

## 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, February 10<sup>th</sup>, 2017**

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. Public Comment for Matters Appearing on the Agenda
3. Consent Agenda
  - a. ACTION: Approval of 12/09/16 Human Services Operations Committee Meeting Minutes
  - b. Financial Report
4. Educational Presentation
  - a. OWI Recidivism – Laura Yarie
  - b. Medically Monitored Treatment (MMT) Program Update – Daniel Shine
5. Human Services Outcome Reporting
  - a. Outcome Data Review
  - b. Crisis Services Update and Hospital Data Review
6. Program Options for Youth Discussion – M. Loy
7. Aquatic Therapy Pool Review and Recommendation – M. Loy
8. Discussion and Future Agenda Items
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: 02/03/17 TIME: 4:00 p.m. BY: D. Osowski

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

**December 9, 2016**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present:

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

Others Present: Jeff Zriny, Michael Loy, Laura Scudiere, Brenda Glodowski, Becky Schultz, Sue Matis, Tom Dowe, Jessica Meadows

The meeting was called to order at 10:31 a.m.; roll call was noted, and a quorum declared.

Laura Yarie was unable to attend. Lee Shipway tendered her resignation. Committee will send a letter of appreciation for her years of valuable service.

Consent Agenda

- **Motion**/second, Bergstrom/Xiong, to approve the consent agenda which includes the 11/11/16 Human Services Operations Committee meeting minutes and the Financial Report. Motion carried.

Human Services Outcome Reporting

- October was an unusually high month in crisis. Youth crisis is trending much higher than last year. Using data to look at intervention and services to more adequately deal with patient population. Interesting to note that crisis contacts volume tend to track together between 2015 and 2016.
- Demand for Community Treatment, case management program, is growing. Community Treatment sees individuals who have AOD or diagnosed mental illness. Case managers see clients in their homes or where they are most comfortable. Some staff visit with clients several times a day, some weekly and others monthly. Intent is to help clients live their best lives and maintain functionality within the community; and also includes medication management. An advocate for our patients.
- In crisis and youth there is a change in philosophy by Social Services not to use secure detention if at all possible. Social Services would rather see shared patients receiving treatment from different avenues for behavioral health and mental health issues. Secure detention is not necessarily the best treatment. Schools have increased their use of NCHC services as they now feel crisis services are better for juveniles. Would like to track where opioid and drug issues are hitting the community if there is a method to do so. We also have youth case managers in Community Treatment who are often case managing both the children and the parents as these situations affect the entire household. We are also working with a behavioral health grant and CHIP with the Health Dept. to look from a preventative standpoint. School counseling will be a major addition to this also. The youth crisis contacts graph shows an upward trend from 2015 to 2016.

- Where are we in terms of capacity? Does this upward trend pose capacity issues that need to be addressed? We want to be proactive vs reactive with adequate resources.
- Highest priorities next year are youth and adolescents then adults.
- Will be looking at a 6-8 bed youth crisis stabilization home; expansion of the MMT program from a capacity of 6 to 20; residential treatment program with the State looking to expand Medicaid coverage; CBRF expansion with step-down programming; and structurally addressing the multi-bed to single bed capacity on the inpatient unit. With the new agreement in place we will be reviewing the options and then move them through the RCA.
- We also need to equip others in the community to address crisis in the community before needing crisis treatment therefore training has begun in helping to de-escalate situations in the community and in schools.
- Sheriff's Dept. doing a lot in the last year, the Wausau Police Department is posting for a mental health therapist, we also have a crisis worker in the Wausau Police Department and therapists in the jail. Combining efforts to develop improved behavioral health and hopefully decrease the burden on the criminal justice system too.
- Additional data is being gathered and will be reported.
- Transportation program is working well. We will not be able to transport all patients due to some individuals needing restraints but have been transporting for medical clearance, etc. and no safety issues so far.
- Crisis Process Improvement Team is reviewing their action plan, looking at new goals now that it's been a year. Lincoln County has been invited but no attendance so far. Langlade County participated for the first six months but not lately. Nancy Bergstrom asked to be invited.
- Wait times have increased due to two vacant counselor positions in Antigo. These are not easy to fill but working diligently on recruiting.

#### Marketing Programs – Jessica Meadows

- Jessica Meadows provided an overview on marketing activities, statistics, and growth.
- Y. Xiong recommended reaching out to Hmong radio, involvement in Hmong New Year event; have any videos translated in Hmong; appreciates that some documents are multi-lingual.
- 2017 marketing budget has been reduced by 10% from 2016. Utilizing a broad range of outlets to connect with community i.e. Facebook and other social media platforms.
- Have begun gathering information from Outpatient Services of how individuals heard of us. Will do this in the nursing home also.
- N. Bergstrom commented that the weekly News You Can Use newsletter is very well done.
- 2017 activities will include getting the campuses and centers supplied with internal marketing materials for waiting rooms, hallways, elevators, etc. Exploring TV displays in various areas also.

#### Aquatic Therapy Pool Review of Consultant Report

- Last consultant report was distributed. This consultant was at the request of Marathon County as they wanted to truth test the numbers.
- Marathon County Health & Human Services will be making recommendations about the future of the pool following the Tri-County Agreement anticipated approval.
- The pool is beyond its expected life; has changed in use over the years and evolved into warm water therapy.
- Committee requested that information be provided on the impact of the cost and on NCHC and the impact on the counties.

- Advantages and disadvantages need to be identified as well as if we are able to be reimbursed being linked to the behavioral health unit.
- Possible for next meeting: is this appropriate for the mission of NCHC? What are the benefits to the population served and throughout the facility i.e. behavioral health, nursing home, etc?
- J. Zriny noted that Health and Human Services Chairman Bootz indicated the pool would be addressed in the first quarter of 2017. Concerns have been expressed and the community is looking for a definitive answer.
- Inaction has a financial detriment as experienced this year.

#### Update on Tri-County Tentative Agreement

- Tentative agreement reached last week after 2-3 months of negotiations. Ultimately ended where everyone can move forward. Last time an agreement was reached was 2008.
- The new agreement includes several updates:
  - Limited 5 year agreement, ultimately the withdrawal is the same but with a more active decision to continue partnership.
  - RCA was created with county representatives (1 each from Lincoln and Langlade Counties and 2 from Marathon County). Under 51.42 statutes in the creation of community services the county can retain authority which is what they want at this time. The parties have agreed to retain authority for the CEO selection, compensation plan, budget, assessment of services, program creations, suspension and termination; RCA will review on regular basis and make recommendations to the 3 county boards.
  - Three county boards will be voting on the agreement on 12/20/16. Health & Human Services voted unanimously in Marathon County to adopt the agreement but there may be discussion about revising the committee structure, however the other counties will not agree to a revised structure.
- Once the agreement is adopted, the work in the next 6 months is enormous. M. Loy will provide a work plan in an effort to set NCHC up for success and be able to comply with the agreement.

#### Future Items for Committee Consideration

- Will continue to reach out to Laura Yarie for discussion on OWI.
- Update on crisis services including performance expectations and plans for crisis services. Committee would like to have several members of the Crisis Process Improvement Team at a future committee meeting.
- HSOC give thought to what we should be doing in terms of crisis and others.
- Lincoln and Langlade County representatives were asked to check with their county agencies on whether crisis services are being addressed.

**Motion/second, Xiong/Matucheski to adjourn the meeting at 11:51 a.m. Motion carried.**

*dko*



**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD  
HUMAN SERVICES OPERATIONS COMMITTEE**

**January 13, 2017**

**10:30 AM**

**North Central Health Care – Board Room**

There was no meeting due to lack of quorum.

North Central Health Care  
Review of 2016 Services  
Langlade County  
**Preliminary**

	2016 Jan-Dec Actual Rev	2016 Jan-Dec Budg Rev	Variance	2016 Jan-Dec Actual Exp	2016 Jan-Dec Budg Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$308,412	\$457,632	(\$149,220)	\$428,972	\$650,980	\$222,008	\$72,788
Psychiatry Services	\$44,772	\$26,501	\$18,271	\$219,209	\$204,270	(\$14,939)	\$3,332
Community Treatment	\$1,021,563	\$852,057	\$169,506	\$937,653	\$1,055,050	\$117,397	\$286,903
Day Services	\$466,991	\$476,019	(\$9,028)	\$470,394	\$476,019	\$5,625	(\$3,403)
	\$1,841,738	\$1,812,209	\$29,529	\$2,056,228	\$2,386,319	\$330,091	\$359,620
<b>Shared Services:</b>							
Inpatient	\$484,512	\$424,091	\$60,421	\$702,215	\$649,993	(\$52,222)	\$8,199
CBRF	\$98,044	\$84,892	\$13,152	\$83,075	\$71,124	(\$11,951)	\$1,201
Crisis	\$22,566	\$18,659	\$3,907	\$157,854	\$176,297	\$18,443	\$22,350
Lakeside Recovery	\$11,617	\$0	\$11,617	\$38,455	\$0	(\$38,455)	(\$26,838)
AODA Day Hospital	\$7,220	\$12,190	(\$4,970)	\$13,519	\$20,627	\$7,108	\$2,138
Protective Services	\$29,220	\$24,950	\$4,270	\$71,293	\$61,895	(\$9,398)	(\$5,128)
Birth To Three	\$71,298	\$134,287	(\$62,989)	\$143,029	\$247,343	\$104,314	\$41,325
Group Homes	\$211,737	\$134,084	\$77,653	\$215,650	\$134,084	(\$81,566)	(\$3,913)
Supported Apartments	\$49,420	\$150,630	(\$101,210)	\$47,467	\$150,630	\$103,163	\$1,953
Contract Services	\$0	\$0	\$0	\$248,956	\$105,086	(\$143,870)	(\$143,870)
	\$985,634	\$983,783	\$1,851	\$1,721,513	\$1,617,079	(\$104,434)	(\$102,583)
Totals	\$2,827,372	\$2,795,992	\$31,380	\$3,777,741	\$4,003,398	\$225,657	\$257,037
Base County Allocation	\$830,079	\$879,223	(\$49,144)				(\$49,144)
Nonoperating Revenue	\$5,668	\$3,702	\$1,966				\$1,966
County Appropriation	\$324,483	\$324,483	\$0				\$0
Excess Revenue/(Expense)	\$3,987,602	\$4,003,400	(\$15,798)	\$3,777,741	\$4,003,400	\$225,657	\$209,858

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

<b>Direct Services:</b>	<b>2016 Jan-Dec Actual Rev</b>	<b>2016 Jan-Dec Budget Rev</b>	<b>Variance</b>	<b>2016 Jan-Dec Actual Exp</b>	<b>2016 Jan-Dec Budg Exp</b>	<b>Variance</b>	<b>Variance By Program</b>
Outpatient Services	\$313,780	\$429,379	(\$115,599)	\$464,951	\$613,377	\$148,426	\$32,827
Lincoln Psychiatry Services	\$69,911	\$48,697	\$21,214	\$439,046	\$320,536	(\$118,510)	(\$97,296)
Community Treatment	\$1,279,779	\$818,191	\$461,588	\$924,498	\$1,127,423	\$202,925	\$664,513
	\$1,663,470	\$1,296,267	\$367,203	\$1,828,495	\$2,061,336	\$232,841	\$600,044
<b>Shared Services:</b>							
Inpatient	\$704,742	\$616,856	\$87,886	\$1,021,404	\$945,445	(\$75,959)	\$11,927
CBRF	\$142,609	\$123,479	\$19,130	\$120,836	\$103,453	(\$17,383)	\$1,747
Crisis	\$45,133	\$18,659	\$26,474	\$315,708	\$176,297	(\$139,411)	(\$112,937)
Lakeside Recovery	\$5,163	\$0	\$5,163	\$17,091	\$0	(\$17,091)	(\$11,928)
AODA Day Hospital	\$10,502	\$17,731	(\$7,229)	\$19,664	\$30,002	\$10,338	\$3,109
Protective Services	\$42,502	\$36,291	\$6,211	\$103,699	\$90,028	(\$13,671)	(\$7,460)
Birth To Three	\$109,890	\$95,689	\$14,201	\$220,449	\$184,870	(\$35,579)	(\$21,378)
Apartments	\$49,420	\$46,983	\$2,437	\$47,467	\$46,983	(\$484)	\$1,953
Contract Services	\$0	\$0	\$0	\$362,117	\$152,852	(\$209,265)	(\$209,265)
	\$1,109,961	\$955,688	\$154,273	\$2,228,435	\$1,729,930	(\$498,505)	(\$344,232)
Totals	\$2,773,431	\$2,251,955	\$521,476	\$4,056,930	\$3,791,266	(\$265,664)	\$255,812
Base County Allocation	\$862,768	\$835,714	\$27,054				\$27,054
Nonoperating Revenue	\$6,936	\$5,134	\$1,802				\$1,802
County Appropriation	\$698,463	\$698,463	\$0				\$0
Excess Revenue (Expense)	\$4,341,598	\$3,791,266	\$550,332	\$4,056,930	\$3,791,266	(\$265,664)	\$284,668

