



HEALTH AND HUMAN SERVICES COMMITTEE

INFORMATIONAL MEETING AGENDA

Date & Time of Meeting: **Tuesday, January 31, 2017 at 7:00 p.m.**

Meeting Location: **Courthouse Assembly Room – B-105 – Courthouse**

Health & Human Services Committee Members: Matt Bootz, Chair, John Robinson, Vice-chair, Bill Miller; Orval Quamme; Katie Rosenberg, Maynard Tremelling, Dave Wysong

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. **Call Meeting to Order**
2. **Public Comment (15 minute limit)**
3. **Educational Presentations/Outcome Monitoring Reports**
 - A. The Benefits of the County’s Investment in Start Right.
4. **Policy Issues Discussion and Committee Determination to the County Board for its Consideration**
 - A. The Retained County Authority (RCA)
 1. What is our plan for communications with the RCA and to County Board?
 - B. Are we ready to set a date for the discussion on the building of a new Aquatic Therapy Pool?
 1. If not, what information is needed?
 2. Residents are going to want to address the committee: Are you going to stick with the 15 minute limit; if not, are there going to be any limits?
5. **Next Meeting Logistics and Topics:**
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: Monday, February 6, 2017 at 4:30 p.m. (Regular)
6. **Announcements**
7. **Adjournment**

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

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

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

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

Start Right!

BE THE BEST PARENT YOU CAN BE.

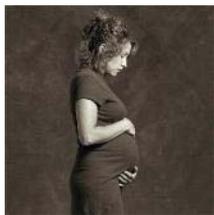
Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

Start Right provides family support and coaching for families throughout Marathon County from pregnancy to age five. The overall goal of the program is to prevent child abuse and neglect. Start Right focuses on developing safe, healthy, nurtured and school-ready children and parents who are connected to community resources to support healthy parenting.

Start Right is a partnership program between the Marathon County Health Department and Children's Hospital of Wisconsin. Marathon County tax levy and private donations provide the funding for Start Right. There are four components to the program: First Steps, Step by Step, Stepping Stones, and Stepping Out. Each area focuses on a specific child age or method of parent support, matching the level of support a family may need.

Healthiest, Safest, and Most Prosperous

Start Right is foundational to Marathon County's quest to be the Healthiest, Safest, and Most Prosperous County in the state.



Women who have healthy pregnancies are more likely to have healthy babies.

Babies who are safe, healthy, and have nurturing and responsive caregivers will have the foundation set for optimum brain growth.

Children who are healthy and emotionally and developmentally ready to start school are more likely to read at grade level by 3rd grade.*

When children read at grade level by third grade, they are more likely to graduate from high school.*

When children graduate from high school they are better prepared to directly join the work force or go on to college or technical school.

Educated, employed citizens contribute to the economy by paying taxes, supporting the economy, and being part of the communities in Marathon County.

*Annie E. Casey Foundation KIDS COUNT report 2010 <http://www.aecf.org/resources/early-warning-why-reading-by-the-end-of-third-grade-matters/>

Start Right!

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.



Start Right Programs

First Steps

A specially trained public health nurse meets with pregnant women during their pregnancy and/or after the birth of their baby. Education provided includes: promoting a healthy pregnancy, labor and delivery education, breastfeeding, baby care, and reproductive life planning. The public health nurse links women to any needed community resources such as basic needs (housing, transportation, and food), medical care, employment support/training, mental health treatment, drug/alcohol treatment, domestic violence services, and other services as necessary.

Step by Step

Specially trained parent educators meet with parents of infants and young children, providing education to help children grow and develop to realize their highest potential. Key focus areas include promotion of child development, nurturing, safety and resilience. The parent educator also links families to needed community resources such as basic needs (housing, transportation, and food), medical care, employment support/training, mental health treatment, drug/alcohol treatment, domestic violence services, and others services as necessary.

Stepping Stones

The Family Resource Centers connect parents to parenting and child development information through individual, flexible meetings with a parent educator over the phone, by email, or via in person visits to the Center. The parent educator can provide growth and development information, screening, education, and answer parenting questions. The parent educator also connects parents to other needed community resources as necessary.

Stepping Out

The Family Resource Centers provide group education for parents with children of all ages. The centers also provide Play N Learn groups in the community, often in community libraries. Play N Learn groups are led by a specially trained parent educator and are a place for parents and children to connect and learn with each other, while meeting neighbors and other community members with small children. The Family Resource Center also provides a “warm line” that parents may call at any time with parenting questions.

Start Right!

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.



First Steps

A specially trained public health nurse meets with pregnant women during their pregnancy and/or after the birth of their baby. Education provided includes: promoting a healthy pregnancy, labor and delivery education, breastfeeding, baby care, and reproductive life planning. The public health nurse links women to any needed community resources such as basic needs (housing, transportation, and food), medical care, employment support/training, mental health treatment, drug/alcohol treatment, domestic violence services, and other services as necessary.

