

RETAINED COUNTY AUTHORITY (RCA) COMMITTEE OF LANGLADE, LINCOLN, AND MARATHON COUNTIES

AGENDA

Date & Time of Meeting: **Thursday, February 28, 2019 at 9:00 a.m.**

Meeting Location: Courthouse Assembly Room (B-105), 500 Forest St, Wausau WI 54403

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 Marathon County Administration at 715-261-1400, 24 hours prior to the start time of the meeting for further instructions.

Committee Members: Lance Leonhard, Chair (Marathon County), Robin Stowe (Langlade County), Nancy Bergstrom (Lincoln County), Chad Billeb (Marathon County)

- 1. Call the Meeting of the Retained County Authority (RCA) Committee to Order**
- 2. Approval of the January 31, 2019 RCA Minutes**
- 3. Educational Presentations and Committee Discussion**
 - A. 2019 Dashboard Measure Targets – January update
 - B. Update relative to NCHC legal service evaluation
- 4. Policy Issue Discussion and Possible Committee Action**
 - A. Application for Sober Living Environment Pilot Program in Langlade County
- 5. Next Meeting Time, Location and Agenda Items:**
 - A. Discussion of Future Agenda Items and Meeting Times
 1. Joint Meeting with North Central Health Care Board meeting on March 21, 2019 at 12:00 p.m. – annual audit presentation
 2. Joint Meeting with NCHC Executive Committee relative to CEO Appraisal – to be scheduled
 - B. Announcements
- 6. Adjournment of the RCA Committee meeting**

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Marathon County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.marathon.co.wi.us one business day before the meeting.

SIGNED /s/ Lance Leonhard
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages,
FAXED TO: and Other Media Groups
FAXED BY: M. Palmer
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: M. Palmer
DATE: _____
TIME: _____

**THE RETAINED COUNTY AUTHORITY (RCA) COMMITTEE OF
LANGLADE, LINCOLN, AND MARATHON COUNTIES
MINUTES**

Thursday, January 31, 2019 at 9:00 a.m.

Marathon County Courthouse Assembly Room (B-105), 500 Forest St, Wausau WI 54403

Attendance:	Present	Absent
Nancy Bergstrom		X
Chad Billeb	X	
Lance Leonhard	X	
Robin Stowe	X	

Also Present: Michael Loy, Laura Scudiere, Jeff Zriny

1. Call Meeting to Order

The meeting was called to order at 9:00 a.m. by Chair Lance Leonhard.

2. Approval of the October 25, 2018 RCA Minutes

MOTION BY BILLEB TO APPROVE THE DECEMBER 20, 2018 RETAINED COUNTY AUTHORITY COMMITTEE MINUTES, SECOND BY STOWE. MOTION CARRIED. MINUTES APPROVED.

3. Educational Presentations/Outcome Monitoring Reports

A. Update on Marathon County/NCHC Campus Facility Renovation Planning and next steps

Discussion

Leonhard and Loy provide brief update on the status of Marathon County's efforts since contracting with Angus Young & Associates and MKM for architectural design of the campus facility renovation. Leonhard and Loy indicate that since September of last year, the new architects have essentially undertaken a full scale review of the initial master plan. That process resulted in approximately thirteen distinct variations of schematic design for the facility. At this time, however, the team envisions transitioning in the near future from schematic design to architectural design. Leonhard and Loy explain that the project will be completed in several phases, the first of which will consist of the Warm Water Therapy Pool and two smaller structures to serve as a community based residential facilities and youth hospital. Leonhard and Loy explain that the project team will be making more detailed presentations in the near future to the Marathon County Board and the NCHC Board.

Follow through:

Leonhard to keep the Committee apprised of the project moving forward.

B. Update on NCHC legal service evaluation and projected time frame

Discussion

Leonhard explains to the Committee that he has recently received a summary billing document relative to the legal services that NCHC has received from January 2017 – December 2018. Leonhard explained that based on the discussion that the committee had at its September 2018 meeting, he envisions undertaking a review of the legal work to broadly assess what legal work is within the general category of skills and abilities of corporation counsel and what component of legal work is nevertheless likely to be contracted out to private counsel in the event that a single member county, or multiple members, create a corporation counsel position to deliver legal services to NCHC. The second area that Leonhard indicates he will assess is the financial viability of such a county-based legal services model.

Leonhard explains that in light of the fact that the committee is tasked with doing considerable work relative to the CEO evaluation through March of 2019, he envisions that April would be the most logical time for the body to discuss the contents of any report he completes. Moreover, Leonhard explained that due to his existing work schedule and demands, April is likely the earliest time that he would be able to complete a meaningful evaluation and report.

Zriny explains that he is concerned that Loy is currently spending considerable time on reviewing contracts and other legal matters that are far more appropriately tasked to an attorney. Committee members expressed a commitment to examining alternative options to the existing contract model, which has resulted in Loy expending valuable time on work outside of his CEO responsibilities.

Loy reiterated his desire to implement a true In-house counsel position. Committee members acknowledged Loy's position and reiterated that the existing statutory framework within Chapters 51 and 59, as recounted by the Attorney General's Opinion discussed at the September Committee meeting.

