



North Central Health Care

Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA

of a meeting of the **Human Services Operations Committee** to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Board Room** at **10:30 am** on **Friday, December 9th, 2016**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405.

For TDD telephone service call 715-845-4928.

1. Call to order
2. Consent Agenda
 - a. ACTION: Approval of 11/11/16 Human Services Operations Committee Meeting Minutes
 - b. Financial Report
3. Educational Presentation
 - a. OWI Recidivism Discussion – L. Yarie
4. Human Services Outcome Reporting
 - a. Outcome Data Review
 - b. Crisis Services Update and Data Review
5. Marketing Programs – J. Meadows
6. Aquatic Therapy Pool Review of Consultant Report – J. Robinson
7. Update on Tri-County Tentative Agreement – M. Loy
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: 12/02/16 TIME: 4:00 p.m. BY: D. Osowski

North Central Health Care
Review of 2016 Services
Langlade County

	2016 October Actual Rev	2016 October Budg Rev	Variance	2016 October Actual Exp	2016 October Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$254,837	\$381,360	(\$126,523)	\$362,458	\$542,483	\$180,025	\$53,502
Psychiatry Services	\$37,279	\$22,084	\$15,195	\$182,416	\$170,225	(\$12,191)	\$3,004
Community Treatment	\$819,670	\$710,048	\$109,623	\$767,025	\$879,208	\$112,183	\$221,806
Day Services	\$391,518	\$396,683	(\$5,165)	\$395,411	\$396,683	\$1,272	(\$3,893)
	\$1,503,304	\$1,510,174	(\$6,870)	\$1,707,310	\$1,988,599	\$281,289	\$274,419
Shared Services:							
Inpatient	\$393,672	\$353,410	\$40,262	\$581,056	\$541,661	(\$39,395)	\$867
CBRF	\$75,681	\$70,743	\$4,938	\$69,608	\$59,270	(\$10,338)	(\$5,400)
Crisis	\$15,641	\$15,549	\$92	\$129,623	\$146,914	\$17,291	\$17,383
AODA Day Hospital	\$3,354	\$10,158	(\$6,804)	\$11,495	\$17,189	\$5,694	(\$1,110)
Protective Services	\$24,331	\$20,792	\$3,539	\$55,213	\$51,579	(\$3,634)	(\$94)
Birth To Three	\$58,558	\$111,906	(\$53,348)	\$118,336	\$206,119	\$87,783	\$34,435
Group Homes	\$175,618	\$111,737	\$63,881	\$179,799	\$111,737	(\$68,062)	(\$4,181)
Supported Apartments	\$41,726	\$125,525	(\$83,799)	\$39,630	\$125,525	\$85,895	\$2,096
Contract Services	\$0	\$0	\$0	\$203,685	\$87,572	(\$116,113)	(\$116,113)
	\$788,581	\$819,820	(\$31,239)	\$1,388,445	\$1,347,566	(\$40,879)	(\$72,118)
Totals	\$2,291,885	\$2,329,994	(\$38,109)	\$3,095,755	\$3,336,165	\$240,410	\$202,301
Base County Allocation	\$665,443	\$732,686	(\$67,243)				(\$67,243)
Nonoperating Revenue	\$4,639	\$3,085	\$1,554				\$1,554
County Appropriation	\$270,403	\$270,403	\$1				\$1
Excess Revenue/(Expense)	\$3,232,370	\$3,336,167	(\$103,797)	\$3,095,755	\$3,336,167	\$240,410	\$136,612

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

	2016 October Actual Rev	2016 October Budget Rev	Variance	2016 October Actual Exp	2016 October Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$268,156	\$357,816	(\$89,660)	\$410,547	\$511,148	\$100,601	\$10,941
Lincoln Psychiatry Services	\$60,963	\$40,581	\$20,382	\$362,278	\$267,113	(\$95,165)	(\$74,783)
Community Treatment	\$1,075,316	\$681,826	\$393,490	\$762,441	\$939,519	\$177,078	\$570,568
	\$1,404,435	\$1,080,223	\$324,213	\$1,535,266	\$1,717,780	\$182,514	\$506,727
Shared Services:							
Inpatient	\$572,608	\$514,047	\$58,561	\$845,172	\$787,871	(\$57,301)	\$1,260
CBRF	\$110,081	\$102,899	\$7,182	\$101,248	\$86,211	(\$15,037)	(\$7,855)
Crisis	\$31,283	\$15,549	\$15,734	\$259,246	\$146,914	(\$112,332)	(\$96,598)
AODA Day Hospital	\$4,878	\$14,776	(\$9,898)	\$16,720	\$25,002	\$8,282	(\$1,616)
Protective Services	\$35,390	\$30,243	\$5,148	\$80,310	\$75,023	(\$5,287)	(\$139)
Birth To Three	\$88,636	\$79,741	\$8,895	\$179,120	\$154,058	(\$25,062)	(\$16,167)
Apartments	\$41,726	\$39,153	\$2,574	\$39,630	\$39,153	(\$478)	\$2,096
Contract Services	\$0	\$0	\$0	\$296,268	\$127,377	(\$168,891)	(\$168,891)
	\$884,602	\$796,407	\$88,195	\$1,817,714	\$1,441,608	(\$376,106)	(\$287,910)
Totals	\$2,289,037	\$1,876,629	\$412,408	\$3,352,980	\$3,159,388	(\$193,592)	\$218,816
Base County Allocation	\$691,648	\$696,428	(\$4,780)				(\$4,780)
Nonoperating Revenue	\$5,677	\$4,278	\$1,399				\$1,399
County Appropriation	\$582,053	\$582,053	\$1				\$1
Excess Revenue (Expense)	\$3,568,415	\$3,159,388	\$409,027	\$3,352,980	\$3,159,388	(\$193,592)	\$215,435

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

	2016 October Actual Rev	2016 October Budget Rev	Variance	2016 October Actual Exp	2016 October Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$782,360	\$1,119,683	(\$337,323)	\$1,468,908	\$2,047,789	\$578,881	\$241,559
Psychiatry Services	\$252,911	\$486,028	(\$233,117)	\$1,588,133	\$1,902,589	\$314,456	\$81,339
Community Treatment	\$3,463,721	\$2,524,875	\$938,846	\$4,631,936	\$3,727,679	(\$904,257)	\$34,589
Day Services	\$1,453,175	\$1,508,909	(\$55,734)	\$1,430,633	\$1,508,909	\$78,276	\$22,542
Clubhouse	\$271,618	\$314,585	(\$42,967)	\$402,812	\$393,751	(\$9,061)	(\$52,028)
Demand Transportation	\$307,650	\$350,598	(\$42,948)	\$326,013	\$350,598	\$24,585	(\$18,363)
Leased Space	\$203,003	\$208,333	(\$5,330)	\$214,432	\$231,301	\$16,869	\$11,539
Aquatic Services	\$558,032	\$651,140	(\$93,108)	\$660,725	\$651,139	(\$9,586)	(\$102,694)
Lakeside Recovery	\$150,032	\$166,667	(\$16,635)	\$257,550	\$461,688	\$204,138	\$187,504
	\$7,442,502	\$7,330,818	\$111,684	\$10,981,142	\$11,275,444	\$294,302	\$405,986
Shared Services:							
Inpatient	\$2,612,535	\$2,345,336	\$267,199	\$3,856,094	\$3,594,661	(\$261,433)	\$5,766
CBRF	\$502,246	\$469,477	\$32,769	\$461,944	\$393,336	(\$68,608)	(\$35,839)
Crisis Services	\$439,524	\$206,635	\$232,889	\$1,462,890	\$755,559	(\$707,331)	(\$474,442)
AODA Day Hospital	\$22,256	\$67,416	(\$45,160)	\$76,286	\$114,072	\$37,786	(\$7,374)
Protective Services	\$161,469	\$137,983	\$23,487	\$366,415	\$342,296	(\$24,119)	(\$633)
Birth To Three	\$534,378	\$572,261	(\$37,883)	\$1,079,893	\$1,099,657	\$19,764	(\$18,119)
Group Homes	\$1,689,145	\$1,752,985	(\$63,840)	\$1,729,350	\$1,752,985	\$23,635	(\$40,205)
Supported Apartments	\$2,157,087	\$1,812,516	\$344,571	\$2,048,733	\$1,812,516	(\$236,217)	\$108,354
Contracted Services	\$0	\$0	\$0	\$1,351,725	\$581,155	(\$770,570)	(\$770,570)
	\$8,118,640	\$7,364,608	\$754,033	\$12,433,330	\$10,446,236	(\$1,987,094)	(\$1,233,062)
Totals	\$15,561,142	\$14,695,426	\$865,716	\$23,414,472	\$21,721,680	(\$1,692,792)	(\$827,076)
Base County Allocation	\$1,889,490	\$1,822,083	\$67,408				\$67,408
Nonoperating Revenue	\$87,346	\$67,637	\$19,709				\$19,709
County Appropriation	\$5,137,068	\$5,136,535	\$533				\$533
Excess Revenue/(Expense)	\$22,675,046	\$21,721,680	\$953,366	\$23,414,472	\$21,721,680	(\$1,692,792)	(\$739,426)

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

June xx, 2016

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

Analysis Report of IDP Non-compliance with Assessment Survey

Introduction

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

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

Survey Response Rates

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

Descriptive Statistics:

- Non-compliance rates, by county

Analysis Report of IDP Non-compliance with Assessment Survey

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

Analysis Report of IDP Non-compliance with Assessment Survey

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

Measure	N	Minimum	Maximum	Mean	Std. Deviation
Non-Compliance Rate (All Counties)	61	18.75%	51.25%	31.66%	5.72%
County Population (2014)	61	4,481	956,406	89,804	144,068
County Pct Poverty (2012)	61	5.6%	30.1%	12.6%	3.9%
Q15_Number of IDP Assessments	61	20	4,000	417	635
Q24_Charge Assessment	61	\$160	\$350	\$252	\$38.671
Q26_Forfeit Amount	61	\$0	\$350	\$123	\$98

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

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

Analysis Report of IDP Non-compliance with Assessment Survey

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

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

Analysis Report of IDP Non-compliance with Assessment Survey

- Categorical Measures: Recoded Measures, continued

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

DRAFT

Analysis Report of IDP Non-compliance with Assessment Survey

Bivariate Statistics

- Association between Non-Compliance Rates and Continuous Measures**

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

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

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

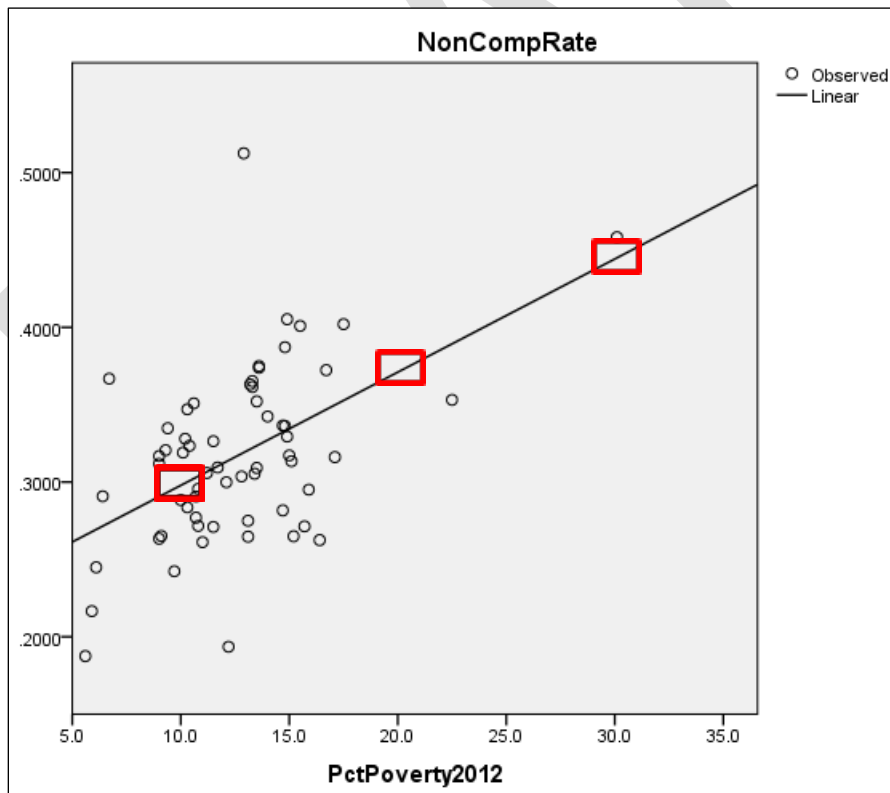
- Do counties with larger **populations in 2014 (Pop2014)** have higher or lower non-compliance rates than counties with smaller populations?
No, non-compliance rates were not significantly associated with county population size.
- Do counties with higher **poverty rates in 2012 (PctPoverty2012)** have higher or lower non-compliance rates than counties with lower poverty rates?
Yes, non-compliance rates were significantly higher in counties with higher poverty rates:
 - Correlation analysis (see table, above) shows counties with higher poverty rates in 2012 (latest year available) were more likely to have higher non-compliance rates (Pearson correlation = 0.499**, p-value < .001).
 - Regression analysis (see table, below) also shows poverty rates in 2012 (PctPoverty2012) were significantly associated with non-compliance rates in 2014 (NonCompRate).

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

a. Dependent Variable: NonCompRate

Analysis Report of IDP Non-compliance with Assessment Survey

- The regression model (from results in the table above) estimates:
$$\text{NonCompRate} = 0.225 + 0.007(\text{PctPoverty2012})$$
meaning for every 1% increase in the percent in poverty in 2012, the county non-compliance rate in 2014 is estimated to increase by 0.7%.
 - The scatter plot (below) provides a visualization of the significant association between poverty rates in 2012 (PctPoverty2012) and non-compliance rates in 2014 (NonCompRate), using 10%, 20% and 30% poverty rates as examples, highlighted by the 3 red boxes (□):
 - If a county has a 2012 poverty rate = 10%, the estimated NCR2014 = $0.225 + 0.007(10) = 0.225 + 0.07 = 0.295 = \mathbf{29.5\%}$
(One can see on the plot below that when PctPoverty2012 = 10%, the linear estimation for NCR is just below 30%.)
 - If a county has a 2012 poverty rate = 20%, the estimated NCR2014 = $0.225 + 0.007(20) = 0.225 + 0.14 = 0.365 = \mathbf{36.5\%}$
(One can see on the plot below that when PctPoverty2012 = 20%, the linear estimation for NCR is between 30-40%.)
 - If a county has a 2012 poverty rate = 30%, the estimated NCR2014 = $0.225 + 0.007(30) = 0.225 + 0.21 = 0.435 = \mathbf{43.5\%}$
(One can see on the plot below that when PctPoverty2012 = 30%, the linear estimation for NCR is between 40-50%.)