Best Practice

The Start Right First Steps program is based on Wisconsin's Medicaid Prenatal Care Coordination (PNCC) model. PNCC helps pregnant women get the support and services they need to have a healthy baby. All women, regardless of Medicaid enrollment, who are at risk for poor birth outcome may participate in the program. Start Right First Steps closely follows the PNCC model which is an evidence based federal and state Medicaid program. For more information on PNCC: <https://www.dhs.wisconsin.gov/medicaid/publications/p-01046.htm>

The Start Right First Steps program is also based on research done at the state level. A study done in 2010 with Medicaid PNCC participants supports the benefits of public health nurse visits with pregnant woman. Birth outcomes were significantly improved in women who had PNCC services over women who had not received PNCC services. Improvements were seen in fewer low-birth-weight infants, fewer very-low-birth-weight infants, fewer preterm infants, and fewer infants transferred to the neonatal intensive care units. To read the study: <http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2010.01206.x/abstract>

Start Right!

A Start Right Nurse's Story

-  I received a referral of a mother who was 10 weeks pregnant. Her pregnancy was complicated by a medical condition which made physical activity extremely difficult for her. My client also had a long history of depression and anxiety. She and her partner had moved around often and she was proud of their newly purchased home. During my first visit to her home, I noticed that there was quite a bit of remodeling and painting happening. The client said they had started work on the home when they moved in, but with a difficult pregnancy and a busy young child, they would not be able to complete it until she delivered. I was immediately concerned about the presence of lead paint, due to the age of their home. During my visit, I learned that their child had missed several doctor's appointments. The child was behind on many necessary vaccinations and the client was concerned about a speech delay. With her permission, I helped her to pick out a medical provider and also made a referral to Birth to 3 for a developmental evaluation. I encouraged her to make an appointment for the child as soon as possible as I was concerned about possible lead exposure.
-  During our next visit, the client shared that she had taken the child to the doctor for an exam and the child received needed immunizations. She was also told that the child had an extremely high lead level. Since I know that lead can be toxic to a young brain, I made a referral to a nurse from the health department who specializes in lead contaminated homes to visit the family and work on removing lead from the child's environment. Her child was also anemic and I provided education on iron rich foods and encouraged the client to give her child the iron supplements that the doctor had recommended. With all of this information, I was also able to help her gain access to WIC services so that she and her child could be assured that they were receiving appropriate nutrition.
-  At a subsequent visit, I helped the client find a dental provider and aided her in filling out necessary paper work so that her family could be seen.
-  My work as a public health nurse involves looking at the whole family in their home environment. I'm thankful that this mother accepted the referral to Start Right so that I had the opportunity to provide services to her. If I hadn't seen her in her home through Start Right, it is likely that her child's lead poisoning would have continued and caused further delays in development. I am grateful have to have the opportunity to continue to work with her in order to support her in having a healthy pregnancy. Caring for her and her child, linking her to needed community resources, and providing education so that she is prepared to parent her new baby has been a very rewarding experience.

Start Right!

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.



Step by Step

Specially trained parent educators meet with parents of infants and young children, providing education to help children grow and develop to realize their highest potential. Key focus areas include promotion of child development, nurturing, safety and resilience. The parent educator also links families to needed community resources such as basic needs (housing, transportation, and food), medical care, employment support/training, mental health treatment, drug/alcohol treatment, domestic violence services, and others services as necessary.

Best Practice

The Start Right Step by Step program uses a national evidence based home visiting curriculum, Parents as Teachers, to promote optimal early development of young children. This comprehensive home visiting curriculum utilizes parent engagement to promote child development, coaching parents as their child's first and most influential teachers. Parents as Teachers is recognized as a best practice curriculum by Healthy Families of America, a nationally recognized home visiting model whose mission is to promote child well-being and prevent abuse and neglect through intensive home visiting.

To read more about the evidence based research supporting the Parents as Teachers model:

https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/5846f0ce59cc6850e4a65b99/1481044176280/PAT_EBHVModel_2015_sm.pdf

Start Right-Helping Children to Grow and Develop to Realize Their Full Potential

Start Right!

Stories

A Mother's Story

-  My baby and I were referred to the Start Right Step-by-Step Program by our public health nurse. I have spent most of my youth and adulthood in foster care and incarceration and I have felt the insufferable pain of having two of my children permanently removed from my care. My family has struggled with stable housing for as long as I can remember. When I met my parent educator, I had moved several more times causing referrals to both social services and child protective services. The thought of losing another child was devastating to me.
-  The powerful encouragement of my family educator engaged me and helped to guide both me and my significant other through the program. Today, I continue to see my educator regularly. She inspires me to be a stronger parent. I finally have a steady job as well as stable housing for my family. My baby is now a healthy one year old and I have just welcomed a second child. I will keep meeting with my Start Right educator so that I can continue trying to be a good mom to my children.