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

	2016 Jan-Dec Actual Rev	2016 Jan-Dec Budget Rev	Variance	2016 Jan-Dec Actual Exp	2016 Jan-Dec Budget Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$941,602	\$1,343,619	(\$402,017)	\$1,793,114	\$2,457,347	\$664,233	\$262,216
Psychiatry Services	\$302,286	\$583,234	(\$280,948)	\$1,952,793	\$2,283,107	\$330,314	\$49,366
Community Treatment	\$4,246,407	\$3,029,850	\$1,216,557	\$5,625,153	\$4,473,215	(\$1,151,938)	\$64,619
Day Services	\$1,736,554	\$1,810,691	(\$74,137)	\$1,727,433	\$1,810,691	\$83,258	\$9,121
Clubhouse	\$327,841	\$377,502	(\$49,661)	\$485,860	\$472,501	(\$13,359)	(\$63,020)
Demand Transportation	\$400,393	\$420,718	(\$20,325)	\$393,604	\$420,718	\$27,114	\$6,789
Leased Space	\$227,444	\$250,000	(\$22,556)	\$257,956	\$277,561	\$19,605	(\$2,951)
Aquatic Services	\$659,647	\$781,368	(\$121,721)	\$813,231	\$781,367	(\$31,864)	(\$153,585)
	\$8,842,174	\$8,596,982	\$245,192	\$13,049,144	\$12,976,507	(\$72,637)	\$172,555
<b>Shared Services:</b>							
Inpatient	\$3,215,385	\$2,814,403	\$400,982	\$4,660,157	\$4,313,593	(\$346,564)	\$54,418
CBRF	\$650,655	\$563,372	\$87,283	\$551,314	\$472,003	(\$79,311)	\$7,972
Crisis Services	\$527,676	\$247,962	\$279,714	\$1,781,496	\$906,671	(\$874,825)	(\$595,111)
Lakeside Recovery	\$168,752	\$200,000	(\$31,248)	\$275,600	\$554,026	\$278,426	\$247,178
AODA Day Hospital	\$47,914	\$80,899	(\$32,985)	\$89,718	\$136,886	\$47,168	\$14,183
Protective Services	\$193,917	\$165,579	\$28,338	\$473,125	\$410,755	(\$62,370)	(\$34,032)
Birth To Three	\$638,407	\$686,713	(\$48,306)	\$1,280,704	\$1,319,588	\$38,884	(\$9,422)
Group Homes	\$2,036,543	\$2,103,582	(\$67,039)	\$2,074,175	\$2,103,582	\$29,407	(\$37,632)
Supported Apartments	\$2,554,822	\$2,175,019	\$379,803	\$2,453,831	\$2,175,019	(\$278,812)	\$100,991
Contracted Services	\$0	\$0	\$0	\$1,652,159	\$697,386	(\$954,773)	(\$954,773)
	\$10,034,071	\$9,037,529	\$996,542	\$15,292,279	\$13,089,509	(\$2,202,770)	(\$1,206,228)
<b>Totals</b>	<b>\$18,876,245</b>	<b>\$17,634,511</b>	<b>\$1,241,734</b>	<b>\$28,341,423</b>	<b>\$26,066,016</b>	<b>(\$2,275,407)</b>	<b>(\$1,033,673)</b>
Base County Allocation	\$2,362,729	\$2,186,499	\$176,230				\$176,230
Nonoperating Revenue	\$106,718	\$81,164	\$25,554				\$25,554
County Appropriation	\$6,164,482	\$6,163,842	\$640				\$640
Excess Revenue/(Expense)	\$27,510,174	\$26,066,016	\$1,444,158	\$28,341,423	\$26,066,016	(\$2,275,407)	(\$831,249)

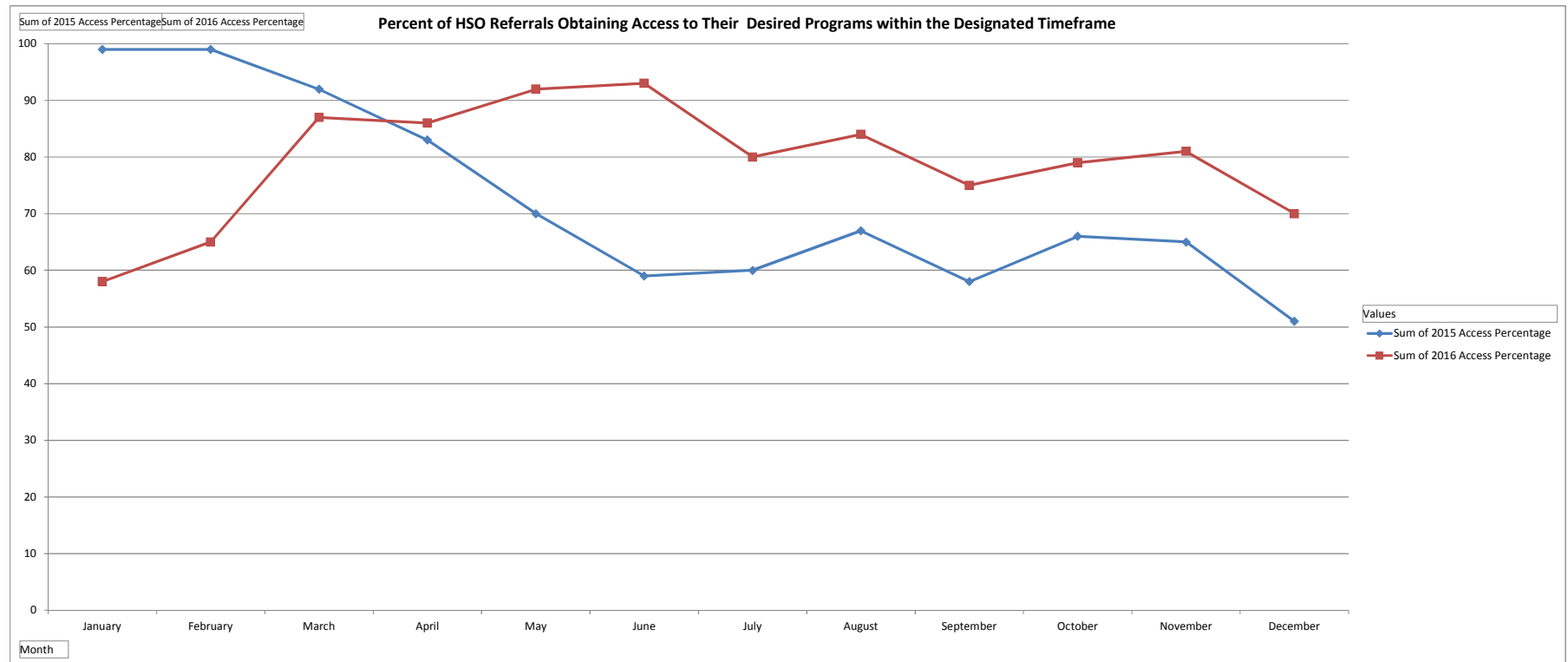


## **EXECUTIVE SUMMARY**

### **OUTCOME DATA FOR HUMAN SERVICES OPERATIONS PROGRAMS**

**February 2017**

- Hospital reimbursement sources have shifted. Patients with Medicaid decreased, while self-pay and Medicare patients increased.
- Hospital capacity rose to 100.8%
- Half of all diversions were youth ages 13-17.
- No roommate days for adults were down due to staff-led efficiencies.
- HSO Program access fell again to 70% from 81%
  - This was caused largely by decrease in access in Community Treatment and Outpatient. Both programs are addressing this issue in their individualized action plans.
- Marathon County Outpatient referrals continue to decline. Further review of this indicates that all referral sources have decreased in the final quarter. Outpatient's action plan specifically targets increasing internal referrals, which had a significant decrease in December.
- We are monitoring Birth to Three in Marathon County to see if the decline in access is a trend or if it is an anomaly.
- The wait time to first appointment for Langlade Outpatient Services is high due to vacancies. We have recently hired an additional provider for this site and have one additional vacancy to fill.
- The wait time for Medically Monitored Treatment program has decreased as there was a concerted effort to contact all the current individuals on the waiting list and offer them the Day Treatment program or AOD counseling.



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	81
December	51	70

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

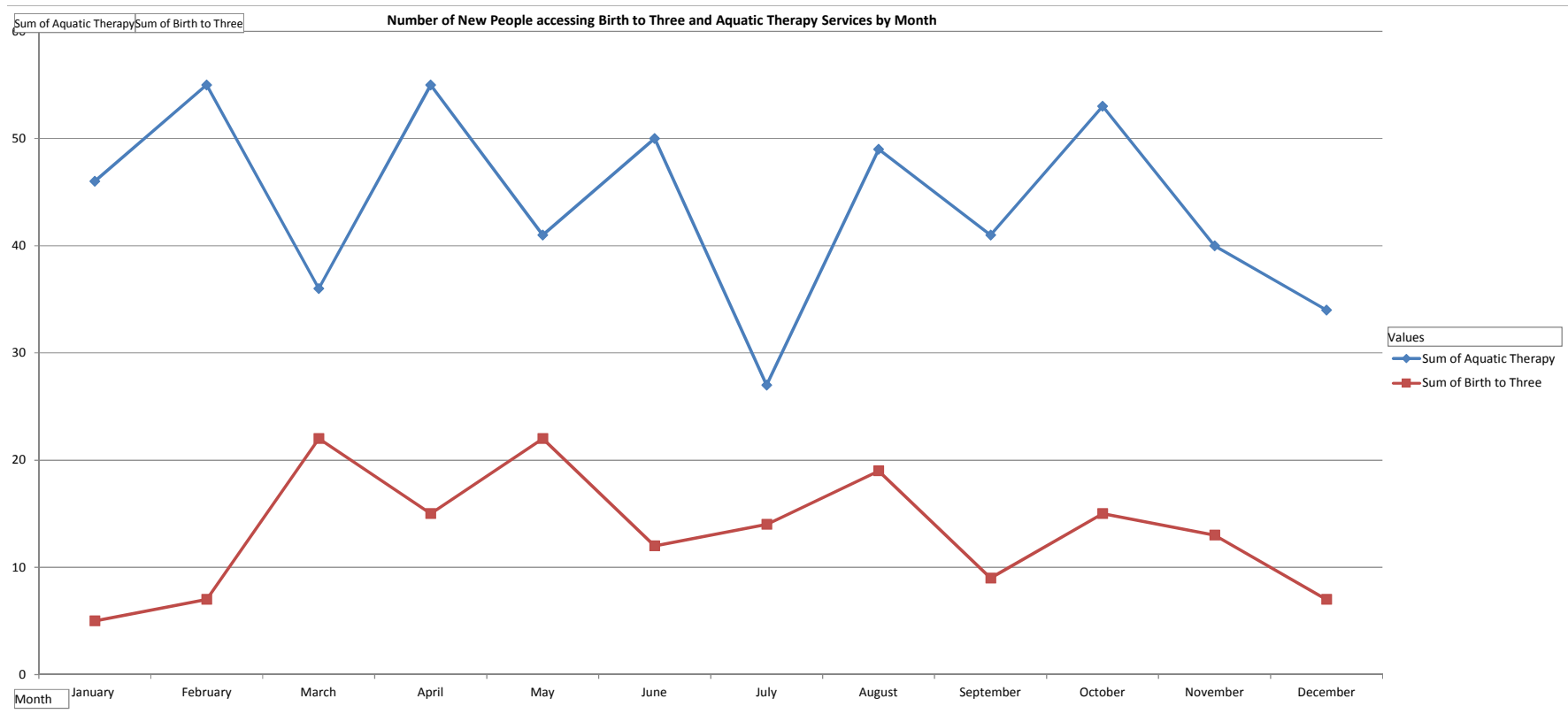
### Number of referrals followed through and scheduled