Analysis Report of IDP Non-compliance with Assessment Survey

- Do counties with a larger **number of IDP assessments (Q15_NumIDPassessment)** have higher or lower non-compliance rates than counties with a smaller number of IDP Assessments?
No, non-compliance rates were not significantly associated with number of IDP assessments.
- Do counties that charge higher **assessment fees (Q24_ChargeAssessment)** have higher or lower non-compliance rates than counties that charge lower assessment fees?
No, non-compliance rates were not significantly associated with assessment fees.
- Do counties that charge higher **forfeit amounts (Q26_ForfeitAmt)** have higher or lower non-compliance rates than counties that charge lower forfeit amounts (no show fees)?
No, non-compliance rates were not significantly associated with forfeit amounts.
- Association between Non-Compliance Rates and Categorical Measures (Survey Questions)
This section uses Independent Samples t-tests to assess whether non-compliance rates (NonCompRate) were significantly different between counties that report “Yes” or “No” on various categorical measures (questions as they were asked on the IDP Assessment survey).

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

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

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

- Does having **IDP assessment information on the agency’s website (Q4_AgencyWebsiteInfo)** result in higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with agency’s website information.
- Do counties that give offenders **informational handouts with IDP description (Q5_Handout_Description)** have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with handouts with IDP description.

Analysis Report of IDP Non-compliance with Assessment Survey

- Do counties that give offenders **informational handouts with IDP assessment requirements (Q5_Handout_Requirements)** have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with handouts with requirements.
- Do **counties that follow-up with the offender if driver does not contact the agency within 72 hours of court order (Q7_72hoursFollowup)** have higher or lower non-compliance rates?
Yes, non-compliance rates were significantly **lower** in counties that follow-up with the driver.
 - T-tests show the mean non-compliance rates (NCR) among counties that **do** follow-up with drivers (30.5%) is significantly lower than the mean non-compliance rates among counties that **don't** follow-up with drivers (34.2%).
 - However, the decline in NCR among counties that contacted drivers was *not significantly different by type of contact* (between drivers who received warning letters or phone calls).
 - Yet, the difference in NCR among drivers who received a warning letter (32.6% - 30.7% = 1.9% decline) was somewhat greater than the difference among drivers who received a phone call (31.7% - 31.2% = 0.5% decline). That is, while there was no statistical difference in NCR by type of contact, there is some evidence that letters may have a somewhat greater impact on NCR than phone calls.

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

- Among counties that do follow-up with drivers, do counties that **send out a warning letter (Q8_IfyesHow_WarningLetter)** have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with warning letters being sent.
- Among counties that do follow-up with drivers, do counties that **make a phone call to the driver** to educate and encourage compliance (**Q8_IfyesHow_PhoneCall**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with phone calls being made.
- Do counties that require drivers to appear **in person to schedule an appointment** for their IDP assessment (**Q10_Required_InPersonSched**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with required in-person scheduling.
- Do counties that **make reminder calls** to clients prior to their appointment (**Q16_ReminderCalls**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with making reminder calls.

Analysis Report of IDP Non-compliance with Assessment Survey

- Do counties that **send reminder post cards** to clients prior to their appointment (**Q18_ReminderPostCards**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with sending reminder post cards.
- Do counties that **provide supervision prior to conviction (Q20_PreConvictionSupervision)** have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with supervision prior to conviction.
- Do counties with a **treatment court for multiple OWI offenders (Q21_PostConvictionTxCourt)** have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with treatment court.
- Do counties with jails that **allow Huber privileges** to attend their IDP assessment (**Q22_AllowHuberPrivileges**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with allowing Huber privileges.
- Do counties with jails that **deny Huber privileges** if driver has not completed their IDP assessment (**Q23_DenyHuberPrivileges**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with denying Huber privileges.

Analysis Report of IDP Non-compliance with Assessment Survey

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

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

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

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

- Do counties that have **evening appointments** available (**Q9_EveningAppts**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with the availability of evening appointments.

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

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

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

- Do counties with **wait times** (number of calendar days between when the driver scheduled an appointment and the actual assessment date) **of less than or equal to 7 days (Q11_Wait_LE7days)**, less than or equal to **10 days (Q11_Wait_LE10days)**, or less than or equal to **14 days (Q11_Wait_LE14days)** have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with wait times.

Analysis Report of IDP Non-compliance with Assessment Survey

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

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

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

Analysis Report of IDP Non-compliance with Assessment Survey

- Do some combinations of [**types of specific written information** (no written information, program information, agency location, map of agency,...) and **who provides that information** (court, agency, or website)] (**Q19_NoInfo_Court** to **Q19_Conseq_Website**) have higher or lower non-compliance rates?
Of all combinations, only those counties that **provide hours of operation on their website** have *marginally* lower non-compliance rates than counties that don't provide this information.
 - T-tests show the mean non-compliance rate among counties that **do** provide hours of operation on their website (**30.5%**) is *marginally lower* than the mean non-compliance rate among counties that **don't** provide this information (**33.3%**).
- Do counties that provide certain **specific written information** (program information, agency location, map of agency,..., consequences for not complying) (**Q19_Info_Prog** to **Q19_Info_Conseq**) have higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with the type of specific information provided.
- Does **who provides the information** (court, agency, or website) (**Q19_Whom_Court**, **Q19_Whom_Agency**, or **Q19_Whom_Website**) result in higher or lower non-compliance rates?
No, non-compliance rates were not significantly associated with who provides the information.

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

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

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

- Does **when agencies require assessment fees to be paid (Q25_Fees)** have an association with non-compliance rates?
No, non-compliance rates were not significantly associated with assessment fee policies.

Summary of Comments

Analysis Report of IDP Non-compliance with Assessment Survey

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

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

See Q28

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

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

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

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

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

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

Q31. Additional comments

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

Analysis Report of IDP Non-compliance with Assessment Survey

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

Conclusion

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

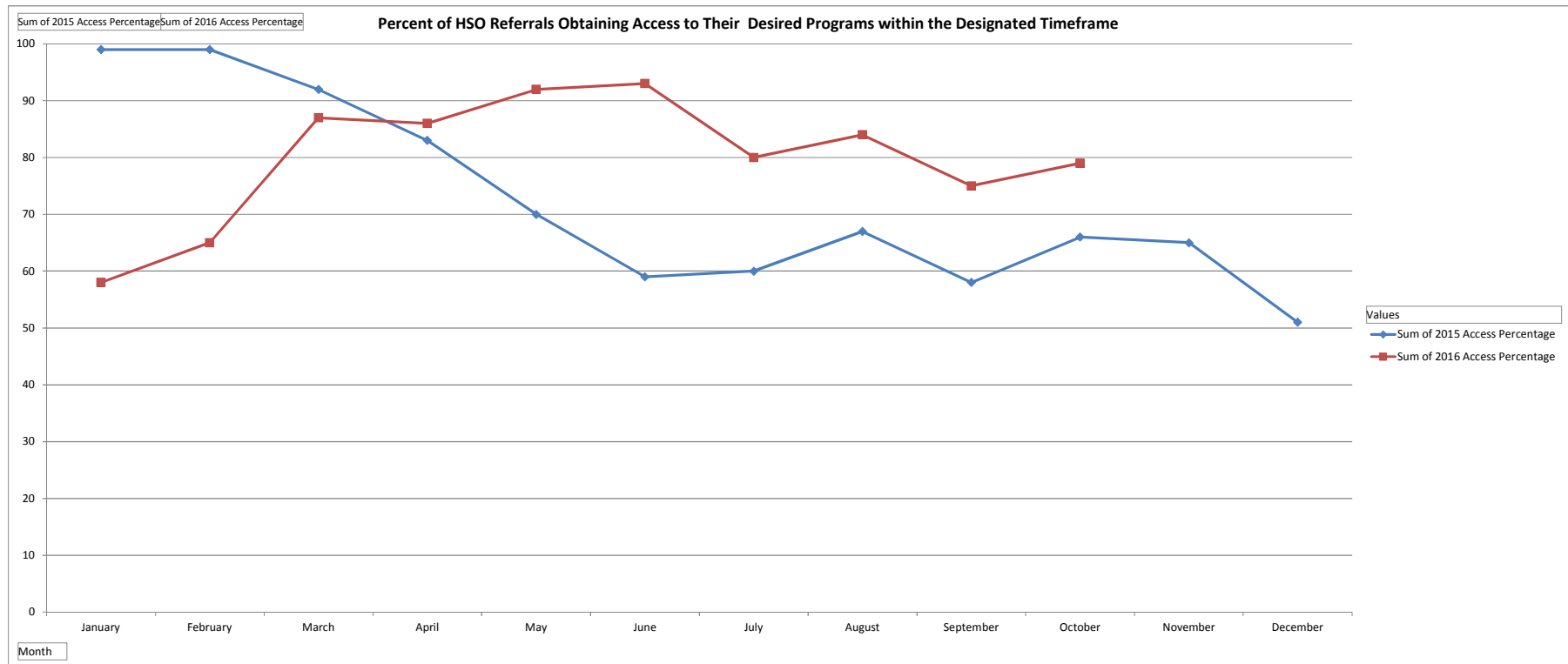
Analysis of the survey data suggests that the most effective strategy to increase compliance with assessment is for the assessment agency to have follow-up with drivers who fail to schedule their assessments. Although there was no statistical difference between a phone call and written follow-up, the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

Executive Summary

Outcome Data for HSO Programs

2016

- October was an unusually high volume month for crisis and inpatient.
 - Youth Crisis numbers are much higher than last year.
- Inpatient census has been higher than last year since July.
- Crisis contacts continue to be well above 2015 numbers.
- The measure for “individuals who were referred getting into their desired program” is up from last year.
- Demand for Community Treatment (case management) is steadily growing. Volumes are trending up.



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	79
November	65	
December	51	

Goal is 90-95%

Percentage of referrals scheduled for each HSO program within there allotted timeframe:

- Aquatic services - First appointment within 2 week of referral
- Birth to Three - ISP (Treatment Plan) completed within 45 days of referral
- Clubhouse- Opened within 2 weeks
- Community Treatment- Open to program within 60 days
- Outpatient Counseling- First appointment within two weeks
- Pre-Vocational - Start within 2 weeks of recieving paperwork
- Residential - Within 1 month or recieving referral
- Adult Day Services - Within 2 weeks of receiving documentation

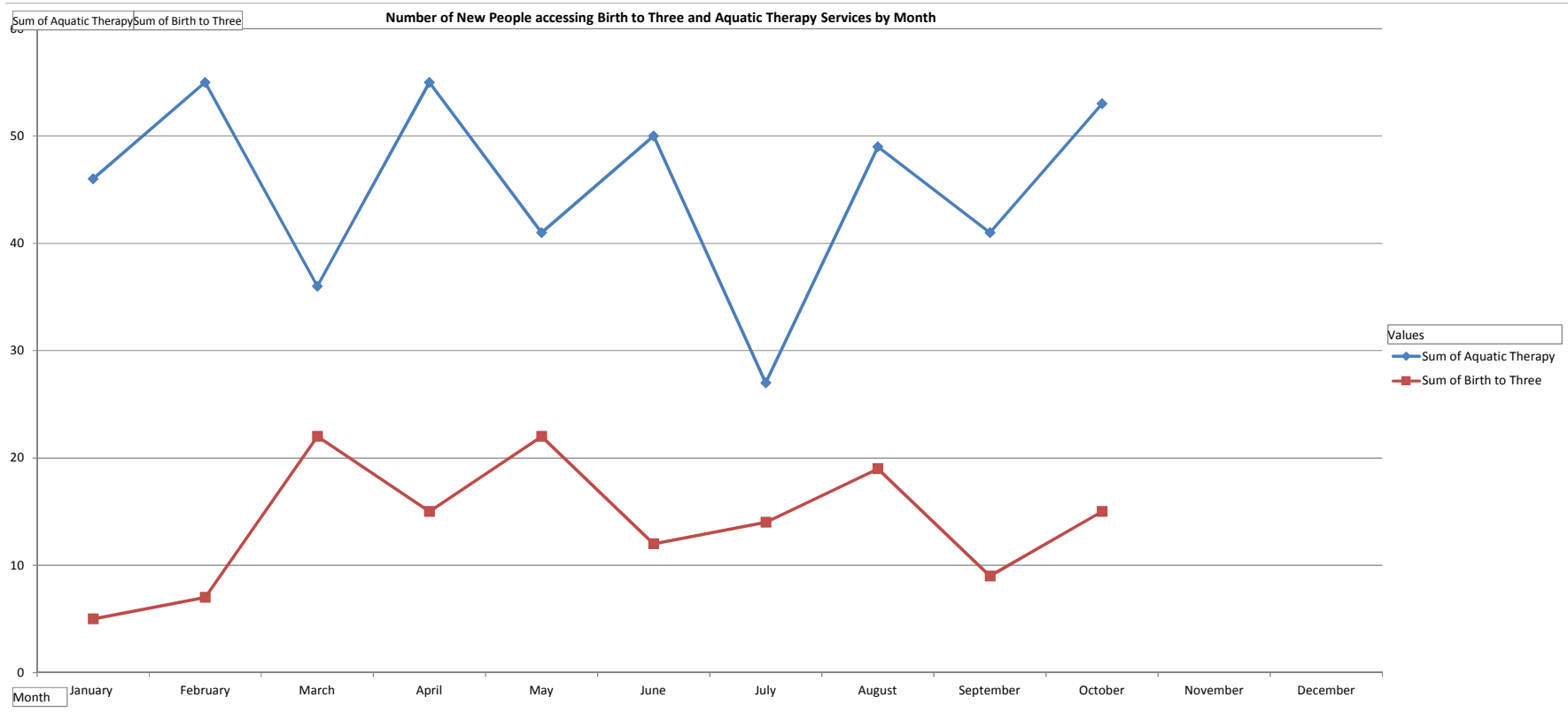
Number of referrals followed through and scheduled