A Start Right Parent Educator's Story

-  A female client was referred to the Start Right Program and assigned to me for several difficult parenting issues. Service providers were concerned that there was illegal activity and drug use in the home. The client, who has a history of drug abuse, had another child who was in the custody of a relative.
-  Shortly after I began my visits with this mother, she began to build trust and talk about wanting to “really achieve” the goals she had recently set. She soon began treatment at the methadone clinic and joined a local narcotics anonymous group. She aspired to get custody back of her oldest child, as the guilt she felt for having one child and not the other was overwhelming her.
-  The client has now been with the Start Right Program for over a year and in that time she has regained custody of her other child, ended an unhealthy relationship, gotten a job, and continues to maintain sobriety. She attends drug treatment and counseling on a regular basis. Because of her example and support she has become a role model for other family members. This client and her family made an astonishing amount of progress in the past year, increasing parenting skills and providing for the health and safety of her children.

Start Right!

Why Invest in Start Right?

“Investments in high-quality early childhood programs, particularly those targeted to children at risk, are not just a virtuous service, but can yield a large return for those paying the bill. Study after study has proved that such programs, coupled with training for parents, result not only in economic gains for the children as they grow up, but sizable savings on taxes. For example, graduates from these preschool programs are less likely to need special education, end up being arrested fewer times and spend less time in prison (which means fewer crime victims), require fewer social services, are healthier and wind up paying more in taxes.”

*Rob Grunewald, Arthur J. Rolnick
An Early Childhood Investment with a High Public Return
The Regional Economist July 2010*

Start Right First Steps - Prenatal Care Coordination

Since 1993, the State of Wisconsin Department of Health Services has provided prenatal care coordination as a federal Medicaid benefit to women who are pregnant and at risk for a poor birth outcome. Health education and case management services to women who are pregnant thru 60 days postpartum have demonstrated significantly better birth outcomes that include¹:

- Fewer low-birth weight infants,
- Fewer very-low-birth weight infants, and
- Fewer infants transferred to the neonatal intensive care units.

A low-birth weight baby can be born too small, too early or both. Low-birth and very-low-birth weight infants may be more at risk for many health problems – may become sick in the first six days of life, develop infections, suffer longer-term problems such as delay motor and social development and learning disabilities.² Average medical cost for a healthy baby is \$4,389, compared to a premature baby of \$54,194.³ Societal costs can include early intervention services such as Birth to Three, special education services, and long-term support services.

Marathon County Tax Levy Support Estimate for 2017: \$531,086 (includes staff salaries/benefits, travel, supplies, continuing education and supervision), with an addition \$117,349 in Medicaid reimbursement and

¹ Willems Van Dijk, Julie; Anderko, Laura; & Stetzer, Frank. (2010). *The Impact of Prenatal Care Coordination on Birth Outcomes*. JOGNN, *The Association of Women's Health, Obstetric and Neonatal Nurses*, 40, 98-108. Study done in 2001-2002 among 45,406 Medicaid births in Wisconsin.

² Centers for Disease Control www.cdc.gov

³ March of Dimes www.marchofdimes.org

Start Right!

grants. Preliminary data for 2016, 148 women were served prenatally, with another 146 women and their families served after the birth of their baby in Start Right First Steps. As of December 2015, 76 local health departments are a Medicaid Prenatal Care Coordination Provider.

Start Right Step by Step - Comprehensive Home Visiting Program

Since 1999, the State of Wisconsin Department of Health Services has been providing grant funds to support home visiting programs. Parent education and case management services to women and their child(ren enrolled in Medicaid have demonstrated:⁴

- Substantiated child abuse and neglect cases were 25% of what could be expected given the target population (first time parents at risk for child abuse and neglect),
- Out-of-home placements were less than 25% of what could be expected,
- Emergency room visits were less than half of other Medicaid children age 0 to 5,
- The percentage of children receiving all scheduled HealthCheck (well child) exams was 83%, exceeding the federal standard, and
- 87% of the children enrolled in home visiting program were up to date on immunizations. In comparison, 54% of Medicaid eligible 2-year olds were up to date.

Since 2011, the statewide Wisconsin Family Foundations Home Visiting Program along with federal funded home visiting in other states, the program is working to improve outcomes in six focus areas:

- Improved maternal and child health
- Prevention of child injuries, child abuse, neglect and maltreatment
- Increased school readiness and achievement
- Reduced domestic violence
- Improved family economic self-sufficiency
- Greater coordination and referrals for other community resources and support

Healthy Families of America, a home visiting model utilized by Start Right Step by Step has demonstrated positive outcomes in all six domains and is recognized as an evidence-based model by the Federal Maternal, Infant, and Early Childhood Home Visiting.⁵

Home visiting and parenting programs are identified as an early intervention for children experiencing adverse childhood experiences (ACEs). An adverse childhood experience is a traumatic experience prior to the age of

⁴ Evaluation results from the ten pilot counties entitled the Prevention of Child Abuse and Neglect (POCAN) Study (Department of Health and Family Services Office of Strategic Finance in 2003), which included Marathon County Start Right. Marathon County Health Department was one of ten pilot counties selected to demonstrate the value of home visiting programs. From 1999 to 2010, Marathon County Health Department was one of ten pilot counties selected to demonstrate the value of home visiting programs. In 2011, the criteria for eligible counties shift to counties who had the highest risk for poor birth outcomes and infant mortality.

