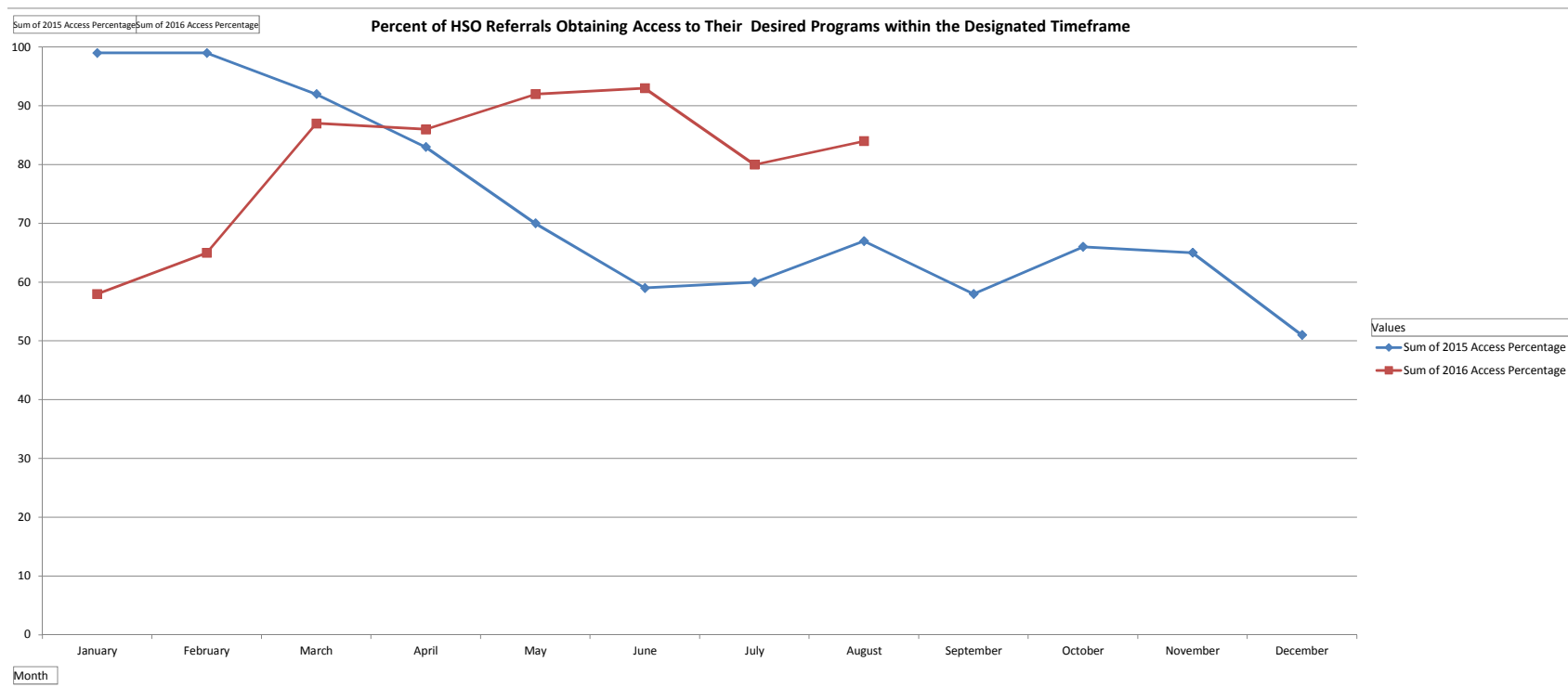
## **Executive Summary**

### **Outcome Data for HSO Programs**

2016

- The number of patients who do not have insurances (i.e. self-pay) is rising in the hospital.
- We continue to have high patient volumes in the hospital. This is further complicated by high acuity of patients on the inpatient unit.
- Referrals are back up in outpatient and aquatic services.
- We are monitoring the number of minors (between ages of 13 and 18) on the inpatient hospital unit. The number of minors decreased on the hospital unit as the need increased for adults during the reported timeframe.
- The youth crisis need seemed to have peaked in April, but we expect this to increase as school is back in session.
- The number of clients served in all HSO programs went up in September.





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	84
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	2090	354	80	15	3				2542	82.22%	17.78%
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

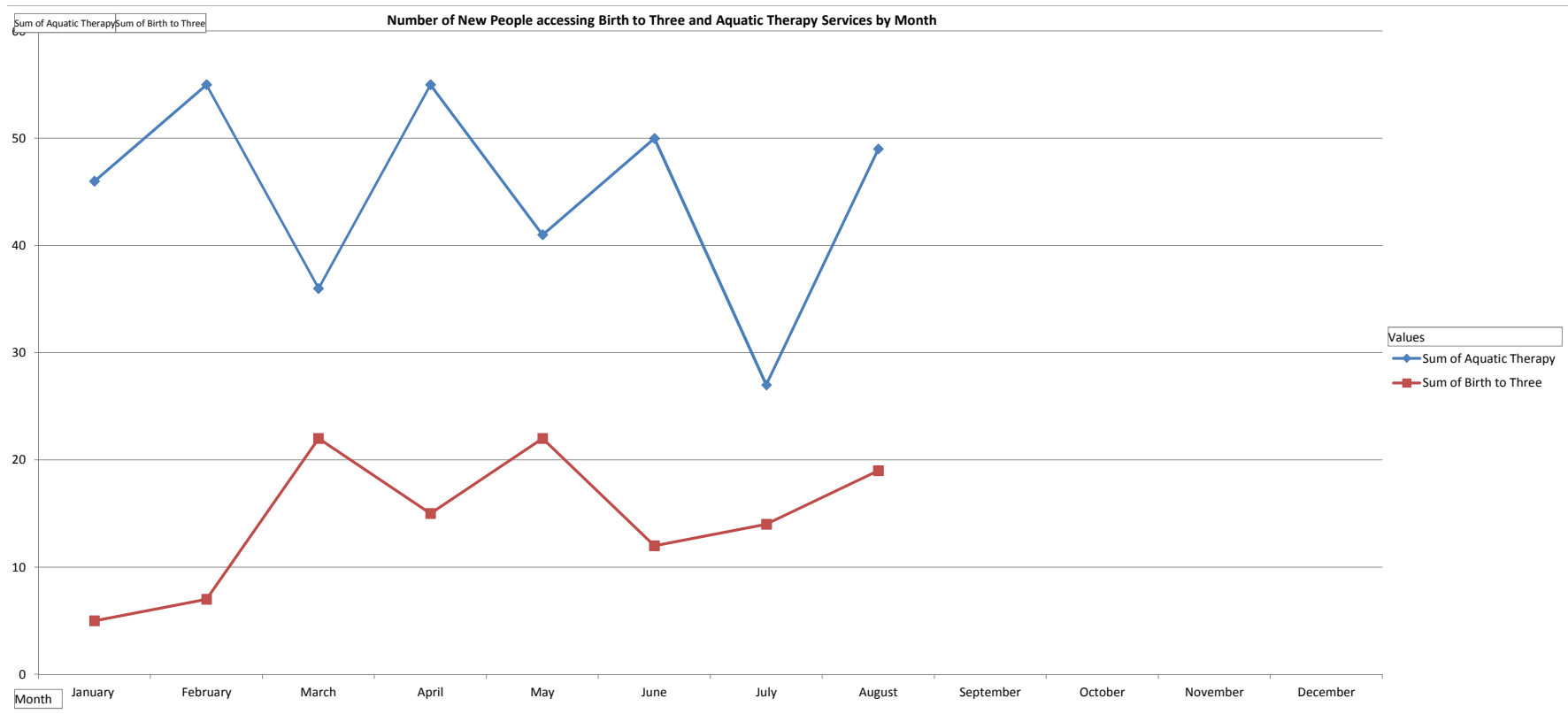
### Number of referrals followed through and scheduled

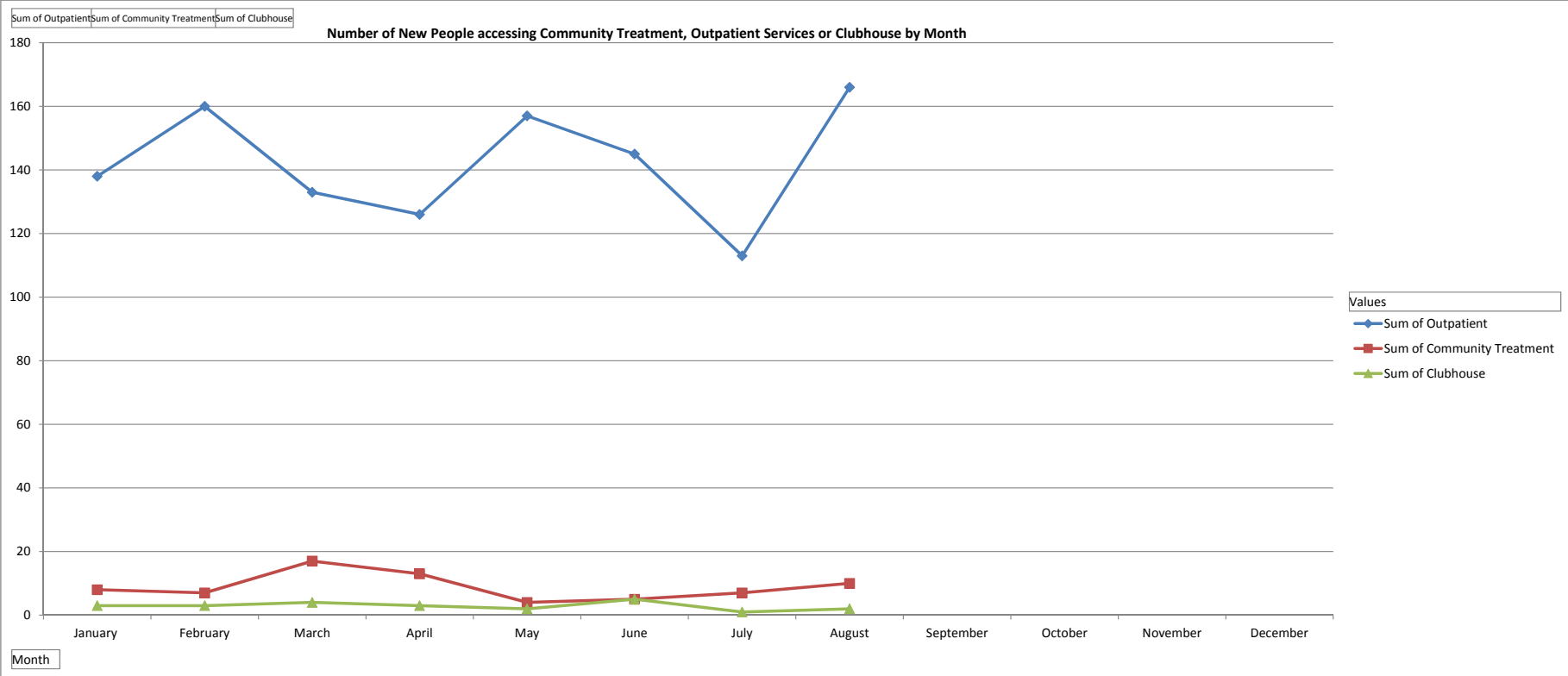
Month	2015 Number of Referrals Scheduled	2016 Number of Referrals Scheduled
January	243	206
February	239	236
March	254	216
April	250	215
May	245	229
June	244	221
July	240	164
August	280	248
September	255	
October	263	
November	227	
December	186	