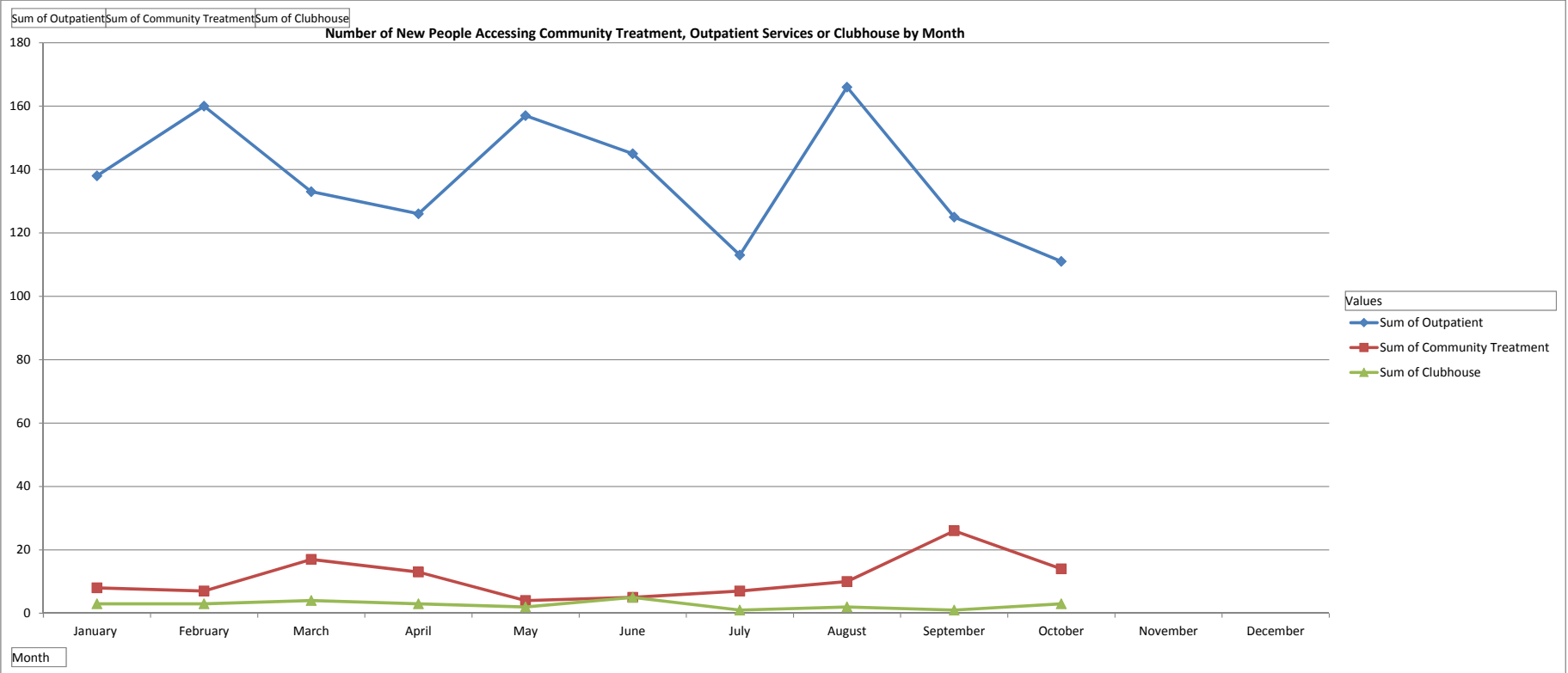
Month	2015 Number of Referrals Scheduled	2016 Number of Referrals Scheduled
January	243	206
February	239	236
March	254	216
April	250	215
May	245	229
June	244	221
July	240	164
August	280	248
September	255	206
October	263	204
November	227	
December	186	

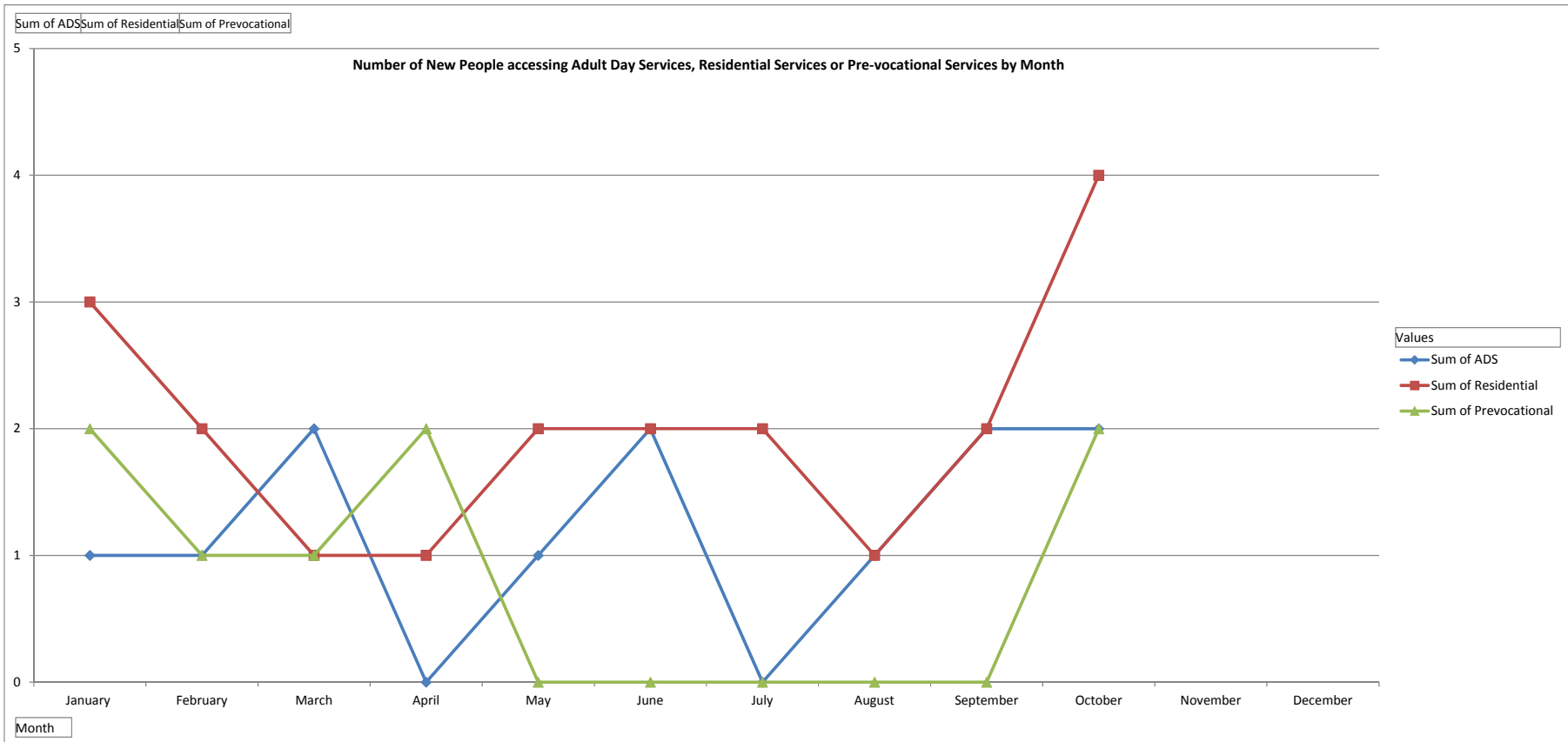
Total Number of Referrals Scheduled in all HSO Programs in North Central Health Care

Outpatient MH and AODA Only

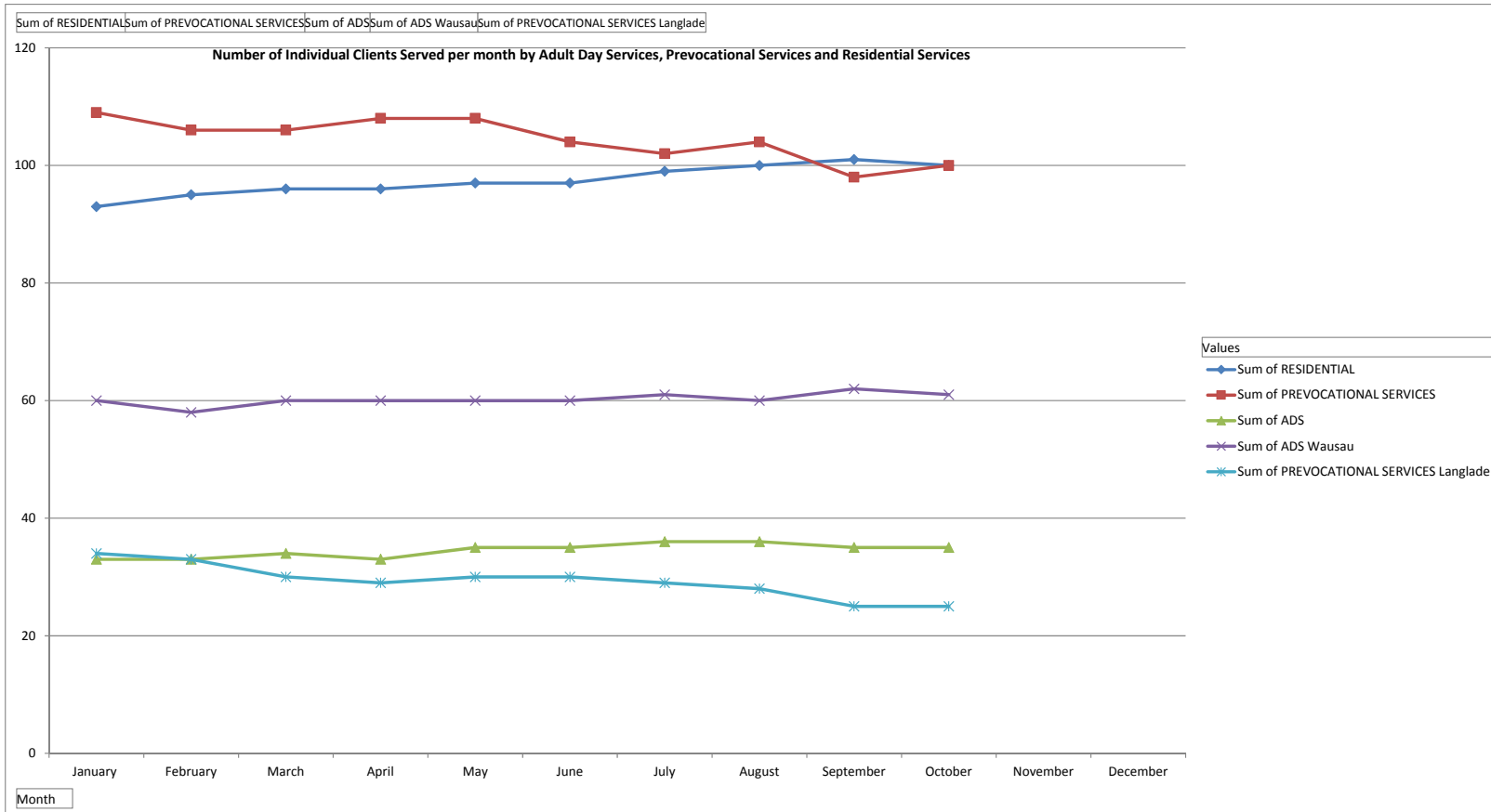
Month	Number of Total Outpatient Referrals			Total Number of Outpatient Persons Scheduled	Percent
	Marathon	Lincoln	Langlade		
January	103	44	51	138	70%
February	142	37	53	160	69%
March	112	51	59	133	60%
April	136	47	36	126	58%
May	124	43	60	157	69%
June	117	48	46	145	69%
July	121	43	32	113	58%
August	159	44	58	166	64%
September	110	48	43	125	62%
October	111	38	44	111	58%
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	53	15	3	14	111	2	4	2



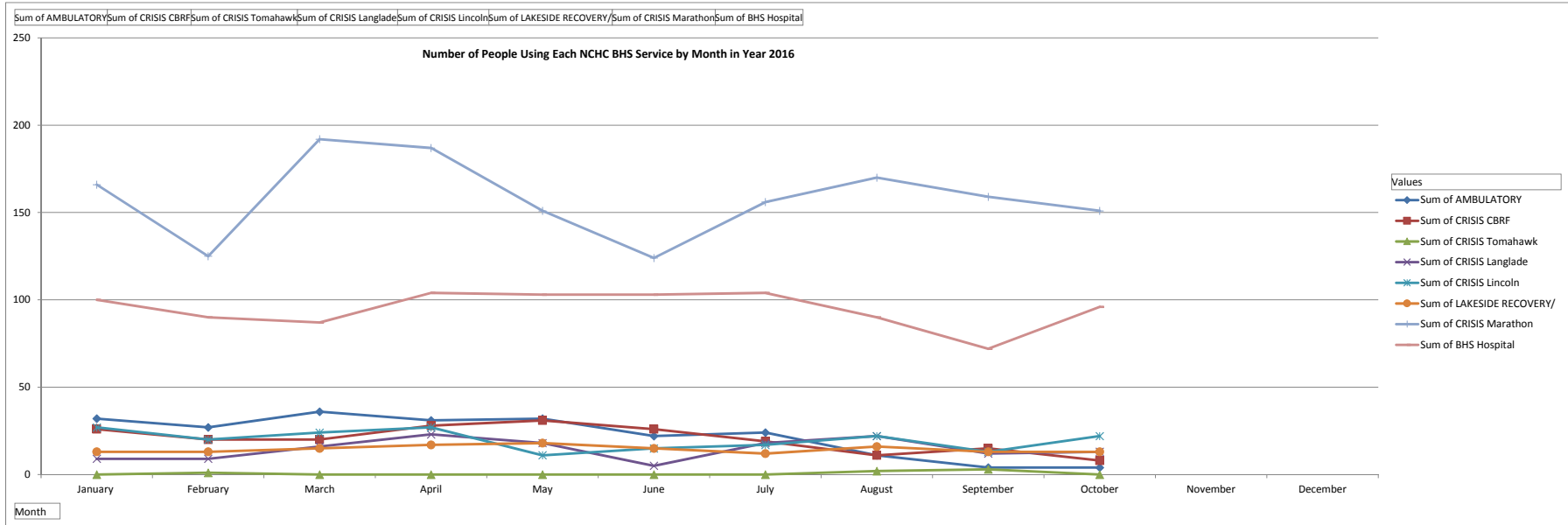
Residential, Pre-vocational and Adult Day Services Data on the Number of Clients Served by Month 2016

Month	RESIDENTIAL	PREVOCATIONAL SERVICES		ADS Langlade	ADS Wausau
		Marathon	Langlade		
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	100	100	25	35	61
November					
December					

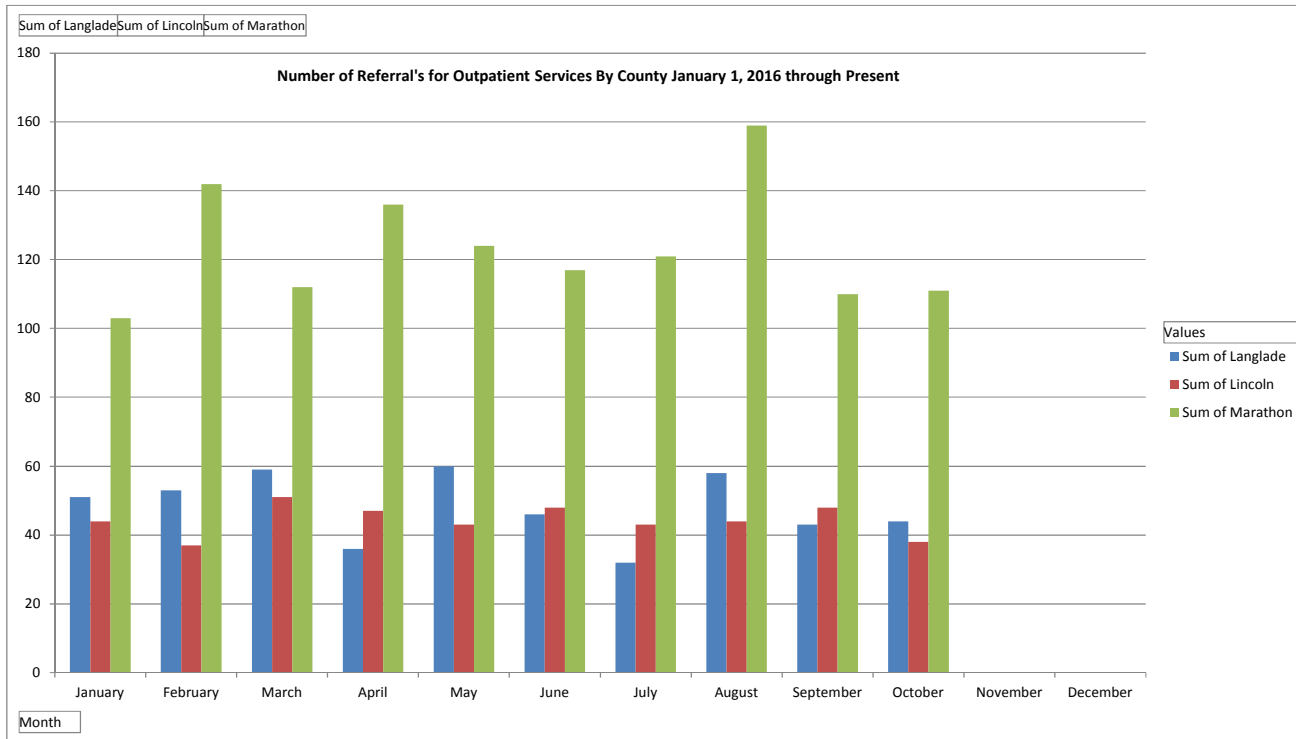
Number of Clients Served By Each Program