⁵ The Research into Healthy Families America www.healthyfamiliesamerica.org

Start Right!

18. ACEs can negatively impacts a child’s brain development and physical, mental and social behaviors throughout adulthood. Traumatic experience can result from physical, emotional and sexual abuse; an alcohol and/or drug abuser in the household; an incarcerated household member; a household member who is chronically depressed, mentally ill, institutionalized, or suicidal; violence between adults in the home; and parental separation or divorce.⁶ Home visiting programs like Start Right that include universal parenting and support services through the Family Resource Centers are protective in reducing the impact of ACEs.

The Start Right Program began as a pilot in Athens in 1994, becoming a county-wide service in 1999. Marathon County was seen as a pioneer for home visiting, being one of ten counties selected by the State of Wisconsin Department of Health Services to pilot Prevention of Child Abuse and Neglect (POCAN) grant from 1999 thru 2010. As of January 2017, there are home visiting programs in 19 counties.

Return on Investment

Investing in preventing and reducing the impact of child maltreatment is a smart investment for communities. “Children who experience maltreatment are more likely than their peers to experience emotional and behavioral problems, substance abuse, chronic health conditions, juvenile delinquency, adult criminal involvement, and lost productivity”. The costs associated with child maltreatment impact the child, their family and society. The average lifetime cost per victim of nonfatal child maltreatment is estimated \$210,012, having the lifetime cost per death at \$1,272,900.⁷

For Marathon County, the cost of one out of home placement in 2015 varies from \$236 per month for Kinship Care to \$11,185 per month for residential care.

Out of Home Placement Costs - 2015	
Average Monthly Cost Per Youth	
Kinship Care	\$ 236
Foster Care	\$ 1,119
Treatment Foster Care	\$ 3,828
Group Home	\$ 6,098
Residential Care Center	\$ 11,185

⁶ 2015-2017 LIFE Report.

⁷ Zaveri, Heather & Burwick, Andrew. *Mathematica Policy Research; Maher, Erin. Casey Family Programs. (March 2014). The Potential for Cost Savings from Home Visiting due to Reductions in Child Maltreatment.*

Start Right!

Research on tax payer funded programs demonstrates, “tax dollars on early-childhood development provide extraordinary returns compared with investments in the public, and even private, sector. Some of these benefits are private gains for the children involved, in the form of higher wages later in life”.⁸

Economists view “investments prior to kindergarten – especially for children considered at-risk because of poverty, abuse, neglect, parent chemical dependency, among other factors – can have a substantial impact on the sorts of students, workers, and citizens the children eventually become.”⁹ “Benefit cost ratios of early childhood development programs ranged from \$3 to \$17 for every dollar invested. The benefits accrue not only to program participants, but also the non-participating public.”¹⁰

Marathon County Tax Levy Support Estimate for 2017: \$651,757 (includes staff salaries/benefits, travel, supplies, continuing education and supervision), with an addition of \$294,000 in the form of grants. Preliminary data for 2016, 230 unduplicated families were served in Start Right Step by Step.

⁸ Rolnick, Arthur J., & Grunewald, Rob. Early Intervention on a Large Scale.

⁹ Rolnick, Arthur & Grunewald, Rob. Early Education’s Big Dividends: The Better Investment.

¹⁰ Burr, Jean & Grunewald, Rob. (April 2006). Lessons Learned: A Review of Early Childhood Development Studies.

Start Right!

Program Impacts*

Start Right provides family support and coaching for families in Marathon County from pregnancy to age five. Specific goals of the program include;

- Children will be healthy
- Children will be safe in their family homes
- Children will experience nurturing relationships with their parents
- Children will be “school ready” when they begin school

First Steps – Prenatal to 60 Days Postpartum 109 women received services, with 95 women receiving 3 or more visits	
Babies will be born healthy	<ul style="list-style-type: none"> • 42% of pregnant women reported smoking, with 80% stopped or decreased their smoking • 36% of pregnant women reported drinking during their pregnancy, with 97% women reporting that they stopped drinking • 68% of pregnant women initiated breastfeeding, with 77% of women breastfeeding or providing breast milk at 4 weeks postpartum • 81% of women had a reproductive life plan • 91 % of infants had a medical home • 89% of infants had a well-child exam as age appropriate • 97% of eligible infants were enrolled in WIC • 97% of parents were knowledgeable about immunizations
Children will be safe in their family homes	<ul style="list-style-type: none"> • 91% of infants were reported to sleep on their backs, and 88% of women/caregivers reported they did not co-sleep with their infant • 88% of infants slept in a safe sleep environment • 93% of infants in a home with a private well had a well water test • 86% of homes had a working smoke alarm • 93% of homes were smoke-free
Children will experience nurturing relationships with their parents	<ul style="list-style-type: none"> • 35% of women experienced perinatal depression, with 42% of the women with depression referred for services (who had not previously been referred) • 89% of parents responded appropriately to their newborn’s hunger cues and 87% of parents responded appropriately to their newborn’s crying cues
Families will be knowledgeable about key community resources, including Start Right	<ul style="list-style-type: none"> • 62% of parents who were eligible for Step-by-Step parent educator services accepted services • 99% of parents were aware of Family Resource Center services

Start Right!

