

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 **11:30 am** on **Friday, November 11th, 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.

AGENDA

1. Call to order
2. Consent Agenda
 - a. ACTION: Approval of 09/09/16 Human Services Operations Committee Meeting Minutes
 - b. Financial Report
3. Educational Presentation
 - a. Jail Services Update – T. Simonis, Jonathan Snider, Michelle Jensen
4. Human Services Outcome Reporting
 - a. Outcome Data Review
 - b. Crisis Services Update and Data Review
5. 2017 Budget Impact/Changes to Human Services
6. Aquatic Therapy Services and Pool
7. Continue Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC
8. Future Items for Committee Consideration
9. Adjourn



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: 11/04/16 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 September Actual Rev	2016 September Budg Rev	Variance	2016 September Actual Exp	2016 September Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$231,761	\$343,224	(\$111,463)	\$329,309	\$488,235	\$158,926	\$47,463
Psychiatry Services	\$33,624	\$19,876	\$13,748	\$164,523	\$153,203	(\$11,321)	\$2,428
Community Treatment	\$733,435	\$639,043	\$94,392	\$680,508	\$791,288	\$110,780	\$205,172
Day Services	\$354,140	\$357,014	(\$2,874)	\$355,414	\$357,014	\$1,600	(\$1,274)
	\$1,352,960	\$1,359,157	(\$6,197)	\$1,529,754	\$1,789,739	\$259,985	\$253,789
Shared Services:							
Inpatient	\$353,559	\$318,069	\$35,490	\$527,437	\$487,495	(\$39,942)	(\$4,452)
CBRF	\$68,968	\$63,669	\$5,299	\$62,059	\$53,343	(\$8,716)	(\$3,417)
Crisis	\$12,743	\$13,994	(\$1,251)	\$115,896	\$132,223	\$16,327	\$15,076
AODA Day Hospital	\$3,668	\$9,143	(\$5,475)	\$10,384	\$15,470	\$5,086	(\$388)
Protective Services	\$21,869	\$18,713	\$3,157	\$49,619	\$46,421	(\$3,198)	(\$41)
Birth To Three	\$51,083	\$100,715	(\$49,632)	\$102,606	\$185,507	\$82,901	\$33,269
Group Homes	\$157,471	\$100,563	\$56,908	\$161,710	\$100,563	(\$61,147)	(\$4,239)
Supported Apartments	\$38,009	\$112,973	(\$74,964)	\$35,634	\$112,973	\$77,339	\$2,375
Contract Services	\$0	\$0	\$0	\$177,380	\$78,815	(\$98,566)	(\$98,566)
	\$707,370	\$737,838	(\$30,468)	\$1,242,725	\$1,212,809	(\$29,916)	(\$60,384)
Totals	\$2,060,330	\$2,096,995	(\$36,665)	\$2,772,479	\$3,002,549	\$230,070	\$193,405
Base County Allocation	\$598,898	\$659,417	(\$60,519)				(\$60,519)
Nonoperating Revenue	\$4,144	\$2,777	\$1,368				\$1,368
County Appropriation	\$243,362	\$243,362	(\$0)				(\$0)
Excess Revenue/(Expense)	\$2,906,734	\$3,002,551	(\$95,817)	\$2,772,479	\$3,002,551	\$230,070	\$134,252

**North Central Health Care
Review of 2016 Services
Lincoln County**

	2016 September Actual Rev	2016 September Budget Rev	Variance	2016 September Actual Exp	2016 September Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$248,670	\$322,034	(\$73,364)	\$379,260	\$460,033	\$80,773	\$7,409
Lincoln Psychiatry Services	\$55,780	\$36,523	\$19,257	\$322,148	\$240,402	(\$81,746)	(\$62,489)
Community Treatment	\$976,689	\$613,643	\$363,046	\$679,780	\$845,567	\$165,787	\$528,833
	\$1,281,139	\$972,200	\$308,939	\$1,381,188	\$1,546,002	\$164,814	\$473,753
Shared Services:							
Inpatient	\$514,267	\$462,642	\$51,625	\$767,182	\$709,084	(\$58,098)	(\$6,473)
CBRF	\$100,314	\$92,609	\$7,705	\$90,267	\$77,590	(\$12,677)	(\$4,973)
Crisis	\$25,487	\$13,994	\$11,493	\$231,791	\$132,223	(\$99,568)	(\$88,076)
AODA Day Hospital	\$5,335	\$13,298	(\$7,963)	\$15,104	\$22,502	\$7,398	(\$566)
Protective Services	\$31,809	\$27,218	\$4,591	\$72,172	\$67,521	(\$4,651)	(\$60)
Birth To Three	\$78,232	\$71,767	\$6,465	\$157,138	\$138,653	(\$18,486)	(\$12,020)
Apartments	\$38,009	\$35,237	\$2,772	\$35,634	\$35,237	(\$397)	\$2,375
Contract Services	\$0	\$0	\$0	\$258,007	\$114,639	(\$143,368)	(\$143,368)
	\$793,453	\$716,766	\$76,687	\$1,627,295	\$1,297,448	(\$329,848)	(\$253,161)
Totals	\$2,074,592	\$1,688,966	\$385,626	\$3,008,483	\$2,843,450	(\$165,034)	\$220,592
Base County Allocation	\$622,483	\$626,786	(\$4,303)				(\$4,303)
Nonoperating Revenue	\$5,071	\$3,851	\$1,221				\$1,221
County Appropriation	\$523,847	\$523,847	(\$0)				(\$0)
Excess Revenue (Expense)	\$3,225,993	\$2,843,450	\$382,544	\$3,008,483	\$2,843,450	(\$165,034)	\$217,510

**North Central Health Care
Review of 2016 Services
Marathon County**

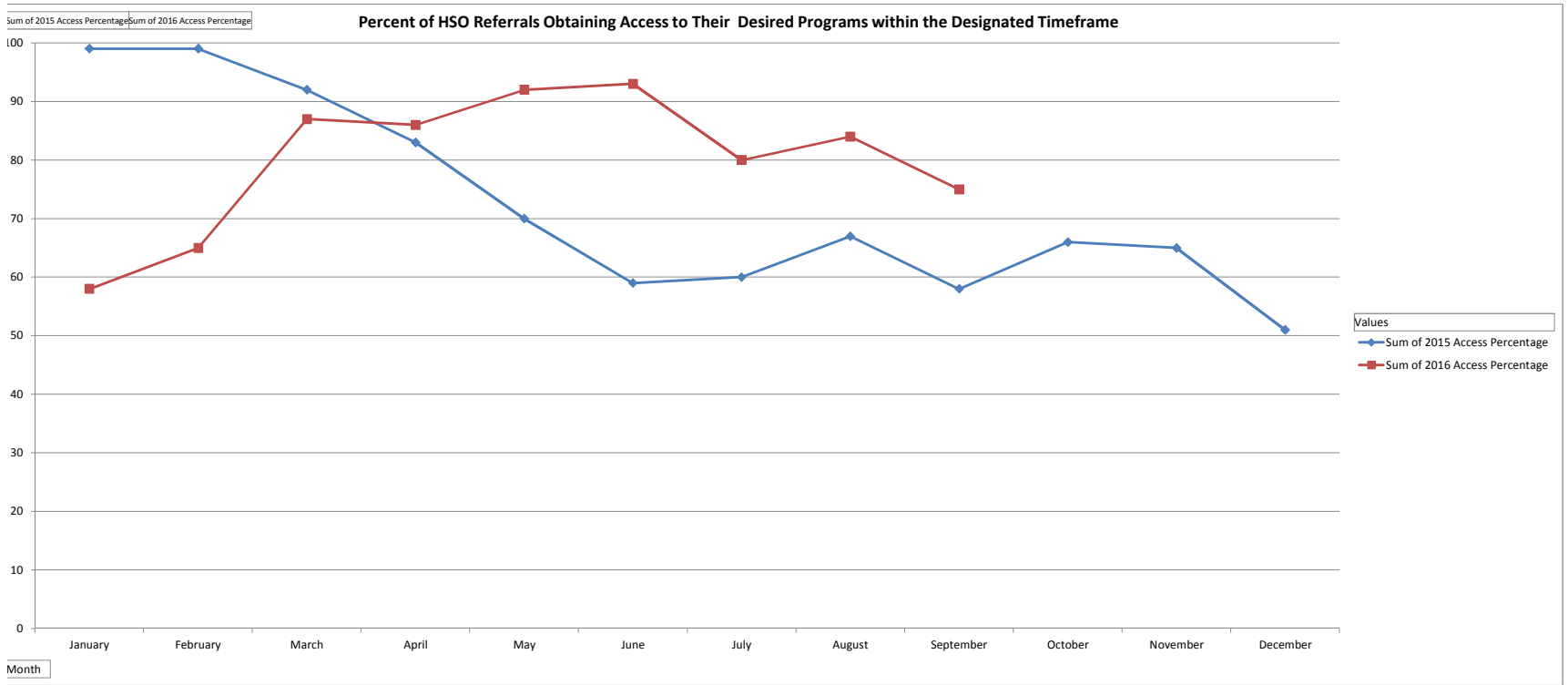
	2016 September Actual Rev	2016 September Budget Rev	Variance	2016 September Actual Exp	2016 September Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$697,049	\$1,007,714	(\$310,665)	\$1,308,249	\$1,843,010	\$534,761	\$224,096
Psychiatry Services	\$226,047	\$437,426	(\$211,379)	\$1,397,545	\$1,712,330	\$314,785	\$103,407
Community Treatment	\$3,151,953	\$2,272,388	\$879,566	\$4,173,633	\$3,354,911	(\$818,722)	\$60,844
Day Services	\$1,307,998	\$1,358,018	(\$50,020)	\$1,282,245	\$1,358,018	\$75,773	\$25,753
Clubhouse	\$245,375	\$283,127	(\$37,752)	\$359,612	\$354,376	(\$5,236)	(\$42,988)
Demand Transportation	\$272,553	\$315,539	(\$42,986)	\$290,354	\$315,539	\$25,185	(\$17,801)
Leased Space	\$170,583	\$187,500	(\$16,917)	\$192,990	\$208,171	\$15,181	(\$1,736)
Aquatic Services	\$498,507	\$586,026	(\$87,519)	\$589,959	\$586,025	(\$3,934)	(\$91,453)
Lakeside Recovery	\$143,575	\$150,000	(\$6,425)	\$230,164	\$415,520	\$185,356	\$178,931
	\$6,713,640	\$6,597,737	\$115,904	\$9,824,751	\$10,147,900	\$323,149	\$439,052
Shared Services:							
Inpatient	\$2,346,343	\$2,110,802	\$235,541	\$3,500,266	\$3,235,195	(\$265,071)	(\$29,531)
CBRF	\$457,681	\$422,529	\$35,152	\$411,847	\$354,002	(\$57,845)	(\$22,693)
Crisis Services	\$379,819	\$185,972	\$193,848	\$1,307,966	\$680,003	(\$627,963)	(\$434,115)
AODA Day Hospital	\$24,340	\$60,674	(\$36,334)	\$68,914	\$102,665	\$33,751	(\$2,584)
Protective Services	\$145,133	\$124,184	\$20,949	\$329,287	\$308,066	(\$21,221)	(\$272)
Birth To Three	\$484,752	\$515,035	(\$30,283)	\$973,680	\$989,691	\$16,011	(\$14,272)
Group Homes	\$1,514,596	\$1,577,687	(\$63,091)	\$1,555,368	\$1,577,687	\$22,319	(\$40,772)
Supported Apartments	\$1,964,913	\$1,631,264	\$333,649	\$1,842,130	\$1,631,264	(\$210,866)	\$122,783
Contracted Services	\$0	\$0	\$0	\$1,177,158	\$523,040	(\$654,119)	(\$654,119)
	\$7,317,577	\$6,628,147	\$689,430	\$11,166,616	\$9,401,612	(\$1,765,004)	(\$1,075,574)
Totals	\$14,031,217	\$13,225,883	\$805,334	\$20,991,367	\$19,549,512	(\$1,441,855)	(\$636,521)
Base County Allocation	\$1,700,541	\$1,639,874	\$60,667				\$60,667
Nonoperating Revenue	\$78,012	\$60,873	\$17,139				\$17,139
County Appropriation	\$4,623,362	\$4,622,882	\$481				\$481
Excess Revenue/(Expense)	\$20,433,132	\$19,549,512	\$883,620	\$20,991,367	\$19,549,512	(\$1,441,855)	(\$558,235)

Executive Summary

Outcome Data for HSO Programs

2016

- The hospital is experiencing very high volumes in September, and capacity was at 97.5%.
- The percentage of individuals in the hospital with commercial insurance is dropping, and the percentage of Medicaid patients has been increasing
- In September, there was an increase in the number of individuals in the hospital under at 51.10 (Voluntary Adult-Mental Health)
- September recorded the highest number of minors age 13-17 diverted to other facilities this year (12 minors)
- Access for HSO Programs is over 2015 numbers, but not within goal range
- Outpatient Access is impacted by two provider vacancies in Antigo
- There is an uptick in youth crisis assessments correlating with the beginning of a new school year
- Community Treatment had a significant increase in referrals



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	75
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

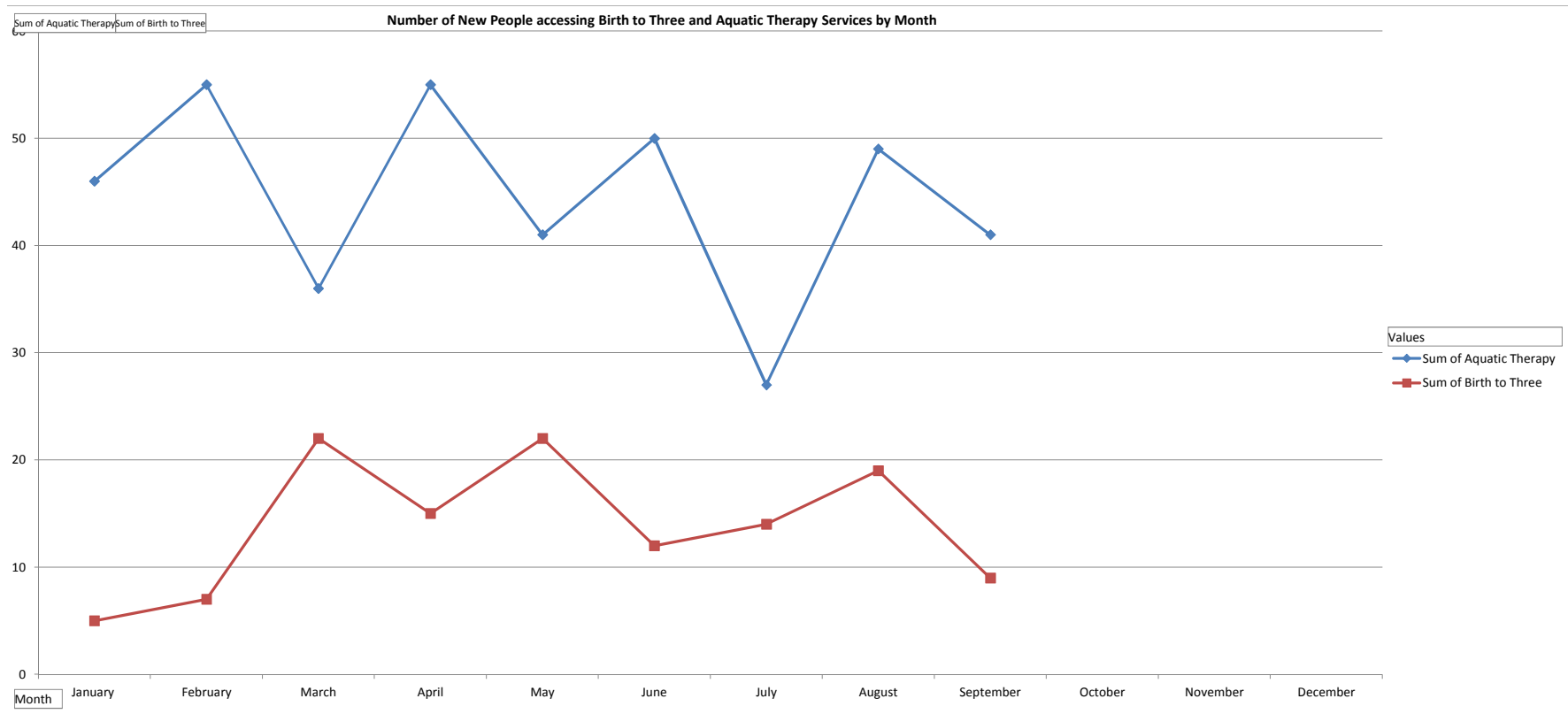
Number of referrals followed through and scheduled