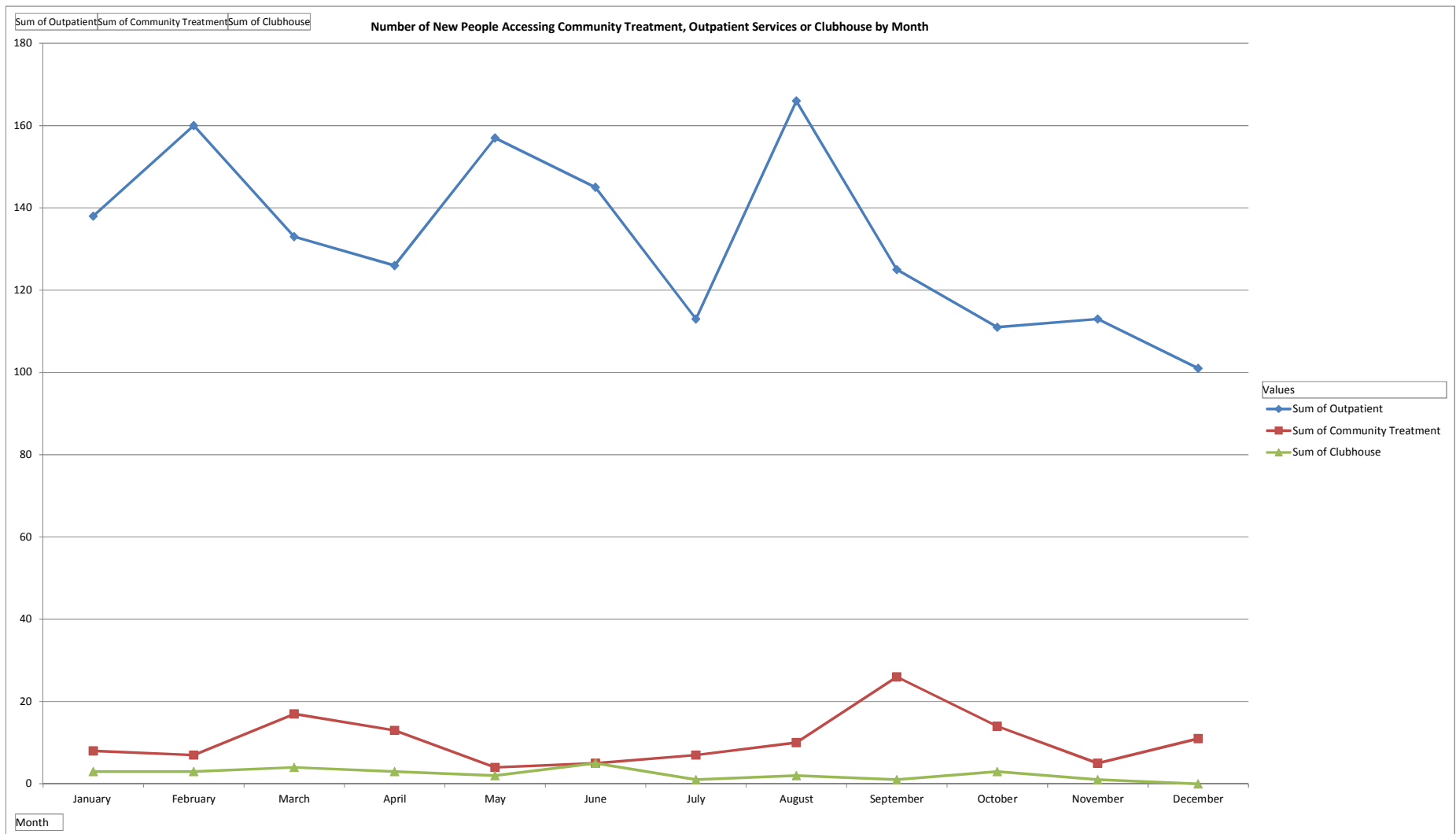
Month	2015 Number of Referrals Scheduled	2016 Number of Referrals Scheduled
January	243	206
February	239	236
March	254	216
April	250	215
May	245	229
June	244	221
July	240	164
August	280	248
September	255	206
October	263	204
November	227	178
December	186	155

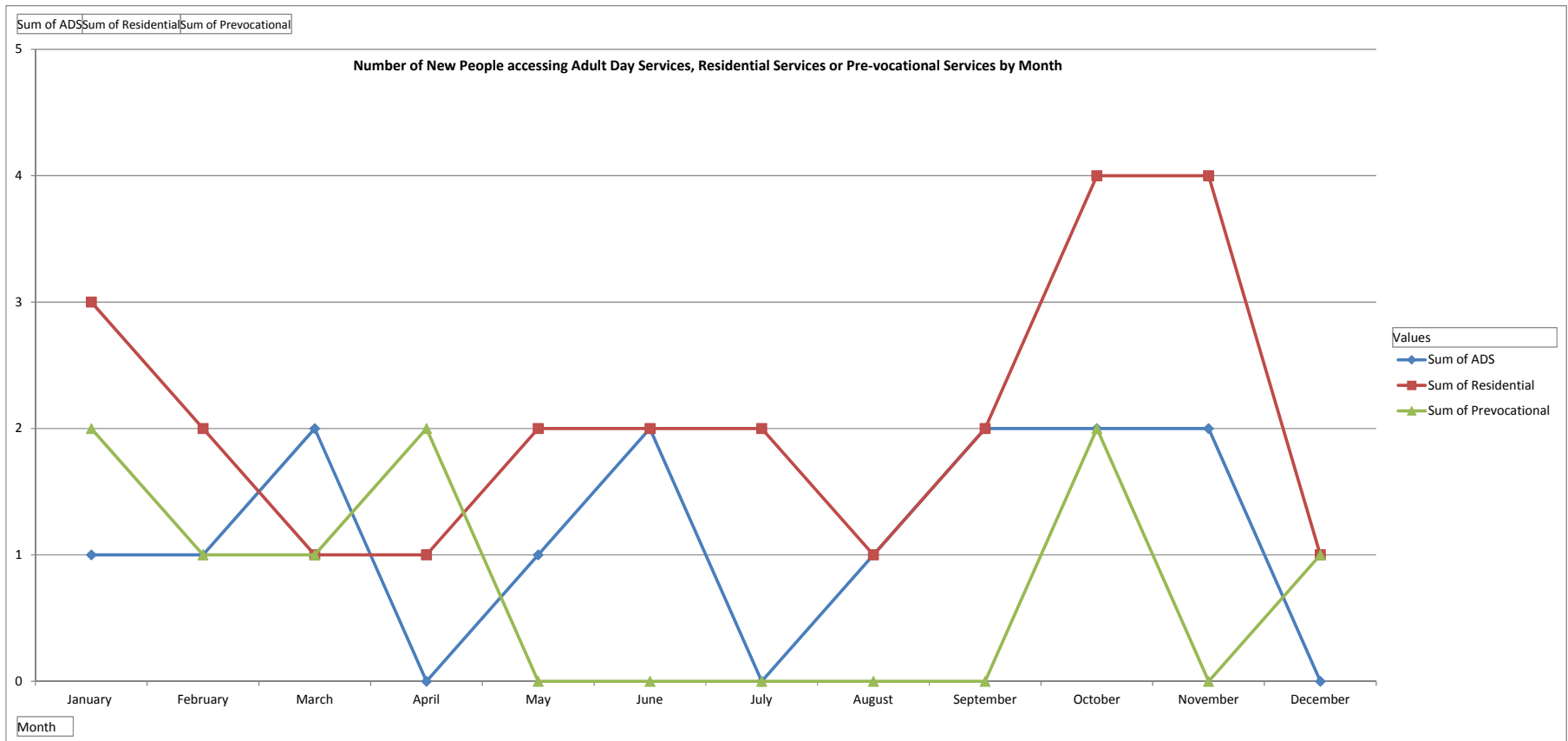
**Total Number of Referrals Scheduled in all HSO  
Programs in North Central Health Care**

### 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	85	33	49	113	68%
December	54	44	56	101	66%





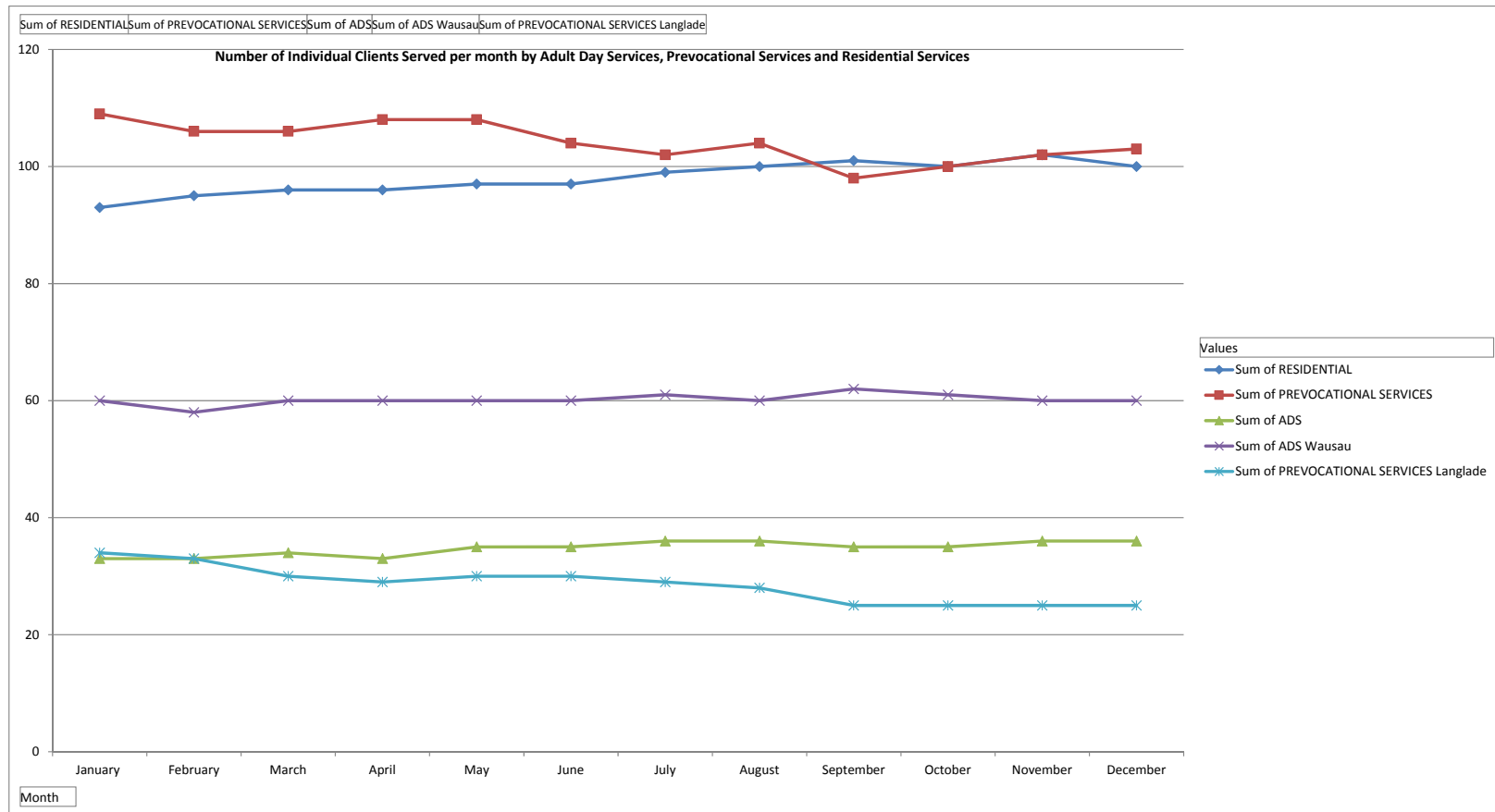


Number of New Referrals Accessing Services								
Month	Aquatic Therapy	Birth to Three	Clubhouse	Community Treatment	Outpatient	Prevocational	Residential	ADS
January	46	5	3	8	138	2	3	1
February	55	7	3	7	160	1	2	1
March	36	22	4	17	133	1	1	2
April	55	15	3	13	126	2	1	0
May	41	22	2	4	157	0	2	1
June	50	12	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
November	40	13	1	5	113	0	4	2
December	34	7	0	11	101	1	1	0