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	35			37
ADS WAUSAU	60	58	60	60	60	60	61	60	62	61			68
AMBULATORY DETOX	32	27	36	31	32	22	24	11	4	4			55
AODA DAY TREATMENT	16	21	21	14	14	10	6	6	0	0			58
AQUATIC SERVICES	109	115	118	120	124	123	88	115	104	129			589
BIRTH TO 3 LANGLADE	16	16	19	17	19	17	16	21	21	19			38
BIRTH TO 3 LINCOLN	24	24	27	26	29	28	28	29	29	28			63
BIRTH TO 3 MARATHON	163	161	173	175	172	170	170	169	161	151			356
CASE MANAGEMENT LANGLADE	0	0	0	0	0	0	0	0	0	0			2
CASE MANAGEMENT LINCOLN	1	1	0	0	0	0	0	0	0	0			1
CASE MANAGEMENT MARATHON	2	2	2	2	1	2	3	2	2	3			11
CHILDREN'S SUPPORT SERVICES LANGLADE	9	11	15	14	16	9	14	15	14	13			22
CHILDREN'S SUPPORT SERVICES- LINCOLN	19	12	21	22	14	14	21	21	20	20			39
CLUBHOUSE	13	16	21	21	18	19	22	20	20	22			35
CSP- LANGLADE	6	4	4	5	5	4	4	4	3	3			7
CSP- LINCOLN	0	0	0	0	0	0	0	0	0	0			1
CSP- MARATHON	24	24	23	22	22	21	22	22	18	17			32
CCS- LANGLADE	50	51	52	51	55	55	55	53	57	58			66
CCS- LINCOLN	72	71	76	73	75	77	80	79	84	81			85
CCS- MARATHON	341	334	348	342	346	346	346	358	358	366			426
CRISIS CBRF	26	20	20	28	31	26	19	11	15	8			248
CRISIS- TOMAHAWK	0	1	0	0	0	0	0	2	3	0			2
CRISIS- LANGLADE	9	9	16	23	18	5	18	22	12	13			61
CRISIS- LINCOLN	27	20	24	27	11	15	17	22	13	22			68
CRISIS- MARATHON	166	125	192	187	151	124	156	170	159	151			1230
DEMAND TRANSPORTATION	181	202	192	190	200	177	146	174	184	184			740
BHS HOSPITAL	100	90	87	104	103	103	104	90	72	96			1015
LAKESIDE RECOVERY-MMT	13	13	15	17	18	15	12	16	13	13			31
OUTPATIENT AODA- TOMAHAWK	40	31	36	38	35	32	28	29	39	30			100
OUTPATIENT AODA- LANGLADE	78	88	115	90	96	103	73	81	66	74			422
OUTPATIENT AODA- MERRILL	61	50	66	71	76	77	53	54	45	46			320
OUTPATIENT AODA- MARATHON	204	230	256	236	235	183	226	268	221	247			1319
OUTPATIENTMH- TOMAHAWK	25	16	22	24	13	14	12	19	20	19			64
OUTPATIENT MH- LANGLADE	135	110	152	144	159	155	101	120	120	116			407
OUTPATIENT MH- MERRILL	123	128	127	126	118	124	71	65	59	49			347
OUTPATIENT MH- MARATHON	250	257	271	289	269	252	243	305	222	255			1014
PREVOCATIONAL SERVICES- LANGLADE	34	33	30	29	30	30	29	28	25	25			38
PREVOCATIONAL SERVICES- MARATHON	109	106	106	108	108	104	102	104	98	100			127
PROTECTIVE SERVICES- LANGLADE	0	0	0	0	0	0	0	0	0	4			9
PROTECTIVE SERVICES- LINCOLN	1	4	0	0	0	1	2	1	3	4			49
PROTECTIVE SERVICES- MARATHON	5	4	3	4	5	11	10	2	18	18			47
PSYCHIATRY- TOMAHAWK	15	11	9	13	11	9	15	6	13	13			142
PSYCHIATRY- LANGLADE	36	31	42	25	40	30	45	37	37	32			191
PSYCHIATRY- MERRILL	65	55	69	69	68	75	60	55	82	61			1402
PSYCHIATRY- MARATHON	488	471	394	445	318	281	421	312	383	401			108
RESIDENTIAL	93	95	96	96	97	97	99	100	101	100			
TOTAL	3274	3181	3390	3411	3247	3055	3058	3114	3015	3091			

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

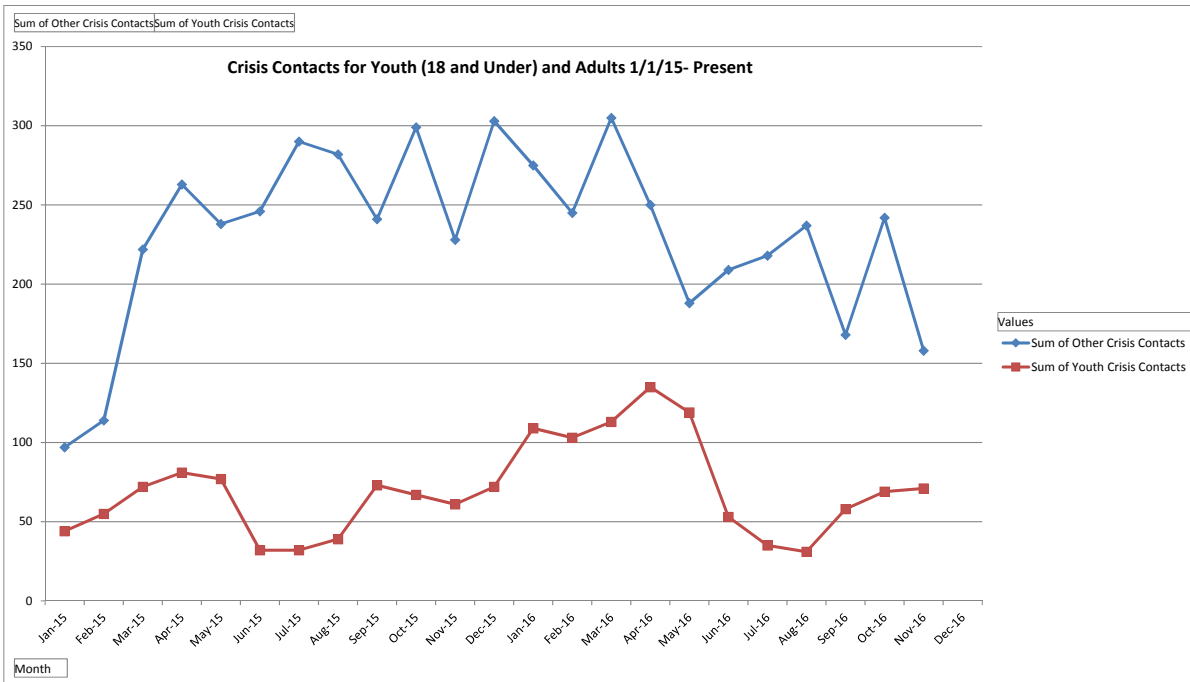


Number of Clients Served within each Program of NCHC's BHS Serves 2016								
Month	AMBULATORY DETOX	CRISIS CBRF	CRISIS TOMAHAWK	CRISIS LANGLADE	CRISIS LINCOLN	CRISIS MARATHON	BHS HOSPITAL	LAKESIDE RECOVERY/ MMT
January	32	26	0	9	27	166	100	13
February	27	20	1	9	20	125	90	13
March	36	20	0	16	24	192	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	4	8	0	13	22	151	96	13



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	111	38	44
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	69	242
Nov-16	71	158
Dec-16		

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

Average Waiting Time to First Appointment For NCHC's High Volume Programs

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	112 Days	3.4 Days	3.7 Days		31.3 Days	37.4 Days	7.3 Days	9.2 Days
November								
December								

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

ait T

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	66	8	4	0	78	October	84.62%	10.26%	5.13%	0.00%
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	6.71	7.63	9	0
November				
December				

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

Crisis and Inpatient Data

OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langede County Assessments
January			
1/4/2016	4		
1/5/2016	3	5	
1/6/2016	2		
1/7/2016	3		3
1/8/2016	4		
<hr/>			
1/11/2016	1		
1/12/2016	4		
1/13/2016	1		
1/14/2016	4		
1/15/2016	3		
<hr/>			
1/18/2016	4		
1/19/2016		5	
1/20/2016	2		
1/21/2016			4
1/22/2016	3		
<hr/>			
1/25/2016	2		
1/26/2016	5		
1/27/2016	3		
1/28/2016	3		
1/29/2016			4
<hr/>			
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		
<hr/>			
2/8/2016	2		
2/9/2016	5		
2/10/2016	3		
2/11/2016	4		
2/12/2016	5		
<hr/>			
2/15/2016	4		
2/16/2016		4	
2/17/2016	3		
2/18/2016			5
2/19/2016	2		
<hr/>			
2/22/2016	5		
2/23/2016	4		
2/24/2016	2		
2/25/2016	4		
2/26/2016	4		
<hr/>			
2/29/2016	4		
<hr/>			
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		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	4		3
8/17/2016	4		5
8/18/2016	3		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
October			
10/2/2016			
10/3/2016	1		
10/4/2016		4	
10/5/2016	3		
10/6/2016			4
10/7/2016	4		
10/10/2016	2		
10/11/2016	1		
10/12/2016	4		
10/13/2016	3		
10/14/2016	5		
10/17/2016	1		
10/18/2016		3	
10/19/2016	3	1	
10/20/2016			5
10/21/2016	5		
10/24/2016	4		
10/25/2016			4
10/26/2016	4		
10/27/2016	4		
10/28/2016	4		
10/31/2016	1		
Total	49	8	13

Crisis and Inpatient Data

Number of clients admitted to NCHC BHS Hospital
with each of the payer sources

Marathon County				
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	19	20	14	8
February	17	13	9	5
March	15	15	14	7
April	19	22	10	15
May	12	29	16	7
June	14	26	9	11
July	15	23	13	11
August	9	16	13	9
September	8	18	8	6
October	13	26	16	11
November				0
December				0

61
44
51
66
64
60
62
47
40
66
0
0

Payer Mix Percentage of NCHC BHS Hospital

MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	28.57%	33.77%	23.38%	14.29%
February	31.82%	39.39%	19.70%	9.09%
March	27.42%	35.48%	24.19%	12.90%
April	26.58%	34.18%	17.72%	21.52%
May	23.17%	41.46%	24.39%	10.98%
June	21.79%	44.87%	16.67%	16.67%
July	20.78%	38.96%	23.38%	16.88%
August	21.54%	32.31%	24.62%	21.54%
September	18.52%	48.15%	20.37%	12.96%
October	20.51%	41.03%	24.36%	14.10%
November				
December				

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

7
11
4
5
7
7
3
7
3
8
0
0

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

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

Other Counties				
MONTH	COMMERCIAL	MEDICAID	MEDICARE	SELF PAY
January	0	1	0	1
February	1	0	0	0
March	0	1	1	1
April	0	0	0	0
May	1	0	0	0
June	0	0	0	0
July	0	2	2	0
August	1	0	0	0
September	0	0	0	0
October				0
November				0
December				0

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

Crisis and Inpatient Data

Crisis Assessment Legal Status

MONTH	51.10	51.10D	51.13(6)	51.15	51.20(13)(G)	51.20(13)	51.20(2)	51.20(8)(b)(g)	51.45(10)	51.45(10)Detox	51.45(11)	55.12	No Legal Status Entered
January	100	1	15	18	4	1	0	1	3	4	0	1	3
February	94	2	24	30	2	2	0	1	1	1	0	0	0
March	77	2	21	26	1	0	0	0	3	3	0	0	48
April	76	3	27	22	1	0	1	0	1	3	1	0	39
May	95	2	31	19	2	0	0	2	2	1	1	0	2
June	75	0	11	20	4	1	0	4	5	1	2	1	22
July	104	4	1	20	1	2	0	1	3	5	1	0	0
August	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	112	3	16	25	2	0	0	0	5	1	1	1	14
November													
December													

51.10 - Voluntary Adult- Mental Health
51.10(D) - Voluntary Drug
51.13(6) - Voluntary Minor (Short-term)
51.15 - Emergency Police Detention (Adult or Minor)
51.20(2)- 3 Party Patition- Involuntary Hold
51.20(13)(G) - Recommitted up to 1 year
51.20(13) - 6 month Commitment
51.20(8)(b)(g) - Outpatient Court ordered settlement agreement
51.45(10) - Voluntary Adult Alcohol
51.45(10)Detox - Voluntary Detox
51.45(11)- Involuntary Alcohol Detention
55.12 - Emergency Placement

Crisis and Inpatient Data

MONTH	Hospital Legal Status														No Legal Status Entered
	51.10	51.10D	51.13(6)	51.15	51.20(13)(G)	51.20(13)	51.20(2)	51.20(8)(b)(g)	51.35 €	51.45(10)	51.45(10)Detox	51.45(11)	51.45(13)	55.12	
January	20	0	1	40	11	1	0	1	0	0	1	2	0	0	0
February	16	0	1	35	5	2	0	2	0	0	1	4	0	0	0
March	12	0	1	32	4	6	0	2	0	3	0	0	0	0	2
April	7	0	0	44	8	7	1	0	0	4	0	5	3	0	0
May	16	1	1	39	5	4		4	0	1	1	8	2	0	0
June	14	0	2	33	7	3	1	0	0	4	3	6	6	0	0
July	20	2	0	30	8	4	1	3	0	2	4	1	3	0	0
August	12	0	1	28	7	1	0	1	0	4	5	3	1	0	2
September	21	0	0	19	5	3	0	1	0	2	2	0	1	0	0
October	26	1	0	32	5	3	0	1	2	3	2	3	0	0	0
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
51.35(e) - Violation of 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	548	110.5%
November		
December		

Number of Patient Days (Physically in the Hospital),divided by 16 multiplied by the number of days in that month.

(16 is the number of beds that the BHS hospital is certified to run.)