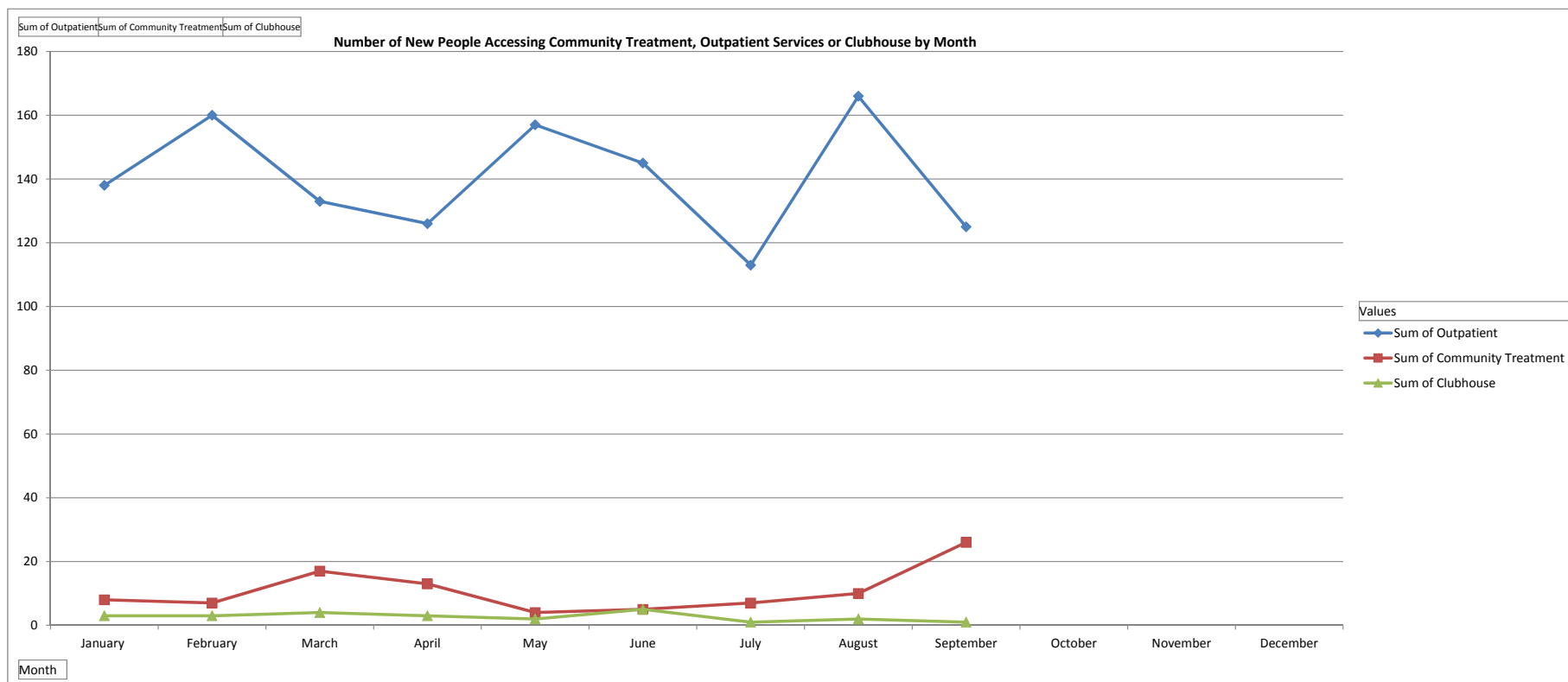
Month	2015 Number of Referrals Scheduled	2016 Number of Referrals Scheduled
January	243	206
February	239	236
March	254	216
April	250	215
May	245	229
June	244	221
July	240	164
August	280	248
September	255	206
October	263	
November	227	
December	186	

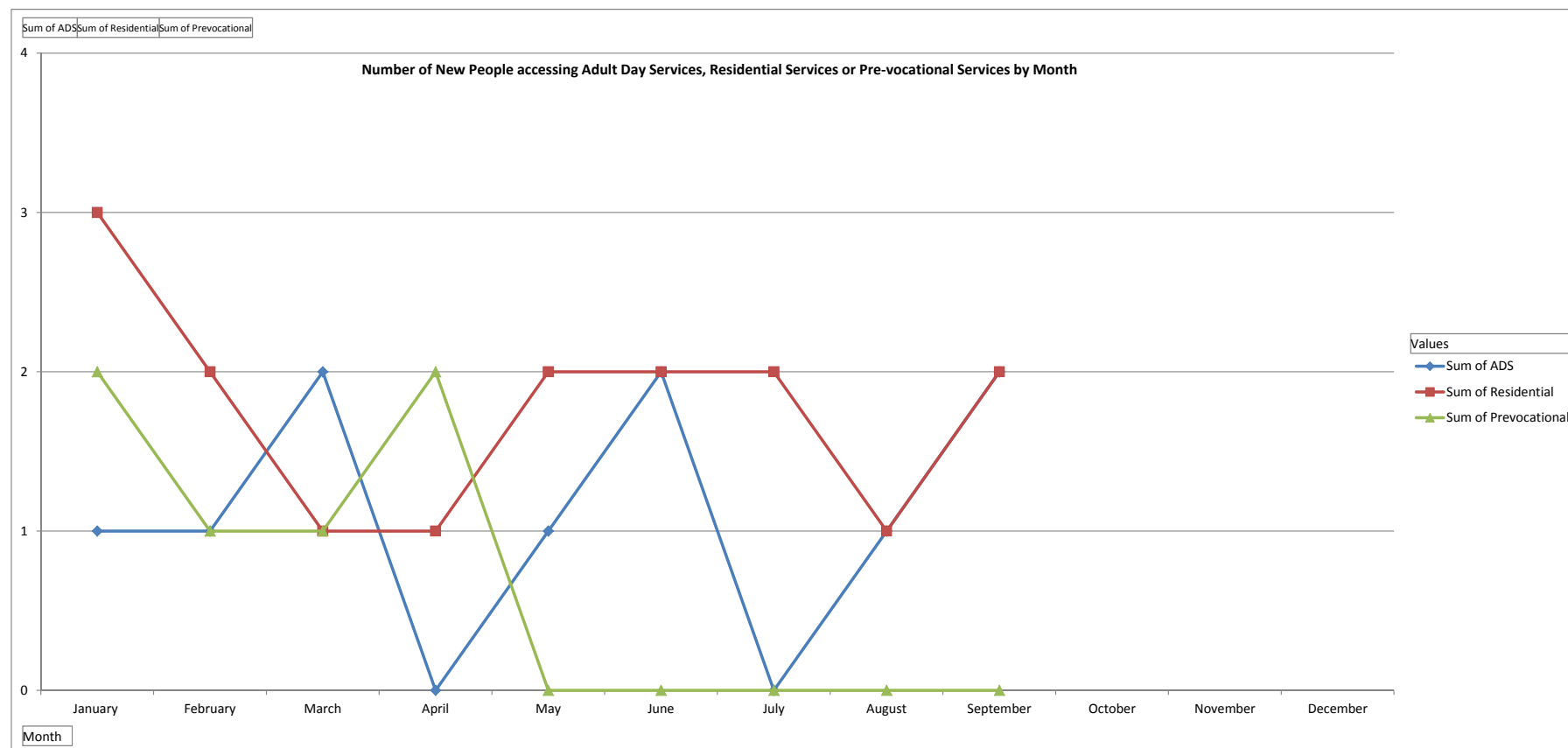
**Total Number of Referrals Scheduled in all
HSO Programs in North Central Health Care**

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	110	48	43	125	62%
October					
November					
December					

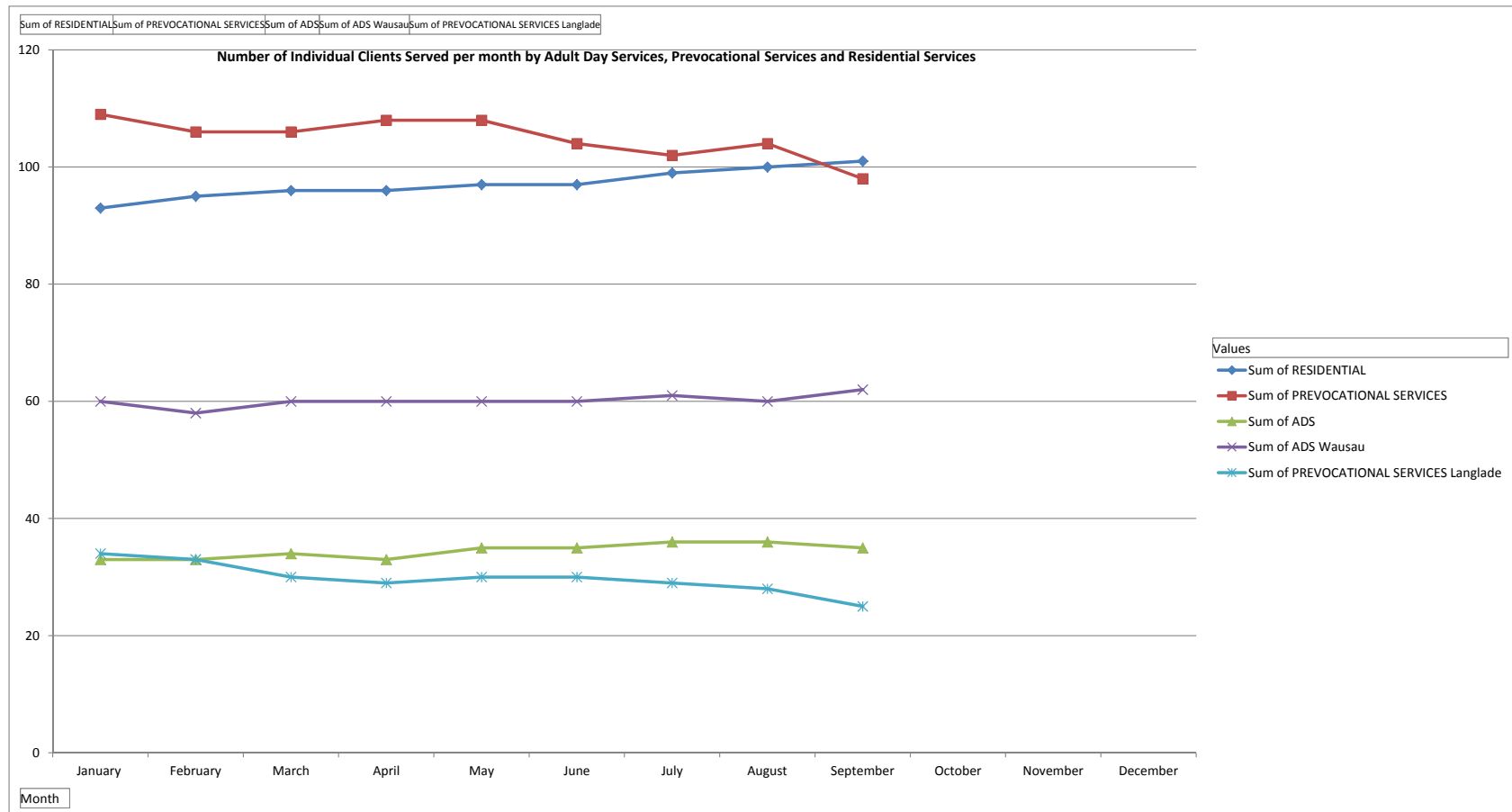






Number of New Referrals Accessing Services

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	41	9	1	26	125	0	2	2
October								
November								
December								

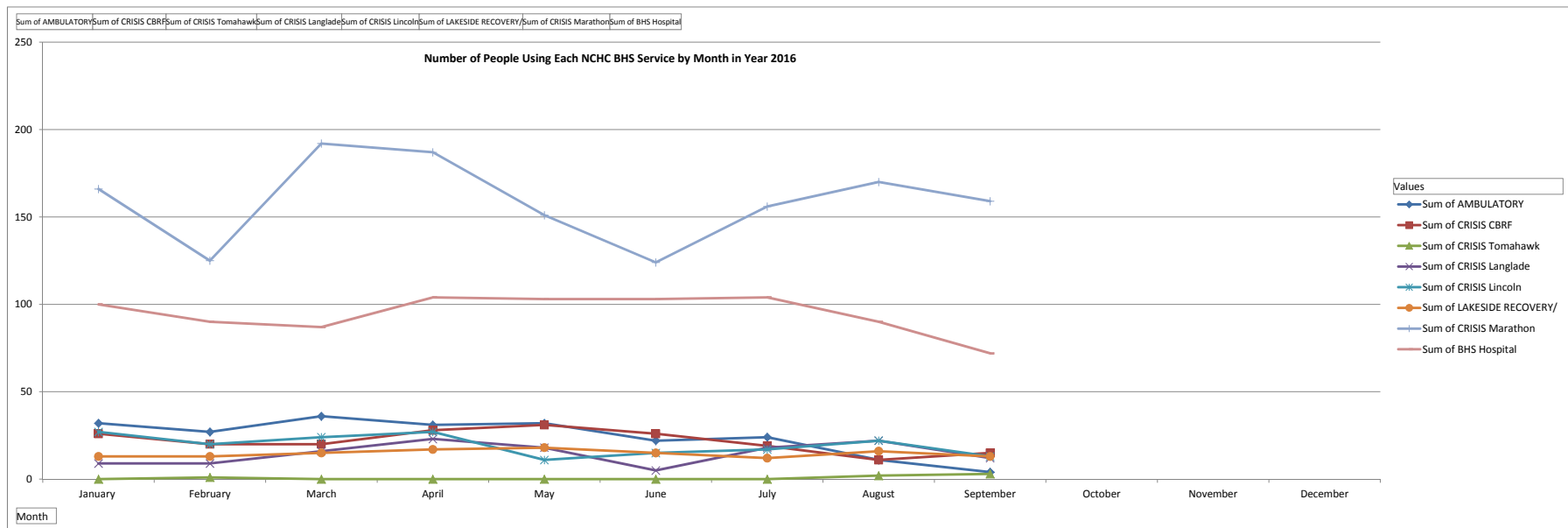


Residential, Pre-vocational and Adult Day Services Data on the Number of Clients Served by Month 2016					
Month	RESIDENTIAL	PREVOCATIONAL SERVICES		ADS	ADS
		Marathon	Langlade	Langlade	Wausau
January	93	109	34	33	60
February	95	106	33	33	58
March	96	106	30	34	60
April	96	108	29	33	60
May	97	108	30	35	60
June	97	104	30	35	60
July	99	102	29	36	61
August	100	104	28	36	60
September	101	98	25	35	62
October					
November					
December					

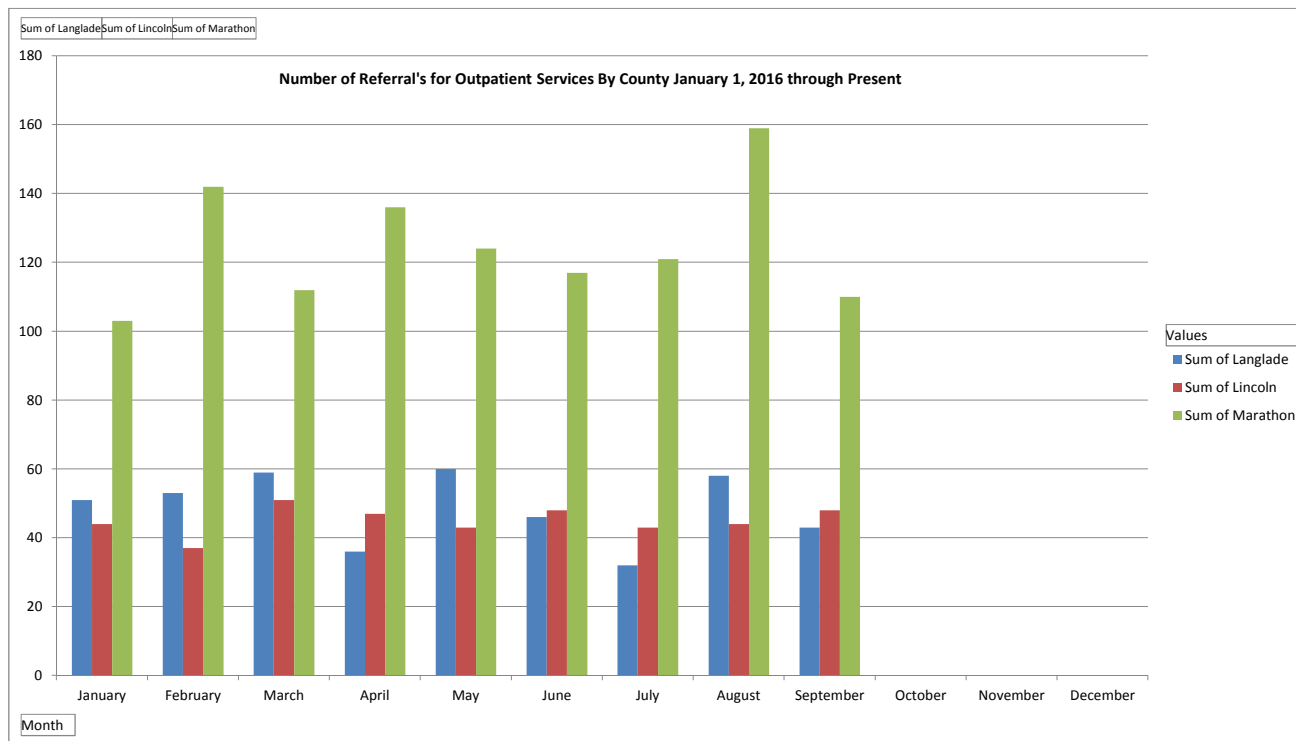
Number of Clients Served By Each Program