Follow through:

Leonhard to work to complete the assessment and viability report.

C. CEO Performance Appraisal Process – review of process and time frame

Discussion

Leonhard, Loy, and Zriny review the appraisal framework and process documents that were previously approved by the Committee and the NCHC Board. Loy explains that he has completed the self-appraisal and provided the information to Todd Penske from PeopleFirst. Committee members should anticipate receiving the appraisal documents in the next week and should complete the appraisal as envisioned by the appraisal process document no later than February 15.

Follow through:

None

D. Update on Langlade County's evaluation of transitional and sober living environments

Discussion:

Stowe explains that over the last calendar year, NCHC has rolled out significant program enhancements to support the expansion of diversion programming in Langlade County Circuit Court system and that the Langlade County Board has expressed that a significant gap in service exists relative to sober/supportive housing. Stowe explains that a special committee of the Langlade County Board has been tasked with evaluating sober living models and as part of that work, it has received a presentation from Christopher Grant, a student with the Medical College of Wisconsin. Stowe explained that Grant delivered several recommendations relative to sober living to the board, including focusing initial efforts on females with methamphetamine addiction. Loy and Scudiere explain that NCHC is going to be putting together a program application for this committee to consider, as a sober living model is viewed as a regional need and there may be an opportunity to develop a pilot project that can form the basis for regional expansion. Scudiere explains that she is making arrangements for Marathon County's Evidence-Based Decision-Making group to receive Grant's presentation, as that group has likewise identified supportive housing as a need in the community.

Billeb explains that the Marathon County Sheriff's Office was recently contacted by Aspirus to discuss issues relating to release preparation services for inmates in the jail. Billeb explains that he will be meeting with Aspirus today and will be sure to report back to the committee if this may be relevant to the issue of sober housing. Billeb indicates that Marathon County is currently housing the highest percentage of female inmates he can recall and that a significant driving factor for many of those inmates is drug addiction, particularly methamphetamine.

Leonhard requests that NCHC provide significant notice relative to the program application for the sober housing pilot in Langlade County so that he can bring the information to his committee of jurisdiction, Health & Human Services, as the issue of sober housing has been of interest on the Marathon County Board as well.

Follow through:

NCHC to deliver continued informational updates to RCA prior to program application.

4. Policy Issues Discussion and Possible Action

- A. Presentation of 2018 – Primary Dashboard Measure year-end results and discussion regarding 2019 – Primary Dashboard Measure targets

Discussion:

Loy provides documents to the committee outlining the year-end results and NCHC's identified targets. Loy suggests that the members take the opportunity to review the documents prior to the next meeting and that the committee further discuss the targets at that time.

Action:

None taken

Follow through:

Follow up on identified targets at the February 28, 2019 meeting.

5. Next Meeting Time, Location, Agenda Items and Reports to the County Board

- A. Discussion of Future Agenda Items and Meeting Times
1. North Central Health Care Board meeting on February 28, 2019 at 12:00 p.m.
B. Announcements

6. Adjournment of the RCA Committee Meeting

MOTION BY STOWE, SECOND BY BILLEB, TO ADJOURN THE MEETING. MOTION CARRIED. Meeting adjourned at 10:02 a.m.

Minutes Prepared by
Lance Leonhard on January 31, 2019.