Example **400 patient days/ (16 beds*30 days)= 83.3%**

Crisis and Inpatient Data

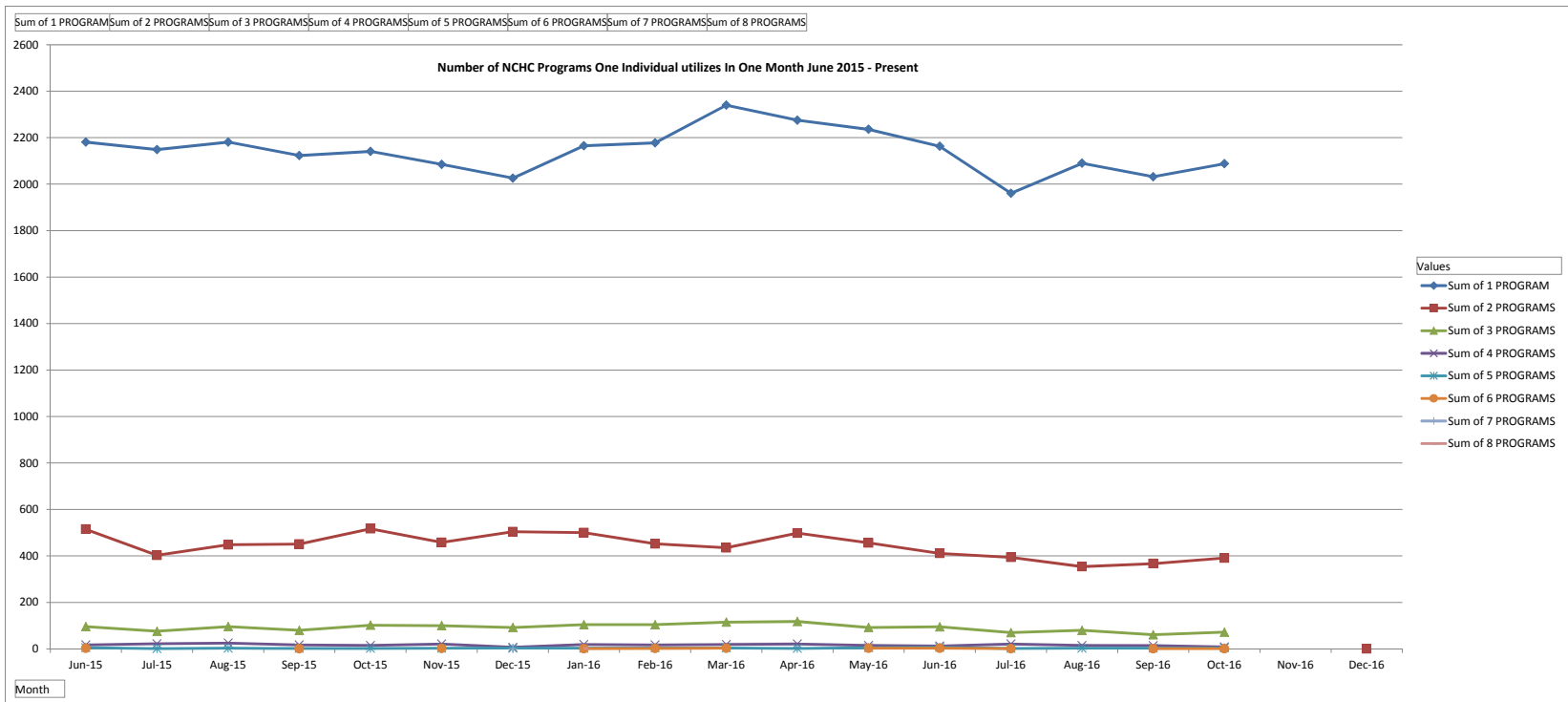
MONTH	Number of Clients Diverted to other Facilities	Age 13-17
January	12	7 Minors
February	30	9 Minors
March	29	6 Minors
April	36	6 Minors
May	48	6 Minors
June	22	1 Minors
July	21	6 Minors
August	27	6 Minors
September	31	12 Minors
October	33	13 Minors
November		
December		

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

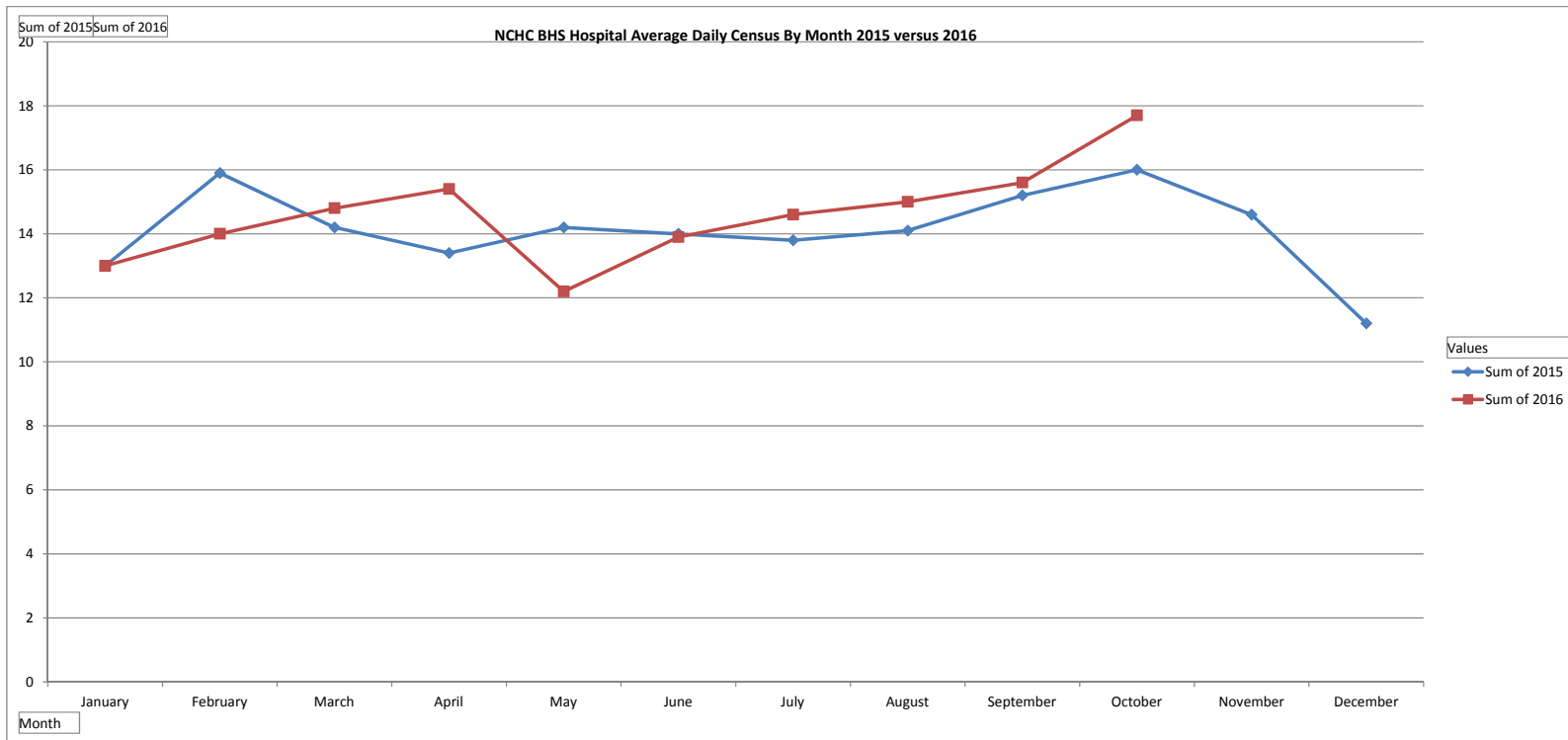


Crisis and Inpatient Data

NUMBER OF CLIENTS ACCESSING MULTIPLE NCHC PROGRAMS BY MONTH													
Month	1 PROGRAM	2 PROGRAMS	3 PROGRAMS	4 PROGRAMS	5 PROGRAMS	6 PROGRAMS	7 PROGRAMS	8 PROGRAMS			% 1 Program	% 2 or More	
Dec-15	2026	504	92	7	3		1				2633	76.95%	23.05%
Jan-16	2165	500	104	19	3	1		1			2793	77.52%	22.48%
Feb-16	2178	452	104	17	4	2					2757	79.00%	21.00%
Mar-16	2340	435	115	19	4	3					2916	80.25%	19.75%
Apr-16	2275	498	118	21	2						2914	78.07%	21.93%
May-16	2236	456	92	15	5	3					2807	79.66%	20.34%
Jun-16	2163	411	95	12	7	3					2691	80.38%	19.62%
Jul-16	1961	394	70	21	2	1					2449	80.07%	19.93%
Aug-16	2090	354	80	15	3						2542	82.22%	17.78%
Sep-16	2032	367	61	14	3	1					2478	82.00%	18.00%
Oct-16	2088	391	72	8	4	1					2564	81.44%	18.56%
Nov-16													
Dec-16													

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

Crisis and Inpatient Data



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	17.7
November	14.6	
December	11.2	

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'	2
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'	38
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'	1
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.

11/30/16

**AGREEMENT FOR THE JOINT SPONSORSHIP
OF COMMUNITY PROGRAMS**

Between

Langlade, Lincoln & Marathon Counties

January 1, 2017 – December 31, 2021

I	PARTIES.....	5
A.	Counties.....	5
B.	North Central Community Services Program	5
II.	PURPOSE.....	5
A.	Legislative Policy.....	5
B.	Legislative Purpose.....	5
C.	County Responsibility	6
D.	Required County Program – Mental Health	6
E.	Required County Program – Protective Services and Protective Placement	6
F.	Multicounty Agreement Requirement.....	6
G.	Prior Joint County Agreements Superseded.....	6
H.	Member Counties’ Legislative Purpose.....	6
III.	BACKGROUND.....	7
A.	Wisconsin Law Enactment	7
B.	County Community Program Establishment	7
C.	Developmental Disabilities Program.....	7
D.	Marathon County Nursing Home	8
E.	Designated Protective Services Agencies	8
1.	Langlade County	8
2.	Lincoln County.....	8
3.	Marathon County.....	8
F.	Initial Joint County Agreement.....	9
IV.	PROGRAM DUTIES.....	9
A.	Agreements for Services.....	9
B.	Agreements for Facilities.....	9
C.	Contract for Legal Services	9
D.	Provision of Services.....	10
E.	Prepare Local Plan.....	10
F.	Program Implementation	10
G.	School Board Referrals; Interagency Cooperation.....	10
H.	Budget.....	11
I.	Costs of Services.....	11
J.	Reports, Surveys, and Approvals	11
K.	Authorize Care	11
V.	RETAINED COUNTY BOARD AUTHORITY COMMITTEE.....	11
A.	Purpose.....	11
B.	Committee Composition.....	12
C.	Reporting Relationship	12
D.	Duties and Responsibilities	12
E.	Other Organizational Relationships	16

VI.	NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD	16
A.	Purpose	16
B.	Appointment of North Central Community Services Program Board	17
C.	Composition of the Board	17
D.	Board Representation.....	17
E.	Appointment of County Supervisors	17
F.	Term of Office.....	17
G.	Removal for Cause	17
H.	Removal of County Supervisor Board members	18
I.	Vacancies.....	18
J.	Other Appointing Authority.....	18
K.	Powers	18
L.	Additional Powers and Duties.....	23
M.	Additional Discretionary Powers	24
VII.	COMMUNITY PROGRAMS DIRECTOR	24
A.	General Powers.....	24
B.	Specific Powers and Duties.....	245
VIII.	GENERAL FINANCIAL PROVISIONS	256
A.	Accounting Period.....	256
B.	Accounting Practices.....	2526
C.	Annual Audit	26
D.	County Appropriations.....	26
1.	Community Services Program	26
a.	Operations Budget.....	2627
b.	Program Revenue.....	27
c.	Program Expenses	28
2.	Reserves Determination	28
3.	Capital Budget	2829
4.	Ownership and Depreciation	29
5.	Insurance Coverage	29
6.	Reconciliation	29
7.	Appropriation Payment	29
8.	Collections for Service Recipients.....	29
9.	Other Programs.....	29
IX.	TERMINATION OF THE AGREEMENT.....	29
A.	Term of the Agreement.....	29
B.	Annual Review	30
C.	Termination of the Agreement.....	30
D.	Continuation of Sponsorship	30
E.	Liquidation of NCCSP.....	31
X.	MISCELLANEOUS	3132

A.	Other Arrangements	31 <u>32</u>
B.	Assignment	31 <u>32</u>
C.	Waiver and Modification	31 <u>32</u>
D.	Automatic Modification	31 <u>32</u>
E.	Captions	32
F.	Severability	32
G.	Construction	32
H.	Other Documents.....	32
I.	Entire Agreement	32
J.	Counterparts	32
K.	Parties Bound	32
L.	Immunity	32 <u>33</u>

JOINT COUNTY AGREEMENT

Langlade, Lincoln and Marathon Counties agree to continue sponsorship of a multicounty department of community programs known as North Central Community Services Program, for the purposes of administering a community mental health, alcoholism and drug abuse program and Protective Services and Protective Placement on the following terms:

I. PARTIES

- A. **Counties.** Langlade, Lincoln and Marathon Counties are political subdivisions of the State of Wisconsin, established pursuant to §§2.01(34), 2.01(35), and 2.01(37), Wis. Stats., respectively, and doing business as quasi-municipal corporations, pursuant to §59.01, Wis. Stats.
- B. **North Central Community Services Program** (“NCCSP”) is a multicounty community services program established pursuant to §§ 51.42 and 66.0301, Wis. Stats., and is also designated to provide Protective Services and Protective Placement to residents of Lincoln, Langlade and Marathon Counties, pursuant to §55.02, Wis. Stats. It is intent of the member counties that the multicounty community services program established herein be construed to be a political corporation or governmental subdivision or agency thereof pursuant to Wis. Stat. Chapters 893 and 895, and related statutes. NCCSP is not a party to this agreement, but rather it is created by virtue of the agreement of Langlade, Lincoln and Marathon Counties.

II. PURPOSE

This Agreement of the Counties is based on the following policies and mandates of the State of Wisconsin as found in the Wisconsin Statutes:

- A. **Legislative Policy.** The Wisconsin Legislature has stated in Wisconsin Statutes that it is the policy of the State to assure the provision of a full range of treatment and rehabilitation services in the state for all mental disorders including for mental illness, alcoholism and other drug abuse.
- B. **Legislative Purpose.** To carry out the policy of the State of Wisconsin the Legislature enacted Section 51.42 of the Wisconsin Statutes stating its purpose as follows:

The purpose and intent of this section is to enable and to encourage counties to develop a comprehensive range of services offering continuity of care; to utilize and expand existing governmental, voluntary and private community resources for provision of services to prevent or

ameliorate mental disabilities, including but not limited to mental illness, mental retardation, alcoholism and drug abuse; to provide for the integration of administration of those services and facilities organized under this section through the establishment of a unified governing and policy-making board ; and to authorize state consultative services, reviews and establishment of standards and grants-in-aid for such programs of services and facilities.