PROGRAM	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2015 TOTAL
ADS LANGLADE	33	33	34	33	35	35	36	36	35				37
ADS WAUSAU	60	58	60	60	60	60	61	60	62				68
AMBULATORY DETOX	32	27	36	31	32	22	24	11	4				55
AODA DAY TREATMENT	16	21	21	14	14	10	6	6	0				58
AQUATIC SERVICES	109	115	118	120	124	123	88	115	104				589
BIRTH TO 3 LANGLADE	16	16	19	17	19	17	16	21	21				38
BIRTH TO 3 LINCOLN	24	24	27	26	29	28	28	29	29				63
BIRTH TO 3 MARATHON	163	161	173	175	172	170	170	169	161				356
CASE MANAGEMENT LANGLADE	0	0	0	0	0	0	0	0	0				2
CASE MANAGEMENT LINCOLN	1	1	0	0	0	0	0	0	0				1
CASE MANAGEMENT MARATHON	2	2	2	2	1	2	3	2	2				11
CHILDREN'S SUPPORT SERVICES LANGLADE	9	11	15	14	16	9	14	15	14				22
CHILDREN'S SUPPORT SERVICES- LINCOLN	19	12	21	22	14	14	21	21	20				39
CLUBHOUSE	13	16	21	21	18	19	22	20	20				35
CSP- LANGLADE	6	4	4	5	5	4	4	4	3				7
CSP- LINCOLN	0	0	0	0	0	0	0	0	0				1
CSP- MARATHON	24	24	23	22	22	21	22	22	18				32
CCS- LANGLADE	50	51	52	51	55	55	55	53	57				66
CCS- LINCOLN	72	71	76	73	75	77	80	79	84				85
CCS- MARATHON	341	334	348	342	346	346	346	358	358				426
CRISIS CBRF	26	20	20	28	31	26	19	11	15				248
CRISIS- TOMAHAWK	0	1	0	0	0	0	0	2	3				2
CRISIS- LANGLADE	9	9	16	23	18	5	18	22	12				61
CRISIS- LINCOLN	27	20	24	27	11	15	17	22	13				68
CRISIS- MARATHON	166	125	192	187	151	124	156	170	159				1230
DEMAND TRANSPORTATION	181	202	192	190	200	177	146	174	184				740
BHS HOSPITAL	100	90	87	104	103	103	104	90	72				1015
LAKESIDE RECOVERY-MMT	13	13	15	17	18	15	12	16	13				31
OUTPATIENT AODA- TOMAHAWK	40	31	36	38	35	32	28	29	39				100
OUTPATIENT AODA- LANGLADE	78	88	115	90	96	103	73	81	66				422
OUTPATIENT AODA- MERRILL	61	50	66	71	76	77	53	54	45				320
OUTPATIENT AODA- MARATHON	204	230	256	236	235	183	226	268	221				1319
OUTPATIENTMH- TOMAHAWK	25	16	22	24	13	14	12	19	20				64
OUTPATIENT MH- LANGLADE	135	110	152	144	159	155	101	120	120				407
OUTPATIENT MH- MERRILL	123	128	127	126	118	124	71	65	59				347
OUTPATIENT MH- MARATHON	250	257	271	289	269	252	243	305	222				1014
PREVOCATIONAL SERVICES- LANGLADE	34	33	30	29	30	30	29	28	25				38
PREVOCATIONAL SERVICES- MARATHON	109	106	106	108	108	104	102	104	98				127
PROTECTIVE SERVICES- LINCOLN	1	4	0	0	0	1	2	1	3				9
PROTECTIVE SERVICES- MARATHON	5	4	3	4	5	11	10	2	18				49
PSYCHIATRY- TOMAHAWK	15	11	9	13	11	9	15	6	13				47
PSYCHIATRY- LANGLADE	36	31	42	25	40	30	45	37	37				142
PSYCHIATRY- MERRILL	65	55	69	69	68	75	60	55	82				191
PSYCHIATRY- MARATHON	488	471	394	445	318	281	421	312	383				1402
RESIDENTIAL	93	95	96	96	97	97	99	100	101				108
TOTAL	3274	3181	3390	3411	3247	3055	3058	3114	3015				

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

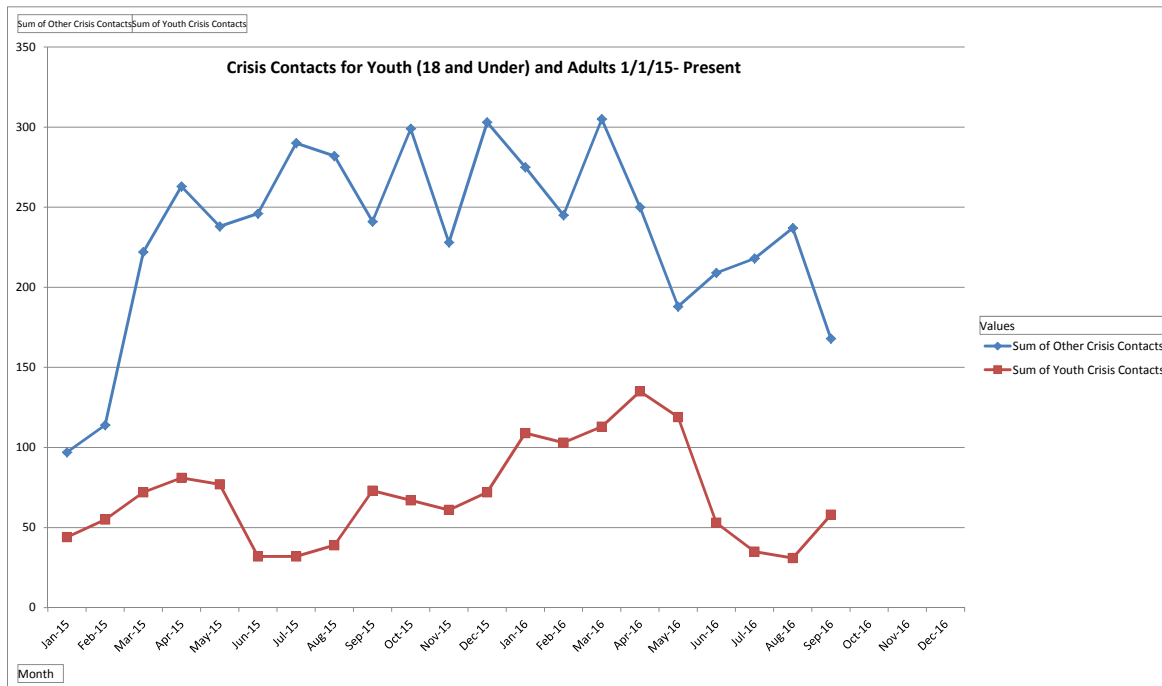


Number of Clients Served within each Program of NCHC's BHS Serves 2016								
Month	AMBULATORY DETOX	CRISIS CBRF	CRISIS TOMAHAWK	CRISIS LANGLADE	CRISIS LINCOLN	CRISIS MARATHON	BHS HOSPITAL	LAKESIDE RECOVERY/ MMT
January	32	26	0	9	27	166	100	13
February	27	20	1	9	20	125	90	13
March	36	20	0	16	24	192	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	4	15	3	12	13	159	72	13
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	110	48	43
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

Number of Crisis Contacts, Youth Versus Adults January 1, 2015 - Present		
Month	Youth Crisis Contacts	Other Crisis Contacts
Jan-15	44	97
Feb-15	55	114
Mar-15	72	222
Apr-15	81	263
May-15	77	238
Jun-15	32	246
Jul-15	32	290
Aug-15	39	282
Sep-15	73	241
Oct-15	67	299
Nov-15	61	228
Dec-15	72	303
Jan-16	109	275
Feb-16	103	245
Mar-16	113	305
Apr-16	135	250
May-16	119	188
Jun-16	53	209
Jul-16	35	218
Aug-16	31	237
Sep-16	58	168
Oct-16		
Nov-16		
Dec-16		

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	90 Days	2.4 Days	2 Days	2 Days (No Waitlist)	26.2 Days	22.7 Days	8.5 Days	8.8 Days
September	102 Days	1.3 Days	1.2 Days	\	26.2 Days	22.7 Days	7.2 Days	8.3 Days
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	40	3	11	0	54	September	74.07%	5.56%	20.37%	0.00%
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	9.28	6.00	5.55	0
October				
November				
December				

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

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
January			
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
Total OWI Assessments	51	10	11
February			
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		
Total OWI Assessments	65	8	8

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
March			
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		
Total OWI Assessments	74	8	12
April			
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		
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			
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		
Total OWI Assessments	56	6	8
June			
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			
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			
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		
Total OWI Assessments	60	7	8
August			
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		
Totals	65	12	8

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
September			
9/1/2016		3	4
9/2/2016		4	
9/5/2016			
9/6/2016			3
9/7/2016	4		
9/8/2016	4		
9/9/2016	4		
9/12/2016	1		
9/13/2016	3		
9/14/2016	2		
9/15/2016			4
9/16/2016			
9/19/2016			
9/20/2016			5
9/21/2016	4		4
9/22/2016	5		
9/23/2016	5		
9/26/2016	2		
9/27/2016	4		1
9/28/2016	2		
9/29/2016	5		
9/30/2016	5		
Total	57	13	8

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	8	18	8	6	40
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	18.52%	48.15%	20.37%	12.96%
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	2	1	0	0	3
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	7	3	1	11
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	96	1	17	21	1	1	0	2	2	0	0	0	7
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	21	0	0	19	5	3	0	1	2	2	0	1	0	0
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
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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	464	93.5%
September	468	97.5%
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
February	30	9 Minors
March	29	6 Minors
April	36	6 Minors
May	48	6 Minors
June	22	1 Minors
July	21	6 Minors
August	27	6 Minors
September	31	12 Minors
October		
November		
December		

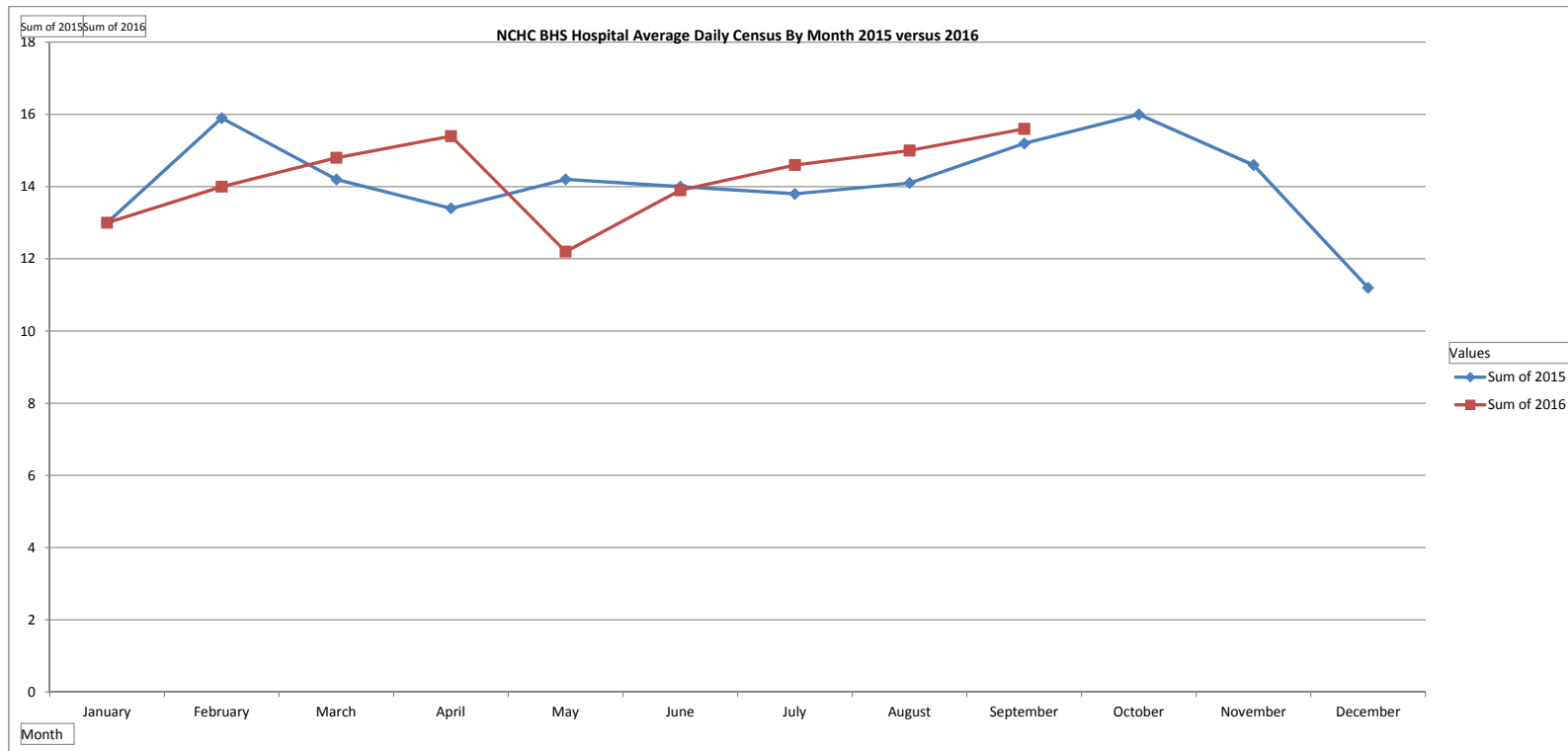
Number of clients that need inpatient psychiatric intervention but were unable to stay at the NCHC BHS Hospital for a specific reason and were sent to an outside facility to meet their needs

Crisis and Inpatient Data

Client	Admit Date	Discharge Date	Since Last Hospitalization
Client 1	09/01/16		no
Client 2	09/01/16	06/30/16	63
Client 3	09/04/16		no
Client 4	09/04/16		no
Client 5	09/05/16	05/19/16	109
Client 6	09/06/16	04/08/16	151
Client 7	09/06/16	03/12/09	2735
Client 8	09/07/16		no
Client 9	09/07/16	07/24/15	411
Client 10	09/07/16	01/21/15	595
Client 11	09/07/16		no
Client 12	09/08/16		no
Client 13	09/09/16	07/19/16	52
Client 14	09/09/16		no
Client 15	09/11/16		no
Client 16	09/11/16		no
Client 17	09/11/16		no
Client 18	09/12/16	09/07/16	5
Client 19	09/13/16	12/14/95	7579
Client 20	09/13/16		no
Client 21	09/13/16		no
Client 22	09/13/16		no
Client 23	09/13/16	06/03/02	5216
Client 24	09/14/16	06/28/16	78
Client 25	09/14/16	08/26/16	19
Client 26	09/16/16	03/30/15	536
Client 27	09/16/16	04/18/16	151
Client 28	09/16/16	06/10/16	98
Client 29	09/16/16	04/07/15	528
Client 30	09/16/16		no
Client 31	09/16/16	09/15/16	1
Client 32	09/17/16	09/13/16	4
Client 33	09/17/16		no
Client 34	09/19/16	08/11/16	39
Client 35	09/20/16	05/30/14	844
Client 36	09/21/16	09/08/16	13
Client 37	09/22/16	04/18/16	157
Client 38	09/22/16	03/01/16	205
Client 39	09/22/16		no
Client 40	09/23/16		no
Client 41	09/23/16		no
Client 42	09/23/16	10/01/06	3645
Client 43	09/23/16	09/17/16	6
Client 44	09/23/16	07/22/16	63
Client 45	09/24/16		no
Client 46	09/26/16	02/02/15	602
Client 47	09/27/16		no
Client 48	09/27/16		no
Client 49	09/28/16	08/10/16	49
Client 50	09/29/16		no
Client 51	09/29/16		no
Client 52	09/30/16		no
Client 53	09/30/16		no

28 clients have a history of hospitalization with an average of 855.5 days prior to this admission
 25 clients had no history of previous psychiatric hospital admission within the NCHC record

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	15.6
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'	7
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'	38
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'	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.