### Number of Clients Served By Each Program

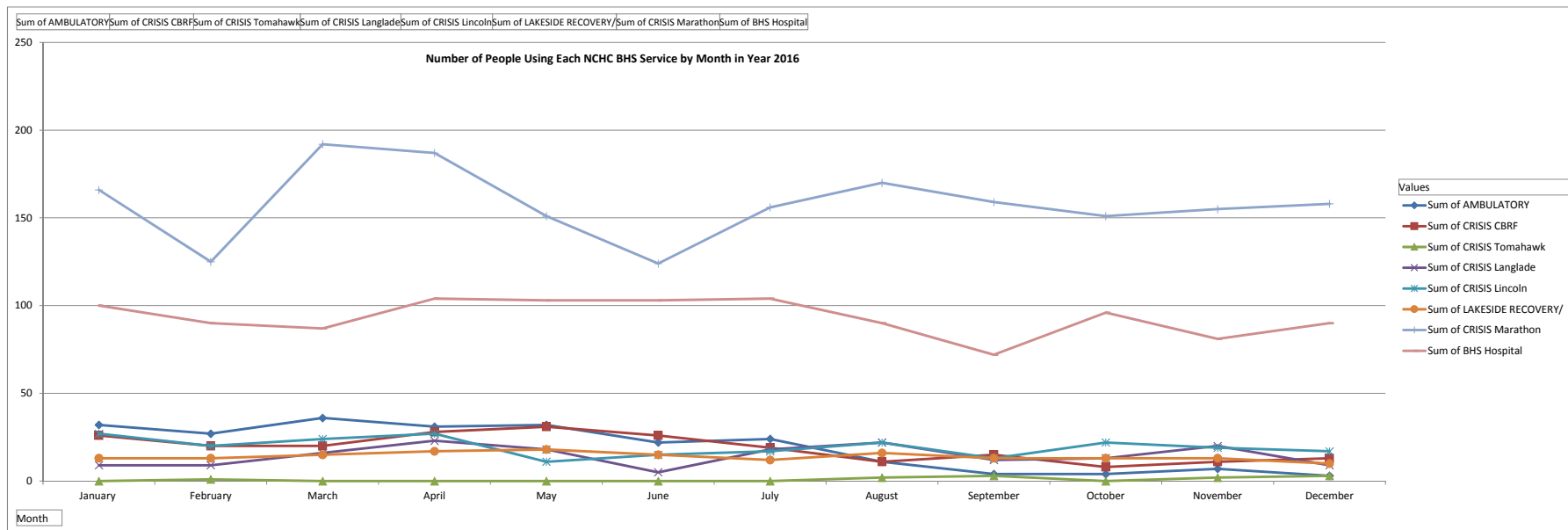
PROGRAM	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2015 TOTAL
ADS LANGLADE	33	33	34	33	35	35	36	36	35	35	36	36	37
ADS WAUSAU	60	58	60	60	60	60	61	60	62	61	60	60	68
AMBULATORY DETOX	32	27	36	31	32	22	24	11	4	4	7	3	55
AODA DAY TREATMENT	16	21	21	14	14	10	6	6	0	0	0	9	58
AQUATIC SERVICES	109	115	118	120	124	123	88	115	104	129	121	113	589
BIRTH TO 3 LANGLADE	16	16	19	17	19	17	16	21	21	19	16	19	38
BIRTH TO 3 LINCOLN	24	24	27	26	29	28	28	29	29	28	30	29	63
BIRTH TO 3 MARATHON	163	161	173	175	172	170	170	169	161	151	143	137	356
CASE MANAGEMENT LANGLADE	0	0	0	0	0	0	0	0	0	0	0	0	2
CASE MANAGEMENT LINCOLN	1	1	0	0	0	0	0	0	0	0	0	0	1
CASE MANAGEMENT MARATHON	2	2	2	2	1	2	3	2	2	3	1	1	11
CHILDREN'S SUPPORT SERVICES LANGLADE	9	11	15	14	16	9	14	15	14	13	14	13	22
CHILDREN'S SUPPORT SERVICES- LINCOLN	19	12	21	22	14	14	21	21	20	20	18	16	39
CLUBHOUSE	13	16	21	21	18	19	22	20	20	22	18	13	35
CSP- LANGLADE	6	4	4	5	5	4	4	4	3	3	3	3	7
CSP- LINCOLN	0	0	0	0	0	0	0	0	0	0	0	0	1
CSP- MARATHON	24	24	23	22	22	21	22	22	18	17	15	14	32
CCS- LANGLADE	50	51	52	51	55	55	55	53	57	58	59	59	66
CCS- LINCOLN	72	71	76	73	75	77	80	79	84	81	80	80	85
CCS- MARATHON	341	334	348	342	346	346	346	358	358	366	357	371	426
CRISIS CBRF	26	20	20	28	31	26	19	11	15	8	11	13	248
CRISIS- TOMAHAWK	0	1	0	0	0	0	0	2	3	0	2	3	2
CRISIS- LANGLADE	9	9	16	23	18	5	18	22	12	13	20	9	61
CRISIS- LINCOLN	27	20	24	27	11	15	17	22	13	22	19	17	68
CRISIS- MARATHON	166	125	192	187	151	124	156	170	159	151	155	158	1230
DEMAND TRANSPORTATION	181	202	192	190	200	177	146	174	184	184	183	169	740
BHS HOSPITAL	100	90	87	104	103	103	104	90	72	96	81	90	1015
LAKESED RECOVERY-MMT	13	13	15	17	18	15	12	16	13	13	13	10	31
OUTPATIENT AODA- TOMAHAWK	40	31	36	38	35	32	28	29	39	30	45	25	100
OUTPATIENT AODA- LANGLADE	78	88	115	90	96	103	73	81	66	74	79	65	422
OUTPATIENT AODA- MERRILL	61	50	66	71	76	77	53	54	45	46	40	33	320
OUTPATIENT AODA- MARATHON	204	230	256	236	235	183	226	268	221	247	229	196	1319
OUTPATIENTMH- TOMAHAWK	25	16	22	24	13	14	12	19	20	19	29	22	64
OUTPATIENT MH- LANGLADE	135	110	152	144	159	155	101	120	120	116	145	105	407
OUTPATIENT MH- MERRILL	123	128	127	126	118	124	71	65	59	49	49	49	347
OUTPATIENT MH- MARATHON	250	257	271	289	269	252	243	305	222	255	292	290	1014
PREVOCATIONAL SERVICES- LANGLADE	34	33	30	29	30	30	29	28	25	25	25	25	38
PREVOCATIONAL SERVICES- MARATHON	109	106	106	108	108	104	102	104	98	100	102	103	127
PROTECTIVE SERVICES- LANGLADE	0	0	0	0	0	0	0	0	0	4	0	0	
PROTECTIVE SERVICES- LINCOLN	1	4	0	0	0	1	2	1	3	4	2	3	9
PROTECTIVE SERVICES- MARATHON	5	4	3	4	5	11	10	2	18	18	19	10	49
PSYCHIATRY- TOMAHAWK	15	11	9	13	11	9	15	6	13	13	8	12	47
PSYCHIATRY- LANGLADE	36	31	42	25	40	30	45	37	37	32	28	34	142
PSYCHIATRY- MERRILL	65	55	69	69	68	75	60	55	82	61	39	67	191
PSYCHIATRY- MARATHON	488	471	394	445	318	281	421	312	383	401	349	321	1402
RESIDENTIAL	93	95	96	96	97	97	99	100	101	100	102	100	108
TOTAL	3274	3181	3390	3411	3247	3055	3058	3114	3015	3091	3044		

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

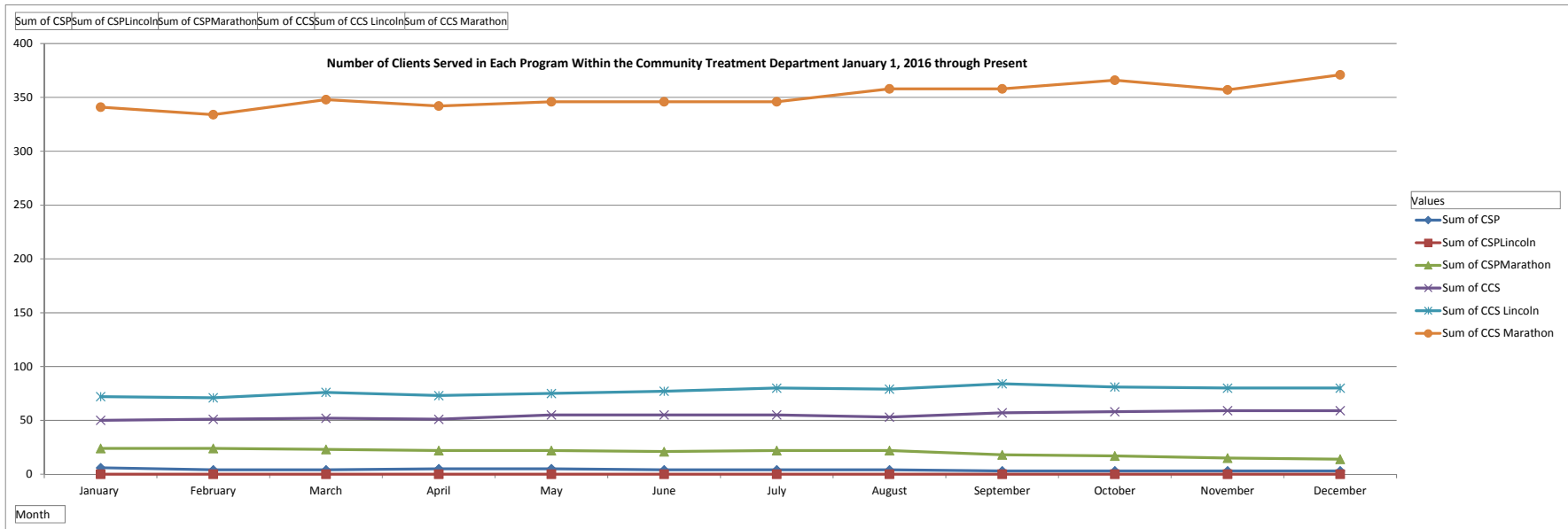


Residential, Pre-vocational and Adult Day Services Data on the Number of Clients Served by Month 2016					
Month	RESIDENTIAL	PREVOCATIONAL SERVICES		ADS Langlade	ADS Wausau
		Marathon	Langlade		
January	93	109	34	33	60
February	95	106	33	33	58
March	96	106	30	34	60
April	96	108	29	33	60
May	97	108	30	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	102	102	25	36	60
December	100	103	25	36	60