**Total Number of Referrals Scheduled in all  
HSO Programs in North Central Health Care**

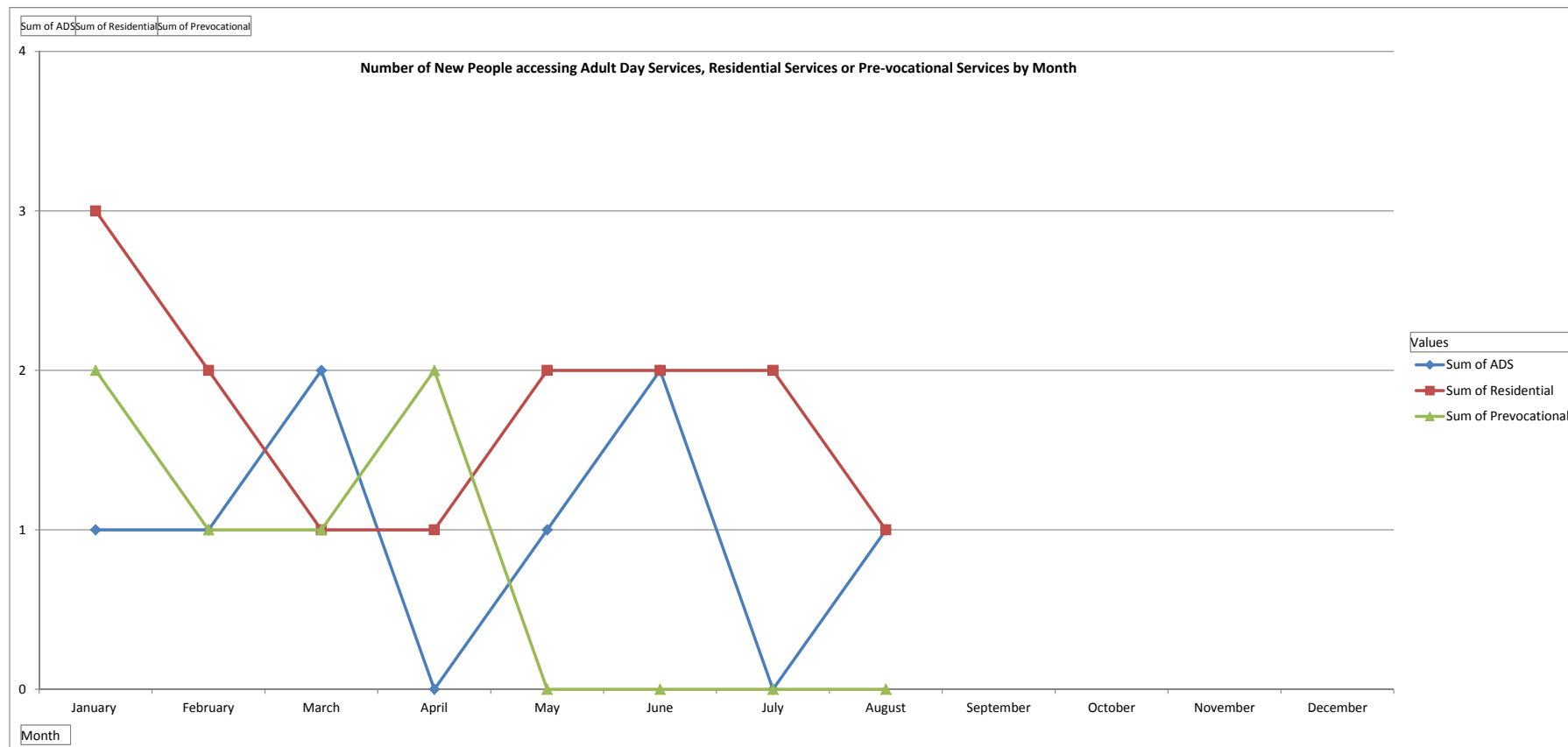
### Outpatient MH and AODA Only

Month	Number of Total Outpatient Referrals			Total Number of Outpatient Persons Scheduled	Percent
	Marathon	Lincoln	Langlade		
January	103	44	51	138	70%
February	142	37	53	160	69%
March	112	51	59	133	60%
April	136	47	36	126	58%
May	124	43	60	157	69%
June	117	48	46	145	69%
July	121	43	32	113	58%
August	159	44	58	166	64%
September					
October					
November					
December					

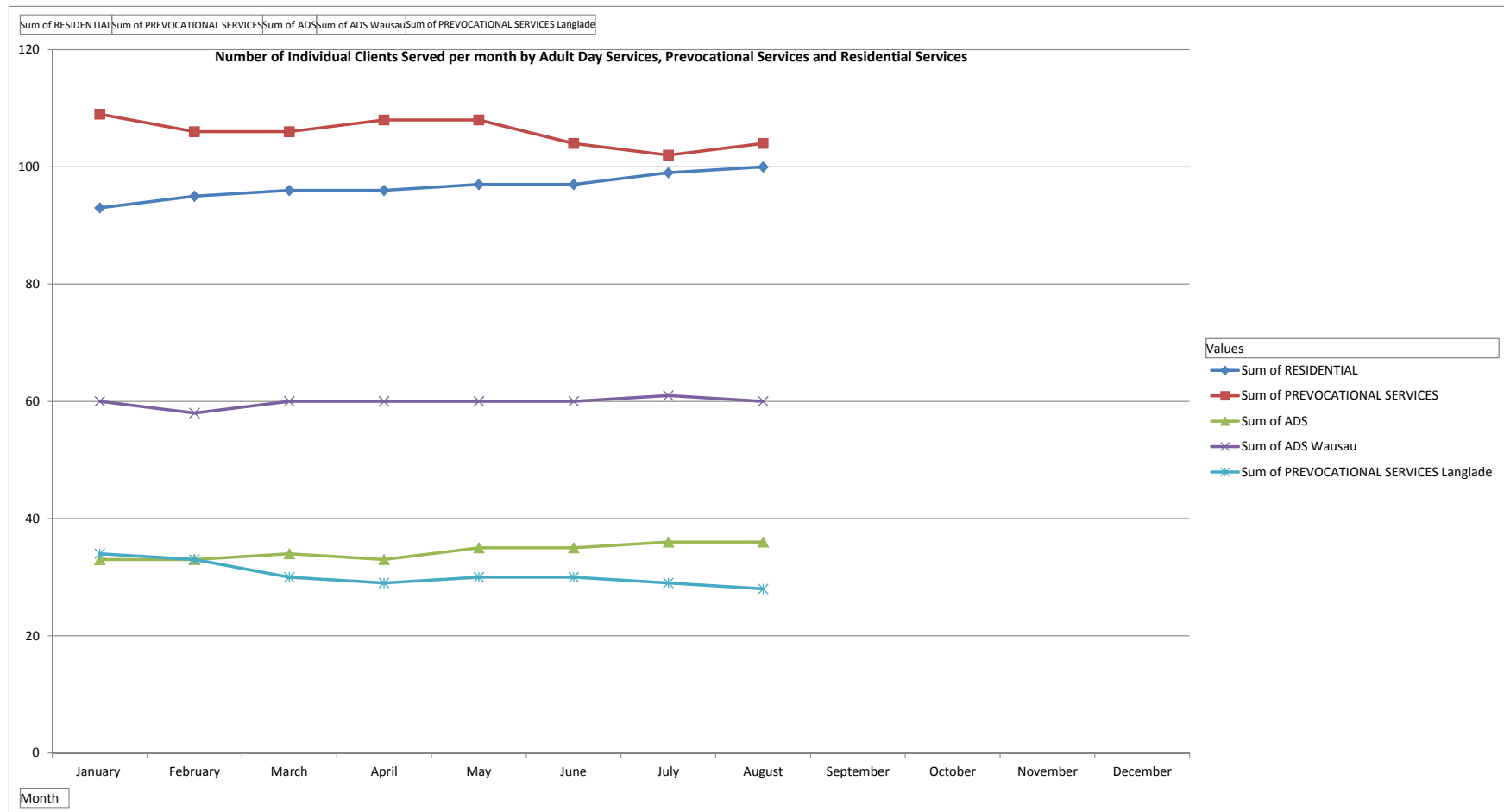




Number of New Referrals Accessing Services								
Month	Aquatic Therapy	Birth to Three	Clubhouse	Community Treatment	Outpatient	Prevocational	Residential	ADS
January	46	5	3	8	138	2	3	1
February	55	7	3	7	160	1	2	1
March	36	22	4	17	133	1	1	2
April	55	15	3	13	126	2	1	0
May	41	22	2	4	157	0	2	1
June	50	12	5	5	145	0	2	2
July	27	14	1	7	113	0	2	0
August	49	19	2	10	166	0	1	1
September								
October								
November								
December								



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	49	19	2	10	166	0	1	1
September								
October								
November								
December								