#	Department	Domain	RCA	Outcome Measure	Arrow	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	NCHC OVERALL	SERVICE	RCA	Referral Source Experience: % Top Box Rate	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
2	BIRTH TO 3	COMMUNITY	RCA	Eligible clients are admitted within 45 days of referral	↑	2018 Baseline Year	20/20 - 100.0%	20/20 - 100.0%	17/17 - 100.0%	21/21 - 100.0%	25/25 - 100.0%	25/25 - 100.0%	18/18 - 100.0%	15/15 - 100.0%	20/20 - 100.0%	23/23 - 100.0%	24/24 - 100.0%	21/21 - 100.0%
3	BIRTH TO 3	COMMUNITY	RCA	Same day cancellation and no-show rate	↓	2018 Baseline Year	N/A	N/A	N/A	N/A	12.6%	11.2%	11.3%	15.0%	12.4%	13.1%	13.8%	14.0%
4	BIRTH TO 3	COMMUNITY	RCA	Average days from referral to initial appointment	↓	2018 Baseline Year	11.0	11.0	13.0	12.0	11.0	12.0	14.0	12.0	10.0	9.0	14.0	10.0
5	COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans completed within 30 days of admission	↑	90 - 95%	N/A	N/A	11/15 - 73%	16/16 - 100%	17/20 - 85%	17/20 - 85%	19/26 - 73%	20/21 - 95.2%	11/20 - 55.0%	19/23 - 82.6%	30/41 - 73.1%	11/13 - 84.6%
6	COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans reviewed every 6 months	↑	90 - 95%	63/68 - 92.6%	49/54 - 90.7%	35/38 - 92.1%	92/94 - 97.9%	111/121 - 91.7%	99/106 - 93.4%	55/63 - 87.3%	88/103 - 85.4%	57/61 - 93.4%	42/44 - 95.5%	82/94 - 87.2%	77/84 - 91.7%
7	COMMUNITY TREATMENT	CLINICAL	RCA	Employment rate of Individual Placement and Support (IPS) clients	↑	44.0%	44.0%	42.0%	41.0%	39.0%	35.0%	43.0%	56.0%	54.0%	48.0%	62.0%	55.0%	52.0%
8	COMMUNITY TREATMENT	COMMUNITY	RCA	Eligible CCS and CSP clients are admitted within 60 days of referral	↑	90 - 95%	10/40 - 25.0%	7/22 - 31.8%	7/35 - 20.0%	9/42 - 21.4%	8/41 - 19.5%	13/44 - 29.5%	17/32 - 53.1%	12/33 - 36.4%	19/35 - 54.3%	19/25 - 76.0%	16/37 - 43.2%	22/49 - 44.9%
9	COMMUNITY TREATMENT	COMMUNITY	RCA	Same day cancellation and no-show rate	↓	2018 Baseline Year	N/A	N/A	N/A	N/A	1.8%	3.5%	5.1%	5.4%	3.4%	3.0%	3.4%	3.5%
10	COMMUNITY TREATMENT	COMMUNITY	RCA	Average days from referral to initial appointment	↓	2018 Baseline Year	140 days	215 days	111 days	99 days	80 days	101 days	40 days	35 days	93 days	95 days	78 days	35 days
11	CBRF	CLINICAL	RCA	Patient kept their outpatient appointment, if applicable	↑	2018 Baseline Year	100.0%	100.0%	11/13 - 84.6%	8/9 - 88.9%	3/4 - 75.0%	18/18 - 100.0%	25/25 - 100.0%	10/10 - 100.0%	22/22 - 100.0%	23/23 - 100.0%	21/21 - 100.0%	19/19 - 100.0%
12	CBRF	COMMUNITY	RCA	% of eligible patients are admitted within 24 hours	↑	2018 Baseline Year	100.0%	100.0%	100.0%	100.0%	3/7 - 42.9%	18/19 - 94.7%	25/25 - 100.0%	11/11 - 100.0%	11/22 - 59.1%	23/29 - 79.3%	21/29 - 72.4%	21/23 - 91.3%
13	MMT	CLINICAL	RCA	MMT Successful completion rate	↑	2018 Baseline Year	50.0%	85.7%	72.0%	7/11 - 63.6%	6/10 - 60.0%	8/10 - 80.0%	8/9 - 88.9%	15/22 - 68.2%	16/22 - 72.7%	20/24 - 83.3%	17/20 - 85.0%	17/20 - 85.0%
14	MMT	COMMUNITY	RCA	MMT: compliance rate with discharge plan 60 days post-discharge	↑	2018 Baseline Year	50.0%	85.7%	80.0%	80.0%	74.0%	53.5%	60.0%	44.4%	54.5%	46.7%	42.9%	45.5%
15	CRISIS SERVICES	CLINICAL	RCA	Court Liaison (Linkage & Follow-up) % of settlement agreements and commitments extended	↑	2018 Baseline Year	78.0%	80.0%	75.0%	89.0%	71.0%	68.0%	85.0%	70.0%	83.0%	57.0%	65.0%	76.5%
16	CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: Ratio of voluntary to involuntary commitments	↑	2018 Baseline Year	1.9 to 1	1.4 to 1	2.0 to 1	1.7 to 1	1.2 to 1	1.4 to 1	1.6 to 1	2.1 to 1	1.7 to 1	1.6 to 1	2.1 to 1	1 to 1.1
17	CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of service	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	238 encounters / 44 follow-ups within 24 hours (18%)	175 encounters / 35 follow-ups within 24 hours (20%)	226 encounters / 49 follow-ups within 24 hours (22%)	202 encounters / 81 follow-ups within 24 hours (30%)	189 encounters / 33 follow-ups within 24 hours (28%)	182 encounters / 58 follow-ups within 24 hours (34%)
18	CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
19	CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of service	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	44 encounters / 20 follow-ups within 72 hours (45%)	42 encounters / 15 follow-ups within 72 hours (36%)	57 encounters / 26 follow-ups within 72 hours (46%)	87 encounters / 32 follow-ups within 72 hours (37%)	75 encounters / 33 follow-ups within 72 hours (44%)	72 encounters / 21 follow-ups within 72 hours (29%)
20	CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of referrals from law enforcement, schools, and Department of Social Services who have a release of information.	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
