

## North Central Health Care 2009 Annual Report

Strategic planning for programmatic and financial viability into the future was a key focus for North Central Health Care in 2009. Major goal areas include offering/developing regional services, implementing quality measures throughout every area of the organization, enhancing substance abuse services to provide the most current treatment with the best qualified staff, developing options for high intensity mental health services as alternatives to high cost placements at the state institutes, and assuring long-term financial stability.

Triaging and management of clients for inpatient hospital admission to North Central Health Care and Aspirus Behavioral Health was fully implemented during 2009, allowing for the most efficient use of higher cost resources. This collaboration has also allowed for local hospital stays for adolescents, rather than longer-term care at the state institutes, increasing local options for a continuum of care for adolescents and their families.

Mobile crisis staff in Lincoln County work closely with this process to assure the best clinical option within a range of choices for those in crisis. During 2009 the mobile crisis service was able to fully transition from grant funding to sustainable funding, although with a decrease in available services after-hours. Crisis center staff in Wausau continue to provide availability for county residents 24/7 when local staff are not unavailable. This has resulted in a significant decrease in hospital admissions over the past several years.

The Community Support Program worked with a record number of clients during 2009, providing intensive community-based services to those who might otherwise be unable to live independently in community settings. Community Support Program staff were all trained for mobile crisis services, as well, allowing for financial viability for both programs, as well as making the best use of staff time. Clients in the Community Support Program have taken on increasing initiatives for fundraising, peer support, and social and recreational activities during the year.

A reorganization of management for the outpatient mental health and substance abuse services began during 2009. These services are now supervised by one director for all three of the North Central Health Care counties, including offices in Merrill, Tomahawk, Antigo and Wausau. The Lincoln Health Care Center director assumed this position in the fall of 2009. This reorganization has allowed for consistency in policies, program review, and supervision of all outpatient clinical staff, as well as increasing efficient use of resources and financial sustainability of programming.

Outpatient programs in Merrill and Tomahawk were certified to provide services via tele-health in the fall of 2009, utilizing equipment obtained through state grant funding. Credentialing and contracting for psychiatry services in the county began at that time, in preparation for delivering outpatient psychiatry services in the county through tele-health technology in early 2010. Several initiatives to continue transitioning to online and electronic operations were significant during the year. All scheduling and billing for outpatient services became computerized, as well as some of the health record documentation. These initiatives will continue into 2010.

Collaboration efforts through the year occurred at the county, regional, and state levels. Suicide prevention billboards and theater ads were placed locally through funding from several sources, in collaboration with the Lincoln County Health Department and many other community partners. Other involvement included the Lincoln County Drug-free Communities Coalition, Tomahawk Together, the Social Norms project, Parents Who Host Lose the Most campaign, the Interagency Advisory Council, and the Lincoln County Long-term Support Committee.

State and regional activities included the Behavioral Health Policy Advisory Council of the Wisconsin Counties Human Services Association, the Intoxicated Driver Program subcommittee of the governor's State Council on Alcohol and Other Drug Abuse, and the statewide strategic planning process of the Department of Health Services Bureau of Prevention Treatment and Recovery.

**Staffing**

Psychiatrists (0.3 FTE)  
 Director/Psychologist (0.4 FTE)  
 Nurses (1.8 FTE)  
 Social Workers/Licensed Professional Counselors (1.8 FTE)  
 Dually Certified Mental Health/Alcohol and Drug Abuse Counselors (2.5 FTE)  
 Mobile Crisis Specialist (1.0 FTE)  
 Community Support Program Director/Licensed Professional Counselor (1.0 FTE)  
 Community Support Program Professionals (2.5 FTE)  
 Clerical Support Staff (3.9 FTE)

	<b>2009</b>	<b>UNITS OF SERVICE</b>	
	<b>CLIENTS</b>		
OUTPATIENT MENTAL HEALTH	399	1,947	Hours
LINCOLN CO COMMUNITY SUPPORT	60	4,288	Hours
OUTPATIENT AODA	522	1,965	Hours
CRISIS PROGRAM	149	411	Hours
<b>Total Outpatient</b>	<b>1,130</b>	<b>8,611</b>	<b>Hours</b>

**New Admissions**

	<b>2009</b>
<b>Inpatient</b>	74
<b>AODA</b>	395
<b>Mental Health</b>	305
<b>Mobile Crisis</b>	90
<b>Total</b>	<b>864</b>

**Services Provided**

Alcohol and other drug abuse counseling  
 Alcohol and other drug abuse day treatment program  
 Alcohol and other drug abuse hospitalization for detoxification  
 Community Support Program intensive community program for consumers with severe and persistent mental illness  
 Co-parenting class for divorcing parents.  
 Intoxicated Driver Program assessment, driver safety plan, and monitoring  
 Mental health community outreach for the elderly  
 Mental health counseling  
 Mobile crisis/crisis stabilization  
 Crisis stabilization CBRF (Community-Based Residential Facility)  
 Psychiatric evaluations and medication management  
 Psychiatric hospitalization

**Budget**

Total 2008 budget for Lincoln Health Care Center:	\$2,446,191
Total 2009 budget for Lincoln Health Care Center	\$2,625,670
Total 2008 Lincoln County appropriation for Lincoln Health Care Center:	\$534,736
Total 2009 Lincoln County appropriation for Lincoln Health Care Center	\$545,431

Respectfully submitted,

Margaret A. Parsons, Ph.D.  
Director