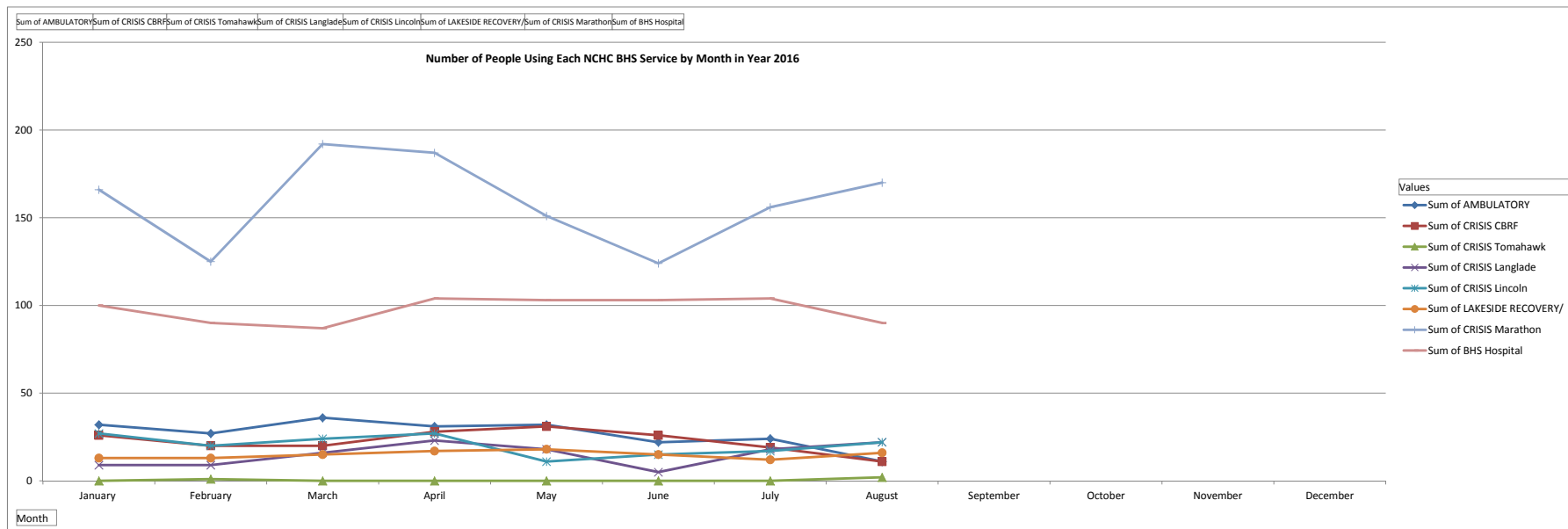
Residential, Pre-vocational and Adult Day Services Data on the Number of Clients Served by Month 2016					
Month	RESIDENTIAL	PREVOCATIONAL SERVICES		ADS	
		Marathon	Langlade	Langlade	Wausau
January	93	109	34	33	60
February	95	106	33	33	58
March	96	106	30	34	60
April	96	108	29	33	60
May	97	108	30	35	60
June	97	104	30	35	60
July	99	102	29	36	61
August	100	104	28	36	60
September					
October					
November					

## 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	36	36					37
ADS WAUSAU	60	58	60	60	60	60	61	60					68
AMBULATORY DETOX	32	27	36	31	32	22	24	11					55
AODA DAY TREATMENT	16	21	21	14	14	10	6	6					58
AQUATIC SERVICES	109	115	118	120	124	123	88	115					589
BIRTH TO 3 LANGLADE	16	16	19	17	19	17	16	21					38
BIRTH TO 3 LINCOLN	24	24	27	26	29	28	28	29					63
BIRTH TO 3 MARATHON	163	161	173	175	172	170	170	169					356
CASE MANAGEMENT LANGLADE	0	0	0	0	0	0	0	0					2
CASE MANAGEMENT LINCOLN	1	1	0	0	0	0	0	0					1
CASE MANAGEMENT MARATHON	2	2	2	2	1	2	3	2					11
CHILDREN'S SUPPORT SERVICES LANGLADE	9	11	15	14	16	9	14	15					22
CHILDREN'S SUPPORT SERVICES- LINCOLN	19	12	21	22	14	14	21	21					39
CLUBHOUSE	13	16	21	21	18	19	22	20					35
CSP- LANGLADE	6	4	4	5	5	4	4	4					7
CSP- LINCOLN	0	0	0	0	0	0	0	0					1
CSP- MARATHON	24	24	23	22	22	21	22	22					32
CCS- LANGLADE	50	51	52	51	55	55	55	53					66
CCS- LINCOLN	72	71	76	73	75	77	80	79					85
CCS- MARATHON	341	334	348	342	346	346	346	358					426
CRISIS CBRF	26	20	20	28	31	26	19	11					248
CRISIS- TOMAHAWK	0	1	0	0	0	0	0	2					2
CRISIS- LANGLADE	9	9	16	23	18	5	18	22					61
CRISIS- LINCOLN	27	20	24	27	11	15	17	22					68
CRISIS- MARATHON	166	125	192	187	151	124	156	170					1230
DEMAND TRANSPORTATION	181	202	192	190	200	177	146	174					740
BHS HOSPITAL	100	90	87	104	103	103	104	90					1015
LAKE SIDE RECOVERY-MMT	13	13	15	17	18	15	12	16					31
OUTPATIENT AODA- TOMAHAWK	40	31	36	38	35	32	28	29					100
OUTPATIENT AODA- LANGLADE	78	88	115	90	96	103	73	81					422
OUTPATIENT AODA- MERRILL	61	50	66	71	76	77	53	54					320
OUTPATIENT AODA- MARATHON	204	230	256	236	235	183	226	268					1319
OUTPATIENTMH- TOMAHAWK	25	16	22	24	13	14	12	19					64
OUTPATIENT MH- LANGLADE	135	110	152	144	159	155	101	120					407
OUTPATIENT MH- MERRILL	123	128	127	126	118	124	71	65					347
OUTPATIENT MH- MARATHON	250	257	271	289	269	252	243	305					1014
PREVOCATIONAL SERVICES- LANGLADE	34	33	30	29	30	30	29	28					38
PREVOCATIONAL SERVICES- MARATHON	109	106	106	108	108	104	102	104					127
PROTECTIVE SERVICES- LINCOLN	1	4	0	0	0	1	2	1					9
PROTECTIVE SERVICES- MARATHON	5	4	3	4	5	11	10	2					49
PSYCHIATRY- TOMAHAWK	15	11	9	13	11	9	15	6					47
PSYCHIATRY- LANGLADE	36	31	42	25	40	30	45	37					142
PSYCHIATRY- MERRILL	65	55	69	69	68	75	60	55					191
PSYCHIATRY- MARATHON	488	471	394	445	318	281	421	312					1402
RESIDENTIAL	93	95	96	96	97	97	99	100					108
TOTAL	3274	3181	3390	3411	3247	3055	3058	3114					

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





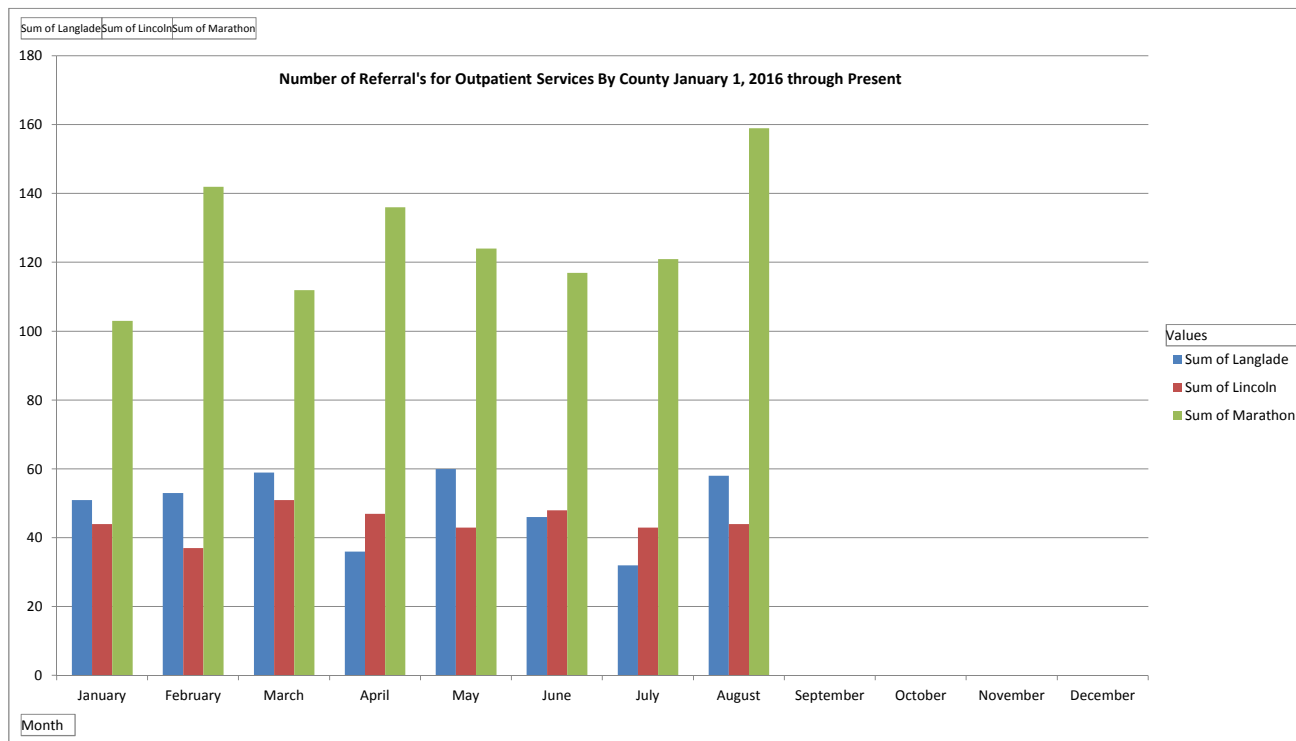
**Number of Clients Served within each Program of NCHC's BHS Serves 2016**

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	11	11	2	22	22	170	90	16
September								
October								
November								
December								

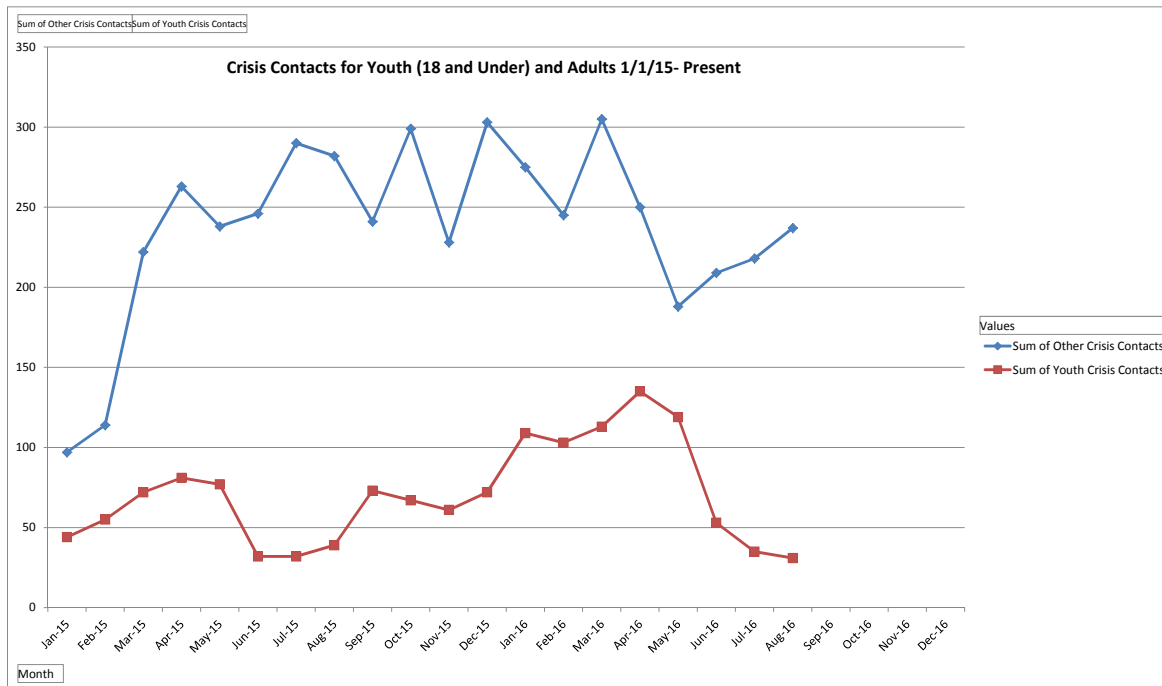








Outpatient Services Referrals By County 2016			
Month	Marathon	Lincoln	Langlade
January	103	44	51
February	142	37	53
March	112	51	59
April	136	47	36
May	124	43	60
June	117	48	46
July	121	43	32
August	159	44	58
September			
October			
November			
December			
Total number of referrals that come to each 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