HUMAN SERVICES OPERATIONS

2017 BUDGET BY PROGRAM

North Central Health Care's Human Services Operations include shared and direct community services programs provided under the 51.42 umbrella. These services are the core services for which North Central Health Care was created. The State of Wisconsin offers direction on programming on varying levels in discharging the Counties' delegated primary responsibility for the prevention or amelioration of mental disabilities, including but not limited to mental illness, developmental disabilities, alcoholism and drug abuse. There are a number of programs contained within the Human Services Operations grouped into broad departments to deliver community services programs. The following programs are the consolidated service areas for NCHC's Human Services Operations:

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HUMAN SERVICES OPERATIONS

■ HUMAN SERVICES OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight for all Human Services operations is consolidated into a separate program and is allocated out to each program based on direct expenses.

STAFFING

Position	2017 FTE's	2016 FTE's
Human Services Operations		
Executive	1.0	1.0
Behavioral Health Liaison	0.0	1.0
Total	1.0	2.0

BUDGET HIGHLIGHTS

The primary change in the Human Services Operation Administration budget is the reduction of the full-time Behavioral Health Liaison position. The Behavioral Health Liaison was responsible for identifying and assessing mental health, substance abuse and other related health issues within the community (Langlade, Lincoln & Marathon Counties), to identify gaps and work in collaboration with other community resources to develop and implement strategies to bridge identified gaps and meet community needs. The position has added a lot of value by coordination of internal and external behavioral health activities and events in the community. However, in the financial balancing of priorities in this year's budget and loss of funding the position was identified for reduction.

The reduction in revenue from State Addendum Grants ended in 2016. The Strategic Prevention Framework Partnership Grant was the primary funding source for the Behavioral Health Liaison position.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Other Revenue	15	-	-
State Addendum Grants	149,398	80,000	-
TOTAL REVENUE	149,413	80,000	-
Salaries	302,680	210,018	144,999
Benefits	111,602	77,844	55,316
Other Direct Expenses	40,073	87,525	37,641
TOTAL EXPENSES	454,355	375,387	237,956



BEHAVIORAL HEALTH SERVICES

Behavioral Health Services includes Emergency and Crisis Services, Contract Services (Diversions), Inpatient Psychiatric Hospital, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment programs. These programs are some of the most important and needed services in our community. Demand for these services have grown considerably and have created many financial and system pressures.

BEHAVIORAL HEALTH SERVICES

■ *Emergency and Crisis Services*

DESCRIPTION

North Central Health Care Emergency & Crisis Services is a state certified program offering services to residents of Marathon, Langlade and Lincoln counties. Services include a 24-hour Crisis Center, a 24-hour Hotline, Mobile Crisis response team and Youth Crisis. Individualized services are provided in the least restrictive manner utilizing natural and peer supports whenever possible. The focus of the program is on prevention and de-escalation of crisis situations, while also offering community based options. The program is equipped with resources to assess and divert many situations from an inpatient hospitalization.

Crisis Center: 24-hour specialized assistance with urgent mental health, developmental disability or substance abuse needs and may also act as an in-house, short-term Crisis Stabilization Unit. Support will be provided to stabilize the conditions of acute mental health symptoms. Acting as a triage center, much of what the Crisis Center does is get the individual to the location or access to services that they need to alleviate their crisis.

Crisis & Suicide Prevention Hotline: The Crisis & Suicide Prevention Hotline is confidential and anonymous. Specially trained staff provide emergency and crisis counseling over the phone, including intervention. Assistance is provided 24 hours a day, 7 days a week with emotional, mental health, suicide prevention or substance abuse situations.

Mobile Crisis: The Mobile Crisis Services team is a state certified Mobile Crisis Unit that travels to avert a crisis and de-escalate a situation. Assessments and interventions by the Mobile Crisis Team are available on-site at the North Central Health Care offices in Wausau, Antigo and Merrill, or with law enforcement out in the community. The Mobile Crisis teams are made up of trained personnel in the area of crisis intervention and utilize physicians, nurses, law enforcement personnel, psychiatrists, mental health technicians, and other specially trained staff. The team offers an assessment and assists with the disposition of the crisis situation. Disposition may include, but is not limited to, the following:

inpatient psychiatric treatment, crisis bed placement, youth crisis bed, and other community placements. The team can also provide linkage and follow-up services with other community providers and agencies to ensure continuity of care.

Youth Crisis: The Youth Crisis Services serves children and adolescents under the age of 18. Support will be provided to stabilize the conditions of acute mental health symptoms and short-term respite, one-on-one counseling, monitoring and support will be provided in a separate area designated for youth on the Wausau Campus.

POPULATION SERVED

All ages and legal status are served by the Crisis Center Services. Anyone and everyone who is having a crisis related to mental illness, substance abuse or suicide may be served in some capacity. Elderly, developmentally disabled individuals, families, children, and adults may all be served in the Crisis Center. The Crisis Center also provides referrals to other organizations when needs are related to situations such as job loss, spousal abuse, housing and other life issues that do not rise to the level of a "crisis".

REGULATIONS

Crisis Services are certified by the Department of Health Services, Chapter DHS 34.

HOURS/DAYS OF SERVICE

Mobile Crisis Services are available for residents in:

Lincoln & Marathon Counties:
24 hours/day, 7 days/week, 365 days/year

Langlade County: 10:00 am – 4:00 pm,
Monday – Friday only, excluding holidays



BEHAVIORAL HEALTH SERVICES

■ Emergency and Crisis Services

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	1.0	0.0
Court Liaison	1.0	1.0
Crisis Service Professionals	13.6	7.6
Crisis Service Specialist	0.0	6.0
RN Case Manager	1.0	0.0
Law Enforcement Liaison	0.5	0.0
Transportation Staff	4.60	0.0
Youth Crisis Workers	4.20	0.0
TOTAL	25.90	14.90

BUDGET HIGHLIGHTS

Over the last year there has been significant investment in Emergency and Crisis Services. There have been multiple phases of expansion in this service area. The first major expansion included both the increase in staffing and conversion of Crisis staff from paraprofessional to professional with corresponding increases in educational requirements and compensation. The second expansion was approved by the NCCSP Board in 2016 for additional staffing including an RN Case Manager, Transportation staff, a Law Enforcement Liaison and the

conversion of Youth Crisis staffing from an on-call staffing model to scheduled staffing. Increases in expenses had corresponding increases in WIMCR funding, and necessitated additional county appropriation and base county allocation from other programs.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	43,223	79,000	100,000
WIMCR	0	0	100,000
Base County Allocation	486,000	471,000	896,071
County Appropriation	425,498	502,985	1,154,066
Allocated Revenue	11,641	3,281	15,652
Contract Services	50,805	51,000	51,000
Other Revenue	18,420	152,000	-
Marathon County Match (Maintenance)	-	-	10,145
TOTAL REVENUE	1,035,587	1,259,265	2,326,934
Salaries	625,496	601,918	1,116,572
Benefits	238,963	222,648	425,967
Other Direct Expenses	36,475	13,892	37,580
TOTAL EXPENSES	900,933	838,458	1,580,119



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Contracted Services

DESCRIPTION

For all individuals in Marathon, Lincoln and Langedade counties under the age of 13, or other individuals NCHC is unable to serve locally for inpatient care, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

BUDGET HIGHLIGHTS

Contract Services expense represent the cost of diversions of patients to other inpatient psychiatric care institutes. Traditionally this program has only included state institute costs. In 2017 we are increasing the projected expense as these costs continue to escalate due to volume pressures. Additionally, we have removed the payments for non-state institute expenses from the Inpatient Hospital program budget to consolidate all external diversion costs into one program. The 2017 Budget does not increase the expenditures to the level of diversion costs projected to be experienced in the 2016 Budget. With no new revenue sources from County Appropriation or existence of alternative revenue sources there will be pressure for management to dramatically decrease the volume of diversion costs in 2017. This will be a significant financial and operational challenge in the coming year.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	-	-	-
COP	81,136	-	-
County Appropriation	701,807	955,323	1,118,839
TOTAL REVENUE	782,943		
Other Direct Expenses	1,356,163	800,000	1,065,000
TOTAL EXPENSES	1,356,163	800,000	1,065,000



BEHAVIORAL HEALTH SERVICES

■ *Inpatient Psychiatric Hospital*

DESCRIPTION

North Central Health Care provides inpatient behavioral health services through our Inpatient Psychiatric Hospital for individuals who have severe psychiatric and detoxification needs. The Inpatient Psychiatric Hospital is an adult unit that provides assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of an acute mental health crisis. The Inpatient Psychiatric Hospital offers psychiatric and alcohol detoxification services on both a voluntary and involuntary basis on a 16-bed unit located on the Wausau Campus.

Within the umbrella of inpatient service offerings, NCHC also has Contracted Services and the Ambulatory Detoxification Program. Contracted Services includes the expenses related to inpatient hospitalization in other institutes for several reasons including but not limited to: unit capacity limits, age and stability of patients.

The North Central Health Care Ambulatory Detoxification Program is an outpatient model for individuals requiring detoxification from drugs and alcohol. The program is unique in that it provides many of the benefits of inpatient detoxification but in a setting that is more cost effective and less restrictive. While the program is technically an Outpatient Program, it is housed within the Inpatient Psychiatric Hospital program because of the cross utilization of staff between both programs to achieve maximum efficiency.

The Ambulatory Detoxification Program consists of a medically managed, monitored and structured detoxification service provided on an outpatient, voluntary basis and delivered by a physician or other service personnel acting under the supervision of a physician. Management and monitoring of intoxication withdrawal will be performed by nursing staff, including assessment and dispensing of medications to assist with withdrawal and referrals for ongoing addiction and substance abuse treatment. The service will generally be limited to 48 hours or less but may extend in duration for specific cases.

POPULATION SERVED

All individuals in Marathon, Lincoln and Langlade counties with severe psychiatric and detoxification needs are served. Inpatient Psychiatric Hospital provides care for those 13 and older. For those under the age of 13, or other individuals we are unable to serve locally, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

NCHC's Ambulatory Detoxification Program provides care for individuals age 18 and older from Marathon, Lincoln and Langlade counties in need of detoxification for alcohol and opiate withdrawal in an ambulatory outpatient setting who do not require general hospital services for alcohol poisoning or who are not severely medically compromised.

REGULATIONS

The hospital is licensed by the State of Wisconsin. Additionally, the hospital is certified by the Department of Health Services, Chapter DHS 124 & Chapter DHS 75 (medical detoxification). Compliance with the Center for Medicare/Medicaid Services Conditions of Participation is also required.

Ambulatory Detoxification services are certified by the Department of Health Services under Chapter DHS 75.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



BEHAVIORAL HEALTH SERVICES

■ Inpatient Psychiatric Hospital

STAFFING

Position	2017 FTE's	2016 FTE's
Director	1.0	1.0
Master Social Worker	1.0	1.0
Bachelor Social Worker	1.0	1.0
Social Work Manager	0.0	1.0
Nurse Practitioner	1.4	1.2
Psychiatrist	1.0	1.0
Occupational Therapist	1.0	1.0
Occupational Therapist Assistant	1.0	1.0
Nurse Manager	1.0	1.0
RN	9.77	6.4
LPN	1.0	1.8
Behavioral Health Tech	6.30	8.4
Medical Scribe	0.5	0.5
Utilization Review	0.5	0.5
Total	25.97	27.3

BUDGET HIGHLIGHTS

The Inpatient Hospital has a capacity of 16 patients with authority to increase beds to accommodate up to 20 patients in cases of emergency as defined by NCHC. In 2016, our census has consistently come in above the budgeted average daily census of 14 patients with the hospital census reaching 20 patients at times during the course of the year. The patient turns, discharges and admissions, have continued to increase as the length of stay is pressured by the increased demand for inpatient hospitalization. This also increased the contracted services cost for diversions. The budgeted census for 2017 remains at 14 patients per day.

Large changes in Base County Allocation and County Appropriation revenue were necessitated by the increasing costs in Emergency and Crisis Services, thereby decreasing the contribution margin of the hospital significantly in 2017. In the Other Direct Expenses, the 2017 Budget assumptions includes the reduction for non-state institute diversions both in the shifting of these costs to the contracted services budget and overall reduction in diversion to these non-state institutes in 2017.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	4,215,542	3,840,000	4,000,000
Base County Allocation	-	1,041,000	400,000
County Appropriation	2,556,162	1,012,682	367,684
Allocated Revenue	16,026	15348	28,094
Other Revenue	149,209	-	-
Marathon County Match (Maintenance)	-	-	100,589
TOTAL REVENUE	6,936,939	5,909,030	4,896,367
Salaries	1,929,101	1,876,004	2,044,163
Benefits	736,758	693,873	779,838
Other Direct Expenses	2,093,627	1,053,367	860,219
TOTAL EXPENSES	4,759,486	3,623,244	3,684,220



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Crisis Community Based Residential Facility (CBRF)

DESCRIPTION

Lakeside Recovery Crisis CBRF is a brief therapeutic mental health and substance abuse stabilization program operated 24-hours a day in a community based setting. This 6 bed program provides observation, medication monitoring, basic case management and planned activities under the supervision of specially trained CBRF staff.

POPULATION SERVED

This program serves the needs of individuals with mental health or substance abuse disorders as an alternative diversion for those who do not meet criteria for emergency inpatient admission or as a step down from emergency inpatient services.

REGULATIONS

The Crisis CBRF is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	0.5	1.0
Crisis Tech	1.86	5.6
Behavioral Health Tech	1.86	0.0
TOTAL	4.22	6.6

BUDGET HIGHLIGHTS

Salary changes are the major change in the Crisis CBRF program in 2017. These changes comes from a rebalancing between the Crisis CBRF program and Lakeside Recovery MMT program as these two programs share the same operational space. The 2017 Budget better reflects the salary expense in both of these programs.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	730,719	766,000	638,000
WIMCR	100,460	-	100,000
County Appropriation	113,749	-	-
Allocated Revenue	15,553	5,742	4,636
Other Revenue	-	-	-
Marathon County Match (Maintenance)	-	-	46,600
TOTAL REVENUE	960,481	771,742	789,236
Salaries	117,609	238,876	153,753
Benefits	41,859	88,377	58,656
Other Direct Expenses	13,747	14,100	17,829
TOTAL EXPENSES	173,215	341,353	230,238



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Lakeside Recovery Medically Monitored Treatment (MMT)

DESCRIPTION

Lakeside Recovery Medically Monitored Treatment is a 21-day substance abuse recovery program operated 24-hours a day in a community-based setting. This 6 bed program provides observation, medication monitoring, and treatment by a multi-disciplinary team under the supervision of a physician.

POPULATION SERVED

This program serves the needs of clients that meet a high level criteria for substance abuse and dependence under Wisconsin Chapter 75.11 regulations for Medically Monitored Treatment.

REGULATIONS

The MMT program is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	0.5	0.0
Counselor	1.0	2.0
Registered Nurse	0.2	0.2
Peer Specialist	0.0	0.5
Nursing Assistant	0.0	5.0
Behavioral Health Tech	1.86	0.0
Crisis Tech	1.86	0.0
TOTAL	5.42	7.7

BUDGET HIGHLIGHTS

The Lakeside Recovery program had its first full operational year in 2016 which has provided increased budgeting insight into the necessary operational revenues and expenses. There are 6 beds available in the program with a significant waitlist. In 2017, we will work on a proposal to greatly expand this program to meet community need if supporting revenues are identified to offset the increased expense to do so. There is discussion and collaboration with the State of Wisconsin to provide new Medicaid funding for these services in 2017.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	37,078	50,000	165,000
County Appropriation	211,685	228,863	277,688
Allocated Revenue	406	-	2,325
Other Revenue	-	150,000	-
Marathon County Match (Maintenance)	-	-	46,600
TOTAL REVENUE	249,169	428,863	491,613
Salaries	10,077	271,974	217,164
Benefits	947	100,617	82,847
Other Direct Expenses	5,516	6,500	10,572
TOTAL EXPENSES	16,540	379,091	310,583



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

The Community Living program represents traditional adult physical, mental and developmental disability services including Residential Services, Adult Day Services and Prevocational Services. The program name reflects the transition these programs are undertaking in moving to be more community based and inclusive. Adult Day and Prevocational Services are both offered in Langlade and Marathon Counties (Lincoln County administers their programs separately), and Residential Services is a shared service among the three counties.

COMMUNITY LIVING

■ Community Living Administration

DESCRIPTION

The administrative leadership and management of Residential, Prevocational Services and Adult Day Services is consolidated into a separate program and allocated out to each program based on direct expenses. The manager positions for residential are allocated only to the 10 residential sites.

BUDGET HIGHLIGHTS

The 2017 Budget for Community Living Administration includes an increase in staffing with the inclusion of a full-time Registered Nurse. Community Living programs are responsible for medication administration with their consumers and needed full-time nursing oversight for this function to increase medication administration and client safety.