- C. County Responsibility.** The Legislature has decreed that the county boards of supervisors have the primary responsibility for the well-being, treatment and care of the mentally ill, alcoholic and other drug dependent citizens and for providing Protective Services and Protective Placement to persons residing within their respective counties and ensuring that those individuals in need of such emergency services found within their respective counties receive immediate emergency services.
- D. Required County Program -Mental Health.** In § 51.42 of the Statutes, the Legislature has required that the county board of supervisors of every county, or the county boards of supervisors of two or more contiguous counties, shall establish a county department of community programs on a single-county or multicounty basis to administer a community mental health, alcoholism and drug abuse program, make appropriations to operate the program and authorize the county department of community programs to apply for grants-in-aid under § 51.423 of the Statutes.
- E. Required County Program-Protective Services and Protective Placement.** In §55.02 of the Statutes, the Legislature has required that every county board of supervisors shall designate a county department to have the responsibility for planning for the provision of protective services and protective placement and for directly providing protective services and protective placement.
- F. Multicounty Agreement Requirement.** Section 51.42(3)(c) of the Statutes provides that no grant-in-aid may be made to a multicounty department of community programs until a detailed contractual agreement between the counties which established the multicounty department of community programs is entered into and approved by the secretary of the Wisconsin Department of Health and Social Services. It is the intent of Langlade, Lincoln and Marathon Counties that this agreement satisfy the requirements of § 51.42(3)(c) of the Wisconsin Statutes.
- G. Prior Joint County Agreements Superseded.** The Agreement supersedes all previous agreements between Lincoln, Langlade and Marathon Counties concerning the establishment and ongoing sponsorship of the North Central Community Services Program, including the Joint County Human Services Agreement entered in July of 1983, the updated Joint County Agreement entered in 1986, and the updated Joint County Agreement entered in 2008. In 2012, Lincoln and Langlade County passed a Revised Joint County Agreement which Marathon County never ratified. This Agreement supersedes that agreement as well.
- H. Member Counties' Legislative Purpose.** The intent of Lincoln, Langlade and

Marathon Counties is to establish a multicounty department of community programs that is responsive to the needs and priorities of the member counties, effectively operating as a county department of multiple counties under a government service model, as opposed to an independent not-for-profit entity. This agreement governs the provision of all services provided to the member counties by, or through, NCCSP in accordance with Chapter 51 of the Wisconsin Statutes. Each of the member counties remain free to contract with NCCSP for the administration of any other health care program or institution.

III. BACKGROUND

Although a recitation of the history of this Agreement is not required by law in order to constitute an enforceable Agreement, it has been deemed by the authors to contain relevant context for interpretation as well as future drafters of ongoing revisions. The establishment of the North Central Community Services Program (NCCSP) was based on the following State and County enactments:

- A. **Wisconsin Law Enactment.** Section 51.42 of the Wisconsin Statutes was enacted by the Wisconsin Legislature in Section 361 of Chapter 125 of the Laws of 1971 creating the liability of the counties to provide programs of treatment and rehabilitative services for mental illness, developmental disabilities, alcoholism and other drug abuse.
- B. **County Community Program Establishment.** Langlade, Lincoln and Marathon Counties each passed resolutions to combine with the others to establish the Community Mental Health Program to provide services in mental health, mental retardation, alcoholism and drug abuse pursuant to § 51.42 of the Statutes. The Boards of Supervisors of Langlade and Lincoln Counties passed their resolutions on March 14, 1972 and the Board of Supervisors of Marathon County passed its resolution on March 17, 1972. The resolutions each also provided for the creation of a board of directors to be the governing and policy-making board for what was then called the “Community Mental Health Program.” The County resolutions provided for the election of 12 directors to the board by Marathon County and one director each to the board by Langlade and Lincoln Counties and for other provisions regarding the election and terms of office of board members. In July of 1972 the Counties enacted resolutions providing that the Marathon County Board of Supervisors would elect 10 members and the Langlade and Lincoln County Boards of Supervisors would elect two members each to the Board.
- C. **Developmental Disabilities Program.** In 1973, the Legislature passed the Developmental Disabilities Act, which allowed Counties to form separate Developmental Disabilities Services programs or to provide the services through the Community Services Program under § 51.42 of the Statutes. Lincoln County chose to form a separate Developmental Disabilities Services Program, while Langlade and Marathon Counties joined together to provide services for the developmentally

disabled.

In 2008, Marathon County joined with Portage and Wood County to create Community Care of Central Wisconsin (CCCW), pursuant to Wis. Stats. sections 46.2803 thru 46.2895, in order to provide regional care for Developmentally Disabled persons residing in those counties. In 2011, Langlade and Lincoln Counties also joined the CCCW.

D. Marathon County Nursing Home. On November 13, 1973, the Marathon County Board of Supervisors passed a resolution providing for the governance of its Nursing Homes by the NCCSP Board.

There has been a separate Nursing Home Management Agreement in existence since 1998. In December 2006, the NCCSP Board appointed a Nursing Home Operations Committee to assist in the oversight of the operations of the Marathon County Nursing Home (Mount View Care Center).

E. Designated Protective Services and Protective Placement Agencies. The Chairpersons of the County Boards of Supervisors in each of the Counties has designated agencies under § 55.02 of the Statutes to be responsible for the provision of protective services as follows:

1. Langlade County. In Langlade County, the Chairperson of the County Board of Supervisors has designated the Langlade County Department of Social Services as the Protective Services Agency responsible for those residents of Langlade County suffering from physical disabilities and the infirmities of aging and NCCSP as the Protective Services Agency responsible for those residents of Langlade County experiencing mental illness, alcoholism and other drug abuse and developmental disabilities.
2. Lincoln County. In Lincoln County, the Chairperson of the County Board of Supervisors has designated the Lincoln County Department of Social Services as the Protective Services Agency responsible for those residents of Lincoln County suffering from physical disabilities and the infirmities of aging, the Lincoln County 51.437 Board as the Protective Services Agency responsible for those adult residents who are developmentally disabled and NCCSP as the Protective Services Agency responsible for those residents experiencing mental illness and alcoholism and other drug abuse.
3. Marathon County. In Marathon County, the Chairperson of the County Board of Supervisors originally designated the Marathon County Department of Social Services as the Protective Services Agency responsible for those residents of Marathon County suffering from physical disabilities and the infirmities of aging who became incompetent while residing outside of a nursing home facility operated by NCCSP. NCCSP was designated the

Protective Services Agency responsible for those residents of Marathon County experiencing mental illness, alcoholism and other drug abuse, and developmental disabilities and for those residents suffering from the infirmities of aging if the person became incapacitated due to infirmities of aging while residing in a nursing home facility operated by NCCSP. In 2008, all adult protective services and protective placements within Marathon County were unified under NCCSP.

- F. **Initial Joint County Contract.** In July of 1983, the three Counties entered into a “Joint County Human Services Agreement” for the continued sponsorship of what is now known as the Community Services Program under a more detailed agreement than the provisions of the earlier County Board resolutions. The agreements were updated by action of the three counties in 1986, 1995 and 2008. In 2012, the counties initiated a process to again revise the agreement. As a result of the revision process, Lincoln and Langlade County each passed resolutions adopting the revised agreement; however, the revised agreement was not ratified by Marathon County. In January of 2016, Marathon County adopted a resolution directing the examination of whether a different governance structure was more well-suited for the provision of services required under § 51.42. Thereafter, in September of 2016, Marathon County adopted a resolution directing Marathon County Administration to negotiate a new agreement with both Lincoln and Langlade Counties that was time-limited, provided greater county oversight and control of NCCSP, and was committed to (1) financial integrity, (2) program adaptability and consistency, and (3) ongoing quality measurement, reporting and improvement. Representatives from each of the member counties met on multiple occasions during the ensuing months. This Agreement is the product of those meetings and negotiations, and, as indicated above, this Agreement supersedes all previous Joint County Contracts/Agreements.

IV. NCCSP PROGRAM DUTIES

The NCCSP shall perform the duties listed below as well as all other duties provided by Wisconsin Statutes.

- A. **Agreements For Services.** NCCSP shall enter into Agreements to render services to or secure services from other agencies or resources, including out of state agencies or resources.
- B. **Agreements For Facilities.** NCCSP shall enter into Agreements for the use of any facility as an approved public treatment facility for the treatment of alcoholics if NCCSP deems it to be an effective and economical course to follow.
- C. **Contract For Legal Services.** NCCSP shall contract for legal services from private legal counsel. The interest of each of the Counties shall be represented by its Corporation Counsel and the interests of NCCSP shall be represented by its

contracted private counsel to avoid conflicts of interest which would otherwise occur.

- D. **Provision of Services.** NCCSP shall, within the limits of available state and federal funds and of county funds appropriated to match and overmatch state funds, offer the following services and facilities to provide for the program needs of persons suffering from mental disabilities:
1. Collaborative and cooperative services with public health and other groups for programs of prevention.
 2. Comprehensive diagnostic and evaluation services.
 3. Inpatient and outpatient care and treatment, residential facilities, partial hospitalization, emergency care and supportive transitional services.
 4. Related research and staff in-service training, except that NCCSP shall consult the county department of developmental disabilities services under § 51.437 in Lincoln County in developing in-service training on emergency detention and emergency protective placement procedures before providing these services to Lincoln County.
 5. Continuous planning, development and evaluation of programs and services for all population groups.
 6. Ensure that pregnant women are given first priority for services for alcohol and drug abuse if funding is insufficient to meet the needs of all eligible individuals.
- E. **Prepare Local Plan.** NCCSP shall prepare, as further described below, a plan, every three (3) years, or as otherwise required by the Department of Health Services (DHS), which includes an inventory of all existing resources, identifies needed new resources and services and contains a plan for meeting the needs of the mentally ill, developmentally disabled, alcoholic, drug abusers and those with other psychiatric disabilities for citizens residing within the jurisdiction of the NCCSP and for persons in need of emergency services found within the jurisdiction of NCCSP. The plan shall also include the establishment of long-range goals and intermediate-range plans, detailing priorities and estimated costs and providing for coordination of local services and continuity of care. The plan shall state how the needs of homeless persons and adults with serious and persistent mental illness, children with serious emotional disturbances and minorities will be met by NCCSP. Source: sec. 51.42(3)(ar)5.
- F. **Program Implementation.** Under the supervision of its Chief Executive Officer (as defined pursuant to Article VII of this Agreement), and using qualified personnel with training or experience, or both, in mental health or in alcoholism or drug abuse, NCCSP shall be responsible, as further described in this Agreement, for the planning and implementation of programs relating to mental health, alcoholism and drug abuse.
- G. **School Board Referrals; Interagency Cooperation.** NCCSP shall acknowledge

receipt of notifications received under sec. 115.812 (2) of the Wisconsin Statutes.

- H. **Budget.** NCCSP shall submit a proposed budget covering services based on the Local Plan for the succeeding calendar year to the Committee, for provision to the county boards of supervisors of Langlade, Lincoln and Marathon Counties, no later than September 1 for approval by the County boards of supervisors and inclusion as part of the proposed County budgets. NCCSP shall submit a final budget to DHS.
- I. **Costs of Services.** NCCSP shall determine the cost of all services it purchases based on standards and requirements prescribed by sec. 46.036, Wis. Stats.
- J. **Reports, Surveys, and Approvals.** NCCSP shall provide all reports, conduct all surveys and obtain all approvals required by law, including but not limited to the following:
 - 1. Annually report to the department of health services (“department”) regarding the use of any contract entered into under sec. 51.87,
 - 2. Except in an emergency, review and approve or disapprove all admissions to nursing homes of mentally ill persons under age 65 who are residents of the county, and
 - 3. Submit to the department in a timely fashion, as specified by the department, any reports necessary to comply with the requirements under 42 USC 300x-52.
- K. **Authorize Care.** NCCSP shall authorize all care of any patient in a state, local or private facility for which it is responsible.

V. RETAINED COUNTY BOARD AUTHORITY COMMITTEE

- A. **Purpose.** The Retained County Board Authority Committee (“the Committee”) is an entity designated by each of the respective member county Boards of Supervisors to exercise authority retained by the respective County Boards, as provided under sec. 51.42(5) of the Wisconsin Statutes, in the manner described within this agreement.
- B. **Committee Composition**
 - 1. Each individual county’s representatives shall be appointed by the Board of Supervisors of the respective member counties in accordance with Chapter 59 of the Wisconsin Statutes. The committee shall be comprised of four (4) members. Individual member counties are represented within the committee as follows:
 - a. Marathon County – 2 members
 - b. Lincoln County – 1 member
 - c. Langlade County – 1 member

2. Term of Office – the term of office for each representative of the respective member counties appointed to the Committee shall coincide with the respective terms of the representative’s County Board.

C. Reporting Relationship. Representatives of the member counties report directly to their respective member County Boards.

D. Duties and Responsibilities:

1. General
 - a. Exercise the retained authority of the member counties, as provided for within the Wisconsin Statutes and as specifically described below, relative to the following:
2. The Chief Executive Officer (“CEO”) of the NCCSP – 51.42(5)(a)4
 - a. Selection
 - i. The Committee shall participate in the selection planning process, including the definition of the position duties and qualifications.
 - ii. The Committee shall be afforded the ability to access all applicant materials, reports, other materials, and information obtained by NCCSP that is relevant to the selection of the CEO.
 - iii. The Committee shall be afforded the ability to participate in candidate interviews.
 - iv. The Committee shall make its own independent recommendation to the respective member County Boards regarding the hiring decision.
 - b. Appraisal
 - i. The Committee shall participate with the CEO and the Board in the development of an annual work plan for CEO, which includes performance metrics.
 - ii. The Committee shall conduct a performance appraisal of the NCCSP CEO on a semi-annual basis. The appraisal should evaluate the CEO in light of the approved work plan and any other criteria deemed appropriate by the by the NCCSP Board.
 - c. Removal
 - i. The Committee has the authority to, and is charged to, if appropriate circumstances are deemed to exist, make an independent recommendation to the respective county boards for the removal of the CEO.

3. Salaries of NCCSP Employees - 51.42(5)(a)5
 - a. Non-CEO Employee Compensation - The Committee shall receive a proposed compensation policy from the Board for all NCCSP employees, no later than July 1, 2017.
 - i. The Committee is authorized to modify the proposed policy and grant final approval on behalf of the respective county boards. Final approval shall be granted no later than August 15, 2017.
 - ii. Upon final approval, the Committee shall transmit the compensation policy to the NCCSP Board for implementation.
 - b. CEO Compensation - The Committee shall review the CEO Compensation Plan on an annual basis.
 - i. The Committee is authorized to modify the proposed CEO compensation plan and grant final approval on behalf of the respective county boards. Final approval shall be granted no later than August 15 of each calendar year.
4. Budget - 51.42(5)(a)6
 - a. The Committee shall receive the proposed budget from the NCCSP Board, review same, and create the final budget for submission to the respective County Boards, no later than October 1 of each calendar year.
 - b. The Committee shall participate with the Board in the creation and updating of program development plans which establish intermediate and long range goals based upon community needs assessment, which are explicit about tradeoffs and the impact of changes to the member Counties' system.
 - i. In advance of the Board preparing its annual operating budget, no later than June 1 of each calendar year, the Committee shall communicate the budget guidelines and priorities of the member counties to the Board.
 - c. The Committee shall select an independent certified public accounting firm to perform an annual audit of the financial records of NCCSP and forward its selection to the NCCSP Finance, Personnel and Property Committee.

evaluate alternative delivery methods and/or programs to determine whether a provider exists that is capable of providing a similar service or program and the estimated cost of contracting for said service or program and report the findings to the Committee.