Row Labels	Sum of Other Crisis Contacts	Sum of Youth Crisis Contacts
Jan-15	97	44
Feb-15	114	55
Mar-15	222	72
Apr-15	263	81
May-15	238	77
Jun-15	246	32
Jul-15	290	32
Aug-15	282	39
Sep-15	241	73
Oct-15	299	67
Nov-15	228	61
Dec-15	303	72
Jan-16	275	109
Feb-16	245	103
Mar-16	305	113
Apr-16	250	135
May-16	188	119
Jun-16	209	53
Jul-16	218	35
Aug-16	237	31
Sep-16		
Oct-16		
Nov-16		
Dec-16		
<b>Grand Total</b>	<b>4750</b>	<b>1403</b>

	Access for	Access for	Access for	Access for	Access for	Access for	Access for	Access for
Month	MMT	Marathon Outpatient MH	Outpatient Marathon AODA	Day Treatment	Langlade MH	Langlade AODA	Lincoln MH	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	90 Days	2.4 Days	2 Days	2 Days (No Waitlist)	26.2 Days	22.7 Days	8.5 Days	8.8 Days
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	45	7	10	1	63	August	71.43%	11.11%	15.87%	1.59%
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	7.31	5.29	7.3	2
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
<b>January</b>			
1/4/2016	4		
1/5/2016	3	5	
1/6/2016	2		
1/7/2016	3		3
1/8/2016	4		
1/11/2016	1		
1/12/2016	4		
1/13/2016	1		
1/14/2016	4		
1/15/2016	3		
1/18/2016	4		
1/19/2016		5	
1/20/2016	2		
1/21/2016			4
1/22/2016	3		
1/25/2016	2		
1/26/2016	5		
1/27/2016	3		
1/28/2016	3		
1/29/2016			4
<b>Total OWI Assessments</b>	<b>51</b>	<b>10</b>	<b>11</b>
<b>February</b>			
2/1/2016	2		
2/2/2016		4	
2/3/2016	3		
2/4/2016	4		3
2/5/2016	5		
2/8/2016	2		
2/9/2016	5		
2/10/2016	3		
2/11/2016	4		
2/12/2016	5		
2/15/2016	4		
2/16/2016		4	
2/17/2016	3		
2/18/2016			5
2/19/2016	2		
2/22/2016	5		
2/23/2016	4		
2/24/2016	2		
2/25/2016	4		
2/26/2016	4		
2/29/2016	4		
<b>Total OWI Assessments</b>	<b>65</b>	<b>8</b>	<b>8</b>

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>March</b>			
3/1/2016	2	5	
3/2/2016	4		
3/3/2016	5		5
3/4/2016	2		
3/7/2016	4		
3/8/2016	4		
3/9/2016	3		
3/10/2016	5		
3/11/2016	5		
3/14/2016	4		
3/15/2016		3	
3/16/2016	1		
3/17/2016			4
3/18/2016	5		
3/21/2016	2		
3/22/2016	3		
3/23/2016	4		
3/24/2016	5		
3/25/2016			3
3/28/2016	5		
3/29/2016	4		
3/30/2016	3		
3/31/2016	4		
<b>Total OWI Assessments</b>	<b>74</b>	<b>8</b>	<b>12</b>
<b>April</b>			
4/1/2016	4		
4/4/2016	3		
4/5/2016	5	5	
4/6/2016	3		
4/7/2016	4		4
4/8/2016	3		
4/11/2016	2		
4/12/2016	5		
4/13/2016	4		
4/14/2016	5		
4/15/2016	3		
4/18/2016	2		
4/19/2016		3	
4/20/2016	4		
4/21/2016			4
4/22/2016	3		
4/25/2016	1		
4/26/2016	4		
4/27/2016			
4/28/2016	4		
4/29/2016	5		
<b>Total OWI Assessments</b>	<b>64</b>	<b>8</b>	<b>8</b>

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langede County Assessments
<b>May</b>			
5/2/2016	1		
5/3/2016	5	3	
5/4/2016	4		
5/5/2016	4		5
5/6/2016			
5/9/2016	3		
5/10/2016	4		
5/11/2016	1		
5/12/2016	4		1
5/13/2016	5		
5/16/2016	1		
5/17/2016		3	
5/18/2016	3		
5/19/2016			2
5/20/2016	5		
5/23/2016	2		
5/24/2016			
5/25/2016	4		
5/26/2016	5		
5/27/2016	4		
5/31/2016	1		
<b>Total OWI Assessments</b>	<b>56</b>	<b>6</b>	<b>8</b>
<b>June</b>			
6/1/2016	3		
6/2/2016	5		5
6/3/2016	4		
6/6/2016			
6/7/2016		3	
6/8/2016			
6/9/2016			
6/10/2016			
6/13/2016	2		
6/14/2016	3		
6/15/2016	4	2	
6/16/2016	2		2
6/17/2016	5		
6/20/2016	2		
6/21/2016		2	
6/22/2016	3		
6/23/2016	3		
6/24/2016	5		
6/27/2016	2		
6/28/2016	5		
6/29/2016	3		
6/30/2016			
<b>Total OWI Assessments</b>	<b>51</b>	<b>7</b>	<b>7</b>

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>July</b>			
7/1/2016	4		
7/5/2016	2		
7/6/2016	2		
7/7/2016	4		4
7/8/2016	4		
7/11/2016	2		
7/12/2016	3		
7/13/2016	2		
7/14/2016	4		
7/15/2016	4		
7/18/2016	1		
7/19/2016	1	3	
7/20/2016	4	4	
7/21/2016			4
7/22/2016	4		
7/25/2016	2		
7/26/2016	4		
7/27/2016	4		
7/28/2016	5		
7/29/2016	4		
<b>Total OWI Assessments</b>	<b>60</b>	<b>7</b>	<b>8</b>
<b>August</b>			
8/1/2016	3		
8/2/2016	3	4	
8/3/2016	3		
8/4/2016	4		4
8/5/2016	4		
8/8/2016	3		
8/9/2016	1		
8/10/2016	3		
8/11/2016	5		
8/12/2016	5		
8/15/2016	3		
8/16/2016		3	
8/17/2016	4	5	
8/18/2016			4
8/19/2016	3		
8/22/2016	1		
8/23/2016	4		
8/24/2016	1		
8/25/2016	4		
8/26/2016	2		
8/29/2016	1		
8/30/2016	5		
8/31/2016	3		
<b>Totals</b>	<b>65</b>	<b>12</b>	<b>8</b>

## Crisis and Inpatient Data

<b>Marathon Cty OWI Convictions</b>	<b>Lincoln County OWI Convictions</b>	<b>Langlade County OWI Convictions</b>
198	49	50
<b>Total OWI Assessments</b>		
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	61
February	17	13	9	5	44
March	15	15	14	7	51
April	19	22	10	15	66
May	12	29	16	7	64
June	14	26	9	11	60
July	15	23	13	11	62
August	9	16	13	9	47
September					0
October					0
November					0
December					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	21.54%	32.31%	24.62%	21.54%
September				
October				
November				
December				

Lincoln County					
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY	
January	2	2	3	0	7
February	2	6	2	1	11
March	2	2	0	0	4
April	2	1	1	1	5
May	3	2	2	0	7
June	2	2	2	1	7
July	0	3	0	0	3
August	3	3	0	1	7
September					0
October					0
November					0
December					0

Langlade County					
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY	
January	1	3	1	2	7
February	1	7	2	0	10
March	0	4	0	0	4
April	0	4	3	1	8
May	3	3	2	2	10
June	1	7	2	1	11
July	1	2	3	2	8
August	1	2	3	4	10
September					0
October					0
November					0
December					0

Other Counties					
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY	
January	0	1	0	1	2
February	1	0	0	0	1
March	0	1	1	1	3
April	0	0	0	0	0
May	1	0	0	0	1
June	0	0	0	0	0
July	0	2	2	0	4
August	1	0	0	0	1
September					0
October					0
November					0
December					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	92	4	6	21	4	0	0	0	2	3	0	0	30
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

### 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	20	2	0	30	8	4	1	3	2	4	1	3	0	0
August	12	0	1	28	7	1	0	1	4	5	3	1	0	2
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)  
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**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	464	93.5%
September		
October		
November		
December		