STAFFING

Position	2017 FTE's	2016 FTE's
Director	1.0	1.0
Residential Manager	2.0	2.0
Registered Nurse	0.8	0.0
TOTAL	3.8	3.0

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Salaries	78,518	181,975	232,016
Benefits	29,435	67,733	88,513
Other Direct Expenses	6,540	4,600	10,890
TOTAL EXPENSES	114,493	254,308	331,419



COMMUNITY LIVING

■ Day Services

DESCRIPTION

Day Services includes both the Adult Day Service and Prevocational programs in Langlade and Marathon Counties. North Central Health Care Adult Day Services (ADS) helps individuals with developmental and physical disabilities, who are 18 and older, reach their greatest social, educational, cognitive, life and community potential by offering them a variety of activities that stimulate their interest and growth. ADS works with individuals to assess their strengths and needs, help them choose programs that will help them progress, and track their regression or progress in the program. ADS programs emphasize activities designed for low levels of functional ability and for clients who have retired from prevocational services.

Prevocational Services at North Central Health Care offers adults 18 and older with developmental disabilities, the opportunity to learn good work skills while promoting self-worth through paid work, as well as advancement in wage, work habits, productivity and skill level. Individuals participate in paid work tasks that could lead to a referral to the Supported Employment Program and employment in the community. Individualized programs focus on work activities, vocational orientation and training and transitional employment. Each participant receives an entry assessment, and upon being qualified, is assigned a prevocational case worker for on-going assessment and goal identification for skill development. Basic Life Training Sessions offer individuals opportunities to learn and develop skills, knowledge and motivation within a group or classroom setting. This provides participants with the knowledge to improve overall work skills required to progress to competitive employment.

POPULATION SERVED

Adult Day and Prevocational Services provides services to individuals, 18 and older, with developmental and physical disabilities in Marathon and Langlade counties.

REGULATIONS

Adult Day Services does not have any specific regulatory requirements. It follows best practice for such services. The supported employment program works with the Department of Vocational Rehabilitation and must meet requirements set forth by the State of Wisconsin Department of Workforce Development.

HOURS OF SERVICE

Adult Day Services: Wausau Campus:
8:15 am – 3:45 pm
Antigo Center:
8:00 am – 4:00 pm

Prevocational Services: Wausau Northern Valley
West and Antigo Center:
8:00 am – 3:00pm



COMMUNITY LIVING

■ Day Services

STAFFING

Position	2017 FTE's	2016 FTE's
Coordinator	3.0	3.0
Vocational Consultant	2.46	2.46
D.D. Workers	10.56	10.56
D.D. Aides	12.59	12.59
TOTAL	28.61	28.61

BUDGET HIGHLIGHTS

Day Services staffing, revenues and expenditures are consistent with 2016 operational services. There are no major anticipated changes in 2017 with the exception of a potential relocation of the Wausau Campus Adult Day Services program to reallocate space for expansion of behavioral health programs.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	1,618,767	1,982,000	1,940,000
DVR	148,203	125,000	80,000
Contract Services	20,283	20,000	20,000
Base County Allocation	299,710	-	-
Allocated Revenue	63,980	49,710	49,658
Other Revenue	142,831	110,000	122,000
Marathon County Match (Maintenance)	-	-	71,481
TOTAL REVENUE	2,293,774	2,286,710	2,283,139
Salaries	828,732	888,868	896,392
Benefits	317,015	231,311	341,970
Other Direct Expenses	314,064	414,825	326,461
TOTAL EXPENSES	1,459,811	1,535,004	1,564,823



COMMUNITY LIVING

■ Residential Services

Residential Services provides adults with developmental disabilities, mental illness, addiction issues or physical disabilities the support they need based on their unique strengths and challenges in a group home or supported apartment setting. Residential services works with individuals to help them assert as much control over their lives as possible — providing them with diverse opportunities that help them structure their daily life. Individuals receive the support they need to establish independence and become fully integrated into their community. Our services safeguard and promote the health, safety and well-being of our residents. They build self-confidence and self-awareness and foster relationships with family, friends and the community at large. Residential Services are structured into two types of care settings: Supported Apartments and Community Based Rehabilitation Facilities.

COMMUNITY LIVING

■ Residential – Supported Apartments

DESCRIPTION

Residential Services operates five supported apartment settings:

Jelinek Supported Apartments offer individual apartments for adults with developmental disabilities in two separate building locations. Apartments may be rented as a single unit, or shared by two residents.

Forest Street Supported Apartments has 12 units and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is onsite 24 hours.

Fulton Street Apartments offer individual apartments for men and women with developmental disabilities.

Riverview Towers offers multiple units based on need and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is onsite 24 hours.

POPULATION SERVED

Supported Apartments provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

REGULATIONS

Supported apartments do not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



COMMUNITY LIVING

■ Residential – Supported Apartments

STAFFING

Position	2017 FTE's	2016 FTE's
Care Coordinator	6.0	6.0
Residential Care Assistants	36.89	33.96
TOTAL	42.86	39.96

BUDGET HIGHLIGHTS

Staffing in Supported Apartments fluctuates with changes in demand and is budgeted to increase in 2017. Changes in demand and corresponding staffing adjustments are offset with matching revenue sources. Demand fluctuates mostly in Riverview Towers and Forest Street. The other remaining apartment settings have stable demand.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	2,422,748	2,360,000	2,337,000
Allocated Revenue	30,145	12,631	23,896
Other Revenue	67,241	-	-
TOTAL REVENUE	2,520,134	2,372,631	2,360,896
Salaries	1,224,514	1,243,080	1,267,272
Benefits	461,204	460,753	483,458
Other Direct Expenses	225,664	208,716	242,737
TOTAL EXPENSES	1,911,382	1,912,549	1,993,467



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Residential – Community Based Residential Facilities (CBRFs)

DESCRIPTION

Residential Services operates five Community Based Residential Facilities (CBRFs) that are congregate living settings, licensed by the State of Wisconsin. They include:

Hillcrest Avenue has eight beds and is licensed as a Class CS home, serving individuals with developmental disabilities who are ambulatory or semi-ambulatory.

The remaining four homes are licensed as a CBRF home, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.

Bissell Street serves eight residents.
Chadwick Street has seven residents.
Andrea Street can serve eight residents.
Heather Street can serve seven residents.

REGULATIONS

All group homes are certified by the Wisconsin Department of Health Services, Chapter DHS 83 -Community-Based Residential Facilities.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

Position	2017 FTE's	2016 FTE's
Care Coordinator	5.0	5.0
Residential Care Assistants	27.95	28.49
TOTAL	32.95	33.49

POPULATION SERVED

Community Based Residential Facilities provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

BUDGET HIGHLIGHTS

Residential CBRF sites will see a small decrease in staffing to gain maximum efficiencies with continued funding constraints. No other major revenue or expense changes are anticipated in 2017.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	2,178,255	2,222,000	2,424,000
Allocated Revenue	27,400	15,666	24,300
TOTAL REVENUE	2,205,655	2,237,666	2,448,300
Salaries	1,037,504	1,019,388	1,017,506
Benefits	401,327	377,841	388,174
Other Direct Expenses	321,326	336,460	363,462
TOTAL EXPENSES	1,760,159	1,733,689	1,769,142



COMMUNITY TREATMENT

Community Treatment is an integration of a number of different programs. Tight integration exists for Comprehensive Community Services (CCS), Community Support Program (CSP), Individual Placement & Support (IPS or generically Supported Employment) and Children's Long-Term Support (CLTS) and Family Support services. The Birth to Three program is only integrated for purposes of consolidated Director level leadership support and operates as a stand alone program for all other purposes.

COMMUNITY TREATMENT

■ Community Treatment Programs

COMPREHENSIVE COMMUNITY SERVICES DESCRIPTION

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person's lifestyle, are recovery-oriented, flexible and empowering.

POPULATION SERVED

Comprehensive Community Services serve individuals of any age, including adults and children, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for youth, adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

Comprehensive Community Services is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm
Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm

COMMUNITY SUPPORT PROGRAM (CSP) DESCRIPTION

Community Support Program (CSP) helps individuals with mental health issues build a path to recovery that is accessible, unique to the individual and flexible – one that provides support, treatment and rehabilitation in settings that best suit the individual – be it a community, home or work setting. We also provide a Supported Apartment Program that offers individuals the opportunity to reside in their own apartment while receiving 24/7 access to our Community Support services.

POPULATION SERVED

The Community Support Program serves individuals 18 years and older, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

CSP is a certified program and operates under the Wisconsin Department of Health Services, Chapter

DHS 63, Community Support Programs for Chronically Mentally Ill Persons.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm
Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm



COMMUNITY TREATMENT

■ Community Treatment Programs

INDIVIDUAL PLACEMENT & SUPPORT (IPS) DESCRIPTION

Individual Placement & Support (IPS) or Supported Employment was developed to help promote the recovery of people who have a mental illness by helping them to find and keep jobs that allow them to utilize their skills. Employment is a primary goal of most people with serious mental illness. It has been proven that finding suitable work can help people with mental illness feel empowered, value themselves more, and drastically reduce mental health symptoms. IPS employment specialists offer long-term, ongoing support to employers and their new employee, either on- or off-site. On-site job coaching for orientation, training, or job tasks can be utilized until the employee and employer are both comfortable.

POPULATION SERVED

Individual Placement & Support serves adults 18 and older in Marathon, Lincoln and Langlade counties with mental illness.

REGULATIONS

Individual Placement & Support does not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

CHILDREN'S SERVICES: CHILDREN'S LONG TERM SUPPORT (CLTS) AND FAMILY SUPPORT DESCRIPTION

North Central Health Care Children's Long Term Support (CLTS) provides children who have severe developmental, physical or emotional disabilities with a variety of therapies and services in the environment most comfortable to them — their home. NCHC's skilled professionals work with families to provide adaptive aids, day services, teach daily living skills and offer in-home treatment therapies that help each child realize their greatest potential. CLTS provides support in identifying services and maximizing resources, assistance in securing supplies, and help in building natural supports by connecting with other families with similar life experiences. These services are only provided in Langlade and Lincoln counties.

North Central Health Care Family Support provides at-home assistance to families with children who have severe physical, emotional or developmental disabilities. Together, our skilled professionals work with families at home to help them provide their child with the therapies, support and daily skills training needed to perform at optimum levels.

POPULATION SERVED

To participate in Children's Long Term Support and Family Support Programs children must be under 22 years of age and MA eligible along with various other additional requirements to qualify for certain types of funding. Eligibility is established on an annual basis. These services are only provided in Langlade and Lincoln counties.

REGULATIONS

The Children's Long Support Waiver is overseen through Administrative Rule making by the Department of Health Services in Wisconsin.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm



COMMUNITY TREATMENT

■ Community Treatment Programs

COMMUNITY TREATMENT STAFFING

Position	2017 FTE's	2016 FTE's
Director	1.0	1.0
Clinical Coordinator	1.0	1.0
Manager	2.0	2.0
Referral Coordinator	2.0	2.0
Case Manager	33.55	30.55
Clerical	2.0	2.0
RN Coordinator	1.0	1.0
Register Nurse	3.0	3.5
Occupational Therapy Assistant	3.0	3.0
Community Treatment Tech	4.2	4.4
Employment Supervisor	1.0	1.0
Employment Specialist	3.6	3.6
Peer Specialist	1.0	1.0
Psychiatrist	1.0	0.0
TOTAL	59.35	56.05

BUDGET HIGHLIGHTS

Community Treatment has grown into a considerably large array of valuable services. Staffing in 2017 has increased with the addition of a Psychiatrist and three (3) additional Case Managers to offset accommodating increase in demand for services. These positions generate more revenue than their expense. There is a large increase in net patient revenue in 2017 due to increases in volume for both NCHC providers and contracted providers who NCHC bills on behalf of. Contracted providers exist as each client has the ability to select their provider in the CCS program. A large share of contract provider billings come through the collaboration with the Department of Social Services.

On the expense side, Salaries and Benefits increase with the increase in budgeted staff, primarily through the addition of 1.0 FTE Psychiatrist. The Other Direct Expenses have been impacted by the increase in contracted providers through the CCS program highlighted above. Over the last three years, Other Direct Expenses from contract providers increased in the second half of 2015 after the 2016 budget was developed. Therefore the 2016 Budget significantly underestimated the increase in both the revenue and expense for these new providers. The 2017 Budget has accommodated for this increase.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	3,640,422	3,763,000	5,375,000
Grant Funding	693,816	643,000	749,000
COP	148,813	-	65,000
IMD-OBRA	34,255	-	-
DVR	74,500	86,000	64,000
WIMCR	235,000	35,000	175,000
Allocated Revenue	162,576	173,099	116,212
Base County Allocation	1,000,000	1,020,000	805,365
County Appropriation	685,068	910,754	254,198
Other Revenue	17,850	24,836	-
Marathon County Match (Maintenance)	-	-	14,417
TOTAL REVENUE	6,692,300	6,655,689	7,618,197
Salaries	2,689,492	2,890,945	3,242,624
Benefits	1,057,431	1,071,541	1,237,046
Other Direct Expenses	1,523,917	589,900	1,354,711
TOTAL EXPENSES	5,270,840	4,552,386	5,834,381



COMMUNITY TREATMENT

■ Birth to Three

DESCRIPTION

North Central Health Care's Birth to Three is part of Wisconsin's statewide program providing support and services to infants and toddlers, ages birth to three with developmental disabilities, and their families. As an early intervention program, Birth to Three staff is trained in assessing the developmental strengths and needs of very young children to determine eligibility for the program. Once a child is determined to be eligible, services to support the family's ability to nurture and enhance their child's development are provided.

Birth to Three core services include screening and evaluation, family education, developmental education services, service coordination, speech therapy, physical therapy, special instruction, occupational therapy, and assistive technology. Birth to Three can also help access psychological services, counseling services, nutrition services, medical services (for diagnostic or evaluative purposes only), health services if needed (to help the child benefit from other early intervention services, including hearing and vision services), transportation and assistive technology.

Parents play a primary role in the Birth to Three Program, guiding the Birth to Three staff toward the understanding of their child, identifying daily routines and activities in which their child learns best, and helping determine the setting in which services will be provided. Referral for services may come from parents, family members, physicians, social workers, therapists, daycare providers or others concerned with a child's development.

POPULATION SERVED

Infants and toddlers, ages birth to three, with developmental disabilities and their families who reside in Marathon, Lincoln, and Langlade Counties.

REGULATIONS

The Birth to Three program is regulated federally by the Individuals with Disabilities Education Act (IDEA). The IDEA act ensures services to children with disabilities and governs how states and public agencies provide early intervention, special education and related services. The Department of Health Services oversees the Birth to Three program in Wisconsin.

HOURS OF SERVICE

8:00 am – 4:30 pm with special accommodations to meet needs of families.



COMMUNITY TREATMENT

■ Birth to Three

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	1.0	1.0
Service Coordinator	5.0	5.0
Teacher	1.0	1.6
Physical Therapist	0.8	1.0
Occupational Therapist	1.5	1.6
Speech Therapist	4.0	3.4
Administrative Assistant	1.0	1.0
TOTAL	14.30	14.50

BUDGET HIGHLIGHTS

The Birth to Three program remains relatively stable. As a condition of the IDEA act, the Birth to Three program must accept all referrals which has created volume pressures on staffing to meet the community needs. The program is primarily funded through a state grant

with corresponding required county match. Additional funding is not available through the grant at this time to expand service delivery. This dynamic requires continued vigilance in balancing increasing expenses within a stagnant revenue source.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	307,564	392,000	379,000
Grant	519,440	519,000	519,000
WIMCR	-	-	50,000
County Appropriation	835,112	835,112	835,112
Allocated Revenue	17,669	5,689	9,219
Marathon County Match (Maintenance)	-	-	23,895
TOTAL REVENUE	1,679,785	1,751,801	1,816,226
Salaries	774,977	940,403	928,489
Benefits	299,686	347,849	354,214
Other Direct Expenses	192,611	135,600	101,430
TOTAL EXPENSES	1,267,274	1,423,852	1,384,133



HUMAN SERVICES OPERATIONS

OUTPATIENT SERVICES

Outpatient Services provides a number of valuable services; predominantly this includes Mental Health & Substance Abuse services, Psychiatry, Substance Abuse Day Treatment programming, and Driving with Care program.

OUTPATIENT SERVICES

■ Outpatient Services Administration

DESCRIPTION

Outpatient Services Administration provides administrative management and support for these programs consolidated into one unit and charged to Langlade, Lincoln and Marathon Counties based on direct expenses.

BUDGET HIGHLIGHTS

Outpatient Services Administration reduced overall staffing to accommodate needed overhead reductions for the 2017 Budget. A Registration Specialist was converted to an OWI Scheduler to better coordinate the OWI Assessment and Treatment programs for the Counties.