21	CRISIS SERVICES	COMMUNITY	RCA	Court Liaison (Linkage & Follow-up) Compliance rate with court liaison policy	↑	2018 Baseline Year	89.0%	98.0%	96.0%	95.0%	97.0%	91.0%	94.0%	91.0%	90.0%	89.0%	99.0%	100.0%
22	CRISIS SERVICES	COMMUNITY	RCA	Court Liaison (Linkage & Follow-up) % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (**FROM COMMUNITY TREATMENT)	↑	2018 Baseline Year	N/A	N/A	1/1 - 100.0%	2/2 - 100.0%	5/5 - 100.0%	1/1 - 100.0%	7/7 - 100.0%	1/1 - 100.0%	2/3 - 66.7%	0/0 - N/A	3/4 - 75.0%	1/2 - 50.0%
23	CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	↓	2018 Baseline Year	12 Diversions / 3.3 days ALOS	13 Diversions/ 3.5 days ALOS	17 Diversions/ 5.6 days ALOS	15 Diversions / 7.9 days ALOS	13 Diversions / 6.5 days ALOS	13 Diversions / 6.4 days ALOS	12 Diversions / 6.5 days ALOS	16 Diversions / 5.8 days ALOS	12 Diversions / 9.5 days ALOS	17 Diversions / 7.1 Days ALOS	18 Diversions / 7.2 Days ALOS	LAG
24	CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: avoid diversions of less than 72 hours.	↓	2018 Baseline Year	23.0%	21.0%	23.0%	22.7%	25.0%	N/A	33.0%	26.0%	16.6%	27.2%	22.7%	LAG
25	INPATIENT BHS	CLINICAL	RCA	% of NCHC hospital patients with a post discharge counseling appointment within 4 days of discharge	↑	90 - 95%	97.0%	93.1%	73.7%	89.2%	94.6%	90.0%	85.1%	77.8%	96.0%	88.9%	82.0%	96.2%
26	INPATIENT BHS	CLINICAL	RCA	% of NCHC hospital patients with a post discharge psychiatry appointment within 14 days of discharge	↑	90 - 95%	97.9%	100.0%	93.8%	97.8%	71.4%	97.9%	98.1%	92.1%	88.5%	100.0%	98.0%	100.0%
27	INPATIENT BHS	CLINICAL	RCA	Detox: Length since previous admission	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	23 Readmissions / 237.5 Days	27 Readmissions / 250.2 Days	12 Readmissions / 335.7 Days	26 Readmissions / 267.4 Days	18 Readmissions / 259.1 Days	25 Readmissions / 246.0 Days
28	INPATIENT BHS	COMMUNITY	RCA	DETOK: % of Detox patients admitted to substance abuse programming within 4 days of discharge	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	40 discharges / 13 admitted within 4 days (33%)	30 discharges / 16 admitted within 4 days (53%)	20 Discharges / 8 admitted within 4 days (40%)	30 Discharges / 17 admitted within 4 days (57%)	29 Discharges / 11 admitted within 4 days (38%)	21 Discharges / 11 admitted within 4 days (52%)
29	INPATIENT BHS	COMMUNITY	RCA	Ratio of patient days served at NCHC vs. Out of County placements	↑	2018 Baseline Year	3.0 to 1	2.2 to 1	4.2 to 1	1.9 to 1	2.2 to 1	1.8 to 1	1.4 to 1	1.8 to 1	1.7 to 1	1.5 to 1	1.5 to 1	LAG
30	OUTPATIENT SERVICES	CLINICAL	RCA	% of patients that have a post-discharge psychiatry appointment within 14 days of discharge	↑	90 - 95%	97.9%	100.0%	93.8%	97.8%	71.4%	97.9%	98.1%	92.1%	88.5%	100.0%	98.0%	100.0%
31	OUTPATIENT SERVICES	CLINICAL	RCA	Day Treatment: Successful completion rate	↑	2018 Baseline Year	1/4 - 25.0%	4/6 - 66.7%	2/7 - 28.6%	1/2 - 50.0%	2/4 - 50.0%	3/3 - 100.0%	4/4 - 100%	2/6 - 33.3%	7/12 - 58.3%	9/9 - 33.3%	5/10 - 50.0%	0/4 - 0.0%
32	OUTPATIENT SERVICES	CLINICAL	RCA	DWI Recidivism Rate	↓	27 - 32 %	28.6%	27.6%	20.6%	27.6%	33.3%	18.2%	11.5%	29.4%	34.6%	15.9%	23.3%	18.8%
33	OUTPATIENT SERVICES	CLINICAL	RCA	% of NCHC BHS Hospital patients with counseling/ post-discharge check visit established within 4 days following discharge	↑	90 - 95%	97.0%	93.1%	73.7%	89.2%	94.6%	90.0%	85.1%	77.8%	96.0%	88.9%	82.0%	96.2%
34	OUTPATIENT SERVICES	COMMUNITY	RCA	% of patients offered an appointment within 4 days of screening by a referral coordinator	↑	90 - 95%	97.0%	96.0%	98.0%	99.0%	98.0%	99.0%	97.0%	90.4%	98.0%	96.3%	99.0%	99.4%
35	OUTPATIENT SERVICES	COMMUNITY	RCA	Criminal Justice Post-Jail Release Access Rate	↑	90 - 95%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	91.9%	83.9%	95.2%	97.2%	97.9%	100.0%
36	OUTPATIENT SERVICES	COMMUNITY	RCA	Average number of days from referral to starting day treatment	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	5.0 days	10.6 days	20.8 days	6.2 days	19.8 days	47.7 days
37	OUTPATIENT SERVICES	COMMUNITY	RCA	Hospitalization rate of active patients	↓	2018 Baseline Year	2.4%	2.0%	2.8%	2.3%	2.0%	2.3%	2.5%	2.6%	1.6%	2.3%	2.0%	2.0%
38	OUTPATIENT SERVICES	COMMUNITY	RCA	Same day cancellation and no-show rate	↓	2018 Baseline Year	N/A	N/A	N/A	N/A	16.4%	14.0%	15.8%	13.4%	11.5%	11.2%	9.3%	8.7%
39	ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% Of At Risk Investigations closed within 30 days	↑	70 - 75%	21/33 63.6%	28/45 62.2%	33/46 71.7%	37/53 69.8%	28/36 77.8%	22/30 73.3%	24/30 80.0%	18/22 81.8%	30/48 62.5%	27/43 62.8%	23/45 51.1%	25/53 47.2%
40	ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% Of Risk Case Opened within 1 month of closure	↓	5% or below	0/46 - 0.0%	0/35 - 0.0%	3/51 - 5.9%	2/36 - 5.6%	4/49 - 8.2%	1/41 - 2.4%	2/49 - 4.1%	0/46 - 0.0%	0/55 - 0.0%	1/39 - 2.6%	4/50 - 8.0%	0/33 - 0.0%