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

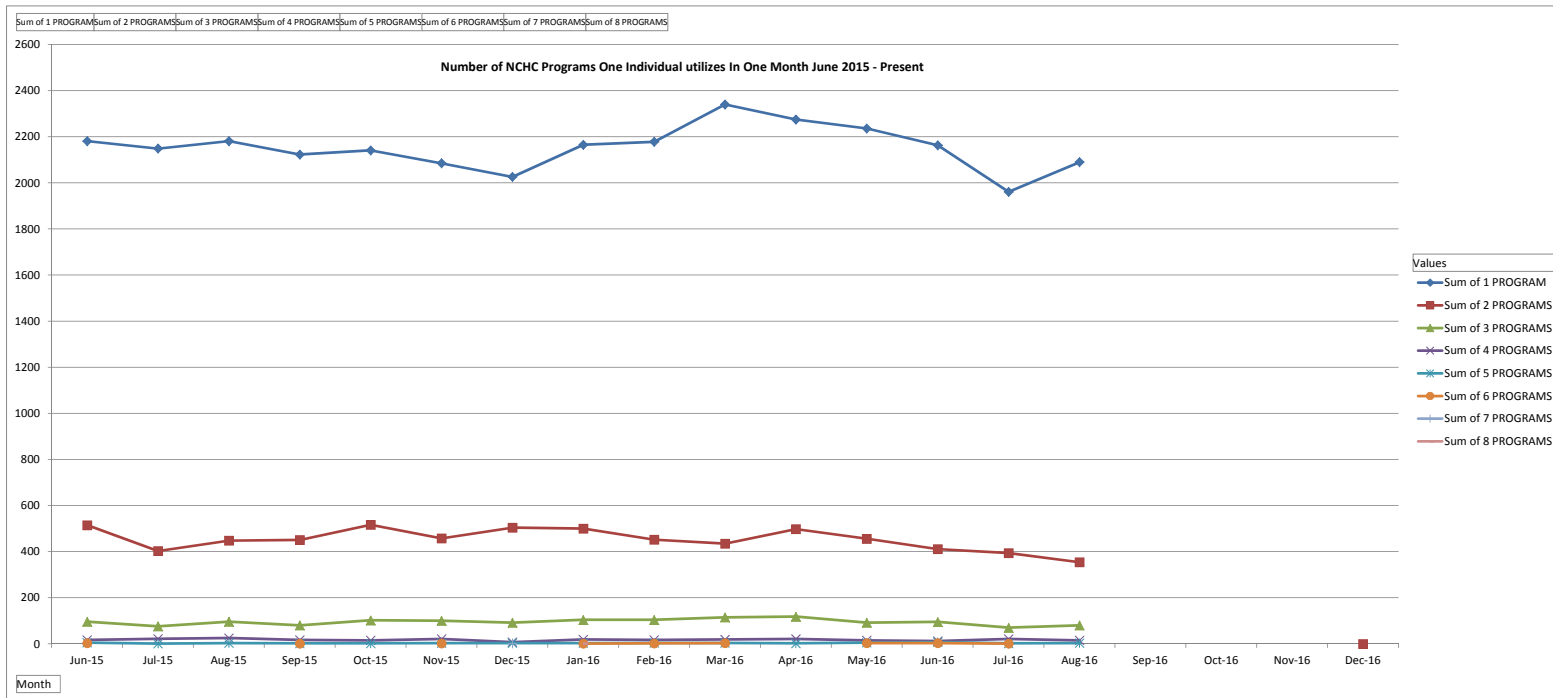
MONTH	Number of Clients Diverted to other Facilities	Age 13-17
January	12	7 Minors
February	30	9 Minors
March	29	6 Minors
April	36	6 Minors
May	48	6 Minors
June	22	1 Minors
July	21	
August	27	
September		
October		
November		
December		

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

August	AdmitDate	DischDate	# of Days Since Last Hospitalization
client 1	8/2/2016	09/25/15	312
client2	8/2/2016	05/23/11	1898
client 3	8/2/2016	02/18/04	4549
client 4	8/2/2016	06/28/16	35
client 5	8/2/2016		no
client 6	8/2/2016	07/28/16	5
client 7	8/2/2016		no
client 8	8/3/2016	08/09/13	1090
client 9	8/3/2016	02/18/14	897
client 10	8/3/2016	06/30/15	400
client 11	8/4/2016		no
client 12	8/5/2016	07/02/13	1130
client 13	8/7/2016	07/12/16	26
client 14	8/8/2016	04/19/12	1572
client 15	8/8/2016	12/03/15	249
client 16	8/9/2016	07/26/16	14
client 17	8/9/2016		no
client 18	8/9/2016	03/18/96	7449
client 19	8/10/2016		no
client 20	8/10/2016	08/01/12	1470
client 21	8/10/2016	02/08/08	3106
client 22	8/11/2016	12/28/92	8627
client 23	8/11/2016	08/10/10	2193
client 24	8/11/2016	12/01/01	5367
client 25	8/11/2016	07/08/15	400
client 26	8/11/2016		no
client 27	8/12/2016	07/27/12	1477
client 28	8/12/2016		no
client 29	8/13/2016		no
client 30	8/13/2016	07/27/16	17
client 31	8/15/2016	07/05/16	41
client 32	8/15/2016	08/05/12	1471
client 33	8/15/2016	08/11/16	4
client 34	8/17/2016		no
client 35	8/17/2016	05/19/16	90
client 36	8/17/2016		no
client 37	8/17/2016	01/28/06	3854
client 38	8/18/2016		no
client 39	8/18/2016		no
client 40	8/18/2016	08/15/16	3
client 41	8/18/2016	01/02/15	594
client 42	8/19/2016	08/27/14	723
client 43	8/19/2016	08/06/13	1109
client 44	8/20/2016	12/30/15	234
client 45	8/20/2016		no
client 46	8/20/2016	08/11/16	9
client 47	8/21/2016	10/07/15	319
client 48	8/22/2016		no
client 49	8/23/2016		no
client 50	8/23/2016	04/09/15	502
client 51	8/24/2016	08/02/16	22
client 52	8/24/2016		no
client 53	8/25/2016	08/19/15	372
client 54	8/25/2016		no
client 55	8/25/2016		no
client 56	8/25/2016	08/08/16	17
client 57	8/26/2016	05/09/15	475
client 58	8/26/2016	07/19/16	38
client 59	8/26/2016	11/05/15	295
client 60	8/28/2016		no
client 61	8/29/2016	09/23/05	3993
client 62	8/30/2016	11/29/10	2101
client 63	8/30/2016	03/25/82	12577
client 64	8/31/2016		no
client 65	8/31/2016		no

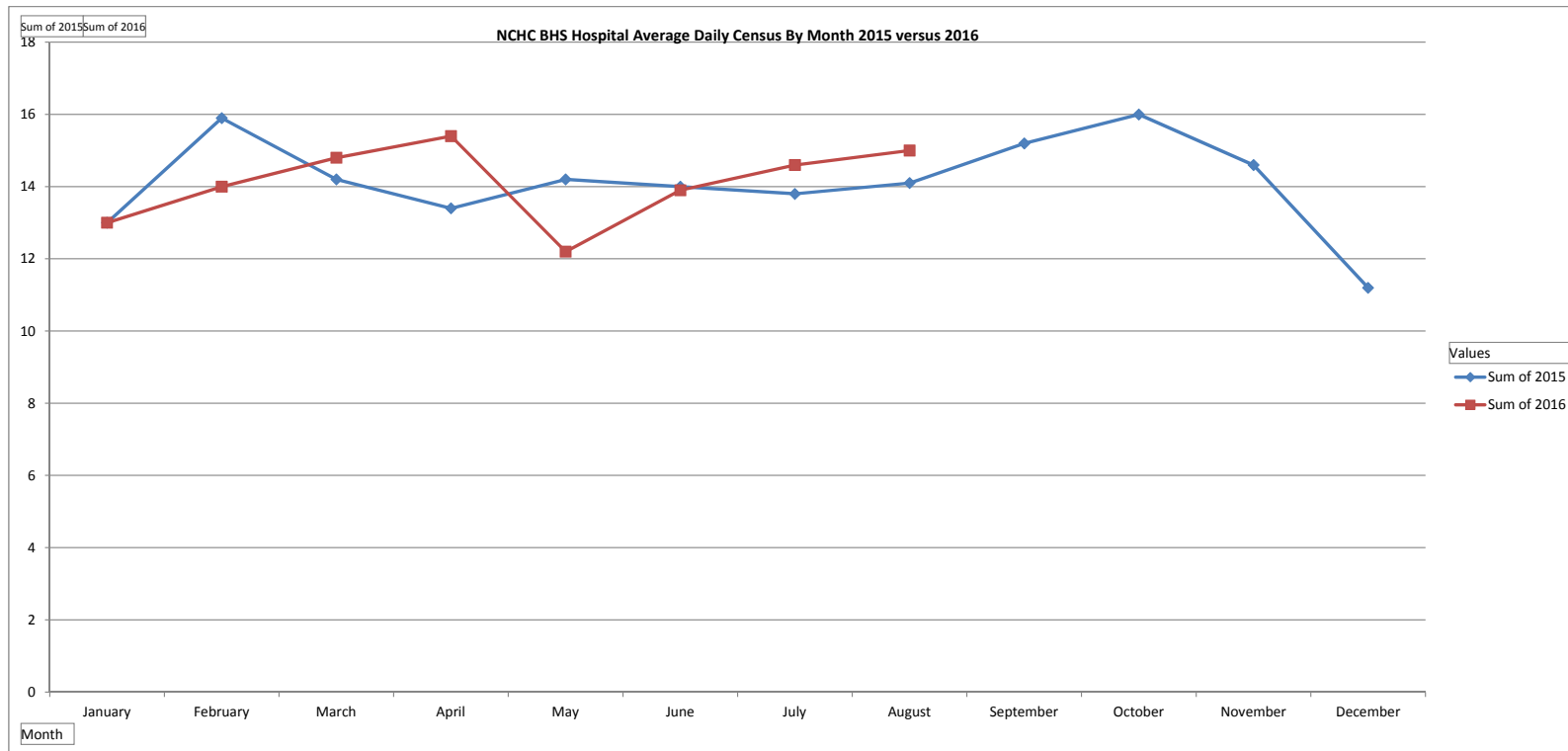
Average Days since Last Admission= 1617  
21 People had no previous admission history



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			2817	77.42%	22.58%
Jul-15	2149	403	76	22	1				2651	81.06%	18.94%
Aug-15	2181	448	96	25	3				2753	79.22%	20.78%
Sep-15	2123	451	80	17	2	1			2674	79.39%	20.61%
Oct-15	2141	517	102	15	2				2777	77.10%	22.90%
Nov-15	2085	458	100	21	3	2			2669	78.12%	21.88%
Dec-15	2026	504	92	7	3		1		2633	76.95%	23.05%
Jan-16	2165	500	104	19	3	1		1	2793	77.52%	22.48%
Feb-16	2178	452	104	17	4	2			2757	79.00%	21.00%
Mar-16	2340	435	115	19	4	3			2916	80.25%	19.75%
Apr-16	2275	498	118	21	2				2914	78.07%	21.93%
May-16	2236	456	92	15	5	3			2807	79.66%	20.34%
Jun-16	2163	411	95	12	7	3			2691	80.38%	19.62%
Jul-16	1961	394	70	21	2	1			2449	80.07%	19.93%
Aug-16	2090	354	80	15	3				2542	82.22%	17.78%
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	14.6
August	14.1	15
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'	2
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'	85
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'	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.

***Wisconsin Intoxicated Driver Program  
Noncompliance with Assessment  
Survey Results***

*June xx, 2016*

***Special thanks to Laura Blakeslee, Ph.D., who  
conducted the analysis for this project.***

# Analysis Report of IDP Non-compliance with Assessment Survey

## Introduction

In Wisconsin, every driver convicted of Operating While Intoxicated (OWI) is court-ordered to obtain an Intoxicated Driver Program (IDP) assessment that is conducted by the designated IDP assessment agency. Each year, approximately 30% of drivers who are ordered to obtain an assessment fail to do so. These drivers will have their driver licenses revoked until they comply with the assessment and driver safety plan.

In an effort to identify obstacles to compliance, the Department of Health Services, Intoxicated Driver Program Advisory Committee, Prevention Workgroup, conducted an online survey to gather information from each county-designated assessment agency. This report summarizes the results. The goal of the Prevention Workgroup was to identify specific strategies that assessment agencies could consider implementing to increase compliance with assessment rates within their own programs.