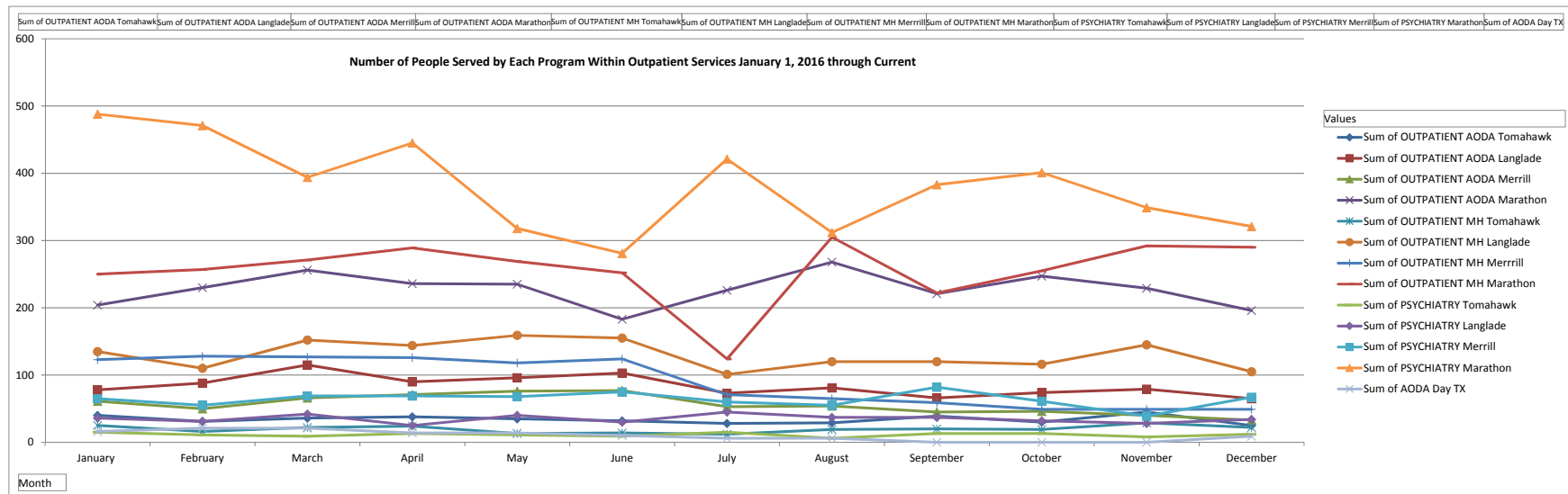




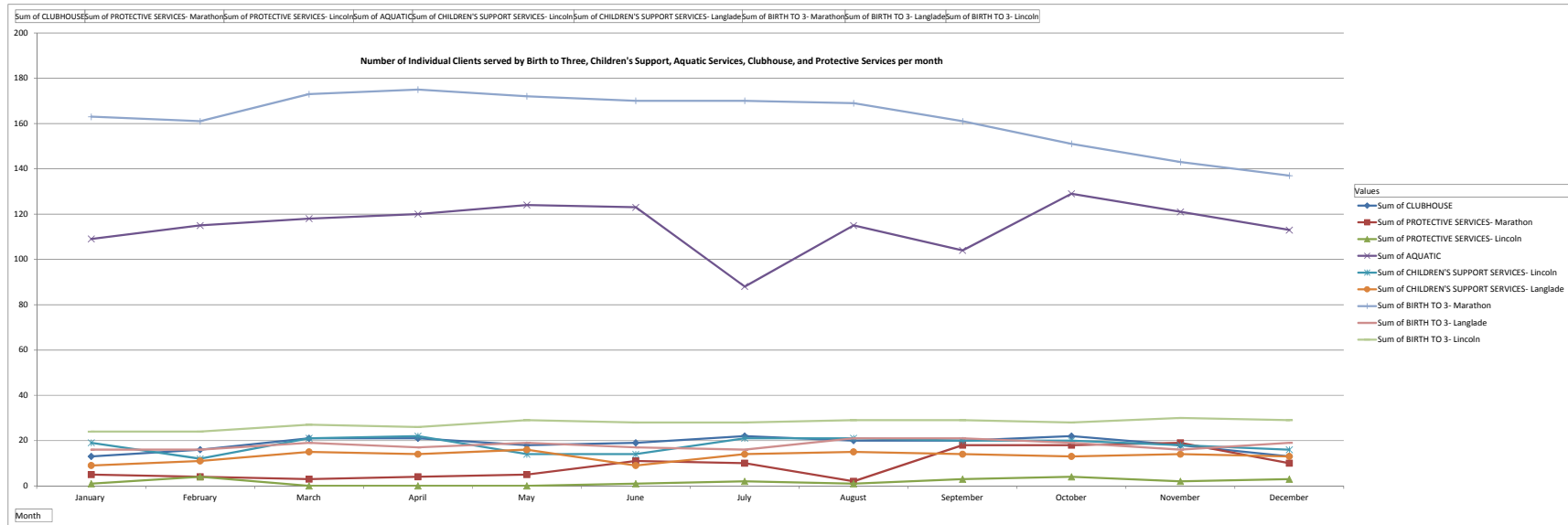
Number of Clients Served within each Program of NCHC's BHS Serves 2016								
Month	AMBULATORY DETOX	CRISIS CBRF	CRISIS TOMAHAWK	CRISIS LANGLADE	CRISIS LINCOLN	CRISIS MARATHON	BHS HOSPITAL	LAKESIDE RECOVERY/ MMT
January	32	26	0	9	27	166	100	13
February	27	20	1	9	20	125	90	13
March	36	20	0	16	24	192	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
November	7	11	2	20	19	155	81	13
December	3	13	3	9	17	158	90	10



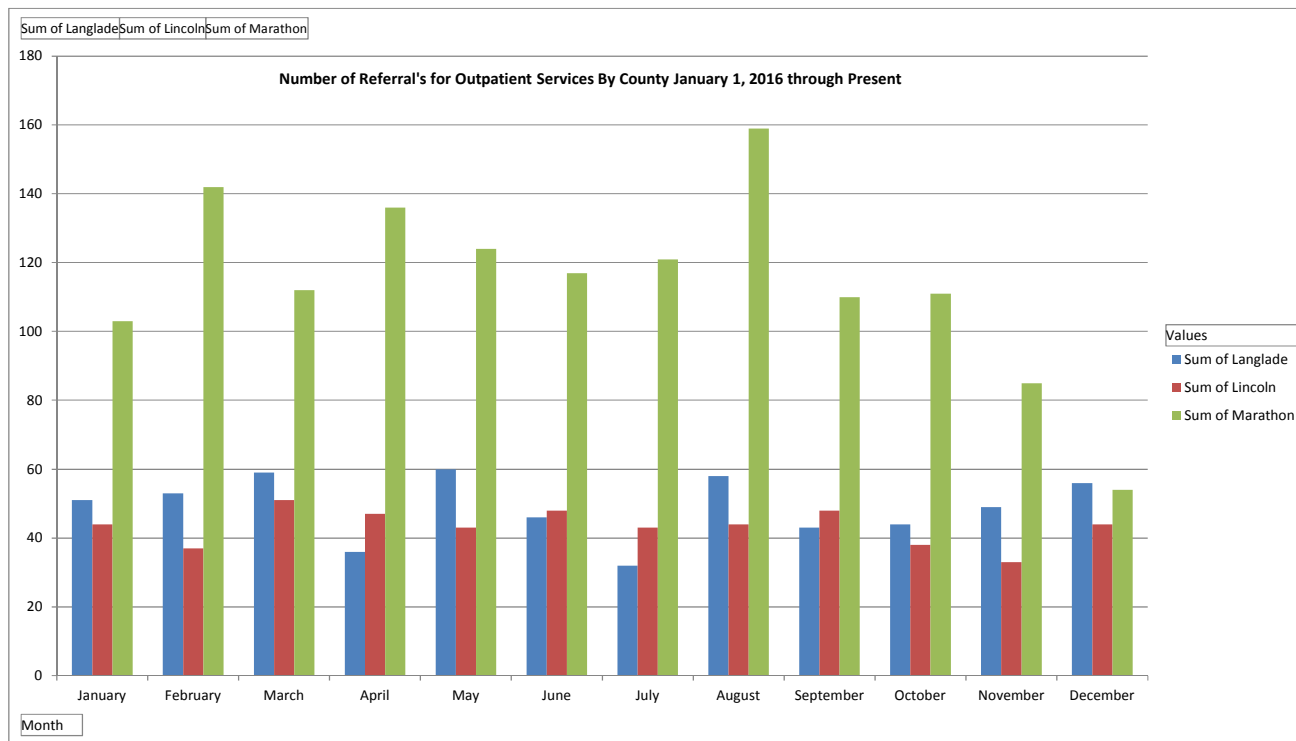
Community Treatment Program Data (Number of Clients Served by Month)									
Month	CM LANGLADE	CM LINCOLN	CM MARATHON	CSP LANGLADE	CSP LINCOLN	CSP MARATHON	CCS LANGLADE	CCS LINCOLN	CCS MARATHON
January	0	1	2	6	0	24	50	72	341
February	0	1	2	4	0	24	51	71	334
March	0	0	2	4	0	23	52	76	348
April	0	0	2	5	0	22	51	73	342
May	0	0	1	5	0	22	55	75	346
June	0	0	2	4	0	21	55	77	346
July	0	0	3	4	0	22	55	80	346
August	0	0	2	4	0	22	53	79	358
September	0	0	2	3	0	18	57	84	358
October	0	0	3	3	0	17	58	81	366
November	0	0	1	3	0	15	59	80	357
December	0	0	1	3	0	14	59	80	371