STAFFING

Position	2017 FTE's	2016 FTE's
Director	1.0	1.0
Clinical Coordinator	1.0	1.0
Operations Manager	2.0	2.0
Clinical Supervisor	0.0	0.4
Referral Coordinator	1.8	2.0
OWI Scheduler	1.0	0.0
Registration Specialist	7.4	8.4
TOTAL	14.2	14.8

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
County Match	175,000	175,000	175,000
Other Revenue	1,400	-	-
TOTAL REVENUE	176,400	175,000	175,000
Salaries	618,341	594,972	547,174
Benefits	231,613	224,158	208,745
Other Direct Expenses	253,201	272,150	303,853
TOTAL EXPENSES	1,103,155	1,091,280	1,059,772



OUTPATIENT SERVICES

■ *Outpatient Mental Health & Substance Abuse*

DESCRIPTION

Outpatient Mental Health Services offers outpatient treatment, counseling and assessment for mental, emotional and substance abuse challenges to residents in Marathon, Lincoln and Langlade counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient Services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Services include individual counseling and intervention and may include group therapy and referral to substance abuse services that may occur over an extended period.

Treatment options are available for individuals, couples, families, and groups and provided in varying locations including the Wausau Campus, Antigo Center, Merrill Center, Tomahawk Office and participating school districts through a Counseling in the Schools Program.

Outpatient Substance Abuse & Addiction Services offers outpatient treatment, counseling and assessment for substance abuse and addictions to residents in Marathon, Lincoln and Langlade counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Treatment may incorporate counseling, training and educational services with a variety of treatment approaches and techniques. The length of each person's treatment is flexible and based on their need and rate of progress. North Central Health Care has developed several levels of programming to best meet the individual needs of persons in treatment.

Substance Abuse Day Treatment provides a more structured and intensive recovery program and requires a significant amount of support while individuals are obtaining treatment. Substance Abuse Day Treatment provides a multi-disciplinary approach in treating chemically dependent individuals. Techniques and interventions aiding recovery include group and individual therapies as well as education directed by a team of skilled individuals trained in multiple disciplines.

This team works together to review and assess the individual's progress and to adjust the individual care plan as needed. Each client is set up with appropriate aftercare treatment with a substance abuse counselor as well as an introduction to the recovery community.

Driving with Care Program North Central Health Care offers an educational and therapeutic Driving with Care program for people who have had four or more OWI convictions or OWI convictions involving serious accident or injury. Our objectives are to reduce the frequency of drinking and driving, and to assist individuals to break their chemical dependence.

Driving with Care consists of 33 group sessions held twice a week over four months. Each two-hour group meeting is facilitated by two substance abuse counselors who teach clients to examine and confront their own patterns of thinking and drinking. Once an individual has completed Driving with Care, it is expected they will continue individual counseling for an additional five to eight months to ensure what they have learned is applied to daily living.



OUTPATIENT SERVICES

■ *Outpatient Mental Health & Substance Abuse*

POPULATION SERVED

Outpatient Mental Health Services:

Provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:

- Anxiety
- Abuse/Trauma
- Depression & Mood Disorders
- Stress
- Addiction
- Relationship Challenges
- Schizophrenia
- Grief & Loss
- Personality Disorders
- Major Life Changes
- Behavioral Disorders
- Conflict Resolution

Outpatient Substance Abuse & Addiction Services:

Provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:

- Alcohol Abuse
- Drug Abuse
- Gambling
- Smoking
- Behavioral Addictions

Outpatient Mental Health & Substance Abuse treatment options are available for individuals, couples, families, and groups and is provided in several locations including the Wausau Campus, Antigo Center, Merrill Center and Tomahawk Office.

Substance Abuse Day Treatment: is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade counties.

Driving with Care Program: Driving with Care only accepts referrals from Probation and Parole for Marathon County residents.

REGULATIONS

Outpatient Mental Health Services: clinics are all certified by the Department of Health Services under the following regulations: Chapter DHS 35 (mental health counseling).

Outpatient Substance Abuse & Addiction Services: The substance abuse and addiction services at all NCHC locations are certified by the Department of Health Services, Chapter DHS 75.

Substance Abuse Day Treatment: Day Treatment is certified by the Department of Health Services, Chapter DHS 75.

Driving with Care Program: NCHC works with the State of Wisconsin Department of Transportation and the Wisconsin Department of Health Services to deliver the Intoxicated Driver Program.

HOURS OF SERVICE

Outpatient Mental Health & Substance Abuse and Driving with Care Program services are all provided during normal business hours Monday – Friday: 8:00 am – 4:30 pm.

The six-week structured Substance Abuse Day Treatment Program is offered on Monday, Tuesday, Thursday and Friday from 9:00 a.m. until 12:15 p.m. Individual therapy appointments are scheduled weekly.



OUTPATIENT SERVICES

■ Outpatient Mental Health & Substance Abuse

STAFFING

Position	2017 FTE's	2016 FTE's
Psychologist (Forensic)	1.0	1.0
Psychologist	1.0	1.0
Therapist	17.8	17.1
AODA Counselors	2.0	3.0
OWI Assessor	1.0	1.0
TOTAL	21.8	22.1

BUDGET HIGHLIGHTS

Overall the Outpatient Mental Health & Substance Abuse Budget is relatively unchanged from a financial perspective. However, operationally as NCHC has shifted resources, especially to the criminal justice system, it has resulted in a corresponding reduction in Net Patient

Services Revenue. The largest challenge in these service areas is the availability of staffing which has created the variance from budget to actual in each budget year in both revenues and expenditures.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	964,758	1,535,000	1,374,000
Grant	418,661	402,000	402,000
OWI Surcharges	166,513	170,000	170,000
Contract Services	24,024	20,000	14,000
WIMCR	-	-	21,000
Base County Allocation	1,310,436	656,436	900,000
County Appropriation	517,349	911,633	498,509
Allocated Revenue	74,152	144,450	81,330
Other Revenue	262	92,000	-
Marathon County Match (Maintenance)	-	-	55,058
TOTAL REVENUE	3,476,145	3,931,519	3,515,897
Salaries	910,242	1,488,896	1,464,423
Benefits	377,747	550,797	558,670
Other Direct Expenses	25,655	85,400	59,036
TOTAL EXPENSES	1,313,644	2,125,093	2,082,129



OUTPATIENT SERVICES

■ Psychiatry

DESCRIPTION

Outpatient Psychiatric services provides quality medication management services to the residents of Langlade, Lincoln and Marathon Counties. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff. Psychiatry is staffed mostly with contract Psychiatrists who primarily provide telehealth.

POPULATION SERVED

We predominantly offer services for adult residents of Langlade, Lincoln and Marathon counties who are generally unable to be served elsewhere. This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

PROGRAMS OFFERED

We provide initial assessment and diagnostic sessions typically lasting 50-60 minutes and follow-up medication management sessions typically lasting up to 15-20 minutes. We also have nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

REGULATIONS

Psychiatry services are regulated by the Department of Health Services under Chapter DHS 35 and Chapter DHS 75.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm.



OUTPATIENT SERVICES

■ Psychiatry

STAFFING

Position	2017 FTE's	2016 FTE's
Psychiatrist	1.0	2.0
Registered Nurse	2.4	2.6
Nurse Practitioner	0.0	1.0
Medical Assistant	3.2	4.2
TOTAL	6.6	9.8

BUDGET HIGHLIGHTS

The target for Psychiatry is to have 4.0 FTE. The staffing of Psychiatrists is accomplished through a mix of both staff and contracted Psychiatrist. The 2016 Budget provided for another Staff Psychiatrist in addition to the Staff Psychiatrist in place at the beginning of 2016. In 2016, the current Staff Psychiatrist moved to Community Treatment to provide services and the recruitment for an additional Psychiatrist was unsuccessful. The recruitment for one Staff Psychiatrist will continue in 2017. Until Staff Psychiatrists are recruited, there will be a high

reliance on contract staff but ultimately the goal would be to have 4.0 FTE of Staff Psychiatrists. The variance of this dynamic will be seen in variability in expense between Salaries and Benefits and the cost of contracted staff in the Other Direct Expense line item. Due to the difficulty in recruiting a Psych Nurse Practitioner as a Physician Extender, we have removed this position from the 2017 Budget but will continue to consider any candidates we are able to source.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	317,416	563,000	548,000
Contract Services	26,846	35,000	-
WIMCR	-	-	4,000
Base County Allocation	1,105,000	713,000	900,000
County Appropriation	721,542	1,408,917	669,027
Other Revenue	3,827	91,164	-
Allocated Revenue	29,000	12,432	38,890
Marathon County Match (Maintenance)			10,071
TOTAL REVENUE	2,203,630	2,823,513	2,169,987
Salaries	426,711	935,512	534,971
Benefits	125,625	346,089	204,089
Other Direct Expenses	745,653	487,200	788,397
TOTAL EXPENSES	1,297,989	1,768,801	1,527,457



■ ADULT PROTECTIVE SERVICES

DESCRIPTION

North Central Health Care’s Adult Protective Services (APS) help protect individuals 18 years of age and older who, due to mental retardation, mental illness, a degenerative brain disorder or other cognitive disability, are vulnerable and unable to make decisions or advocate for themselves. Screenings are conducted to determine the needs and vulnerabilities of adults. Based on professional observations, APS will make referrals for evaluations and services. Adult Protective Services can intervene and provide emergency protective services or placement orders, help petition for guardianship and protective placement for qualified individuals, and complete necessary court reports and evaluations for all protective placements. Adult Protective Services also provides ongoing reviews of protective placements and can assist with locating guardian resources.

Adult Protective Services receives and screens reports of possible elder abuse, neglect (self or by others) and exploitation and then conducts investigations and make referrals to the appropriate agencies to ensure individuals receive the assistance they need. At times, this may involve honoring a competent adult’s right to make a poor decision. If necessary, APS can help protect the individual by assisting with protective placement and guardianship actions through the court.

POPULATION SERVED

Adult Protective Services serves all adults age 18 and older in Marathon, Lincoln and Langlade Counties. Population served may include individuals with mental retardation, mental illness, a degenerative brain disorder, dementia, or a cognitive disability who are vulnerable and unable to make decisions or advocate for themselves.

REGULATIONS

Wisconsin Statute Chapters 54, 55 and 46.90. Each county is required to name a responsible agency to make reports for suspected abuse and neglect and to provide a response. As well, each county is required to name an adult protective services agency.

HOURS OF SERVICE

8:00 am – 4:30 pm with special accommodations to meet needs of families.



■ ADULT PROTECTIVE SERVICES

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	1.0	1.0
Protective Services Rep.	4.0	4.0
Administrative Assistant	1.0	0.60
TOTAL	6.0	5.6

BUDGET HIGHLIGHTS

Adult Protective Services has experienced an increase in investigations in 2016. The increase in demand for services has resulted in an increase in administrative support for APS staff. There was also an increase in their legal budget to help support these cases as well.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	227	1,000	500
Grant	216,546	225,000	225,000
County Appropriation	333,664	335,858	435,223
Allocated Revenue	1,637	820	8,339
Marathon County Match (Maintenance)	-	-	4,731
TOTAL REVENUE	552,074	562,678	673,793
Salaries	277,191	285,894	301,122
Benefits	108,614	105,770	114,877
Other Direct Expenses	59,907	66,900	72,964
TOTAL EXPENSES	445,709	458,664	488,963



■ AQUATIC SERVICES

DESCRIPTION

North Central Health Care Aquatic Services offers warm water aquatic physical therapy, water exercise programs and community and family swim programs that help individuals manage pain and maintain or reclaim their independence. The therapy pool is maintained at a 90 degree temperature. Under the direction of a physician, North Central Health Care's licensed physical therapist devises a treatment plan using water as both a supporting, gravity-reducing environment and a conditioning medium. Upon discharge, the therapist provides each patient with a self-directed exercise program for pool and home use. Warm water therapy can bring relief from pain, spur recovery and improve range of motion, balance, strength and coordination.

REGULATIONS

The operation of the pool is regulated by the Department of Health Services, Chapter DHS 172: Safety, Maintenance and Operation of Public Pools and Water Attractions.

HOURS OF SERVICE

Monday: 6:30 am – 6:00 pm
Tuesday: 7:30 am – 7:00 pm
Wednesday: 6:30 am – 6:00 pm
Thursday: 7:30 am – 6:00 pm
Friday: 6:30 am – 4:00 pm
Saturday: 9:00 am – 12:00 pm

POPULATION SERVED

Aquatic Services serve those who have physical disabilities, are recovering from surgeries, or have musculoskeletal conditions such as fibromyalgia, arthritis and lower back pain. All those served are under the referral of a physician.



■ AQUATIC SERVICES

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	1.0	1.0
Physical Therapy Assistant	1.4	1.4
Physical Therapist	1.2	1.6
Lifeguard	2.0	1.8
TOTAL	5.6	5.8

BUDGET HIGHLIGHTS

Volumes in Aquatic Services in 2016 have not hit targets for Budgeted Net Patient Services Revenue. It was anticipated, based on revenue trends that 2016 revenues would increase. Referrals have been declining, although continued outreach efforts have persisted, but volumes continue to not meet target. In the 2016 Budget, Ther-

apy staffing was increased but recruitment efforts failed to secure an additional part-time therapist for most of the year, impacting revenue as well. The 2017 Budget has reset revenue targets to current experience. Salaries and benefits are reduced by the reduction in therapy staff to meet current demand.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	549,590	679,000	551,000
Contract Services	4,952	-	-
Other Revenue	115,055	102,367	99,000
Allocated Revenue	12,403	-	3,904
Marathon County Match (Maintenance)	-	-	137,725
County Appropriation	-	-	150,327
TOTAL REVENUE	682,000	781,367	941,956
Salaries	284,874	352,985	319,022
Benefits	109,147	103,585	121,705
Other Direct Expenses	44,689	63,300	36,524
TOTAL EXPENSES	438,709	519,870	477,251



■ COMMUNITY CORNER CLUBHOUSE

DESCRIPTION

Community Corner Clubhouse assists adults with persistent mental illness and substance abuse challenges to realize their potential by providing them with a Clubhouse where they can meet friends, build self-confidence, learn valuable life skills and discover untapped talents. Community Corner Clubhouse is an internationally certified, psychosocial rehabilitation community that provides accessible, low cost services in a supportive environment. Clubhouse membership is voluntary and without time limits — offering members to choose the services they need when they need them.

The Clubhouse helps empower members by offering:

- Vocational support helping members' return to competitive employment by offering a variety of opportunities.
- Transitional Employment: Competitive, part-time employment that lasts 6-9 months.
- Supported Employment: Job development, job coaching, and long term support for members.
- Independent Employment: Assistance in sustaining long term employment.
- Educational opportunities: We partner with community adult educators to offer a variety of classes for members.
- Housing assistance: We help members find safe, affordable housing.
- Hope House is a local recovery residence that is a social, not medical, model for recovery living. This is different from a traditional transitional or halfway house. Hope House is a voluntary, time limited-term, residential program for Community Corner Clubhouse members experiencing psychiatric illness and/or psychological distress not requiring hospitalization who also have recovery needs. The end goal is to help develop life-long strategies to support recovery that will lead to independent living.

POPULATION SERVED

Marathon County Adults 18 and older with severe or persistent mental illness or a history of substance abuse.

REGULATIONS

The Clubhouse is accredited by Clubhouse International. Accredited Clubhouses are recognized as operating with a high level of compliance with the International Standards for Clubhouse Programs.

HOURS OF SERVICE

Monday – Thursday: 8:00 am – 4:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

Monthly Evening Hours (Social Activities):
5:00 pm – 7:00 pm on various days



■ COMMUNITY CORNER CLUBHOUSE

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	1.0	1.0
Employment Specialist	1.0	1.0
Clubhouse Generalist	3.0	3.0
TOTAL	5.0	5.0

BUDGET HIGHLIGHTS

The Community Corner Clubhouse has been on a five year path to not being County levy dependent. To offset these revenues, there have been significant efforts for grant and/or fundraising support. The significance of this revenue change has caused a stall in their efforts in 2016, therefore additional reductions in levy support in 2017 were not made until the 2016 philanthropic targets can be met. Expenses remain unchanged in 2017.

In 2016, Community Corner Clubhouse extended itself into an affiliation with a local landlord to create the Hope House. While Community Corner Clubhouse supports Hope House through staff time, there is minimal to no direct financial support for the operation of the house or exposure if there are not enough renters.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	264,169	226,000	208,000
DVR	21,683	14,000	20,000
County Appropriation	155,000	95,000	95,000
Allocated Revenue	6,319	-	2,597
Other Revenue	2,442	137,502	121,500
Marathon County Match (Maintenance)	-	-	-
TOTAL REVENUE	449,613	472,502	447,097
Salaries	221,131	223,170	220,397
Benefits	84,688	82,570	84,080
Other Direct Expenses	62,533	51,650	59,918
TOTAL EXPENSES	368,353	357,390	364,395



HUMAN SERVICES OPERATIONS

■ DEMAND TRANSPORTATION

DESCRIPTION

The North Central Health Care Transportation Program offers transportation for Marathon County residents who are 60 years of age and older, or individuals of any age who are non-ambulatory (unable to walk). Transportation is for medical, employment, or nutritional needs (including grocery shopping) only. Co-payments vary depending on distance. A personal care attendant or service animal may accompany a rider at no additional charge.