## Survey Response Rates

- 61 counties or regions returned completed Intoxicated Driver Program (IDP) Non-compliance with Assessment surveys. Surveys were sent to a total of 75 entities, including 3 surveys each to North Central Health Care (NCHC=Lincoln, Langlade, and Marathon Counties) and the Human Service Center (HSC = Forest, Oneida, and Vilas Counties). With only 1 of 3 surveys sent to each NCHC and HSC expected to be returned, a total of 71 counties/regions were asked to complete a survey. With 61 responses from 71 requests, the response rate for IDP Assessment survey =  $61/71 = 86\%$ .

## Descriptive Statistics:

- Non-compliance rates, by county

## Analysis Report of IDP Non-compliance with Assessment Survey

County Name	NonCompliance Rate	County Name	NonCompliance Rate
Adams	40.52%	Marathon	26.12%
Ashland	40.21%	Marinette	36.14%
Brown	29.99%	Marquette	36.52%
Buffalo	29.07%	Menominee	45.83%
Burnett	37.23%	Milwaukee	35.31%
Calumet	24.49%	Monroe	38.72%
Chippewa	32.64%	Oconto	26.52%
Clark	31.61%	HSC*	51.25%
Columbia	32.06%	Outagamie	31.18%
Crawford	33.65%	Ozaukee	18.75%
Dane	30.37%	Pepin	19.35%
Dodge	24.23%	Pierce	27.10%
Door	27.17%	Polk	32.34%
Douglas	27.13%	Portage	26.50%
Florence	27.50%	Racine	30.54%
Fond du lac	33.48%	Richland	33.62%
Grant	28.17%	Rock	32.94%
Green	26.34%	Sauk	28.84%
Green Lake	35.09%	Sawyer	40.09%
Iowa	27.70%	Shawano	30.94%
Iron	26.47%	Sheboygan	29.56%
Jackson	31.35%	St. Croix	36.68%
Jefferson	32.80%	Taylor	29.51%
Juneau	31.72%	Vernon	26.25%
Kenosha	35.22%	Walworth	30.91%
Kewaunee	31.68%	Washington	29.08%
La Crosse	34.24%	Waukesha	21.66%
Lafayette	37.38%	Waupaca	34.71%
Langlade & Lincoln	37.50%	Waushara	36.31%
Manitowoc	31.90%	Winnebago	30.59%
		Wood	28.37%

## Analysis Report of IDP Non-compliance with Assessment Survey

- Continuous Measures: Minimum, Maximum, Mean (Average), and Standard Deviation

Measure	N	Minimum	Maximum	Mean	Std. Deviation
Non-Compliance Rate (All Counties)	61	18.75%	51.25%	31.66%	5.72%
County Population (2014)	61	4,481	956,406	89,804	144,068
County Pct Poverty (2012)	61	5.6%	30.1%	12.6%	3.9%
Q15_Number of IDP Assessments	61	20	4,000	417	635
Q24_Charge Assessment	61	\$160	\$350	\$252	\$38.671
Q26_Forget Amount	61	\$0	\$350	\$123	\$98

- Categorical Measures: Survey Measures (questions as asked on the survey)

Measure	No		Yes		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Q4_AgencyWebsiteInfo	34	55.7%	27	44.3%	61	100.0%
Q5_Handout_Description	12	19.7%	49	80.3%	61	100.0%
Q5_Handout_Requiremnts	10	16.4%	51	83.6%	61	100.0%
Q7_72hoursFollowup	19	31.1%	42	68.9%	61	100.0%
Q8_IfyesHow_WarningLetter	11	26.2%	31	73.8%	42	100.0%
Q8_IfyesHow_PhoneCall	39	92.9%	3	7.1%	42	100.0%
Q10_Required_InPersonSched	38	62.3%	23	37.7%	61	100.0%
Q16_ReminderCalls	31	50.8%	30	49.2%	61	100.0%
Q18_ReminderPostCards	54	88.5%	7	11.5%	61	100.0%
Q20_PreConvictionSupervision	44	72.1%	17	27.9%	61	100.0%
Q21_PostConvictionTxCourt	34	55.7%	27	44.3%	61	100.0%
Q22_AllowHuberPrivileges	11	18.0%	50	82.0%	61	100.0%
Q23_DenyHuberPrivileges	42	68.9%	19	31.1%	61	100.0%

## Analysis Report of IDP Non-compliance with Assessment Survey

- Categorical Measures: Recoded Measures (revised from questions asked on the survey)

Measure	No		Yes		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Q9_EveningAppts	37	60.7%	24	39.3%	61	100.0%
Q11_Wait_LE7days	41	67.2%	20	32.8%	61	100.0%
Q11_Wait_LE10days	31	50.8%	30	49.2%	61	100.0%
Q11_Wait_LE14days	17	27.9%	44	72.1%	61	100.0%
q19_NoInfo_Court	49	81.7	11	18.3	60	100.0%
q19_NoInfo_Agency	55	91.7	5	8.3	60	100.0%
q19_NoInfo_Website	44	73.3	16	26.7	60	100.0%
q19_Prog_Court	22	36.7	38	63.3	60	100.0%
q19_Prog_Agency	8	13.3	52	86.7	60	100.0%
q19_Prog_Website	32	53.3	28	46.7	60	100.0%
q19_AgencyLoc_Court	15	25.0	45	75.0	60	100.0%
q19_AgencyLoc_Agency	12	20.0	48	80.0	60	100.0%
q19_AgencyLoc_Website	24	40.0	36	60.0	60	100.0%
q19_AgencyMap_Court	52	86.7	8	13.3	60	100.0%
q19_AgencyMap_Agency	44	73.3	16	26.7	60	100.0%
q19_AgencyMap_Website	43	71.7	17	28.3	60	100.0%
q19_Hours_Court	38	63.3	22	36.7	60	100.0%
q19_Hours_Agency	16	26.7	44	73.3	60	100.0%
q19_Hours_Website	25	41.7	35	58.3	60	100.0%
q19_Cost_Court	28	46.7	32	53.3	60	100.0%
q19_Cost_Agency	5	8.3	55	91.7	60	100.0%
q19_Cost_Website	43	71.7	17	28.3	60	100.0%
q19_Payment_Court	38	63.3	22	36.7	60	100.0%
q19_Payment_Agency	9	15.0	51	85.0	60	100.0%
q19_Payment_Website	47	78.3	13	21.7	60	100.0%
q19_Conseq_Court	27	45.0	33	55.0	60	100.0%
q19_Conseq_Agency	10	16.7	50	83.3	60	100.0%
q19_Conseq_Website	53	88.3	7	11.7	60	100.0%
Q19_Info_Prog	4	6.7	56	93.3	60	100.0%
Q19_Info_Location	3	5.0	57	95.0	60	100.0%
Q19_Info_Map	34	56.7	26	43.3	60	100.0%
Q19_Info_Hours	7	11.7	53	88.3	60	100.0%
Q19_Info_Cost	3	5.0	57	95.0	60	100.0%
Q19_Info_Payment	9	15.0	51	85.0	60	100.0%
Q19_Info_Conseq	7	11.7	53	88.3	60	100.0%
Q19_Whom_Court	11	18.3	49	81.7	60	100.0%
Q19_Whom_Agency	5	8.3	55	91.7	60	100.0%
Q19_Whom_Website	17	28.3	43	71.7	60	100.0%

## Analysis Report of IDP Non-compliance with Assessment Survey

- Categorical Measures: Recoded Measures, continued

	No		Yes		Total	
Measure	Frequency	Percent	Frequency	Percent	Frequency	Percent
Q25_Fees1v234	36	60.0%	24	40.0%	60	100.0%
Q25_Fees2v134	41	68.3%	19	31.7%	60	100.0%
Q25_Fees3v124	52	86.7%	8	13.3%	60	100.0%
Q25_Fees4v123	51	85.0%	9	15.0%	60	100.0%
Q25_Fees12v34	17	28.3%	43	71.7%	60	100.0%
Q25_Fees1v24	28	53.8%	24	46.2%	52	100.0%



## Analysis Report of IDP Non-compliance with Assessment Survey

### Bivariate Statistics

- Association between Non-Compliance Rates and Continuous Measures

This section uses Pearson Correlations and Regression to test whether non-compliance rates (NonCompRate) are significantly different among counties with higher or lower values on various continuous measures.

		Correlations					
		NonCompRate	Pop2014	PctPoverty2012	Q15_NumIDPassessments	Q24_ChargeAssessment	Q26_ForfeitAmt
NonCompRate	Pearson Correlation	1	-.056	.499**	-.065	.037	.080
	Sig. (2-tailed)		.670	.000	.620	.777	.540
	N	61	61	61	61	61	61
Pop2014	Pearson Correlation	-.056	1	.104	.991**	.116	-.085
	Sig. (2-tailed)	.670		.425	.000	.375	.517
	N	61	61	61	61	61	61
PctPoverty2012	Pearson Correlation	.499**	.104	1	.099	-.013	-.022
	Sig. (2-tailed)	.000	.425		.446	.918	.863
	N	61	61	61	61	61	61
Q15_NumIDPassessments	Pearson Correlation	-.065	.991**	.099	1	.124	-.112
	Sig. (2-tailed)	.620	.000	.446		.340	.389
	N	61	61	61	61	61	61
Q24_ChargeAssessment	Pearson Correlation	.037	.116	-.013	.124	1	.214
	Sig. (2-tailed)	.777	.375	.918	.340		.097
	N	61	61	61	61	61	61
Q26_ForfeitAmt	Pearson Correlation	.080	-.085	-.022	-.112	.214	1
	Sig. (2-tailed)	.540	.517	.863	.389	.097	
	N	61	61	61	61	61	61

\*\* . Correlation is significant at the 0.01 level (2-tailed).

- Do counties with larger **populations in 2014 (Pop2014)** have higher or lower non-compliance rates than counties with smaller populations?

**No**, non-compliance rates were not significantly associated with county population size.

- Do counties with higher **poverty rates in 2012 (PctPoverty2012)** have higher or lower non-compliance rates than counties with lower poverty rates?

**Yes**, non-compliance rates were significantly higher in counties with higher poverty rates:

- Correlation analysis (see table, above) shows counties with higher poverty rates in 2012 (latest year available) were more likely to have higher non-compliance rates (Pearson correlation = 0.499\*\*, p-value < .001).
- Regression analysis (see table, below) also shows poverty rates in 2012 (PctPoverty2012) were significantly associated with non-compliance rates in 2014 (NonCompRate).