First Steps – Families with Newborns

191 families received 1 or more home visits

Children will be healthy	<ul style="list-style-type: none">• 97% of infants had a medical home• 93% of eligible infants enrolled/referred to WIC• 100% of parents were knowledgeable about immunizations• 81% of women initiated breastfeeding• 66% of women had a reproductive life plan
Children will be safe in their family homes	<ul style="list-style-type: none">• 98% of infants were reported to sleep on their backs; 97% of women/caregivers reported they did not co-sleep with their infant• 95% of infants slept in a safe sleep environment• 91% of infants who lived in a home with a private well had the well tested• 89% of homes had a working smoke alarm• 94% of homes were smoke-free
Children will experience nurturing relationships with their parents	<ul style="list-style-type: none">• 23% of women experienced perinatal depression, with 26% of women referred for services (who were not previously referred)
Families will be knowledgeable about key community resources, including Start Right	<ul style="list-style-type: none">• 48% of parents eligible for Step by Step Parent Educator services accepted services• 100% of parents were aware of Family Resource Center services

Start Right!

Step by Step – Parenting Education and Support

229 families received intensive home visiting services

<p>Children will be healthy</p>	<ul style="list-style-type: none"> • 96% of children at 12 months were fully immunized; 94% at 24 months • 94% of parents identified a medical home • 97% of parents reported their children were on schedule for their well child exams • 75% of parents reported their children did not use emergency room services • 97% of eligible children received WIC services
<p>Children will be safe in their family homes</p>	<ul style="list-style-type: none"> • 96% of homes with an identified safety hazard had a decrease in hazards
<p>Children will experience nurturing relationships with their parents</p>	<ul style="list-style-type: none"> • 90% of children were screened for potential developmental delays • 67 children were identified with potential developmental delays or there was parent concern, with 86% receiving intervention services • 10 children were identified with potential social/emotional delays or there was parent concern, with 83% receiving intervention services • 78% of parents scored 80% or higher on a post parenting knowledge test
<p>Parents with AODA, domestic violence or mental health concerns will receive supportive services</p>	<ul style="list-style-type: none"> • 68% of parents with AODA, domestic violence or mental health concerns received one or more support services as a result of Start Right services
<p>Families will be knowledgeable about key community resources, including Start Right</p>	<ul style="list-style-type: none"> • 71% of children aged 3 to 5 participated in preschool, Headstart, or other early childhood program

Start Right!

Stepping Stones

256 Family Coaching Sessions or Warmline Sessions

Families will have access to timely parenting information	<ul style="list-style-type: none">• 96% of parents reported increased feelings of support• 96% of parents reported increased feelings of confidence• 100% of parents reported increased knowledge
Families will be knowledgeable about key community resources and are linked to appropriate supports	<ul style="list-style-type: none">• 100% of families reported being knowledgeable about community resources
Families will be knowledgeable about their child's development and access services for their children if they are developmentally delayed	<ul style="list-style-type: none">• 25 children received developmental screening (15 ASQ-3 and 10 ASQ:SE)• No children were identified with potential developmental delay
Families will use the Family Resource Center and Stepping Stones services	<ul style="list-style-type: none">• 99% of parents reported they were comfortable with re-contacting the Family Resource Center should they need further service

Start Right!

Stepping Out

Family Resource Center Services

<p>Children will be “school ready”</p>	<ul style="list-style-type: none"> • 323 unduplicated adults and 385 unduplicated children participated in one or more of the 402 Play N Learn sessions offered throughout the county <ul style="list-style-type: none"> ○ 98% of parents reported increased feelings of support ○ 96% of parents reported increased feelings of confidence ○ 99% of parents reported increased knowledge about child development ○ 161 ASQ-3 and 65 ASQ:SE development assessments were done at Play N Learns; 8 children identified as having a potential delay, with 100% referred or receiving services
<p>Families will have access to parenting information and support</p>	<ul style="list-style-type: none"> • 606 unduplicated children and 682 unduplicated parents participated in one or more of the 547 educational sessions, with a total of 1,300 participants <ul style="list-style-type: none"> ○ 98% of parents reported increased feelings of support ○ 95% of parents reported increased feelings of confidence ○ 94% of parents reported increased knowledge about child development
<p>Families will be knowledgeable about key community resources and linked to appropriate supports</p>	<ul style="list-style-type: none"> • 86% of parents reported being more knowledgeable about community resources

Note*

Impacts reported are from 2015. For more detailed outcomes along with benchmarks, please refer to Marathon County Health Department’s Annual Report:

http://www.co.marathon.wi.us/Portals/0/Departments/HLD/Documents/MCHD_20160607_2015AnnualReport.pdf

Start R!ght

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.