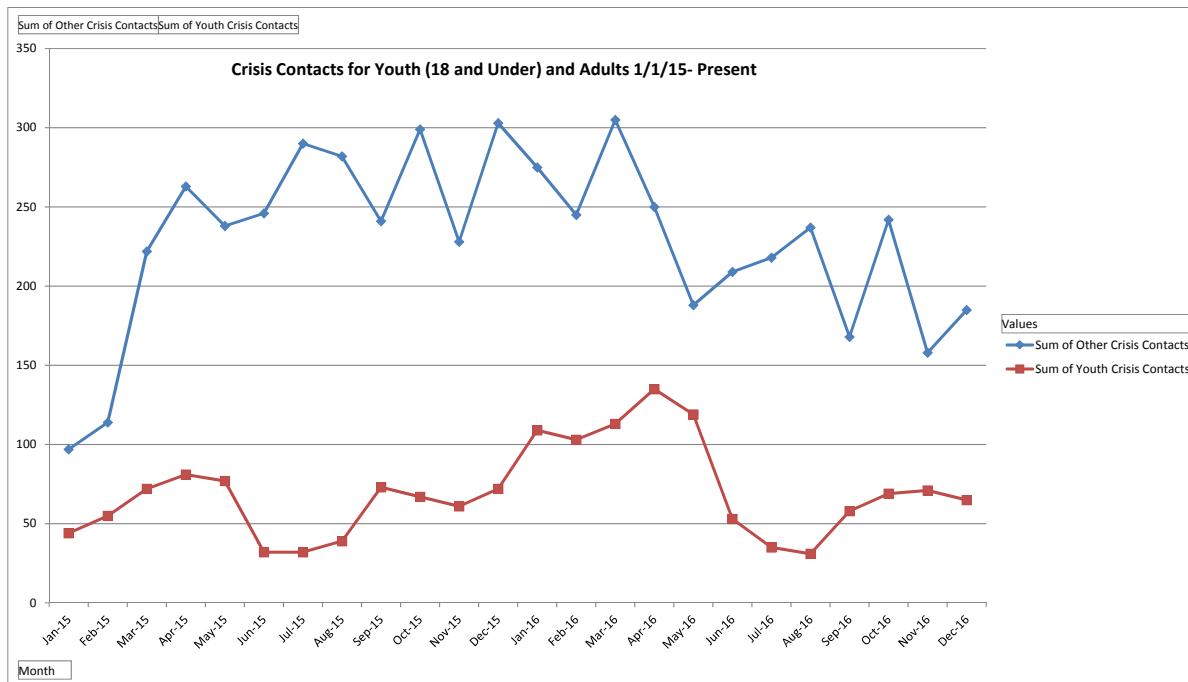
Month	PSYCHIATRY MARATHON	PSYCHIATRY MERRILL	PSYCHIATRY LANGLADE	PSYCHIATRY TOMAHAWK	OUTPATIENT MH MARATHON	OUTPATIENT MH MERRILL	OUTPATIENT MH LANGLADE	OUTPATIENT MH TOMAHAWK	OUTPATIENT AODA MARATHON	OUTPATIENT AODA MERRILL	OUTPATIENT AODA LANGLADE	OUTPATIENT AODA TOMAHAWK	AODA DAY TREATMENT
January	488	65	36	15	250	123	135	25	204	61	78	40	16
February	471	55	31	11	257	128	110	16	230	50	88	31	21
March	394	69	42	9	271	127	152	22	256	66	115	36	21
April	445	69	25	13	289	126	144	24	236	71	90	38	14
May	318	68	40	11	269	118	159	13	235	76	96	35	14
June	281	75	30	9	252	124	155	14	183	77	103	32	10
July	421	60	45	15	124	71	101	12	226	53	73	28	6
August	312	55	37	6	305	65	120	19	268	54	81	29	6
September	383	82	37	13	222	59	120	20	221	45	66	39	0
October	401	61	32	13	255	49	116	19	247	46	74	30	0
November	349	39	28	8	292	49	145	29	229	40	79	45	0
December	321	67	34	12	290	49	105	22	196	33	65	25	9



Month	BIRTH TO 3 LANGLADE	BIRTH TO 3 LINCOLN	BIRTH TO 3 MARATHON	CHILDREN'S SUPPORT SERVICES LANGLADE	CHILDREN'S SUPPORT SERVICES LINCOLN	AQUATIC SERVICES	CLUBHOUSE	PROTECTIVE SERVICES LINCOLN	PROTECTIVE SERVICES MARATHON
January	16	24	163	9	19	109	13	1	5
February	16	24	161	11	12	115	16	4	4
March	19	27	173	15	21	118	21	0	3
April	17	26	175	14	22	120	21	0	4
May	19	29	172	16	14	124	18	0	5
June	17	28	170	9	14	123	19	1	11
July	16	28	170	14	21	88	22	2	10
August	21	29	169	15	21	115	20	1	2
September	21	29	161	14	20	104	20	3	18
October	19	28	151	13	20	129	22	4	18
November	16	30	143	14	18	121	18	2	19
December	19	29	137	13	16	113	13	3	10



Outpatient Services Referrals By County 2016			
Month	Marathon	Lincoln	Langlade
January	103	44	51
February	142	37	53
March	112	51	59
April	136	47	36
May	124	43	60
June	117	48	46
July	121	43	32
August	159	44	58
September	110	48	43
October	111	38	44
November	85	33	49
December	54	44	56
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	65	185

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	90 Days	1.8 Days	3.4 Days	3.4 Days (No Waitlist)	41.9 Days	23.8 Days	4.4 Days	6.3 Days
December	60 Days	4.1 Days	1.9 Days	1.9 Days	40.4 Days	33.9 Days	10.1 Days	4.5 Days

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

### Crisis and Inpatient Data

Number of patients admitted to Inpatient Hospital from each county of residence						Percentage of Hospital Admits from Each County				
Month	Marathon County Admits	Lincoln County Admits	Langlade County Admits	Other County Admits	Total Admits	Month	Marathon County Admits	Lincoln County Admits	Langlade County Admits	Other County Admits
January	61	7	7	2	77	January	79.22%	9.09%	9.09%	2.60%
February	44	11	10	1	66	February	66.67%	16.67%	15.15%	1.52%
March	51	6	4	1	62	March	82.26%	9.68%	6.45%	1.61%
April	66	5	8	0	79	April	83.54%	6.33%	10.13%	0.00%
May	64	7	10	1	82	May	78.05%	8.54%	12.20%	1.22%
June	61	7	11	0	79	June	77.22%	8.86%	13.92%	0.00%
July	66	3	8	1	78	July	84.62%	3.85%	10.26%	1.28%
August	45	7	10	1	63	August	71.43%	11.11%	15.87%	1.59%
September	40	3	11	0	54	September	74.07%	5.56%	20.37%	0.00%
October	66	8	4	0	78	October	84.62%	10.26%	5.13%	0.00%
November	45	7	6	0	58	November	77.59%	12.07%	10.34%	0.00%
December	51	9	9	0	69	December	73.91%	13.04%	13.04%	0.00%

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	5.89	7.29	5.83	8
December	6.61	7.78	8.44	0

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

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>January</b>			
1/4/2016	4		
1/5/2016	3	5	
1/6/2016	2		
1/7/2016	3		3
1/8/2016	4		
1/11/2016	1		
1/12/2016	4		
1/13/2016	1		
1/14/2016	4		
1/15/2016	3		
1/18/2016	4		
1/19/2016		5	
1/20/2016	2		
1/21/2016			4
1/22/2016	3		
1/25/2016	2		
1/26/2016	5		
1/27/2016	3		
1/28/2016	3		
1/29/2016			4
<b>Total OWI Assessments</b>	<b>51</b>	<b>10</b>	<b>11</b>
<b>February</b>			
2/1/2016	2		
2/2/2016		4	
2/3/2016	3		
2/4/2016	4		3
2/5/2016	5		
2/8/2016	2		
2/9/2016	5		
2/10/2016	3		
2/11/2016	4		
2/12/2016	5		
2/15/2016	4		
2/16/2016		4	
2/17/2016	3		
2/18/2016			5
2/19/2016	2		
2/22/2016	5		
2/23/2016	4		
2/24/2016	2		
2/25/2016	4		
2/26/2016	4		
2/29/2016	4		
<b>Total OWI Assessments</b>	<b>65</b>	<b>8</b>	<b>8</b>

## Crisis and Inpatient Data

### OWI Assessments

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

## Crisis and Inpatient Data

### OWI Assessments

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

## Crisis and Inpatient Data

### OWI Assessments

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

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>September</b>			
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		
<b>Total</b>	<b>57</b>	<b>13</b>	<b>8</b>
<b>October</b>			
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		
<b>Total</b>	<b>49</b>	<b>8</b>	<b>13</b>

## Crisis and Inpatient Data

### OWI Assessments

Date	# of Marathon County Assessments	# of Lincoln County Assessments	# of Langlade County Assessments
<b>November</b>			
11/1/2016		1	
11/2/2016	4		
11/3/2016			5
11/4/2016	5		
11/7/2016	4		
11/8/2016	3		
11/9/2016	4		
11/10/2016	5		
11/11/2016	3		
11/14/2016	1		
11/15/2016		4	
11/16/2016	3	1	
11/17/2016			5
11/18/2016	5		
11/21/2016	2		
11/22/2016			
11/23/2016			
11/24/2016			
11/25/2016	1		
11/28/2016	2		
11/29/2016	2		
11/30/2016	3		
<b>Total</b>	<b>47</b>	<b>6</b>	<b>10</b>
<b>December</b>			
12/1/2016			2
12/2/2016			
12/5/2016			
12/6/2016		3	
12/7/2016	3		
12/8/2016	5		
12/9/2016	4		
12/12/2016	2		
12/13/2016	3		
12/14/2016	3		
12/15/2016			3
12/16/2016	3		
12/19/2016	2		
12/20/2016	2		
12/21/2016	3	1	
12/22/2016	5		
12/27/2016	3		
12/28/2016	3		
12/29/2016	2		
<b>Total</b>	<b>43</b>	<b>4</b>	<b>5</b>

## 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	12	19	7	7
December	12	14	16	10

61  
44  
51  
66  
64  
60  
62  
47  
40  
66  
45  
52

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	20.00%	41.25%	25.00%	13.75%
November	25.86%	44.83%	15.52%	13.79%
December	24.64%	27.54%	27.54%	20.29%

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	2	3	1	1
December	3	2	1	3

7  
11  
4  
5  
7  
7  
3  
7  
3  
8  
7  
9

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	1	4	1	0
December	2	3	2	1

7  
10  
4  
8  
10  
11  
8  
10  
11  
4  
6  
8

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	1	1	0
November	0	0	0	0
December	0	0	0	0

2  
1  
3  
0  
1  
0  
4  
1  
0  
2  
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	59	1	12	21	4	0	0	0	2	2	0	0	33
December	65	2	16	20	0	2	0	1	1	2	0	0	52

**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	19	0	1	32	0	3	0	1	1	2	1	0	0	0	0
December	17	0	3	33	4	2	1	2	0	2	3	0	0	0	2

**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	414	86.3%
December	500	100.8%

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

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

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

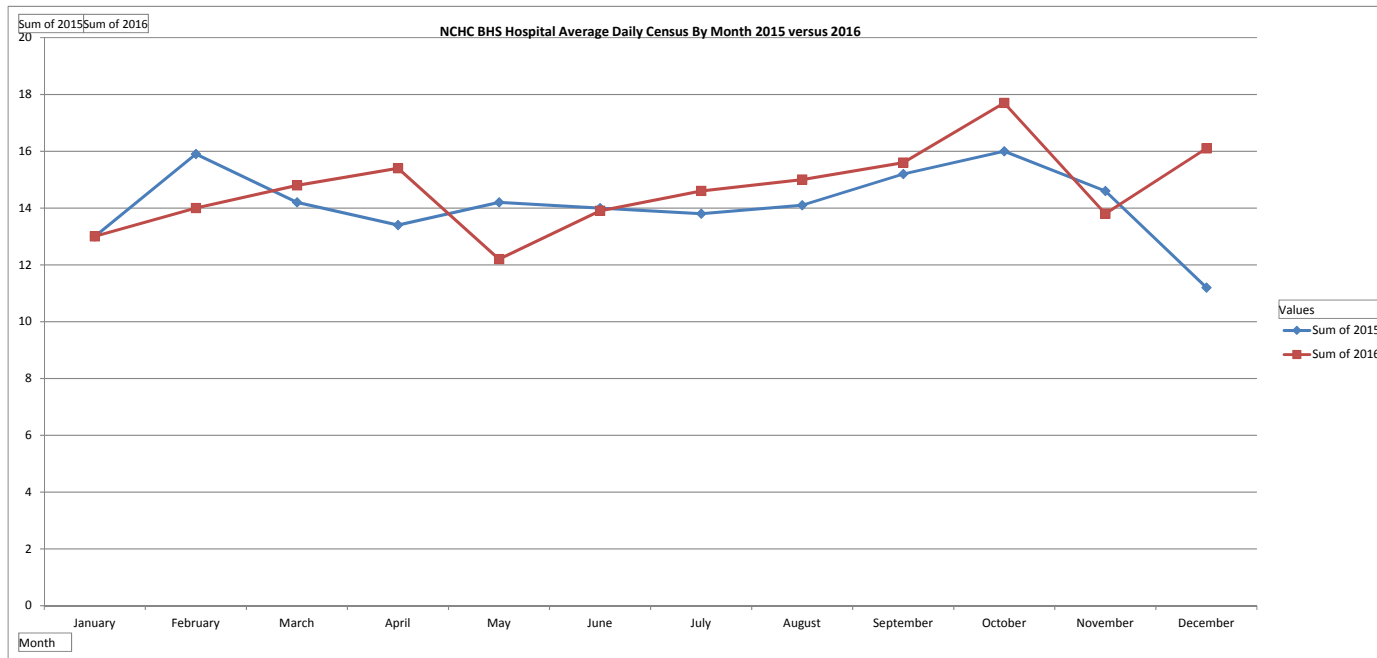
## Crisis and Inpatient Data

<b>MONTH</b>	<b>Number of Clients Diverted to other Facilities</b>	<b>Age 13-17</b>
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	24	9 Minors
December	22	11 Minors

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



### 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	13.8
December	11.2	16.1

Average Daily Census on the NCHC BHS Hospital Unit. This is derived from total patient days for the month divided by the total number of patients for the month.