The North Central Health Care Transportation Program also coordinates volunteer drivers for the Disabled American Veterans (DAV) van, to transport veterans to Tomah or Madison on an on-call basis. Rides are at no charge and veterans using this service are ineligible for VA travel reimbursement.

POPULATION SERVED

The North Central Health Care serves Marathon County residents of any age who are non-ambulatory, or any individual ages 60 and over. The DAV Van program serves Marathon County and surrounding counties and also coordinates with DAV Van Services in Portage and Wood counties, for riders who can make it to a meeting point in those counties.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	32,167	179,000	57,300
Grant	248,463	240,000	237,700
DVR	36	-	-
Contracted Services	113,773	-	110,000
Allocated Revenue	2,915	-	4,178
Other Revenue	3,494	1,718	-
Marathon County Match (Maintenance)	-	-	466
TOTAL REVENUE	400,848	420,718	409,644
Salaries	126,866	144,750	134,906
Benefits	47,643	53,561	51,466
Other Direct Expenses	182,894	162,500	164,147
TOTAL EXPENSES	357,403	360,811	350,519

REGULATIONS

85.21 WI DOT requirements

HOURS OF SERVICE

Service Hours: Monday – Friday, 8:00 am – 4:30 pm

Office Hours: Monday through Friday, 7:00 am – 5:00 pm

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	0.75	1.0
Logistics Worker	2.3	2.3
Administrative Assistant	1.0	1.0
TOTAL	4.05	4.30

BUDGET HIGHLIGHTS

Staffing in Demand Transportation was decreased as a portion of the Manager position was shifted to the In-House Demand Transportation program as a consolidation effort of these two efforts. Revenues are down as a result of the funding from the DOT 85.21 Grant have been declining. In both 2016 and 2017 Marathon County Conservation, Zoning & Planning (CPZ) has increased their administrative allocation to the grant up to 10%, thereby decreasing the availability of the grant to the Demand Transportation program, setting up increased revenue pressures to offset the cost of the program.



STATUS REPORT

AQUATIC WARM WATER THERAPY SERVICES

2016

BY

WARM WATER WORKS GROUP

This report updates the financial status and client activity since the Aquatic Therapy Services Task Force Report to the Marathon County Board on October 10, 2013.

Contact: _____

Phone: _____

Email: _____



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Aquatic therapy Services Task Force Report to Marathon County	Attachment A



In 2008, there was concern that the warm water therapy pool could be eliminated. Many of the individuals who regularly used the pool for therapeutic exercise were alarmed. A small group of users decided to band together and work toward positive change. Thus, the group Warm Water Works was born.

Warm Water Works has:

- Partnered with North Central Health Care in developing and distributing marketing packets for providers which included a promotional DVD, brochures, physician referral form, etc.
- Increased referral providers from 50 to over 200.
- Provided financial support to low income pool users.
- Assisted North Central Health Care Administration in adjusting physical therapy reimbursement rates to current market value, thereby increasing revenue per session.
- Participated in health fairs throughout the community.
- Provided informational presentations to community groups.
- Provided financial support for staff training to enhance current programs.
- Established the Kwik Trip Script program as a continuing fund raising source of income in addition to other fund raising activities for Aquatic Services.
- Met with numerous Marathon County Board representatives and attended numerous County Board and Committee meetings regarding the importance of the Therapeutic Pool.

Warm Water Works is:

- Grass roots activism.
- Positive.
- Committed, to finding ways to continue this extremely valuable resource.
- Persistent, in our belief that a new therapy pool is critical for a large number of citizens.
- Fund-raising, continues to support marketing efforts and to support staff initiatives.
- Educational, to ensure that area physicians, community representatives, and those who would benefit from their services know of its availability.
- Caring, supports individuals in need.
- Fair, engages in providing service for ALL citizens, especially vulnerable populations.
- Cost-effective, real attention is paid to efficiency and quality of pool operations.
- Advocacy, for users who may not be able to advocate for themselves.
- Citizen involvement, to be involved and speak up for needs in our community.
- Monitoring, staying aware of actions and decisions related to the Therapeutic Pool and its users.
- Promotion, for the public health of our community.

Warm Water Works continues to believe, passionately, in the value of the therapy pool – for our seniors, for our citizens in need of rehabilitation, for our differently-abled, for our users who simply want to remain able to take care of themselves in our community.



Terminology of Aquatic Services

ADS – Adults with development disabilities

Aquatics for Arthritis – Instructor led, gentle range of motion, along with balance and gait skills; self-pay

Aquatic Physical Therapy – One-on-one with licensed Physical Therapist/Physical Therapist Assistant; paid by most insurance companies

Fitt Class – Instructor lead, high level class with focuses on increasing strength and endurance; self-pay

Maintenance Therapy – Step-down program guided by aquatic staff and geared for individuals that would not be safe, or could not carry out an exercise program independently; self-pay or covered by Community Care Connections of Wisconsin (CCCW)

Medically Monitored Treatment (MMT) – MMT program at North Central Health Care utilizes the therapeutic pool for a place of exercise for patients in the program.

Open Fitt/Family Fitt – Step-down program for previous therapy clients, as well as open to the public. Family Fitt is reduced hours for family members/children; self-pay

Therapeutic Pool – Completed physician referral form required (a recreational pool does not require physician referral)



EXECUTIVE SUMMARY

The information and data provided in this report, in addition to the original Aquatic Therapy Services Task Force Report to the Marathon County Board October 2013 (Attachment A), is a compelling endorsement that Marathon County should maintain and replace the existing Warm Water Therapeutic Pool. Aging population, positive growth in revenue, positive growth in activity, solid community support including medical community, diversity of users, very high quality user ratings, and significant number of county residents using the service all point to maintaining this high quality community resource.

This is a vital and positive partnership of local government and the private sector that works and does not utilize significant taxpayer resources. It serves a critical part of our most vulnerable residents. This service meets two parts of the County Boards "Overarching goals for Health and Vulnerable Populations ..."

Program Area: Health "People practice behaviors, prevention and early intervention to delay or lessen the impacts of aging, disease and chronic physical conditions.

Program Area: Vulnerable Populations "People who are at risk are identified early and receive interventions that promote their safety and wellbeing."

Elimination of the Warm Water Therapeutic Pool after 18 years (established 1977) of valuable community service would ignore these two county goals. It is important to note, the Therapeutic Pool is not a Recreational Swimming Facility. The Therapeutic Pool is a rehabilitation facility that requires a doctor's referral to use the resource.

A case could be made with the appropriate research, that by maintaining this Therapeutic Pool, Marathon County residents remain independent and out of more costly support programs. This is especially true for low income seniors who would need nursing home financial assistance should they lose their independence. Every person kept out of the nursing home has a daily value, a cost savings for individuals, families, and tax payers.

A question to be considered is: "Why would Marathon County discontinue a valuable high quality service, utilized by many county residents, with vastly improved financials, that is highly valued by our medical community, and has been in existence for 18 years?"

Any segment of the population educated on this community resource see's the value and wisdom of maintaining this resource. An investment in the Therapeutic Pool is an investment in our aging population. In order to help achieve the county's goal of being the healthiest county in the state, the Therapeutic Pool is an important asset towards that goal.

We recommend maintaining the Warm Water Therapeutic Pool's services and construction of a new facility.

FINANCIAL SUMMARY

Attention to financial stability

- Recent trends are positive and in the right direction.
- 172%, 144% growth in gross revenue and net revenue respectively, since 2009 when changes to pool pricing/marketing were initiated, page 6.
- Expenses have been managed effectively, page 6.
- County tax levy support eliminated for the past three years, page 6.
- Service is provided county wide, page 14 zip code table.
- Since 2009 it is estimated that over 4,000 served, averaging 1,300 per year, page 13.
- 700 plus clients need Therapeutic Pool ongoing maintenance to maintain physical independence.
- Only 6.0 full-time employees manage and operate the programs, a great bang for the buck.

These significant positive results were achieved in spite of 60-67% of reimbursements over the past three years from Medicare/Medicaid; the lowest reimbursement rates of all payers, page 7.

GROWING AGING POPULATION

Defines the need for at least 25 years

- Population over 65 will grow significantly (approximately 78%) over the next 25 years, page 11.
- Largest user group of pool services are seniors, page 6-7 therapy payer mix table.
- Current client survey of 81 pool users, 72 greater than age 50, and 59 greater than age 60, indicates 66 respondents would need a higher level of care within 12 months or less. This could mean some public assistance for their care, including nursing home, should the therapeutic services be eliminated, page 9.
- 60-67% of Aquatic clients receive financial reimbursement from Medicare/Medicaid, page 7. It is evident that the therapeutic pool is heavily used by seniors and low income residents, the most vulnerable residents of Marathon County.

QUALITY MEASURES

Outstanding reflection of a cherished community resource

- 94.4% of survey respondents rated their quality of service as excellent, page 15.
- 100% of physicians responding to survey (114) rate the service necessary or critical to their patients' health, page 15.
- When asked how likely you are to refer patients for aquatic services they responded 4.8 on a scale of 1-5 with 5 being likely, page 16.
- Treatment goals are being met 84-93% for the past four (4) years.

CLIENT USE ACTIVITY SUMMARY

Resource fully utilized

- An average of 27,531 pool visits over the last three years, with an average of 1,319 therapeutic users annually, page 13.
- Nearly 500 new therapy patients referred each year, page 13. There is additional pool capacity available with additional staffing, page 13.
- Utilization of the pool encompasses residents from virtually all areas of the county, page 14.

COMMUNITY SUPPORT

Widespread Support

- Marathon County Medical Society, comprised of 447 members, page 19.
- 270 Referring Physicians, page 16.
- Currently 1,900 resident petitions, page ____.
- Positive media coverage of benefits of the therapeutic pool resulted in increased referrals.

DIVERSITY OF CLIENTS

A resource for any community resident of need

- Significant senior population.
- Mentally challenged over 18 years old.
- Nursing home dementia patients.
- Workforce injury related.
- Developmentally disabled children.
- VA patients.
- Teenage sport injuries.
- Post-surgery rehab.
- Mobility maintenance.
- Pain management.

POTENTIAL USERS

- The growing opioid abuse epidemic is being prioritized by County Board members in recent months, and the Aquatic Therapy Pool staff has made connections with the Pain Management Clinic to provide a therapeutic pool-based alternative to prescribing prescription pain medication for patients. For some, prescription drugs can be a gateway to addiction and the need for additional intervention. In the last few months, we have experienced an increase in the number of referrals from the Pain Management Clinic to the pool. Aquatic Services is one piece in the sparse continuum of substance use prevention and intervention.

**North Central Health Care
Aquatic Services Analysis
Years 2009-2015**

Financial Summary:

	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual
Revenue:							
Gross Revenue	\$397,140	\$547,004	\$879,868	\$957,268	\$1,010,791	\$1,071,490	\$1,078,953

Gross revenue has grown 172%.

Contractual Adj's	(\$126,436)	(\$164,571)	(\$281,377)	(\$354,686)	(\$380,293)	(\$420,311)	(\$409,355)
Other Revenue	\$8,466	\$1,996	\$9,374	\$9,302	\$14,683	\$12,885	\$12,403
Net Revenue	\$279,170	\$384,429	\$607,865	\$611,884	\$645,181	\$664,064	\$682,001

Net revenue before expenses has grown by 144%.

Expense:							
Salaries	\$179,061	\$211,796	\$233,329	\$254,446	\$266,448	\$269,665	\$284,874
Benefits	\$84,827	\$95,144	\$101,893	\$108,696	\$104,884	\$102,669	\$109,146
Other Direct Expense	\$31,407	\$40,708	\$51,990	\$56,120	\$58,796	\$71,493	\$44,689
Indirect Expense	\$200,175	\$225,552	\$209,407	\$216,566	\$248,263	\$232,159	\$259,311
Total Expense	\$495,470	\$573,200	\$596,619	\$635,828	\$678,391	\$675,986	\$698,020

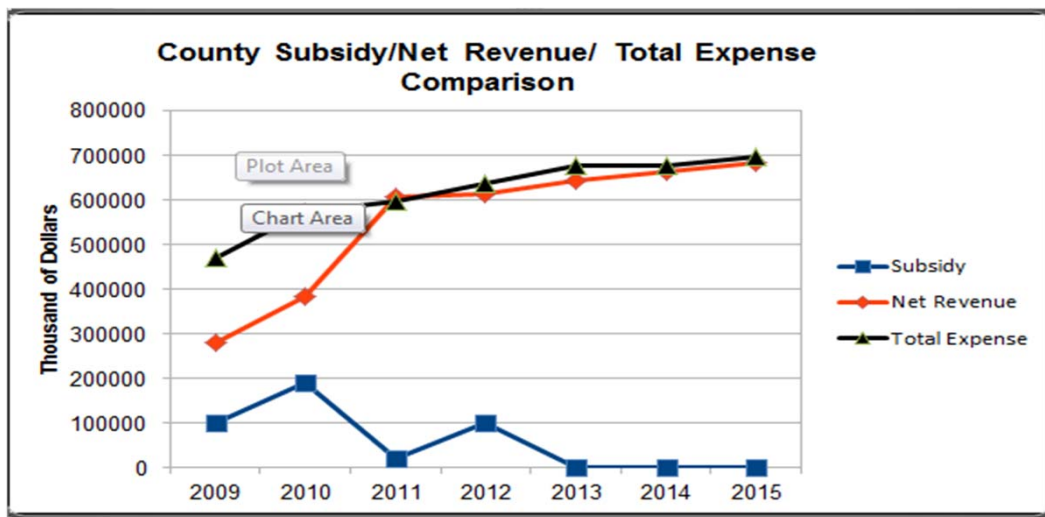
Effective expense management reflects only a 41% increase.

Excess Revenue (Expense)	(\$216,300)	(\$188,771)	\$11,246	(\$23,944)	(\$33,210)	(\$11,922)	(\$16,019) *
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*The accumulated net revenue loss over the past five years is (73,849) or 14,770 per year average. Based on 1,300 users per year, the cost subsidy would be \$11.36 per user.

Designated County Levy	\$100,000	\$189,291	\$20,000	\$100,000	\$0	\$0	\$0
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Excess Revenue (Expense)	(\$116,300)	\$520	\$31,246	\$76,056	(\$33,210)	(\$11,922)	(\$16,019)
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As directed by the county in 2009, the county subsidy has been eliminated the past three years.
Source of information is: NCHC Internal Accounting

2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual
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Gross Revenue Breakdown:

Therapy (Physical)	\$315,116	\$457,852	\$718,289	\$848,067	\$895,234	\$948,914	\$958,946 *
Pool classes, rental, other	\$82,024	\$89,152	\$161,579	\$109,201	\$115,557	\$122,576	\$120,007
Total Gross Revenue	\$397,140	\$547,004	\$879,868	\$957,268	\$1,010,791	\$1,071,490	\$1,078,953
Physical Therapy represents 89% of Therapeutic Pool revenue, the highest priced revenue category. Physical Therapy revenue has increased 204% since 2009.							

Activity Summary:

Therapy Payer Mix:

Self Pay	14%	7%	7%	7%	6%	4%	7%
Medicare	33%] 49%	45%] 64%	39%] 55%	40%] 59%	47%] 67%	45%] 63%	39%] 60%
Medicaid/Family Care	16%	19%	16%	19%	20%	18%	21%
Insurance	37%	29%	38%	34%	27%	33%	33%
Total	100%	100%	100%	100%	100%	100%	100%

The past three years reveal, that 60% plus of the Therapy Payer Mix is medicare and Medicaid, the lowest reimbursement sources. Most of the clients in these reimbursement categories are seniors and lower income.

Number of Clients Physical Therapy:	451	495	565	599	512	536	551
Service Hours Maintenance Therapy:	2411	2959	3823	3818	3889	3961	3948 *

Physical Therapy activity has increased by 64% since 2009.

This chart reflects the initiatives put in place to increase the average charge per service.

Current Reimbursement:

Medicare	\$105
Medicaid	\$93

Current Charges:

Evaluation	\$345
Therapy	\$276
Aquatic Maintenance	\$51

The number of clients and services have remained constant over the past five years. Uncertainty over the Therapeutic Pool's future limited staffing growth to service more patients.
Source of information is: NCHC Internal Accountng

Summary Conclusions:

- Significant positive improvement in gross and net revenue.
- Excellent expense management in a growth period.
- Revenue growth and therapy activity has remained stable the past three years. Growth has stalled due to continued uncertainty over the Therapeutic Pool's future, restricting staffing growth, especially physical therapists. Recruitment has been ineffective with uncertainty of Therapeutic Pool future.
- These positive financial results were accomplished in spite of inefficient outdated water treatment equipment, air ventilation and heating system.
- Growth has stopped due to uncertainty of program.