Presentation to the Health and Human Services
Committee January 31, 2017

Joan Theurer, Eileen Eckardt, and Erica Huffman

Change the First Five Years and You Change Everything



<https://www.youtube.com/watch?v=GbSp88PBe9E>

Settings

▶ ⏪ 🔊 1:15 / 3:56



Start R!ght

Healthy Coaching
Educated

Poverty
Depression
Abuse
Violence
Mental Illness
Domestic Violence
Housing Instability
Incarceration
Special Needs
Teen Parent
neglect
Singleparent

Connected
Safe
Resources

Empowered

Start R!ght

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

 First Steps

 Step by Step

 Stepping Stones

 Stepping Out

Where are services provided?



★ Play and Learn Site

👣 Services provided throughout county



First Steps . . . Healthy Mom, Healthy Baby

-  First Steps helps pregnant women get the support and services they need to have a healthy baby.
-  A specially trained public health nurse meets with pregnant women during their pregnancy and/or after the birth of their baby.
-  The nurse provides education on health topics, child development and child safety.
-  The nurse links women to community resources.
-  Services are evidence-based and supported by research

Step by Step ... Great Start for Kids

-  Specially trained parent educators meet with parents of infants and young children, providing education to help children grow and develop to realize their highest potential.
-  Key focus areas include child development, nurturing, safety and resilience.
-  The parent educator links families to needed community resources such as WIC, Birth to Three, medical care and specialized services.
-  The Start Right Step by Step program uses an evidence based home visiting curriculum.



When children read at grade level by third grade, they are more likely to graduate from high school.



When children graduate from high school they are better prepared to directly join the work force or go on to college or technical school.



Educated, employed citizens contribute to the economy by paying taxes, supporting the economy, and being part of the communities in Marathon County.



Pregnancies are more likely to have healthy babies



Nurturing and responsive caregivers will have the foundation set for optimum brain growth.



Emotionally ready to start school are more likely to read at grade level by 3rd grade.

Why invest in Start Right?

“Investments in high-quality early childhood programs, particularly those targeted to children at risk, are not just a virtuous service, but can yield a large return for those paying the bill. Study after study has proved that such programs, coupled with training for parents, result not only in economic gains for the children as they grow up, but sizable savings on taxes. For example, graduates from these preschool programs are less likely to need special education, end up being arrested fewer times and spend less time in prison (which means fewer crime victims), require fewer social services, are healthier and wind up paying more in taxes.”

*Rob Grunewald, Arthur J. Rolnick
An Early Childhood Investment with a High Public Return
The Regional Economist July 2010*

Why
invest in
Start
Right?

First
Steps



Fewer very-low or low-birth weight infants

Fewer infants transferred to the neonatal intensive care units.



Low-birth rate babies at increased risk for health problems.

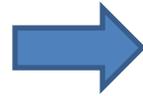
Average Medical Cost for a healthy baby = \$4389

Average Medical cost for a Premature baby = \$54,194

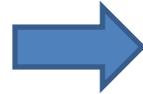
Societal Costs (Birth to 3, Special Education, Long-term Support Services)

Why
invest in
Start
Right?

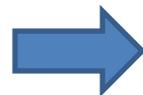
Step by
Step



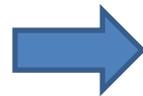
Improved maternal and child health



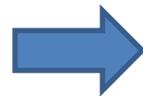
Prevention of child injuries, child abuse, neglect and maltreatment



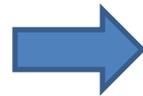
Increased school readiness and achievement



Reduced domestic violence



Improved family economic self-sufficiency



Greater coordination and referrals for other community resources and support

Why? Positive Return on Investment

3.00 – 17.00



Increase Tax
Revenue

Low Crime
Costs

Greater Current
(parent) and
Future (child)
Earnings

Improve
Family Self-
Sufficiency

Increase
Future
Productivity

Prevent Child
Abuse

Reduce
Medical
Costs

Reduce Need for
Early Intervention
& Special
Education

Reduce Need
for Social
Services

Program Impacts

Specific goals of the program include

- 👣 Children will be healthy
- 👣 Children will be safe in their family homes
- 👣 Children will experience nurturing relationships with their parents
- 👣 Children will be “school ready” when they begin school

Program Impacts

Children will be *healthy*

- ↔ 94 % of infants had a medical home
- ↑ 97% of infants had a well-child exam as age appropriate
- ↑ 97% of eligible infants and children were enrolled in WIC
- ↑ 96% of children at 12 months were fully immunized; 94% at 24 months