## Crisis and Inpatient Data

Month	Number of Minors On Unit
November 15'	10
December 15'	7
January 16'	9
February 16'	10
March 16'	9
April 16'	10
May 16'	15
June 16'	10
July 16'	7
August 16'	2
September 16'	7
October 16'	2
November 16'	6
December 16'	8

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'	57
December 16'	13

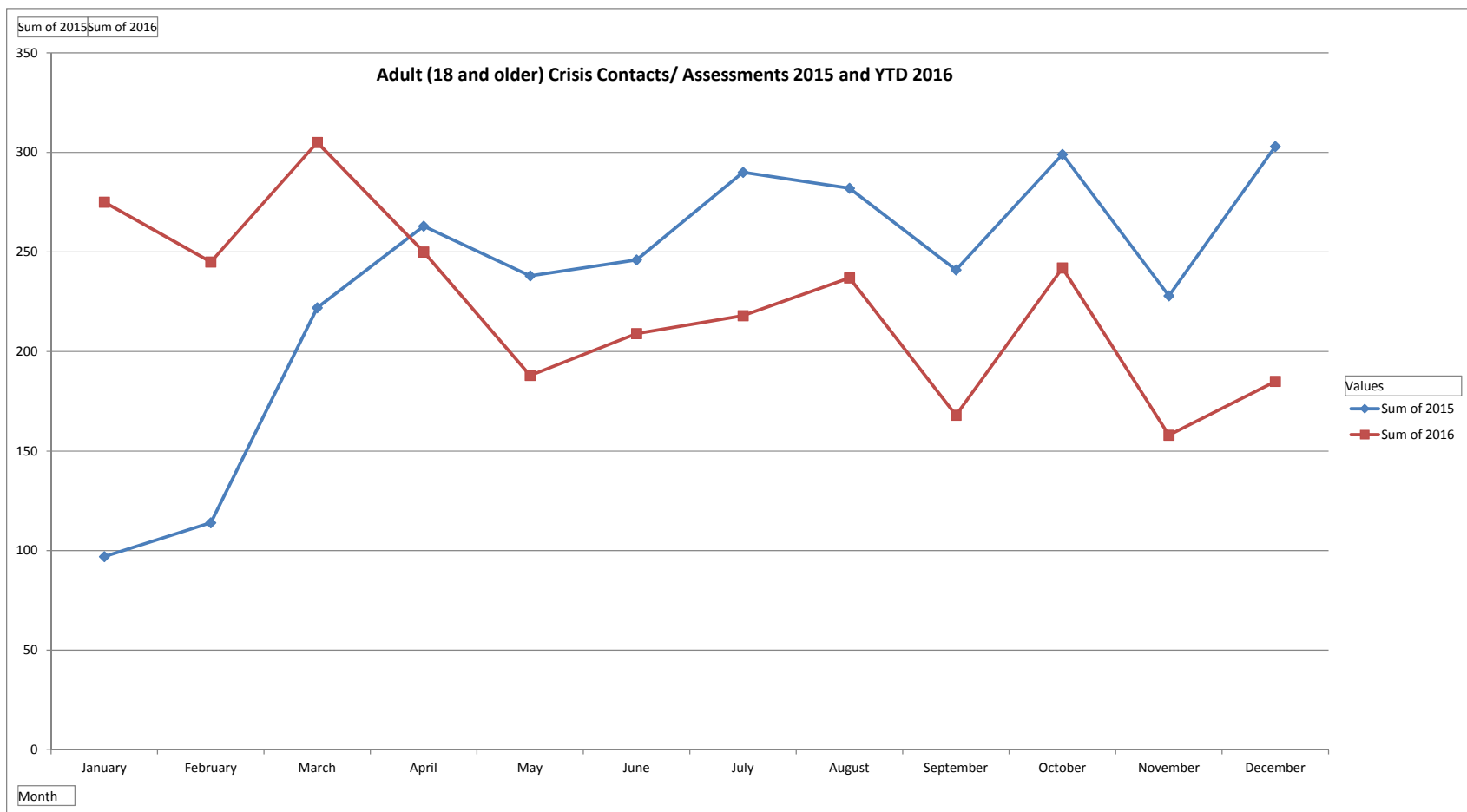


## Crisis and Inpatient Data

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'	3
December 16'	27

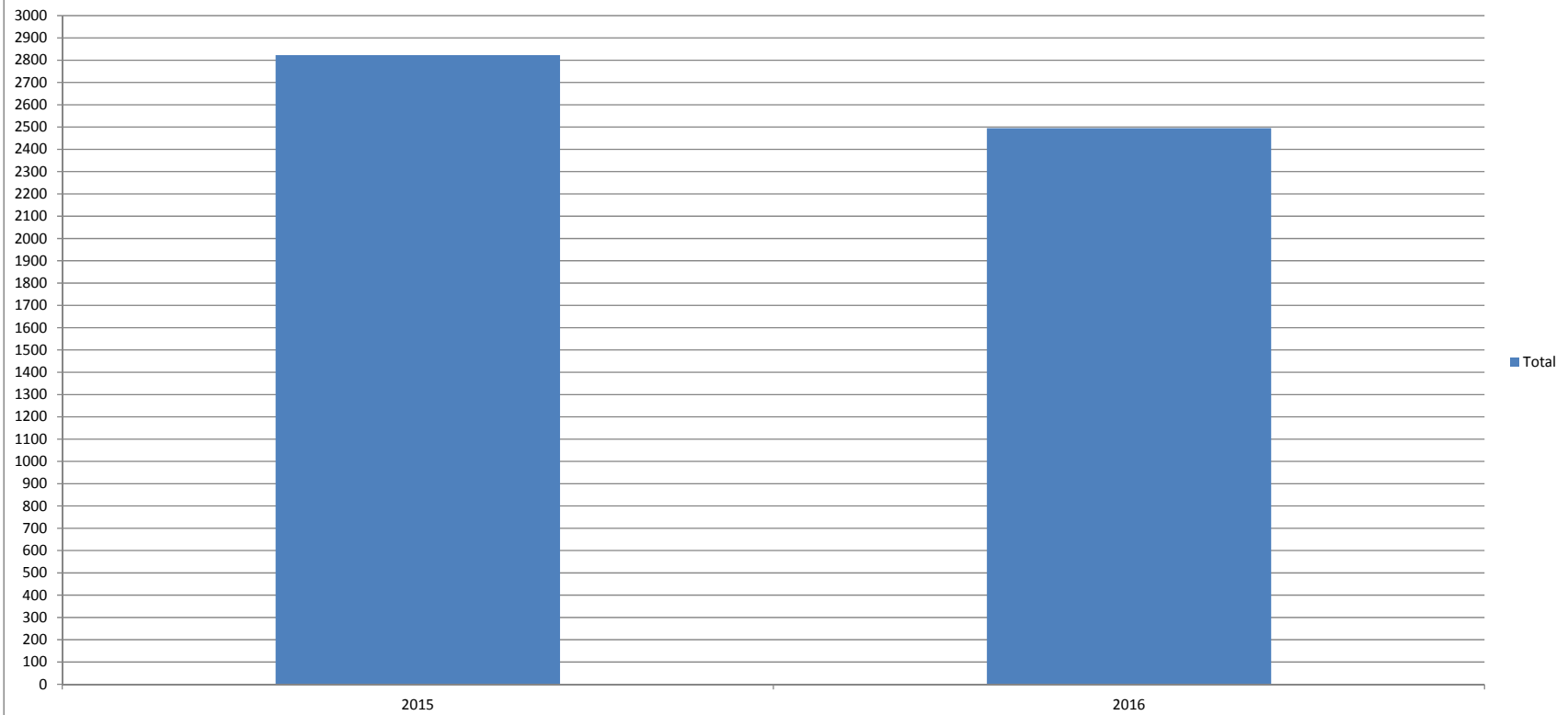
Minors (ages 13-17) do not have roommates during their stay for the following reasons:

- 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.