Coefficients <sup>a</sup>							
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
1							
(Constant)	.225	.022		10.343	.000	.181	.268
PctPoverty2012	.007	.002	.499	4.427	.000	.004	.011

a. Dependent Variable: NonCompRate

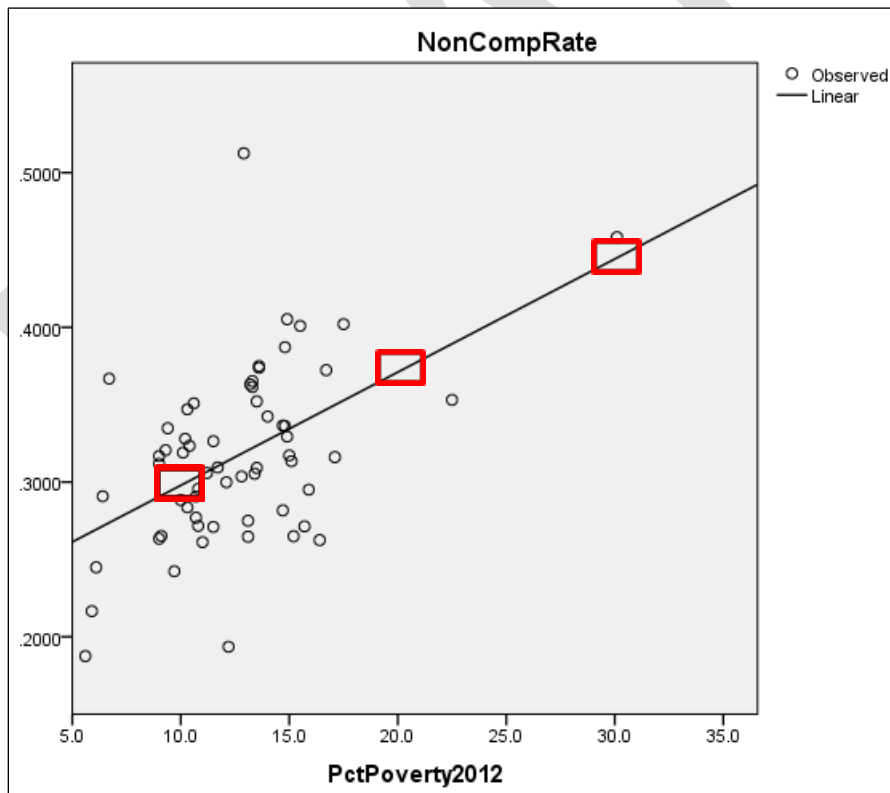
## Analysis Report of IDP Non-compliance with Assessment Survey

- The regression model (from results in the table above) estimates:

$$\text{NonCompRate} = 0.225 + 0.007(\text{PctPoverty2012})$$

meaning for every 1% increase in the percent in poverty in 2012, the county non-compliance rate in 2014 is estimated to increase by 0.7%.

- The scatter plot (below) provides a visualization of the significant association between poverty rates in 2012 (PctPoverty2012) and non-compliance rates in 2014 (NonCompRate), using 10%, 20% and 30% poverty rates as examples, highlighted by the 3 red boxes (□):
  - If a county has a 2012 poverty rate = 10%, the estimated NCR2014 =  $0.225 + 0.007(10) = 0.225 + 0.07 = 0.295 = \mathbf{29.5\%}$   
(One can see on the plot below that when PctPoverty2012 = 10%, the linear estimation for NCR is just below 30%.)
  - If a county has a 2012 poverty rate = 20%, the estimated NCR2014 =  $0.225 + 0.007(20) = 0.225 + 0.14 = 0.365 = \mathbf{36.5\%}$   
(One can see on the plot below that when PctPoverty2012 = 20%, the linear estimation for NCR is between 30-40%.)
  - If a county has a 2012 poverty rate = 30%, the estimated NCR2014 =  $0.225 + 0.007(30) = 0.225 + 0.21 = 0.435 = \mathbf{43.5\%}$   
(One can see on the plot below that when PctPoverty2012 = 30%, the linear estimation for NCR is between 40-50%.)



## Analysis Report of IDP Non-compliance with Assessment Survey

- Do counties with a larger **number of IDP assessments (Q15\_NumIDPassessment)** have higher or lower non-compliance rates than counties with a smaller number of IDP Assessments?  
**No**, non-compliance rates were not significantly associated with number of IDP assessments.
- Do counties that charge higher **assessment fees (Q24\_ChargeAssessment)** have higher or lower non-compliance rates than counties that charge lower assessment fees?  
**No**, non-compliance rates were not significantly associated with assessment fees.
- Do counties that charge higher **forfeit amounts (Q26\_ForfeitAmt)** have higher or lower non-compliance rates than counties that charge lower forfeit amounts (no show fees)?  
**No**, non-compliance rates were not significantly associated with forfeit amounts.
- Association between Non-Compliance Rates and Categorical Measures (Survey Questions)  
This section uses Independent Samples t-tests to assess whether non-compliance rates (NonCompRate) were significantly different between counties that report “Yes” or “No” on various categorical measures (questions as they were asked on the IDP Assessment survey).

Measure	Non-Compliance Rates						
	No		Yes		Tests for Equality		
	Mean	StdDev	Mean	StdDev	Variances (F statistic)	Means (t-statistic)	Significance (2-tailed)
Q4_AgencyWebsiteInfo	0.319	0.053	0.313	0.063	0.087	0.386	0.701
Q5_Handout_Description	0.304	0.058	0.320	0.057	0.202	-0.829	0.411
Q5_Handout_Requiremts	0.292	0.048	0.321	0.058	0.419	-1.528	0.132
Q7_72hoursFollowup	0.342	0.070	0.305	0.047	3.777 †	2.390	0.020 *
Q8_IfyesHow_WarningLetter	0.326	0.064	0.307	0.049	1.945	1.295	0.200
Q8_IfyesHow_PhoneCall	0.317	0.058	0.312	0.045	0.145	0.150	0.881
Q10_Required_InPersonSched	0.313	0.063	0.322	0.046	2.682	-0.581	0.563
Q16_ReminderCalls	0.306	0.043	0.327	0.068	6.076 *	-1.403	0.167
Q18_ReminderPostCards	0.319	0.049	0.297	0.105	2.890 †	0.565	0.591
Q20_PreConvictionSupervision	0.321	0.059	0.304	0.053	0.091	1.041	0.302
Q21_PostConvictionTxCourt	0.311	0.054	0.324	0.062	0.403	-0.877	0.384
Q22_AllowHuberPrivileges	0.319	0.059	0.316	0.057	0.103	0.131	0.896
Q23_DenyHuberPrivileges	0.316	0.063	0.317	0.045	0.928	-0.034	0.973

† p<0.1, \* p<0.05, \*\* p<0.01, \*\*\* p<0.001

Note: For Means and Standard Deviations, 0.xyz = xy.z%

- Does having **IDP assessment information on the agency’s website (Q4\_AgencyWebsiteInfo)** result in higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with agency’s website information.
- Do counties that give offenders **informational handouts with IDP description (Q5\_Handout\_Description)** have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with handouts with IDP description.

## Analysis Report of IDP Non-compliance with Assessment Survey

- Do counties that give offenders **informational handouts with IDP assessment requirements (Q5\_Handout\_Requirements)** have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with handouts with requirements.
- Do **counties that follow-up with the offender if driver does not contact the agency within 72 hours of court order (Q7\_72hoursFollowup)** have higher or lower non-compliance rates?  
**Yes**, non-compliance rates were significantly **lower** in counties that follow-up with the driver.
  - T-tests show the mean non-compliance rates (NCR) among counties that **do** follow-up with drivers (30.5%) is significantly lower than the mean non-compliance rates among counties that **don't** follow-up with drivers (34.2%).
  - However, the decline in NCR among counties that contacted drivers was **not significantly different by type of contact** (between drivers who received warning letters or phone calls).
  - Yet, the difference in NCR among drivers who received a warning letter (32.6% - 30.7% = 1.9% decline) was somewhat greater than the difference among drivers who received a phone call (31.7% - 31.2% = 0.5% decline). That is, while there was no statistical difference in NCR by type of contact, there is some evidence that letters may have a somewhat greater impact on NCR than phone calls.

Measure <sup>α</sup>	Non-Compliance Rates <sup>α</sup>						
	No <sup>α</sup>		Yes <sup>α</sup>		Tests for Equality <sup>α</sup>		
	Mean <sup>α</sup>	StdDev <sup>α</sup>	Mean <sup>α</sup>	StdDev <sup>α</sup>	Variances <sup>α</sup> (F-statistic) <sup>α</sup>	Means <sup>α</sup> (t-statistic) <sup>α</sup>	Significance <sup>α</sup> (2-tailed) <sup>α</sup>
Q7_72hoursFollowup <sup>α</sup>	0.342 <sup>α</sup>	0.070 <sup>α</sup>	0.305 <sup>α</sup>	0.047 <sup>α</sup>	3.777 <sup>†α</sup>	2.390 <sup>α</sup>	0.020 <sup>*α</sup>
Q8_IfyesHow_WarningLetter <sup>α</sup>	0.326 <sup>α</sup>	0.064 <sup>α</sup>	0.307 <sup>α</sup>	0.049 <sup>α</sup>	1.945 <sup>α</sup>	1.295 <sup>α</sup>	0.200 <sup>α</sup>
Q8_IfyesHow_PhoneCall <sup>α</sup>	0.317 <sup>α</sup>	0.058 <sup>α</sup>	0.312 <sup>α</sup>	0.045 <sup>α</sup>	0.145 <sup>α</sup>	0.150 <sup>α</sup>	0.881 <sup>α</sup>

- Among counties that do follow-up with drivers, do counties that **send out a warning letter (Q8\_IfyesHow\_WarningLetter)** have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with warning letters being sent.
- Among counties that do follow-up with drivers, do counties that **make a phone call to the driver** to educate and encourage compliance (**Q8\_IfyesHow\_PhoneCall**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with phone calls being made.
- Do counties that require drivers to appear **in person to schedule an appointment** for their IDP assessment (**Q10\_Required\_InPersonSched**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with required in-person scheduling.
- Do counties that **make reminder calls** to clients prior to their appointment (**Q16\_ReminderCalls**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with making reminder calls.

## Analysis Report of IDP Non-compliance with Assessment Survey

- Do counties that **send reminder post cards** to clients prior to their appointment (**Q18\_ReminderPostCards**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with sending reminder post cards.
- Do counties that **provide supervision prior to conviction (Q20\_PreConvictionSupervision)** have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with supervision prior to conviction.
- Do counties with a **treatment court for multiple OWI offenders (Q21\_PostConvictionTxCourt)** have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with treatment court.
- Do counties with jails that **allow Huber privileges** to attend their IDP assessment (**Q22\_AllowHuberPrivileges**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with allowing Huber privileges.
- Do counties with jails that **deny Huber privileges** if driver has not completed their IDP assessment (**Q23\_DenyHuberPrivileges**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with denying Huber privileges.

## Analysis Report of IDP Non-compliance with Assessment Survey

- Association between Non-Compliance Rates and Categorical Measures (Recoded Questions)  
This section uses Independent Samples t-tests to assess whether non-compliance rates (NonCompRate) were significantly different between counties that report “Yes” or “No” on various categorical measures based on (but recoded from) questions asked on the survey.