Department	Domain	RCA	Outcome Measure	Legend
NCHC OVERALL	SERVICE	RCA	Referral Source Experience: % Top Box Rate	Percentage of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey asking for Crisis Services Program experiences developed prior to 2018
BIRTH TO 3	COMMUNITY	RCA	Eligible clients are admitted within 45 days of referral	Percentage of clients admitted within 45 days of referral to Birth to Three Program
BIRTH TO 3	COMMUNITY	RCA	Same day cancellation and no-show rate	Percentage of clients who no-show or have same day cancellation to Birth to Three Services
BIRTH TO 3	COMMUNITY	RCA	Average days from referral to initial appointment	Average number of days between referral and initial appointment
COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans completed within 30 days of admission	Percentage of CCS/CSP clients that have a completed treatment plan within 30 day timeframe
COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans reviewed every 6 months	Percentage of treatment plans reviewed within 6 months from last plan
COMMUNITY TREATMENT	CLINICAL	RCA	Employment rate of Individual Placement and Support (IPS) clients	Percentage of Individual Placement and Support clients employed
COMMUNITY TREATMENT	COMMUNITY	RCA	Eligible CCS and CSP clients are admitted within 60 days of referral	Percentage of clients admitted within 60 days of referral
COMMUNITY TREATMENT	COMMUNITY	RCA	Same day cancellation and no-show rate	Percentage of clients who no-show or have same day cancellation to Community Treatment Services
COMMUNITY TREATMENT	COMMUNITY	RCA	Average days from referral to initial appointment	Average number of days between referral and initial appointment
CRISIS CBRF	CLINICAL	RCA	Patient kept their outpatient appointment, if applicable	Percentage of clients who kept their appointments after discharge
CRISIS CBRF	COMMUNITY	RCA	% of eligible patients are admitted within 24 hours	Average number of days between referral and admission
MIMT	CLINICAL	RCA	MIMT Successful completion rate	Percentage of clients graduating from the MIMT treatment program
MIMT	COMMUNITY	RCA	MIMT: compliance rate with discharge plan 60 days post-discharge	Percentage of clients in compliance with their 60 day discharge program (2 Month Lag)
CRISIS SERVICES	CLINICAL	RCA	Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	Percentage of clients that have settlement or commitment orders extended
CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: Ratio of voluntary to involuntary commitments	Comparison of clients on voluntary and involuntary commitments
CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of service	Clients opened and assessed by Crisis who have a follow up done within 24 hours
CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	TBD
CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of service	Youth clients open to Crisis with 4 assessments completed who have a Contact Note or Crisis Progress Note done within 24 hours
CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	TBD
CRISIS SERVICES	COMMUNITY	RCA	Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy	Percentage of follow up completed in relation to court liaison policy
CRISIS SERVICES	COMMUNITY	RCA	Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	Percentage of clients on commitments and settlements enrolled in community treatment program within 60 days of referral notification
CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	Measure of the number of clients who are diverted to out of county facility within month, as well as their average length of stay in days (Month Lag)
CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: avoid diversions of less than 72 hours.	Percentage of youth clients diverted from NCHC for a stay less than 72 hours (Month Lag)
INPATIENT BHS	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge counseling appointment within 4 days of discharge	% of NCHC Hospital patients offered within 4 business days of discharge.
INPATIENT BHS	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge psychiatry appointment within 14 days of discharge	Percentage of clients discharged from NCHC Hospital offered within 14 business days of discharge.
INPATIENT BHS	CLINICAL	RCA	Detox: Length since previous admission	Average days since last admission of clients who are readmitted with same detox category diagnosis
INPATIENT BHS	CLINICAL	RCA	DETOX: % of Detox patients admitted to substance abuse programming within 4 days of discharge	Percentage of detox category diagnosis clients that are admitted to a substance abuse program within 4 days of discharge
INPATIENT BHS	COMMUNITY	RCA	Ratio of patient days served at NCHC vs. Out of County placements	Measure of patient days served at NCHC compared to days served at out of county facilities (Month Lag)
OUTPATIENT SERVICES	CLINICAL	RCA	% of patients that have a post-discharge psychiatry appointment within 14 days of discharge	Percentage of clients discharged from NCHC Hospital offered within 14 business days of discharge.
OUTPATIENT SERVICES	CLINICAL	RCA	Day Treatment: Successful completion rate	Percentage of individuals that who successfully graduated this month as expected.
OUTPATIENT SERVICES	COMMUNITY	RCA	% of patients offered an appointment within 4 days of screening by a referral coordinator	Percentage of patients offered an appointment within 4 business days of discharge (non psychiatry)
OUTPATIENT SERVICES	COMMUNITY	RCA	Criminal Justice Post-Jail Release Access Rate	Percentage of patients offered an appointment within 4 days of screening resulting from a Criminal Justice Referral (Sources: probation & parole, jail, court system, judge, DA, drug court & law enforcement.)
OUTPATIENT SERVICES	COMMUNITY	RCA	Day Treatment: % of eligible patients are admitted within 24 hours	*Redefined*: Average number of days from referral to the start of the group, based on admissions for the month.
OUTPATIENT SERVICES	CLINICAL	RCA	OVI Recidivism Rate	Percentage of OVI assessment clients with multiple OVI offenses (2 or more) that have ever had a previous Driver Safety Plan w/ NCHC.
OUTPATIENT SERVICES	COMMUNITY	RCA	Hospitalization rate of active patients	Percentage of clients open to outpatient that are hospitalized for the month.
OUTPATIENT SERVICES	COMMUNITY	RCA	Same day cancellation and no-show rate	Percentage of clients who no-show or have same day cancellation to Outpatient Services
OUTPATIENT SERVICES	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge counseling appointment within 4 days of discharge	% of NCHC Hospital patients offered within 4 business days of discharge.
ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% Of At Risk Investigations closed within 30 days	Percentage of At Risk Investigations closed within 30 days
ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% Of Risk Case Opened within 1 month of closure	Percentage Of Risk Case Opened within 30 days of closure