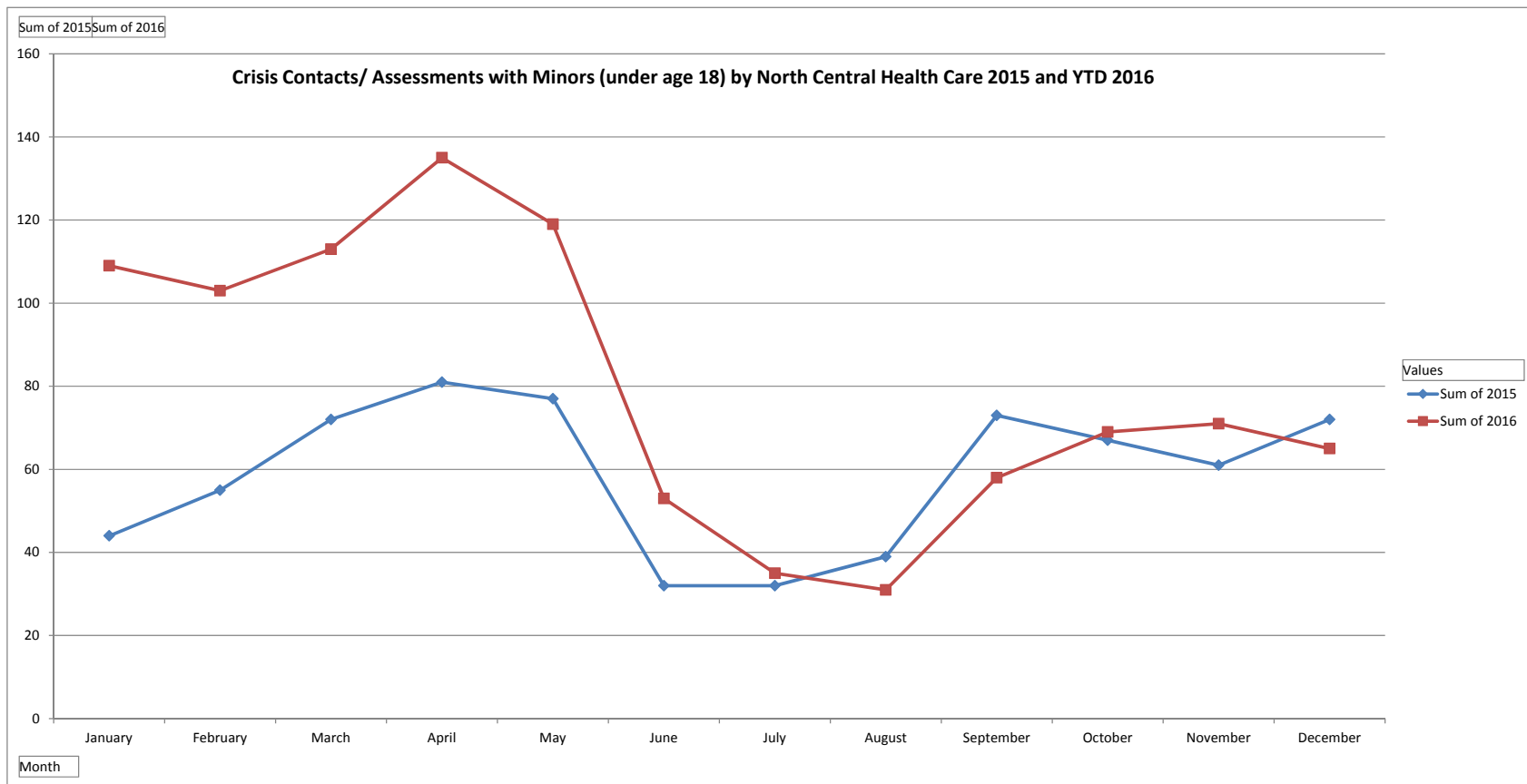


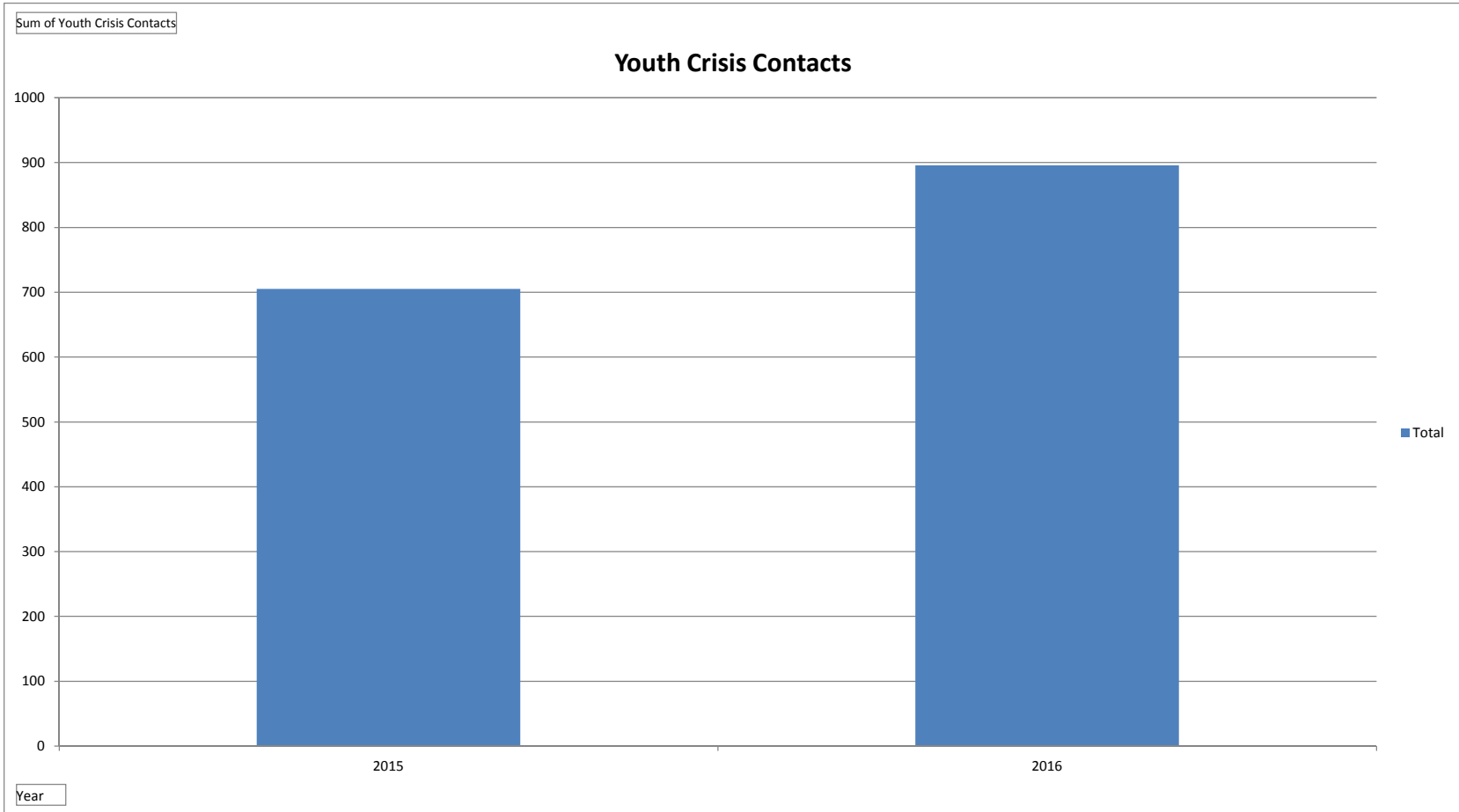
Sum of Adult Crisis Contacts

### Crisis Adult Contacts/ Assessments 2015 vs through November 2016



Year





## POLICY BRIEFING

DATE: January 20, 2017  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Interim Chief Executive Officer  
RE: Aquatic Therapy Pool

---

**THE ONLINE VERSION OF THE MATERIALS OF THIS ITEM DOES NOT INCLUDE THE REFERENCED MATERIAL DUE TO THE SIZE. COPIES MAY BE REQUESTED. THE NCCSP BOARD WILL RECEIVE A HARD COPY OF THE MATERIALS IN THE MAIL PRIOR TO THE NCCSP BOARD MEETING.**

### Purpose

To orientate the North Central Community Services Program Board (NCCSP) to the issue of replacing the Aquatic Therapy pool and to frame a decision on the ongoing management of the pool by the NCCSP Board. The NCCSP Board will be requested to take a policy position on NCCSP's continued management of the pool in light of the two potential scenarios on the future disposition of the pool. The first scenario is endorsing a new pool and offering to continue to manage the pool on behalf of Marathon County. The second is if a new pool is not approved in 2017, will NCCSP be willing to continue to manage the pool given its current condition.

### Background

In 1977 North Central Health Care (NCHC) opened the pool. Initially the pool served individuals with developmental disabilities and mental illness who were transferred from state institutions back to the community. The pool operates under the hospital license of NCHC. In 1998, NCHC began offering aquatic therapy services. Around 2008, as the pool eclipsed the 30 year operational mark, discussions regarding the replacement of the pool began. The decision on replacing the pool was rightfully taken up by the Marathon County Board as they own the pool. At about the same time, the pool operationally improved and eventually required little to no Marathon County tax levy support a few years later.

The evaluation of a pool replacement ramped up considerably in 2013 when the Marathon County Board created the Aquatic Task Force to study the issue. The Aquatic Task Force's final recommendation was made to the Marathon County Board on Thursday, October 10, 2013. The first document to be reviewed is their final report entitled *Aquatic Therapy Services Task Force Report to the Marathon County Board* dated Thursday, October 10, 2013. The conclusion of the Task Force was there was a demonstrated need for the County to continue to provide Aquatic Therapy services and that there is the ability for that program to generate significant income. The Task Force further recommended the County engage the services of a professional design firm to develop a Preliminary Design, Evaluation and Analysis of options report.

The *Aquatic Facility Study Report* was provided by the Isaac Sports Group on November 26, 2014 which offered a narrative needs assessment. The report concluded the current program was running at capacity and if growth was to occur, which is essential to the future of the programs, it would be difficult in the current facility. Further, it stated a new facility was the preferred financial and operational option because the lost revenue during the estimated twelve month shut down for a replacement in the current location and/or facility along with the potential

loss of program participants would be far more expensive than a new facility costs. This narrative report was in conjunction with a more detailed analysis and full final report done by US Aquatics dated March 25, 2015 entitled *Aquatic Therapy Wing Aquatic & Mechanical Assessment*. The Marathon County Board selected the option which included a rectangular therapy/rehab pool in a new natatorium, in a new location, on the NCHC campus. Please refer to the last four pages of the document for the operational financial analysis of a new pool. Total cost of new pool from this study was estimated at \$5,708,787 not including disposition of the current pool facility.

Angus Young was then asked by Marathon County in 2016 to firm up the project costs and issued an updated project assessment for the Therapy Pool Facility on July 14, 2016. The scope of the proposed aquatic facility was 17,940 sq. ft. for the overall building, 7,455 sq. ft. for the natatorium and a pool footprint of 3,778 sq. ft. The remaining space allocation is for 1,540 sq. ft. for mechanical and ancillary space and 8,212 sq. ft. for office and locker rooms. The construction cost estimate was \$5,095,300 and additional soft costs of \$1,273,125. Cost escalations to 2017 would add another 3.5% to a projected total of \$6,592,044 not including disposition of the current pool facility.

There is a one page document in the materials which distinguishes both US Aquatics and Angus Young's estimates for the new construction of the pool and disposition of the existing pool. While the individual parts have different cost estimates, total costs are relatively similar.

Over the last several years, an advocacy group for the Aquatic Therapy pool has developed and now refers to themselves as the Warm Water Works group. The group contains some initial members of the Aquatic Task Force but is mostly pool users and supporters. The group has continued to advocate for a new pool since 2008 and more strongly since the 2013 report was released. Most recently the group has coordinated a Status Report dated October 2016 to update the financial status and client activity detailed in the 2013 report through 2015. Their report *Status Report Aquatic Therapy Services* is also included for your review.

The Marathon County Health and Human Services Committee has committed to evaluating and making a decision on the pool in the 1<sup>st</sup> quarter of 2017. The Marathon County Board will have received all of this information in the coming weeks.

North Central Health Care has been a participant along the way but has never taken a formal position on the pool or its ongoing operation. The new Tri-County Agreement now requires single county programs like the pool to have separate management agreements with the NCCSP Board to operate them on behalf of a partner county. The NCCSP Board would be well served to study the issue and take a position on NCCSP's continued operation of the Aquatic Therapy pool in either scenario where Marathon County either does not commit to building a new pool or if Marathon County does commit to building a new pool.

### **Recommendation**

Members of the NCCSP Board are requested to review the background project information to consider making a policy decision. The NCCSP Board does not currently have a management agreement in place for operation of the pool on behalf of Marathon County. Given the divergent paths Marathon County has to choose from in regard to the pool, the NCCSP Board should take a position on the issue. In either case, the necessary parameters for the continued management of the pool should be established by the NCCSP Board to ensure the reputation and success of NCHC in transitive nature of the coming year and future in regards to the pool.

A new pool, located near the nursing home, would capitalize on a growing user base, allow for staffing to increase to manage steady revenue and expense growth and provide very valuable upstream care for the residents of Marathon County. North Central Health Care is best suited to continue the oversight and management of the pool for long-term viability and success. A recommendation to support Marathon County in building a new pool and allow North Central

Health Care to continue the management of the pool would be appropriate and recommended given our scope with the populations currently and potentially served by NCHC and the pool. Absent a successful bonding resolution from Marathon County to build a new pool in 2017, the NCCSP Board should consider termination of its management of the pool at the end of 2017 or 2018 at the latest.

### **Key Questions**

Clearly the pool provides a tremendous community benefit and touches the lives of many individuals. The case for why the pool is important for the community has been thoughtfully and thoroughly reviewed. Aquatic Services has consistently demonstrated high patient outcomes and satisfaction. Despite these positive attributes, the business case, for both NCHC and the County, remains the outstanding issue to receive a final endorsement. In addition to the work already completed, the following key questions remain to be vetted:

- 1) Is the affiliation with NCHC's hospital the only option to allow pool patients to access insurance coverage and Medicare and Medicaid funding? If not, what other licensing options exists to enable access to coverage and what are the financial impacts of these other options?
- 2) What are the benefits to NCHC in having NCHC operate the Aquatic Services program?
- 3) What are the benefits to the Aquatic Services program in having NCHC manage the program?
- 4) What are the major risks of building and operating a new pool for NCHC?
- 5) Would separating the pool as a distinct enterprise under the NCHC umbrella better represent the operational performance to the community and the Marathon County Board?