Measure	Non-Compliance Rates						
	No		Yes		Tests for Equality		
	Mean	StdDev	Mean	StdDev	Variances (F statistic)	Means (t-statistic)	Significance (2-tailed)
Q9_EveningAppts	0.323	0.064	0.307	0.044	2.909 †	1.128	0.264

† p<0.1, \* p<0.05, \*\* p<0.01, \*\*\* p<0.001

Note: For Means and Standard Deviations, 0.xyz = xy.z%

- Do counties that have **evening appointments** available (**Q9\_EveningAppts**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with the availability of evening appointments.

Measure	Non-Compliance Rates						
	No		Yes		Tests for Equality		
	Mean	StdDev	Mean	StdDev	Variances (F statistic)	Means (t-statistic)	Significance (2-tailed)
Q11_Wait_LE7days	0.322	0.059	0.306	0.053	0.040	0.978	0.332
Q11_Wait_LE10days	0.323	0.049	0.310	0.065	0.902	0.923	0.360
Q11_Wait_LE14days	0.327	0.045	0.313	0.061	0.361	0.909	0.367

† p<0.1, \* p<0.05, \*\* p<0.01, \*\*\* p<0.001

Note: For Means and Standard Deviations, 0.xyz = xy.z%

- Do counties with **wait times** (number of calendar days between when the driver scheduled an appointment and the actual assessment date) **of less than or equal to 7 days (Q11\_Wait\_LE7days)**, less than or equal to **10 days (Q11\_Wait\_LE10days)**, or less than or equal to **14 days (Q11\_Wait\_LE14days)** have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with wait times.

## Analysis Report of IDP Non-compliance with Assessment Survey

Measure	Non-Compliance Rates						
	No		Yes		Tests for Equality		
	Mean	StdDev	Mean	StdDev	Variances (F statistic)	Means (t-statistic)	Significance (2-tailed)
q19_NoInfo_Court	0.322	0.057	0.293	0.056	0.002	1.539	0.129
q19_NoInfo_Agency	0.320	0.059	0.281	0.024	2.097	1.434	0.157
q19_NoInfo_Website	0.314	0.061	0.324	0.047	0.678	-0.590	0.558
q19_Prog_Court	0.309	0.056	0.321	0.059	0.120	-0.782	0.437
q19_Prog_Agency	0.295	0.033	0.320	0.060	1.425	-1.133	0.262
q19_Prog_Website	0.320	0.049	0.313	0.067	0.864	0.420	0.676
q19_AgencyLoc_Court	0.303	0.054	0.321	0.059	0.001	-1.051	0.297
q19_AgencyLoc_Agency	0.303	0.044	0.320	0.061	0.651	-0.907	0.368
q19_AgencyLoc_Website	0.321	0.051	0.314	0.062	0.416	0.483	0.631
q19_AgencyMap_Court	0.314	0.058	0.333	0.058	0.027	-0.853	0.397
q19_AgencyMap_Agency	0.314	0.048	0.323	0.080	1.462	-0.502	0.618
q19_AgencyMap_Website	0.319	0.055	0.310	0.065	0.007	0.580	0.564
q19_Hours_Court	0.318	0.061	0.315	0.052	2.239	0.202	0.840
q19_Hours_Agency	0.307	0.054	0.320	0.059	0.073	-0.779	0.439
q19_Hours_Website	0.333	0.045	0.305	0.063	0.394	1.867	0.067 †
q19_Cost_Court	0.306	0.054	0.326	0.060	0.029	-1.352	0.182
q19_Cost_Agency	0.281	0.024	0.320	0.059	2.097	-1.434	0.157
q19_Cost_Website	0.317	0.053	0.317	0.070	0.436	-0.004	0.996
q19_Payment_Court	0.314	0.059	0.321	0.057	0.010	-0.447	0.656
q19_Payment_Agency	0.308	0.080	0.318	0.054	0.281	-0.469	0.640
q19_Payment_Website	0.323	0.057	0.295	0.057	0.048	1.570	0.122
q19_Conseq_Court	0.327	0.062	0.308	0.054	0.473	1.233	0.222
q19_Conseq_Agency	0.305	0.082	0.319	0.052	1.560	-0.721	0.474
q19_Conseq_Website	0.315	0.057	0.327	0.063	0.004	-0.518	0.606
Q19_Info_Prog	0.282	0.026	0.319	0.059	1.687	-1.257	0.214
Q19_Info_Location	0.284	0.031	0.318	0.058	0.846	-1.005	0.319
Q19_Info_Map	0.318	0.052	0.314	0.065	0.008	0.273	0.786
Q19_Info_Hours	0.321	0.049	0.316	0.059	0.032	0.229	0.820
Q19_Info_Cost	0.284	0.031	0.318	0.058	0.846	-1.005	0.319
Q19_Info_Payment	0.308	0.080	0.318	0.054	0.281	-0.469	0.640
Q19_Info_Conseq	0.320	0.094	0.316	0.052	3.418 †	0.094	0.928
Q19_Whom_Court	0.293	0.056	0.322	0.057	0.002	-1.539	0.129
Q19_Whom_Agency	0.281	0.024	0.320	0.059	2.097	-1.434	0.157
Q19_Whom_Website	0.327	0.047	0.312	0.061	0.490	0.870	0.388

† p<0.1, \* p<0.05, \*\* p<0.01, \*\*\* p<0.001

Note: For Means and Standard Deviations, 0.xyz = xy.z%

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- Do some combinations of [**types of specific written information** (no written information, program information, agency location, map of agency,...) and **who provides that information** (court, agency, or website)] (**Q19\_NoInfo\_Court** to **Q19\_Conseq\_Website**) have higher or lower non-compliance rates?

**Of all combinations**, only those counties that **provide hours of operation on their website** have marginally lower non-compliance rates than counties that don't provide this information.

- T-tests show the mean non-compliance rate among counties that **do** provide hours of operation on their website (**30.5%**) is marginally lower than the mean non-compliance rate among counties that **don't** provide this information (**33.3%**).
- Do counties that provide certain **specific written information** (program information, agency location, map of agency,..., consequences for not complying) (**Q19\_Info\_Prog** to **Q19\_Info\_Conseq**) have higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with the type of specific information provided.
- Does **who provides the information** (court, agency, or website) (**Q19\_Whom\_Court**, **Q19\_Whom\_Agency**, or **Q19\_Whom\_Website**) result in higher or lower non-compliance rates?  
**No**, non-compliance rates were not significantly associated with who provides the information.

Measure	Non-Compliance Rates						
	No		Yes		Tests for Equality		
	Mean	StdDev	Mean	StdDev	Variances (F statistic)	Means (t-statistic)	Significance (2-tailed)
Q25_Fees1v234	31.6%	0.064	31.5%	0.046	1.276	0.088	0.930
Q25_Fees2v134	31.8%	0.052	31.0%	0.068	1.691	0.467	0.642
Q25_Fees3v124	31.6%	0.059	31.2%	0.044	0.297	0.165	0.870
Q25_Fees4v123	31.3%	0.054	33.1%	0.074	0.219	-0.891	0.377
Q25_Fees12v34	32.2%	0.061	31.3%	0.056	0.040	0.579	0.565
Q25_Fees1v24	31.7%	0.070	31.5%	0.046	1.895	0.143	0.887

† p<0.1, \* p<0.05, \*\* p<0.01, \*\*\* p<0.001

Note: For Means and Standard Deviations, 0.xyz = xy.z%

- Does **when agencies require assessment fees to be paid (Q25\_Fees)** have an association with non-compliance rates?

**No**, non-compliance rates were not significantly associated with assessment fee policies.

### Summary of Comments



## Analysis Report of IDP Non-compliance with Assessment Survey

The following is a summary of open-ended questions asked in the survey:

Q27. What strategies has your agency implemented to increase compliance with assessment rates and were they effective?

See Q28

Q28. Please list in rank order each strategy listed in Q27.

1. make reminder calls several days prior to an appointment
2. send informational letters regarding the OWI process from the clerk of courts
3. send appointment reminder letters from the assessment agency
4. implement a 'no-show' penalty
5. require payment of the full fee up-front prior to the assessment curtailed the rates of client no-shows

Q29. Specifically, what do you believe contributes to the noncompliance with assessment rates?

1. Poverty, lack of financial resources
2. High cost of requirements: assessment, education/treatment, fines and surcharges, ignition interlock device (IID), license reinstatement, SR-22, etc.
3. Lack of transportation
4. Lack of responsibility and follow-through
5. Drivers know they can continue to drive with few or no consequences

Q30. Do you have any additional suggestions for efforts that may be effective to reduce noncompliance with assessment rates?

1. Offer driver incentives for having an assessment after the arrest and prior to conviction;
2. Incentive from courts for timely assessment after conviction;
3. No occupational license issuance until after the assessment is performed;
4. An assessment agency pre-assessment payment plan;
5. Pre-conviction program and jail requiring assessments for Huber eligibility;
6. Mandatory court appearance for first time offenders – some offenders seem unaware of the assessment requirement until after the non-compliance interview revocation;

Q31. Additional comments

1. Our county is currently exploring ways to reduce the IDP assessors normal work load to address the wait time.
2. Our agency has hired more counseling/assessing staff. We are able to now provide evening hours to accommodate schedules.
3. By noncompliance with assessments rates I take this to mean no show for assessments. If you mean by noncompliance with assessments you mean the lag between being court ordered to an IDP assessment and the day the call for an appointment (which could be lag time of months or even years), that is a completely different issue.
4. We have worked with the Dept. of Corrections (probation) to assist people to pay for assessments that struggle with financial issues.

## Analysis Report of IDP Non-compliance with Assessment Survey

5. There is always a misunderstanding about completing their Driver's Safety Plan once the assessment is completed and referral is made. We see many Driver Safety Plans where the client waits until the 11th month to follow through on referrals. Perhaps taking the license away while the DSP is open if they are not engaging in the referred treatment would be a deterrent to that.
6. Our clients pay \$350 for a missed appointment unless they can provide a credible reason for missing.
7. WASP system has been great!
8. Work demands and work loads have increased with adding (program), crisis, etc. There are only so many hours in a day one has to work with.

### Conclusion

The high cost of an OWI conviction, along with poverty rates, result in low compliance with assessment.

Analysis of the survey data suggests that the most effective strategy to increase compliance with assessment is for the assessment agency to have follow-up with drivers who fail to schedule their assessments. Although there was no statistical difference between a phone call and written follow-up, the written follow-up was slightly more effective. Agencies may wish to implement consistent follow-up with drivers to encourage compliance. As other research shows, motivational interviewing is effective at increasing client outcomes. In addition to following up with drivers, use of MI may contribute to improvement in each county's noncompliance with assessment rate.