Department	Domain	RCA	Outcome Measure	2018 YTD	2019 Target	↑↓	Jan
BIRTH TO 3	COMMUNITY	RCA	Eligible clients are admitted within 45 days of referral	100.0%	90 - 95%	↑	100.0%
BIRTH TO 3	COMMUNITY	RCA	Same day cancellation and no-show rate	12.9%	10 - 12%	↓	18.7%
BIRTH TO 3	COMMUNITY	RCA	Average days from referral to initial appointment	11.6 days	10 - 12 days	↓	14 days
COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans completed within 30 days of admission	79.5%	90 - 95%	↑	79% - (11/14)
COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans reviewed every 6 months	91.4%	90 - 95%	↑	95% - (70/74)
COMMUNITY TREATMENT	CLINICAL	RCA	Employment rate of Individual Placement and Support (IPS) clients	47.6%	48 - 52%	↑	52.0%
COMMUNITY TREATMENT	COMMUNITY	RCA	Eligible CCS and CSP clients are admitted within 60 days of referral	36.6%	90 - 95%	↑	59% - (20/34)
COMMUNITY TREATMENT	COMMUNITY	RCA	Same day cancellation and no-show rate	3.6%	2 - 3%	↓	3.0%
COMMUNITY TREATMENT	COMMUNITY	RCA	Average days from referral to initial appointment	93.5 days	50 - 60 days	↓	65 days - (2338/36)
CBRF	CLINICAL	RCA	Patient kept their outpatient appointment, if applicable	95.7%	90 - 95%	↑	100.0%
CBRF	COMMUNITY	RCA	% of eligible patients are admitted within 24 hours	86.7%	90 - 95%	↑	92.3% - (12/13)
MMT	CLINICAL	RCA	Successful completion rate	59.8%	70 - 75%	↑	87.5%
MMT	COMMUNITY	RCA	Compliance rate with discharge plan 60 days post-discharge	74.8%	70 - 75%	↑	LAG
CRISIS SERVICES	CLINICAL	RCA	Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	74.8%	80 - 85%	↑	84.0%
CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: Ratio of voluntary to involuntary commitments	1.64 to 1	1.6 - 1.7 to 1	↑	1.82 to 1
CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	25.3%	40 - 50%	↑	34.4%
CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	TBD	TBD	↑	TBD
CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service	39.5%	90 - 95%	↑	43.0%
CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	TBD	TBD	↑	TBD
CRISIS SERVICES	COMMUNITY	RCA	Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy	94.1%	90 - 95%	↑	100.0%
CRISIS SERVICES	COMMUNITY	RCA	Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (**FROM COMMUNITY TREATMENT)	79.2%	95 - 100%	↑	100% - (4/4)
CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	14.5 Diversions (6.3 days)	12 - 13 Diversions (5 days)	↓	LAG
CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: avoid diversions of less than 72 hours.	24.0%	15 - 20%	↓	LAG
INPATIENT BHS	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge counseling appointment within 4 days of discharge	88.6%	90 - 95%	↑	97.5%
INPATIENT BHS	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge psychiatry appointment within 14 days of discharge	94.6%	90 - 95%	↑	89.0%
INPATIENT BHS	CLINICAL	RCA	Detox: Length since previous admission	252 days	250 - 260 days	↑	195.1 days
INPATIENT BHS	CLINICAL	RCA	DETOX: % of Detox patients admitted to substance abuse programming within 4 days of discharge	45.5%	45 - 50%	↑	36.0%
INPATIENT BHS	COMMUNITY	RCA	Ratio of patient days served at NCHC vs. Out of County placements	2.2 to 1	2.0 - 2.2 to 1	↑	LAG
OUTPATIENT SERVICES	CLINICAL	RCA	% of patients that have a post-discharge psychiatry appointment within 14 days of discharge	94.6%	90 - 95%	↑	89.0%
OUTPATIENT SERVICES	CLINICAL	RCA	Day Treatment: Successful completion rate	49.4%	50 - 55%	↑	67.0%
OUTPATIENT SERVICES	CLINICAL	RCA	OWI Recidivism Rate	24.1%	25%	↓	26.9%
OUTPATIENT SERVICES	CLINICAL	RCA	% of NCHC BHS Hospital patients with counseling/ post-discharge check visit established within 4 days following discharge	88.6%	90 - 95%	↑	87.5%
OUTPATIENT SERVICES	COMMUNITY	RCA	% of patients offered an appointment within 4 days of screening by a referral coordinator	90.4%	90 - 95%	↑	97.5%
OUTPATIENT SERVICES	COMMUNITY	RCA	Criminal Justice Post-Jail Release Access Rate	96.6%	90 - 95%	↑	100.0%
OUTPATIENT SERVICES	COMMUNITY	RCA	Average number of days from referral to starting day treatment	18.3 days	10 - 12 days	↓	14 days
OUTPATIENT SERVICES	COMMUNITY	RCA	Hospitalization rate of active patients	2.2%	8 - 10%	↓	1.5%
OUTPATIENT SERVICES	COMMUNITY	RCA	Same day cancellation and no-show rate	12.5%	8 - 10%	↓	13.7%
ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% Of At Risk Investigations closed within 30 days	65.3%	70 - 75%	↑	68.0%
ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% Of Risk Case Opened within 1 month of closure	3.5%	5% or below	↓	4.0%