Children will be *safe* in their family homes

- ↑ 96% of homes with an identified safety hazard had a decrease in hazards
- ↑ 98% of infants were reported to sleep on their backs
- ↑ 97% of women/caregivers reported they did not co-sleep with their infant
- ↔ 95% of infants slept in a safe sleep environment

Program Impacts

Children will experience *nurturing relationships* with their parents

↓ 78% of parents scored 80% or higher on a post parenting knowledge test

↑ 68% of parents with AODA, domestic violence or mental health concerns received one or more support services as a result of Start Right services

Children will be *“school ready”*

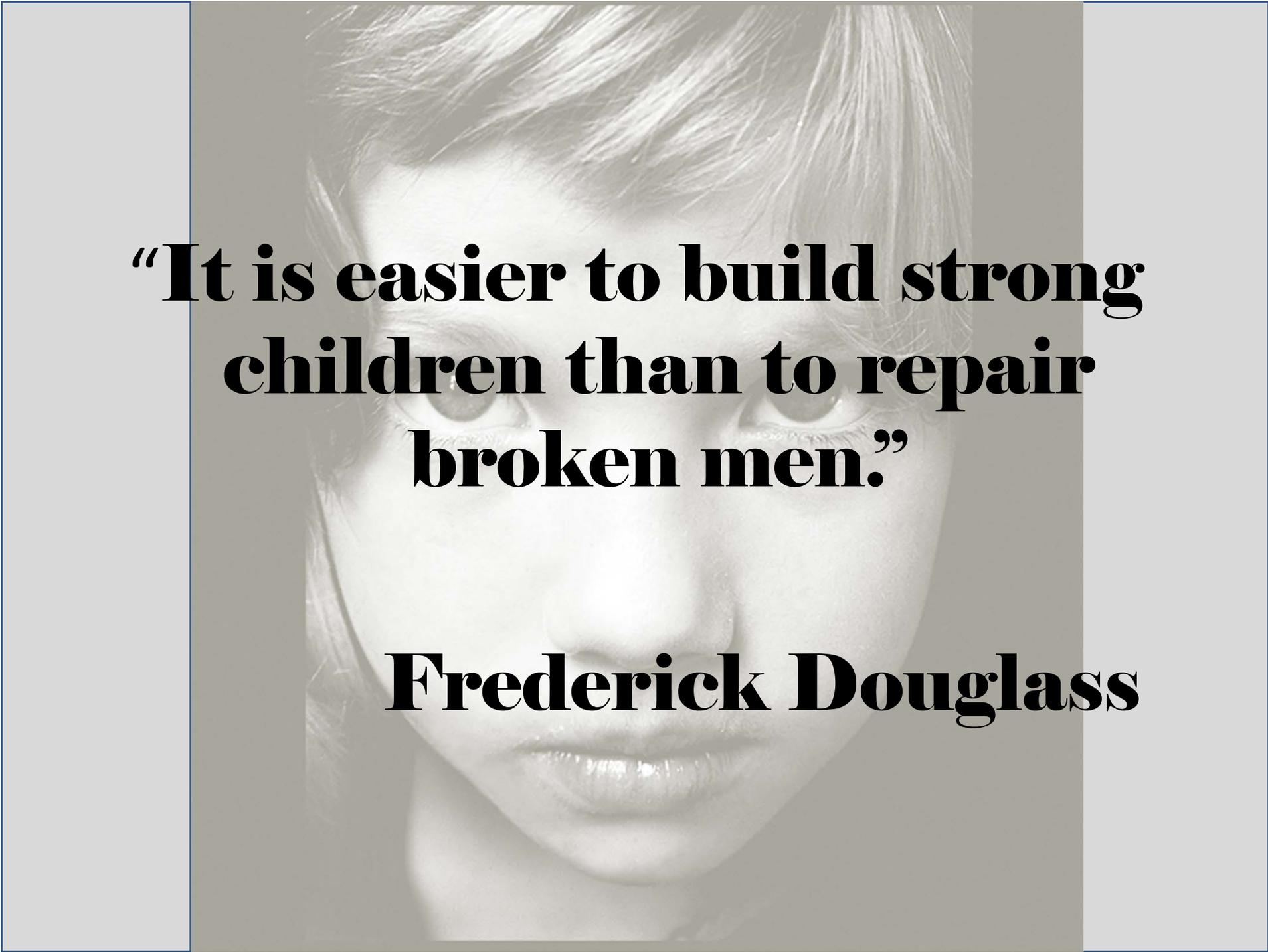
↑ 71% of children age 3-5 years enrolled in group-based early childhood program.

↓ 67 children were identified with potential developmental delays or there was parent concern, with 86% receiving intervention services

Return on Investment

Economists say “investments prior to kindergarten – especially for children considered at-risk because of poverty, abuse, neglect, parent chemical dependency, among other factors – can have a substantial impact on the sorts of students, workers, and citizens the children eventually become.”