- c. Direct Provision or Contracted Services
 - i. After consideration of any Improvement Plan and evaluation of the alternative delivery methods, the Committee shall determine whether any specific shared program is to be provided directly by the NCCSP, the NCCSP should implement all or a portion of any Improvement Plan, or the program should be contracted for with other providers and direct the NCCSP to make such contracts.
- d. Program Creation, Modification, Suspension or Termination
 - i. In this agreement, the term “substantially modify” ~~means a change in any shared program that affects more than ten (10) persons receiving services~~ shall be defined through discussions between the RCA and the NCCSP CEO, regularly reviewed, and updated as necessary to ensure clarity of expectation. This definition, once established, shall be memorialized in writing and communicated to the respective member counties.
 - ii. The Committee is responsible for reviewing applications from NCCSP to substantially modify, suspend or terminate an existing program or create a new program.
- e. State and Federal Inspection Reports and Remediation Plans
 - i. The Committee shall review all state and federal inspection reports and remediation plans of NCCSP.

- 6. Extension, Revision, or Termination of Agreement
 - a. Member county representatives on the Committee are responsible for the ongoing assessment of the Tri-County program as a mechanism for meeting the needs of the individual member counties.
 - b. Beginning in January of the third year of the agreement (2020), the Committee shall begin formulating a formal recommendation as to whether (1) the agreement should be

extended, (2) the agreement should be modified and a successor agreement be approved, or (3) the tri-county agreement should be allowed to terminate. The recommendation shall be reported no later than July 1 of that year to each of the member county Boards of Supervisors.

- i. The member county representatives on the Committee shall present the recommendation to their respective member county Board of Supervisors.

7. Bylaws

- a. The Committee shall adopt Bylaws and Policies that, among other things, address the issues of quorum and provide for the selection of a Committee Chair, as required to conduct business to govern its operation.
- b. The Committee shall file Bylaws and any amendments with the County Clerk of each of the three Counties within thirty (30) days of adoption.

8. Exchange of Information

- a. The Committee Chair, or his or her designee, is expected to attend meetings of the Board to ensure appropriate levels of information sharing and coordination.

E. **Other Organizational Relationships**

1. The Retained County Board Authority Committee will work with NCCSP to develop policies designed to guide NCCSP's provision of community programs for the residents of each of the member counties. The NCCSP's focus will be on the generation and implementation of those policies and programs. The Retained County Board Authority Committee's focus is on ensuring that the NCCSP organization remains responsive to the member counties and works to establish and sustain a strong working relationship between the NCCSP and the member counties, through the exercise of the retained powers of the member counties.
2. Each member county Board of Supervisors shall designate a County Board Standing Committee to which the Retained County Board Authority Committee will provide periodic reports.

VI. **NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD**

- A. **Purpose.** The North Central Community Services Program Board is an entity comprised of representatives from the member counties that is focused on addressing

the needs of the Tri-County Regional Community with respect to mental health and alcohol and drug dependent treatment programs.

- B. **Appointment of North Central Community Services Program Board.** The County Boards of Supervisors of Langlade, Lincoln and Marathon Counties or other appointing authorities authorized by law have appointed and shall continue to appoint a governing and policy-making board to be known as the North Central Community Services Program Board (NCCSP Board).
- C. **Composition of the Board.** The North Central Community Services Program Board (“The Board”) shall be composed of fourteen (“14”) Board members appointed as follows: Ten (10) board members shall be residents of Marathon County and appointed by Marathon County ; two (2) board members shall be residents of Langlade County and appointed by Langlade County; and two (2) board members shall be residents of Lincoln County and appointed by Lincoln County.
- D. **Board Representation**
1. All persons appointed to the NCCSP Board shall represent the interests of the mentally ill, the interest group of the developmentally disabled, interest group of the alcoholic and the interest group of the drug dependent, within the Tri-County Regional Community. Source: sec. 51.42(4)(b)2. Wis. Stats.
 2. At least one Board member shall be an individual who receives or has received services for mental illness, developmental disability, alcoholism or drug dependency or shall be a family member of such an individual.
- E. **Appointment of County Supervisors.** No more than seven (7) members of the NCCSP Board may be County Supervisors. At least one (1), but not more than three (3), of the appointees from any one County shall be a member of the County's Board of Supervisors and shall be designated as such at the time of the appointment. At any time that a County's Board of Supervisors designated member or members are no longer County Board Supervisors, the appointing County Board of Supervisors shall immediately appoint a successor Supervisor or Supervisors to the NCCSP Board.
- F. **Term of Office.** Each NCCSP Board member shall hold office for a term of three (3) years. Board members shall serve staggered terms with one-third (1/3) of the members appointed each year.
- G. **Removal for Cause.** Any NCCSP Board member may be removed from office for cause on recommendation of the NCCSP Board to the appointing county and a two-thirds (2/3) vote of the appointing county Board of Supervisors. The Board member must receive due notice in writing and a hearing on the charges against the Board

member. Four (4) or more absences during a twelve (12) month period from regularly scheduled Board meetings may be considered cause for recommendation of removal to the appointing authority.

- H. **Removal of County Supervisor Board members.** In the event that any NCCSP Board member who was a designated board appointee of a county board of supervisors at the time of appointment is not reelected to that office, he or she may be removed as a Board member of NCCSP by his or her respective county board upon due notice in writing to such Board member. In the event said Board member is the only representative of the member county who is a county board supervisor, that Board member shall be removed upon due notice in writing.
- I. **Vacancies.** Any vacancy on the NCCSP Board shall be filled for the remainder of the term in the manner that the original appointment was made.
- J. **Other Appointing Authority.** In any instance in this section where appointment or removal is indicated to be made by the Chair of the County Board of Supervisors or by the County Board of Supervisors it is intended that appointment may be made by other appointing or removing authorities as authorized by law.
- K. **Powers**
1. General – s. 51.42(3)(ar)-(bm)
 - a. The NCCSP Board shall assume all of the powers and duties of North Central Community Services Program not expressly or impliedly reserved by the member counties or delegated by the member counties to the Retained County Board Authority Committee (“the Committee”) as provided by this agreement, subject to the rules promulgated under Wisconsin Administrative Code and Wisconsin Statute, as follows:
 2. The Chief Executive Officer (“CEO”) of the NCCSP
 - a. Selection
 - i. Develop a selection plan, in consultation with the Committee, for the hiring of the CEO.
 - ii. The Board is responsible for the execution of the selection plan and must afford the Committee (1) the ability to access all applicant materials, reports, and other materials or information obtained by NCCSP that is relevant to the selection of the CEO; and (2) the ability to participate in candidate interviews.
 - iii. The Board shall make a recommendation for the selection of the CEO to the Committee for consideration.

- b. Appraisal
 - i. The Committee shall inform the NCCSP Board of its assessment of the CEO's performance in writing on no less than two (2) occasions per year.
 - ii. The assessment shall reference the CEO's performance in light of the work plan generated by the Committee and any other criteria deemed appropriate by the Board.
 - c. Removal
 - i. The Board is authorized to recommend to the Committee that the County Boards of the member counties remove the CEO.
- 3. Budget and Planning
 - a. The Board shall propose an annual budget to the Retained County Board Authority Committee, no later than September 1 of each calendar year, for approval and submission to the respective member County Boards.
 - b. The Board shall facilitate the creation, and frequent updating, of intermediate and long-range goals and program development plans that are based on community needs assessment of the Tri-County Regional Community, which detail priorities, estimate costs, and are explicit about tradeoffs and the impact of changes to the member counties. § 51.42(5)(a)1.
- 4. Program Service Delivery Measurement, Reporting, and Improvement - § 51.42(5)(a)11.
 - a. Delivery
 - i. The Board shall develop program delivery models that comply with all federal, state, and other applicable regulatory quality standards.
 - ii. The Board shall seek to implement programs in such a manner that satisfies the performance standards created by the Committee.
 - b. Measurement
 - i. The Board shall—with the assistance of community partners such as the Medical College of Wisconsin, Aspirus Wausau Hospital, Marshfield Clinic, and other medical or treatment or service providers—create and implement mechanisms capable of capturing data related to (1) all federal, state, and other applicable regulatory quality standards, and (2) each of the performance standards identified by the Committee for each of the programs operated by NCCSP.
 - c. Reporting

- iv. Without approval as set forth above, the CEO may make interim program modifications or suspensions until such time as the Committee meets to make a final determination
- f. Personnel Policies and Salaries
 - i. Personnel Policies
 - 1) The Board shall establish personnel policies for all NCCSP employees that are generally consistent with the personnel policies of the member counties.
 - ii. Salaries
 - 1) Non-CEO Employee Compensation - The Board shall prepare a compensation policy covering all of its employees and provide said plan to the Committee, no later than July 1, 2017, for consideration and approval.
 - a. The compensation policy shall include all of the following:
 - 1. Salary/Compensation ranges for each of the employee classifications.
 - 2. References to salary/compensation ranges from similar positions with comparable Departments of Community Programs within the State of Wisconsin or the country or other comparable markets.
 - 3. Hiring policies that provide guidance on the circumstances under which an employee may be hired at various points within the position's pay range.
 - 4. Policies detailing the process for the creation of new positions, the classification of new positions within the existing salary/compensation range system, and the reclassification of existing positions within the existing salary/compensation range system
 - b. Upon receipt of the final compensation policy approved by the Committee, the

Board shall implement the compensation policy.

2) CEO Compensation - The Board shall, by July 1 of each calendar year, provide the Committee with an annual compensation plan specific to the CEO.

a. Upon receipt of the annual CEO compensation plan approved by the Committee, the Board shall implement the plan.

5. Provision of Care

- a. Within the limits of available State and County appropriations and maximum available funding from other sources, NCCSP may offer the following services and facilities to provide for the program needs of persons experiencing mental disabilities:
- i. Pre-care, aftercare and rehabilitation and habilitation services.
 - ii. Professional consultation
 - iii. Public informational and educational services
 - iv. Provide treatment services specified in a conditional release plan approved by a court to a county resident conditionally released under § 971.17 of the statutes and subject to the State's obligation to reimburse NCCSP for the treatment and services provided.

6. Service Allocation

- a. NCCSP may allocate services among recipients based on the availability of its limited resources.

7. Real Property

- a. NCCSP may own, lease or manage real property for the purposes of operating a treatment facility, as authorized by § 51.42(3)(aw)3.

8. Other County Health Care

- a. NCCSP may administer other County health care programs or institutions that any of the three County boards of supervisors may designate, but the budget for such designated program or institution shall be separated from the general budget of NCCSP and the designating county shall fund such program or institution operations by separate appropriation.

9. Conflict of Interests

- a. NCCSP shall adopt and enforce a policy to avoid conflicts of interest.

10. Bylaws

- a. NCCSP shall adopt Bylaws and Board Policies that, among other things, address the formation of appropriate committees and sub-committees, the issue of quorum, and provide for the selection of a Board Chair, as required to conduct business to govern its operation, including the business and operation of its committees and sub-committees.
 - b. NCCSP shall file Bylaws and any amendments with the County Clerk of each of the three Counties within thirty (30) days of adoption.
11. Exchange of Information
- a. The Board Chair, or his or her designee, is expected to attend meetings of the Committee to ensure appropriate levels of information sharing and coordination.
12. Legal Services
- a. NCCSP shall contract for private professional legal services to represent its interests and to provide for its legal services needs. This provision satisfies the requirement of section 51.42(3)(ar)1. of the Wisconsin Statutes that the Corporation Counsel of each of the Counties notify NCCSP that he or she is unable to provide in a timely manner the professional legal services needed by NCCSP to carry out its duties. This provision seeks to avoid potential conflicts by acknowledging that legal counsel contracted by NCCSP shall represent the interests of NCCSP as they relate to all three Counties and shall not represent the interests of any of the three Counties separately. The interests of the individual Counties shall be represented by each County's Corporation Counsel.

L. Additional Powers and Duties

- 1. The NCCSP Board shall do all of the following, unless expressly or impliedly prohibited by terms set forth in this agreement:
 - a. Develop coordination of local services and continuity of care where indicated.
 - b. Utilize available resources and develop new resources to carry out the legislative mandate and the mission of the organization.
 - c. Comply with State requirements.
 - d. Assist in arranging cooperative working agreements with service providers.
 - e. Continually evaluate the needs of the member counties' communities and the quality of the service delivery of programs provided by NCCSP in accordance with the expressed provisions and intent of this agreement.

- f. Post meeting agendas, minutes and support materials (packets) in accordance with Wisconsin Open Meetings Law.
- g. Comply—to extent permitted by state and federal law, administrative code, or other legal rule—with Wisconsin Public Record Law.
- h. Appoint members of the Medical Staff.

M. **Additional Discretionary Powers.** In addition to the forgoing, the Board shall have the power to:

- 1. Enter into contracts with individual, or multiple, member counties for the administration of any other health care program or institution.
 - a. Separate Governance Required. Individual, or multiple, member counties entering into such contracts shall designate an entity wholly independent of NCCSP for the purpose of governance of said health care program or institution.
 - b. Marathon County Nursing Home Facilities. Marathon County shall meaningfully review its delegation of governance of the Mount View Care Center to NCCSP and report to the remaining member counties, through their respective representatives on the Committee, Marathon County’s intent with regard to the designation of its governance authority with regard to its nursing home facility within one (1) calendar year from the effective date of this agreement.
 - b.c. Marathon County Aquatic Therapy Pool. Marathon County shall meaningfully review its delegation of governance and operation of the Aquatic Therapy Pool to NCCSP and report to the remaining member counties, through their respective representatives on the Committee, Marathon County’s intent with regard to the designation of governance and operational authority of the Aquatic Therapy Pool within one (1) calendar year from the effective date of this agreement.
- 2. Enter into Facilities Use Agreements with member counties to govern control of facilities owned by the said counties and occupied by NCCSP.

Formatted: Font: Bold, Underline

VII. COMMUNITY PROGRAMS DIRECTOR

A. **General Powers**

- 1. The Chief Executive Officer of the North Central Community Services Program shall have all of the administrative and executive powers and duties of managing, operating, maintaining and improving the programs of NCCSP, subject to such delegation of authority as is not inconsistent with powers and duties granted to NCCSP or its Board, powers and duties

expressly or impliedly retained by the respective member county Boards of Supervisors or delegated by the member county Boards of Supervisors to the Committee, Wisconsin Statutes and Administrative Code, and rules promulgated by the department.

2. The Chief Executive Officer shall fill the role of the “county community programs director” under section 51.42 of the Wisconsin Statutes.