North Central Health Care

Person centered. Outcome focused.

PROGRAM APPLICATION TO THE RETAINED COUNTY AUTHORITY COMMITTEE

DATE: February 11, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
Michael Loy, Chief Executive Officer
RE: Sober Living Environment

Purpose

NCHC is proposing to implement a sober living model that is an extension of our existing treatment services.

Current Situation and Program Overview

Background

Sober living is defined in many ways, but for our purposes will be an extension of existing treatment modalities wherein individuals are provided a structured housing opportunity that supports existing substance use treatment. Individuals who would participate in sober living would be required to be actively engaged in recovery programming as appropriate for them individually. Please note that this proposal makes a distinction between sober living environments and transitional housing. Transitional housing is defined as post-jail housing, used to ensure that individuals have a safe and sober housing environment on release. Sober living is unique in that it acts as an extension of existing substance use treatment.

NCHC has been participating in conversations with Langlade, Lincoln, and Marathon Counties regarding their sober living housing needs. There is only one sober living facility in NCHC's three county region. Hope House, operated by a NCHC program, Community Corner Clubhouse, has 5 beds and the individuals have to be active members of Clubhouse and also case managed by the Community Treatment program. Hope House is operated on an Oxford House model, which is essentially run by the residents. NCHC Clubhouse staff attend to Hope House on business days by visiting and meeting with the residents, running house meetings, and by providing staff support. The Oxford House model generally requires little supervision as the rules and structure are created and managed by the residents themselves. This small house is structured through the requirement for community treatment service. Drawbacks to this model include lack of organizational control over house rules and structure, as these are designed by the house residents.

There are a variety of sober living models beyond the Oxford House model, with varying levels of efficacy and program requirements. Chris Grant, Medical College of Wisconsin Student, was tasked with reviewing several models for Langlade County and reviewed how they provided support to individuals in the program and the surrounding communities. Each model had different requirements and standards for the participants. The model that was recommended by Chris Grant, owned by Apricity (hereby referred to as the “Apricity model”) has an evidence-based approach and incorporates Recovery Coaching into the model. Participants are required to have 30 days of sobriety, actively participating in treatment and weekly house meetings, participate in regular drug/alcohol screenings, follow rules including curfews and visitor restrictions, and pay a specified portion of their rent. This model is also structured and overseen by a treatment organization, which has the ability to modify rules of the house, manage house vacancies, organize and approve support groups and events, and evict tenants when applicable. No state licensure is required if licensed substance abuse treatment is not provided on site. However, support groups such as NA, AA, and relapse prevention can occur on site as well as recovery coaching.