Client Survey Results

“If our pool permanently closed, how long would it be before you would need additional assistance due to a decline in your health?”

63 I live in my own home, independently. I would need additional assistance:

- 4 Within one week
- 9 Within two weeks
- 12 Within one month
- 6 Within two months
- 6 Within six months
- 13 Within one year
- 2 More than one year but less than three years
- 11 Three+ years

18 I currently have assistance where I live. I would need to move to the next level of care:

- 3 Within one week
- 1 Within two weeks
- 6 Within one month
- 0 Within two months
- 2 Within six months
- 4 Within one year
- 0 More than one year but less than three years
- 1 Three+ years

Age of survey respondents:

- | | |
|-----------------|-----------------|
| <u>3</u> 20-30 | <u>15</u> 66-70 |
| <u>2</u> 31-40 | <u>18</u> 71-75 |
| <u>4</u> 41-50 | <u>8</u> 76-80 |
| <u>13</u> 51-60 | <u>6</u> 81-90 |
| <u>12</u> 61-65 | |

This limited survey conducted over a two week period reflects how fast the client would digress in their physical abilities to maintain their independence.

50 of the 63 respondents would need a greater level of care in one year or less to maintain the same quality of life they have today.

Where the respondents already have some assistance, 16 of 18 would need even greater assistance in one year or less should the Therapeutic Pool close.

It is unknown how many of those surveyed may need some form of financial assistance and/or nursing home care.



WE NEED YOUR HELP!
PLEASE COMPLETE THIS SURVEY & Return by July 14th

As part of our request for a new warm water therapy pool, we need to prove to the Marathon County Board that our clients' health would suffer if our pool did not exist at all.

We need all pool users to answer the question: "If our pool permanently closed, how long would it be before you would need additional assistance due to a decline in your health?"

If you are living in your own home, "additional assistance" could be defined as: help with house cleaning, laundry, food preparation, bathing/hygiene, dressing yourself, etc.

If you live at home and already have some assistance from a family member or service **OR** you currently live in a group home, assisted living facility, or nursing home, how long would it take before you would need to move to a place that provides a greater level of care, such as a group home, assisted living facility, or nursing home?

Please answer the following questions by checking the boxes below. We are asking for age only for demographic purposes. Your replies are confidential and your name is not requested or required.

_____ I live in my own home, independently. I would need additional assistance:

- _____ Within one week
- _____ Within two weeks
- _____ Within one month
- _____ Within two months
- _____ Within six months
- _____ Within one year
- _____ More than one year but less than three years
- _____ Three+ years

_____ I currently have assistance where I live. I would need to move to the next level of care:

- _____ Within one week
- _____ Within two weeks
- _____ Within one month
- _____ Within two months
- _____ Within six months
- _____ Within one year
- _____ More than one year but less than three years
- _____ Three+ years

What is your age? _____

Please return the survey to the pool.

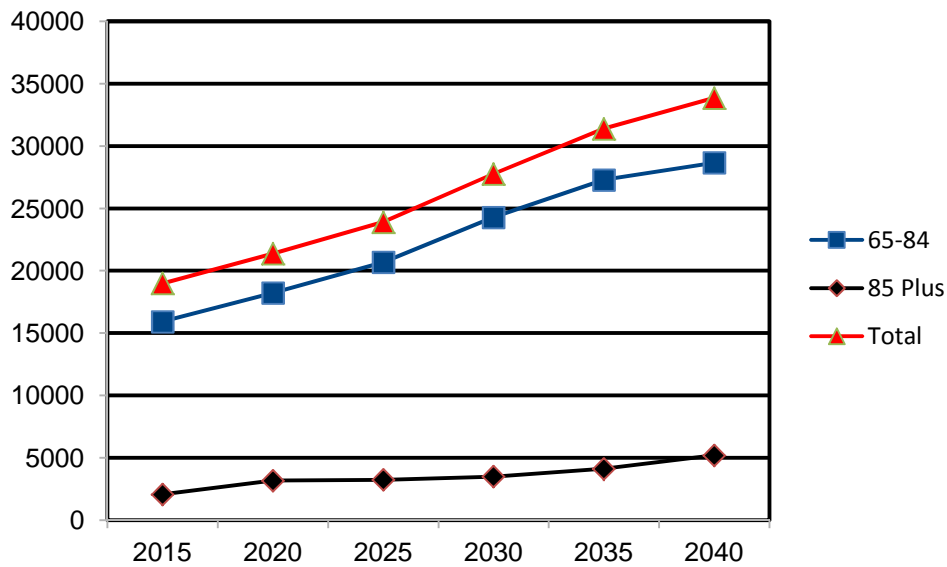
Thank you,
Warm Water Works

Marathon County Aging Projections

numbers in thousands

	65-84	85 Plus	Total
2015	15922	2066	18988
2020	18220	3160	21380
2025	20680	3228	23904
2030	24288	3485	27773
2035	27290	4110	31400
2040	28670	5200	33870

Marathon County Aging



U.S. Census Bureau

Population Projections by Sex and Age, 2010-2040, Wisconsin Counties, Final Release

Vintage 2013 projections

United States Aging Projections

Resident Population – numbers in thousands

	65-84	85 plus	Total
2015	41526	6304	47830
2020	49714	6727	56441
2025	58439	7482	65920
2030	64975	9132	74107
2035	67324	11909	79233
2040	67710	14634	82344

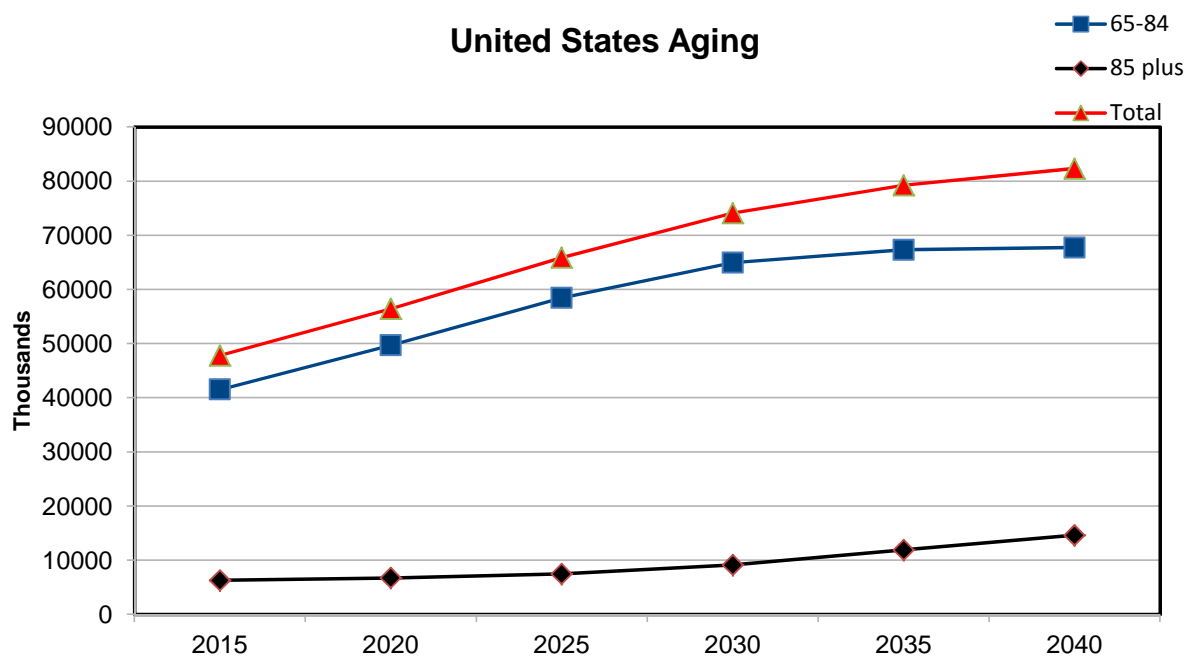


Table 3. Projections of the Population by Sex and Selected Age Groups for the United States: 2015 to 2060 (NP2014-T3)

Source: U.S. Census Bureau, Population Division



Client Usage

2013	Clients/Consumer	Visits
Community Fitt:	746	20,275
Classes:	76	2,013
Physical Therapy:	471	4,025
Maintenance Therapy:	12	759
Adult Day Services:		296

Nursing Home didn't start until 2014.

Total	1,305	27,368
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2014		
Community Fitt:	743	19,371
Classes:	68	2,512
Physical Therapy:	498	3,897
Maintenance Therapy:	15	789
Nursing Home:		286
Adult Day Services:		271

Total	1,324	27,126
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2015		
Community Fitt:	742	20,420
Classes:	66	2,304
Physical Therapy:	498	4,024
Maintenance Therapy:	10	733
Nursing Home:		235
Adult Day Services:		384

Total	1,316	28,100
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Nursing Home and Adult Day Services - we do not have number of clients, just total visits for the year.

Utilization by Zip Code				
2016		Physical Therapy	Community Open Fitt and Classes	County
54401	Wausau	136	329	Marathon
54402	Wausau	3	15	Marathon
54403	Wausau	137	323	Marathon
54405	Abbotsford	2	1	Marathon
54411	Athens	5	8	Marathon
54414	Birnamwood	6	9	Marathon/Shawano*
54421	Colby		1	Marathon
54425	Dorchester	2	2	Marathon
54426	Fenwood	3	8	Marathon
54429	Elderon		1	Marathon
54440	Hatley	12	24	Marathon
54448	Marathon City	8	15	Marathon
54449	Marshfield	4	11	Marathon/Wood*
54455	Mosinee	46	122	Marathon
54471	Ringle	7	23	Marathon
54474	Rothschild	25	66	Marathon
54476	Weston	92	263	Marathon
54484	Stratford		1	Marathon
Total		488	1222	
2016		Physical Therapy	Community Open Fitt and Classes	County
53502	Albany, WI	1		Green
54409	Antigo	3	5	Langlade
54424	Kempster	1	1	Langlade
54464	Phlox	1	1	Langlade
54491	White Lake	1		Langlade
54435	Gleason	1	1	Lincoln
54442	Irma		5	Lincoln
54452	Merrill	30	64	Lincoln
54487	Tomahawk		3	Lincoln
54501	Monico		1	Oneida
54562	Three Lakes	1		Oneida
54423	Custer		1	Portage
54443	Junction City	2	8	Portage
54467	Plover	2	2	Portage
54473	Rosholt		1	Portage
54481	Stevens Point	4	5	Portage
54482	Stevens Point	3	6	Portage
54459	Ogema	1	1	Price
54513	Brantwood	1		Price
54408	Aniwa	3	5	Shawano
54416	Bowler	1	1	Shawano
54427	Eland	2	2	Shawano
54499	Wittenberg	2		Shawano
54414	Birnamwood	6	9	Shawano/Marathon
54451	Medford		3	Taylor
54470	Rib Lake	1	1	Taylor
54495	Wisconsin Rapids		1	Wood
54449	Marshfield	4	11	Wood/Marathon
28759	Mills River, NC	1		
55401	Minneapolis, MN	1		
Total		73	138	

*Due to zip codes linked to two counties, clients have been counted for each county.



Quality Outcome Measures

Aquatic Services Customer Satisfaction Survey

% of Clients Rating Services Excellent on Survey

- 97 % in 2013
- 94% in 2014
- 94.4% in 2015 (late in 2015 only physical therapy clients surveyed)
- 91.3% through September 2016
94.4% average rating for the past 4 years

% of Clients Meeting Treatment Goals

- 92% in 2013
- 88% in 2014
- 84% in 2015
- 93% YTD 2016



Physician Survey Results

- **270 Surveys sent to referring physicians**
- **113 received back and endorses this program**
- **41.4% return rate**
- **100% of the returned surveys felt Aquatic Services programming is valuable to this Community.**
- **4.8 was the average number for how likely the physician was to refer their current population to Aquatic Services. (This was a 1-5 rating.)**

Comments from Physician's

"I have many patients of different age groups, who use the pool regularly and it is the most important piece of maintaining current function."

"Greater wellness, less postoperative complications with greater outcomes to postop rehab"

"I sincerely hope the facility will continue to provide services"

"Need to enhance services for kids and veterans"

"My patients who go there are pleased with these services"

"The Health Care Center pool put Wausau on the map for advanced rehabilitation that you can't get in other small areas. Younger patients sometimes are hesitant due to high % of older clients."

"Aquatic Services are/have been life changing to numerous of my patients."

"We refer many patients to Aquatic Therapy, NCHC is one of the only places serving our older clients, and not sure what we would do without it."

"This is a valuable and rare service we can offer to patients. Many communities can't offer this level of care. Our patients appreciate it"

"Present program very available and helpful to my patients. A big asset to the community"

"The therapy pool is a valuable and needed resource for this community."

“Awesome program. Frequently refer patients suffering diffuse pain syndrome and those that struggle to ambulate safely”

“As a P.T. for the VA I rely heavily on the pool and the great people and clinicians running it.”

“This is an extremely important service in our community for rehabilitation!”

“Aquatic Therapy helped me personally recover more rapidly from an Achilles tendon rupture. Many of my pediatric patients benefit from expert support of the pool.”

“This pool has been essential part of maintaining our patients’ mobility. Staff has been excellent and very supportive.”

“The Aquatic Services has been essential to the patients I treat. It would be a GREAT loss to our community if it would not be available.”

“This program is an absolute necessity to our community. My patients have fabulous outcomes.”

“Aquatic Therapy is an extremely important option for our patients. I have referred and will continue to refer many patients. Patients benefit from aquatic therapy that DO NOT benefit from other therapeutic modalities.”

“The pool is INVALUABLE resource to my patients, young and old alike. It is crucial that funding is secured to continue this program.”

“The Aquatic Therapy programs and pool access at NCHC is invaluable to our orthopedic patients population providing gravity free aerobic exercise.”

“A very valuable asset to the Medical Community.”

“Fantastic Aquatic P.T. services. Brad and his team, consistently exceed expectations”

“This is a valuable service and would inhibit the care of vulnerable patients.”

“It is imperative for the health of our community that a therapeutic pool and programs are available to serve the patient population those benefits from these services.”

“I send a lot of older people for therapy, especially given the history of falls. A couple hip surgeries for a fracture is likely more expensive than a pool. Let’s not be penny wise and dollar foolish.”

(Quotes are printed as stated by physicians. Duplicate statements were not recorded.)



Therapy Pool Usage Survey and Statement of Support

Physicians: please complete this survey and return it in the post –paid envelope **no later than Monday August 22nd 2016**. Alternately, you may fax it to 715-849-2046 Attention: Brenda Budnik.

1. Do you feel NCHC Aquatic Services' programming is valuable to this community and meets the needs of some of your current patient population not served by other providers in the county?

_____ Yes

_____ No

If no, please explain why:

2. How likely are you to refer portions of your current patient population for aquatic physical therapy or independent use of the therapy pool? (5=definitely, 1=rarely) _____
3. Is there any patient population that is not presently served by NCHC Aquatic Services, but could be served if programs were modified? If so, please describe/explain:

4. Additional Comments (optional):

5. I endorse the continuation of the Aquatic Therapy Services provided under the direction of North Central Health Care. I fully support replacing the current therapy pool facility. This service is important to many individuals in our community, especially our aging and vulnerable populations. Without the pool, many individuals would need a much higher degree of care (E.g. home health services, assisting living, nursing home, etc.).

PHYSICIAN'S NAME (please print): _____

PHYSICIAN'S NAME (signature): _____

MARATHON COUNTY MEDICAL SOCIETY

3104 N. 13TH Street, Wausau, WI 54403

July 26, 2016

Dear County Board Supervisors,

We are writing to you as representatives of Marathon County's Medical Society in support of maintaining a therapeutic pool.

As physicians we refer and encourage our patients to use the therapeutic pool in Wausau. Many of our patients require a warm water pool to aid in physical therapy due to weakness that limit land based therapy. This type of patient would not have as positive of an outcome without the pool. They would lose much of their independence from incomplete recovery and therapy. Specifically this type of therapy benefits the elderly. Their numbers will continue to grow over the upcoming years in our county.

The Marathon County Medical Society includes 447 physicians involved in all specialties.

Thank you for your consideration of maintaining a therapeutic pool in our county.

Sincerely,

William Johnston, MD

President

Mary Jo Freeman, MD

Immediate Past President

Michele Montgomery, MD

Vice President

William Nietert, MD

Secretary

Larry Gordon, DO

Treasurer

Thomas Joseph, MD

Member at Large

Alexandra Oleinik

Family Practice Resident