B. **Specific Powers and Duties.** In consultation and agreement with the NCCSP Board and the Committee, the Chief Executive Officer shall:

1. Prepare an annual comprehensive plan and budget of all funds necessary for the programs and services of NCCSP. This plan shall establish priorities and objectives for the year as well as any modifications of long range objectives.
2. Prepare intermediate range plans.
3. Prepare an annual report of the operation of NCCSP and other reports required by:
 - a. The State of Wisconsin, the federal government, or an agency of subunit of the state or federal government.
 - b. A Board of Supervisors of a member county.
 - c. The Committee.
4. Make recommendations to the NCCSP Board and the Committee as required by this agreement, including the following:
 - a. Personnel and salaries of employees.
 - b. Changes in program services
5. After consultation with the Board and the Committee, administer the duties of the NCCSP.
6. Comply with state and federal requirements and the terms of this agreement.
7. Employ and manage staff as he or she deems appropriate to administer the duties of the NCCSP.
8. Develop a Conflict Resolution Protocol.
 - a. The parties recognize that some level of intergroup conflict is inherent in this partnership because of the scarcity of resources, the ambiguity of roles and the law as applied to specific cases, and the differences in organizational values and culture. To address these differences at the lowest possible level, preferably through direct communication between colleagues or peers, the CEO shall work with the chief administrative person from each of the member counties to develop and periodically update protocols for addressing situational intergroup conflict.
9. Convene meetings of member county Finance Directors.

- a. The Finance Director for each County and the Chief Financial Officer for NCCSP will meet on no less than two (2) occasions to evaluate and discuss the status of each County and the financial stability of NCCSP.

VIII. GENERAL FINANCIAL PROVISIONS

The following general provisions shall apply to the financial affairs of NCCSP:

- A. **Accounting Period.** NCCSP shall use the calendar year as its accounting period.
- B. **Accounting Practices.** NCCSP shall follow generally accepted accounting principles.
- C. **Annual Audit.** NCCSP through the Finance, Personnel and Property Committee shall retain an independent certified public accounting firm, selected by the Retained County Board Authority Committee, to annually audit the financial records of NCCSP. The audit shall be conducted in accordance with generally accepted auditing standards, government auditing standards and requirements of the American Institute of Certified Public Accountants, and shall include the following supplemental statements: (1) a Cash Flow statement for the Mount View Nursing Home and (2) a Balance Sheet and Cash Flow statement for North Central Health Care, and (3) a Balance Sheet detailing each respective member counties' fund balance. On or before April 30 of each year, NCCSP shall provide each County, through its respective Administrative official, and the Retained County Board Authority Committee with a copy of the annual audit report and applicable supplemental statements. Unless a member county or the Committee specifically directs otherwise, the Annual Financial Statement shall be deemed accepted by the County ninety (90) days after receipt by the County.
- D. **County Appropriations.** County appropriations for operations, reserves and capital purchases shall be determined through a budget development process which follows the procedures detailed in this section.
 1. **Community Services Program** - The Community Services Program is the program of services for disability groups experiencing mental illness, alcoholism and other drug abuse. Operations and capital budgets for the Community Services Program shall be prepared and approved by the North Central Community Services Program Board and the Committee, as required by this agreement, and provided to each of the three Counties as requests for funding approval. A determination of operating reserve needs shall also be made each year by the NCCSP Board, consistent with its Reserve Policy, and communicated to the Board, the Committee, and the three member counties.

- a. Operations Budget
 - i. An operations budget shall be prepared for the multicounty Community Services Program which projects all revenues and expenses for the next calendar year. Appropriations required from funding Counties for operations for the Community Services Program shall be determined through a process which allocates the revenue and expense items of the budget according to the following provisions and arrives at net appropriations needed from each County for the ensuing calendar year.
 - ii. The Committee shall provide budget guidelines and priorities to the Board no later than June 1.
 - iii. The Board shall propose an annual budget to the Retained County Board Authority Committee for approval and submission to the respective member County Boards, no later than September 1 of each calendar year.
 - iv. The Committee shall receive the proposed budget from the NCCSP Board, review same, and create the final budget for submission to the respective County Boards, no later than October 1 of each calendar year.
 - v. Individual member county Boards of Supervisors shall receive, consider, and approve proposed budgets. The final allocation to NCCSP shall be determined by the member counties in the context of their complete annual budget.
- b. Program Revenue
 - i. **Addendums.** Addendums are defined as program funding received from the State of Wisconsin and which are received with designations that the funding will be used for specifically identified groups or individuals.
 - ii. Addendums related to service programs shall be allocated among the three Counties based on the best available data with regard to the population of the member counties published by the Wisconsin Department of Administration, or another state agency required by law to publish said information.(such allocation method shall be hereinafter referred to as the "Appropriate Allocation Methodology").
 - iii. **Third Party Collections.** Third party collections for all disability groups shall be first allocated to the respective Counties based on third party collections specifically identified with services separately provided in individual Counties. Third party collections provided in any of the

Counties as a part of the common services available to all of the Counties, such as inpatient services, shall be allocated based on the Appropriate Allocation Methodology.

- iv. **State Base County Allocation.** The State Base County Allocation (BCA) shall be divided among the three (3) counties based on the Appropriate Allocation Methodology.
 - v. Other Revenue. Other revenue which is generated from provision of services not directly related to disability group programs shall be allocated to each county based on where the revenue was generated.
 - vi. NCCSP Nursing Home Revenues. Notwithstanding any other provision contained in this Agreement, revenues derived from the NCCSP's operation of a member county nursing facility or skilled nursing facility on behalf of the member county shall be allocated exclusively to said member county. With regard to Mount View Care Center, Marathon County and neither Langlade nor Lincoln County shall receive allocation of any such revenues. Mount View revenues shall include revenues attributable to all programs provided by said facility, including but not limited to, post-acute care and rehabilitation services and programs, ventilator program and services, dementia care program and related services, long term care programs and services, respite care program and services, short term or long term residential programs, care and services, and any other programs or services provided in connection with Mount View Care Center.
- c. Program Expenses
- i. Expenses of operating the programs shall be allocated to each of the three Counties in a manner that is consistent with the allocation of program revenues.
 - ii. Other expenses shall also be allocated in a manner that is consistent with the allocation of other revenue.

2. Reserves Determination

- a. The amount of reserves will be determined by the Reserves Policy. This reserve policy is established in consultation with the finance directors of each county and recommended by the Finance, Personnel & Property Committee for approval by the NCCSP Board. Expenditure or distribution of each county's reserves retained by NCCSP in an amount that exceeds the minimum described in the NCCSP policy, either as an

individual transaction or as aggregated annually, is not permitted without approval by the retained County Authority Committee

3. Capital Budget
 - a. A capital budget shall be prepared to provide for the capital needs of the Community Program for continued operation. The capital needs amount shall be allocated to the three Counties based on the county in which the capital asset will be located. The capital appropriation request to each County shall individually identify capital assets with a purchase price of \$30,000, or more, and shall be sent to the appropriate county for review and approval regardless of funding source consistent with any Facilities and/or Capital Use Agreements between NCCSP and the Counties. Other capital assets of lesser cost shall be grouped together in the capital appropriation request.
4. Ownership and Depreciation
 - a. Capital assets purchased by NCCSP with capital appropriations shall be owned by the County providing the appropriation but shall be carried on the books of NCCSP and depreciation amounts for capital assets shall be included in program operating expenses. Each County's fund balance account shall be increased for the amount of the capital appropriation provided for the purchase of capital assets by NCCSP.
5. Insurance Coverage
 - a. Counties shall be responsible for site (real property) insurance for their respective facilities. Counties shall be entitled to charge back NCCSP for premiums paid. NCCSP shall be responsible for all other necessary and appropriate insurance coverage, including any coverage required by virtue of NCCSP's use or occupancy of any facility or property.
6. Reconciliation
 - a. On or before April 30 of each year NCCSP shall determine the operating results for the preceding calendar year. The net excess revenue or expense shall be allocated to each County's fund balance.
7. Appropriation Payment
 - a. Each county shall pay to NCCSP one fourth (1/4) of the county's annual approved appropriation per quarter.
8. Collections from Service Recipients
 - a. The collection procedures utilized by NCCSP to collect charges from service recipients shall be consistent with established policies and procedures and State laws and administrative regulations applicable to collections.
9. Other Programs
 - a. Budgets shall be prepared which separately account for revenue and expenses for other County health care programs and

institutions administered by NCCSP under the authority of Wis. Stat. 51.42(3)(b) and paragraph IV. M. above. Operational and capital contributions by a County for which NCCSP is administering another County health care program or institution shall be determined under the provisions of the separate agreement between NCCSP and the authorizing County.

IX. TERMINATION OF THE AGREEMENT

- A. **Term of the Agreement.** This agreement is effective as of the Effective Date (or January 1, 2017) and for a period of five (5) years thereafter. In the event that this agreement is not extended by an affirmative vote of each of the respective member county Boards of Supervisors, or a successor agreement is not entered into by affirmative vote of each of the respective member county Boards of Supervisors, prior to December 31, 2020, said failure is deemed to constitute notice of intent to withdraw from this agreement as contemplated under subsection IX.C. of this agreement. The failure of one county to affirmatively extend this agreement, or enter into a successor agreement, does not terminate joint sponsorship of the NCCSP, provided that the remaining two member counties affirmatively vote to extend this agreement, or enter into a successor agreement. Instead, if only two member counties vote to extend this agreement, or enter into a successor agreement, the Continuation of Sponsorship provision of section IX.D. would be triggered.
- B. **Annual Review**
1. The terms and conditions of this agreement shall be reviewed annually by the Committee and the Board to identify proposed amendments or modifications to address areas of concern.
 2. Proposed amendments or modifications to the Agreement shall be reported to the member county Boards of Supervisors for further action.
- C. **Termination of the Agreement.** This agreement may be terminated by any member County for any reason (or for no reason) by providing written notice of the intent to withdraw to the other member Counties at least one (1) full calendar year in advance of the effective termination date along with a copy of the resolution adopted by the respective member County approving withdrawal. The effective termination date will be January 1 of the next calendar year following the required full calendar year notice, unless all member Counties agree to an earlier effective termination date. The NCCSP would remain responsible for providing services in the same manner as previously agreed upon until the effective termination date.
- D. **Continuation of Sponsorship**
1. The joint sponsorship arrangement under this agreement shall survive the withdrawal of any County if the remaining Counties choose to continue the joint sponsorship by affirmative vote of each of the member county Board of Supervisors and the execution of a successor joint sponsorship

agreement no later than six (6) months prior to the effective termination date of this agreement as that date would be calculated in accordance with the provisions above.

2. In the event of continuance, the termination date of the withdrawing County's participation in the Program shall be determined as indicated above, and within six (6) months following the termination date, the equity fund balance of the withdrawing County shall be determined. Payment to the withdrawing County shall then be made during the twelve (12) months following the termination date. Payment shall be made first in property owned by that County but carried on the books of NCCSP at its depreciated value, and the remainder, if any, shall be paid from cash or other assets. If the withdrawing County's equity fund balance account is less than the depreciated value of the property owned by that County but carried on the books of NCCSP, then that County shall appropriate an additional amount to NCCSP to cover this deficit.
3. Any and all facilities use agreements regarding real property owned by the withdrawing county that is occupied by NCCSP shall terminate as of the effective date of the withdrawal, regardless of any continued sponsorship.

E. Liquidation of NCCSP

1. Upon the receipt of the notice of intent to withdraw from any member County, or upon the failure of all member Counties to renew this agreement or enter into a successor agreement, NCCSP shall initiate planning relative to winding-up its affairs with the member Counties, while continuing to share costs and provide services in the same manner as existing immediately prior to the notice. On any withdrawal not subject to continuation of sponsorship as provided above, the operations shall be terminated as soon as reasonably possible as determined by NCCSP and agreed to by the Committee. The net equity fund balance of each County shall be determined as of the date operations terminate. NCCSP shall then proceed to liquidate all assets except property and equipment and satisfy all liabilities. When liquidation has been completed the remaining net assets shall be distributed based upon the proportion of each County's equity fund balance as of the date of termination of operations. The net assets distributed shall first be the property and equipment attributable to each County, and the remainder, if any, shall be paid from cash or other assets. If a County's equity fund account is less than the depreciated value of the property and equipment owned by that County but carried on the books of NCCSP then that County shall appropriate an additional amount to NCCSP to cover this deficit by January 30 of the year following the next regular budget cycle.
2. NCCSP shall be entitled to withhold any unpaid contract charges from funds to be paid pursuant to this section.

X. MISCELLANEOUS

- A. **Other Arrangements.** No funding County shall enter into any agreement with NCCSP which financially benefits such County at the expense of any of the other funding Counties.
- B. **Assignment.** NCCSP shall not assign this Agreement without the express written consent of Lincoln, Langlade and Marathon Counties.
- C. **Waiver and Modification.** This Agreement, and its terms may only be waived, altered, amended, modified, cancelled or discharged by the parties upon specific written agreement, or as otherwise specifically provided in this Agreement.
- D. **Automatic Modification.** If any law enacted by the State of Wisconsin or by the United States of America changes the parties' duties and obligations, NCCSP shall notify Lincoln, Langlade Marathon Counties of the needed changes and this Agreement shall be modified in a manner mutually agreeable to the parties.
- E. **Captions.** Captions are used throughout this Agreement for convenience or reference only and shall not be considered in any manner in the construction or interpretation of this Agreement.
- F. **Severability.** If any of the terms of this Agreement are declared to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions, or the application of such to persons or circumstances other than those to which it is declared invalid and unenforceable, shall not be affected, and shall remain effective, valid and enforceable to the fullest extent permitted by law.
- G. **Construction.** This Agreement shall be construed according to the laws of the State of Wisconsin. This Agreement shall be interpreted and construed in a fair and impartial manner without regard to such factors as which party prepared the instrument or the parties' relative bargaining powers
- H. **Other Documents.** Each of the parties agrees to sign any other documents as may be appropriate to carry out the intentions expressed in this Agreement.
- I. **Entire Agreement.** This Agreement, and any other instruments or agreements it refers to, constitute the entire agreement between the parties with respect to the subject matter, and there are no other representations, warranties, or agreements except as provided in this Agreement
- J. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original.
- K. **Parties Bound.** Each provision of this Agreement shall extend to and shall, as the

case might require, bind and inure to the benefit of the Lincoln Langlade and Marathon Counties and NCCSP and their respective legal representatives, successors and assignees.

- L. **Immunity.** Nothing contained in this agreement is intended to be a waiver or estoppel of the rights of Lincoln, Langlade and Marathon Counties and/or NCCSP and their insurers to assert their rights to all affirmative defenses, limitations of liability and immunities as specifically set forth in Wisconsin Statutes, including sections 893.80, 895.52 and 345.05, and related statutes.

Effective January 1, 2017, or date of last County Approval, whichever is later: Date: _____

~~[Signatures on Next Page]~~

LANGLADE COUNTY

BY: _____
David J. Solin
County Board of Supervisors Chair

BY: _____
Judy Nagel
County Clerk

BY: _____
Robin Stowe
County Coordinator

LINCOLN COUNTY

BY: _____
Robert Lee
County Board of Supervisors Chair

BY: _____
Christopher J. Marlowe
County Clerk

BY: _____
Randy Scholz
County Coordinator

MARATHON COUNTY

BY: _____
Kurt Gibbs
County Board of Supervisors Chair

BY: _____
Nan Kottke
County Clerk

BY: _____
Brad Karger
County Administrator