Recommendation

The recommendation is to purchase the Apricity Model, which would provide NCHC with evidence-based policy and procedures, consultation, and program experience. Consultation would be with the Apricity CEO, who is nationally recognized for the quality of the model. They would include information on how to set up homes, house rules, tours of the existing homes in Appleton, Recovery Coach training for the Sober Living Coordinator, and onsite training at Apricity. Essentially, the existing success of the model in Appleton would be replicated in Langlade County and then could be copied for Lincoln and Marathon.

NCHC would start a sober living pilot program with one 8-bed women’s-only house in Langlade County, slated for implementation in early 2020, but could be sooner depending on funding. The model can then be placed into the other counties in late 2020, based on availability of the homes and contingent on zoning and financial considerations.

As part of the model, a recovery coach mentor stays at the facility rent-free. This individual would be a successful graduate of the program and provide guidance and support for those at the house. In addition, a Sober Living Coordinator would be hired, who would monitor, evaluate, and coordinate the housing, meals, supplies, budgetary considerations, events and group activities, and other program maintenance.

Projected Costs

Revenues

This program would require the tenant to pay a portion of their rent at a rate of \$350 per month. Based off of a full 7 bed house (one bed would be the live-in mentor who would provide services in exchange for free rent), the rent would be approximately \$2,450 per month of income or \$29,400 of rent income per year.

NCHC services would not be billed at the sober living house, as the site itself would not be certified. Residents would be expected to attend treatment activities at NCHC’s Antigo office on 1225 Langlade Road. This would provide the benefit of giving the residents a change in scenery each day and a familiarity with the support systems available to them.

Expenses – Personnel

Sober Living Coordinator 1 FTE with a hourly salary of \$22.00 for a total annual salary of \$45,760. Benefits expenses would be approximately \$18,287 for a total cost of \$64,000.

Cost of on-call coverage 24 hours a day, 7 days a week would be \$2.50 per hour during non-business hours. 128 hours per week is \$320 with the total additional cost of \$16,640 per year.

Total cost of personnel: \$80,640

Other Expenses

Ongoing Yearly Operational Costs

House maintenance (routine)	\$5,000
Food	\$17,000
Supplies	\$5,000
Linens and bedding	\$300
Utensils	\$100
Program Expenses	\$5,000
Electricity	\$3,500
Water and Sewer	\$1,600
Telephone	\$4,300
IT Device Support	\$1,650
Travel Expense	\$500
Total	\$43,950

Start Up Costs

Furniture (desks, beds, couches, TV, tables, chairs, etc)	\$5,000
Apricity Sober Living Model and Consultation	\$10,000

Year 1

Revenue: \$29,400
Expense: (\$139,590)
Total: (\$110,190)

Year 2

Revenue: \$29,400
Expense: (\$124,590)
Total: (\$95,190)

Financial Implications

Startup costs will need to be funded, as well as a commitment for ongoing expenses. To operate this program NCHC would need Langlade County to purchase the home and providing for necessary modifications. Budget assumes that Langlade County would provide ongoing maintenance, snow removal, and lawn care for the property.

Other Financial Opportunities

Local food pantries may be able to assist with cost of food, subsidizing expenses for the house. A local food pantry in Langlade County has already committed to donating food for the house. Chris Grant, MCW Student, believes that the contributions from the food pantry could save up to \$8,400 a year in cost.

There would be efficiencies of scale for the expenses to the program if other houses are added. For example, all houses could benefit from the same coordinator.

Risk Factors

- Marathon and/or Lincoln are unable to identify facilities for sober living housing units.
- Langlade County is unable to support the startup costs and/or the ongoing support of the program.
- Lincoln and/or Marathon County are unable to support the startup costs and/or the ongoing support of the program.
- Neighborhoods around the identified housing units are resistant to having sober living in their community or general vicinity
- Challenges with recruiting qualified staff and mentors

I. Summary of Other Factors

Impact on Other NCCSP Programs

Currently, without sober living environments, NCHC programs who assist individuals with substance use issues find it very difficult to find placement for individuals in their care. Having housing during earlier stages of sobriety assists with continued treatment and limits external stressors. Limited housing options have been a frustration of Community Treatment case managers, crisis professionals, social workers, linkage and follow-up workers, and outpatient providers alike. Having options for safe and sober environments would enhance the continuum of care for individuals in the community.

Implementation Milestones

- Approval of model
- Funding secured for Langlade County
- Building purchased/secured
- Model purchased
- Staff hired
- Neighborhood meetings conducted (as needed)
- House opened
- 3 month program evaluation completed

II. Summary of Impact on Member County Programs and Resources

Impact on County Programs

In Langlade County, a sober living facility will enhance the newly added treatment options available to people in the community. Criminal justice can continue to move toward its goal of having a drug court, with the knowledge that wrap around services will be available to the individuals who participate.

Marathon and Lincoln Counties will benefit from having a program built off of a pilot in Lantada County. Programming will be tested and will be able to grow easily into the other counties.

On average seven individuals will be entering the workforce during their stay at the sober living environment. Several of these individuals will remain in the jobs well after they leave the treatment program. For instance, after 3 years if we have 2/3rds of the individuals who are successfully treated in the sober living facilities, we can estimate that 37 individuals will maintain employment in industries that are in dire need of workers.