Rolnick, Arthur & Grunewald, Rob. Early Education’s Big Dividends: The Better Investment.



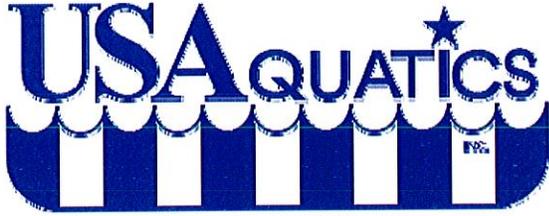
**“It is easier to build strong
children than to repair
broken men.”**

Frederick Douglass

Probable Cost Opinions for Proposed New Aquatic Facility at NCHC

07/18/16

	Angus Young Associates / WTI	USAquatics
Option 3R - New 14,700 SF Aquatic Therapy Facility with 3,428 SF Rectangle Therapy Pool	\$6,592,044.00	\$5,708,787.00
Option 4 - De-Commission and demo existing pool tank/deck. Convert natatorium and related support areas to shelled space for future use.	\$757,749.00	\$2,633,750.00
Option 5 - Demo and remove 9,440 SF existing natatorium and add new exterior envelope wall where required. Restore natatorium site to green space. Convert remaining support areas to shelled space for future use.	\$541,693.00	\$406,250.00
Total Development Cost with Option 4	\$7,349,793.00	\$8,342,537.00
Total Development Cost with Option 5	\$7,133,737.00	\$6,115,037.00
(costs adjusted to mid-year 2017)		



North Central Health Care
Wausau, WI
Marathon County
Addendum, January 29, 2016

Addendum to report dated March 25, 2015

The report issued by USAquatics, dated March 25, 2015, presented 8 options for the aquatic therapy wing of North Central Health Care. The options ranged from demolition of the wing and restoring to a green area, to renovation, to a complete new aquatic therapy addition, on a new location, on the NCHC campus.

The Marathon County Board selected option 2R, which is a rectangular therapy/rehab pool in a new natatorium, on a new location, on the NCHC campus.

Based on the County Board selection, USAquatics has completed a realistic, probable cost estimate for the proposed project. **The probable cost estimate does not include demolition or repurposing of the existing facility.** ISG has also updated the operating proforma for option 2R.

Attached to this addendum are the following documents.

- 1). Aquatic Therapy Wing, Aquatic & Mechanical Assessment, dated March 25, 2015
- 2). ISG 5 year operating proforma dated November 1, 2014
- 3). Report Summary from Breakout Session of March 31, 2015
- 4). Space allocation plan for selected option, USA page # R1, with pool plan and sections, USA page # R2
- 5). Probable Cost Estimate for option 2R, dated January 25, 2016, breakdown per allocated space plan, by group. Including probable site work and a breakdown of soft costs. Based on 2016 year.
- 6). Updated ISG, 5 year operation proforma for option 2R, dated January 27, 2016

(30)

Construction Cost \$ ~~5,708,787~~
5,797,177.50

Operational Cost \$ (75,000 - 50,000)
25,000

Aquatic Therapy Wing Aquatic & Mechanical Assessment

- For -

**North Central Health Care
Wausau, WI**

March 25, 2015

- By -



124 Bridge Avenue
Delano, MN 55328
763.972.5897
www.usaquaticsync.net

Executive Summary

Statement of Understanding

Marathon County owns and North Central Health Care operates an existing indoor pool located within the NCHC building. In 1977 NCHC opened the indoor pool to the community with the sole focus of serving individuals with developmental disabilities and mental illness. Starting in 1998, NCHC offered aquatic therapy services to meet the changing needs of the community. The facility is almost 37 years old and a study is clearly warranted to determine its condition and to make recommendations for possible renovation and replacement. A study will also provide alternative equipment options that are more sustainable as the majority of the equipment currently in use is outdated and inefficient. The goal of this study is to aid stakeholders with making important decisions concerning the facility and its future.

Assessment Process

Tom Schaffer from USAquatics completed an onsite evaluation and assessment of the existing indoor therapy aquatic facility and mechanical equipment on August 26th & 27th of 2014 to determine its condition and make recommendations for repair/ replacement. The pool operator, facility manager, and staff from the County were also on site during the assessment to assist with operational questions and areas of concern.

Scope of Study

The scope of this study covers the following areas of the facility:

- Therapy pool structure, recirculation, filtration, and sanitation equipment
- Pool deck area, Pool building envelope, Support Areas
- Compliance with new Federal and State Main Drain Laws
- Compliance with new Americans with Disabilities Act Laws
- Provide recommended options for repair/upgrades
- Provide probable cost estimates associated with repair/upgrade recommendations

Study Criteria

The criteria used in our assessment include:

- Facility condition and other observable conditions
- Facility code requirements and compliance
- An understanding of cause and effect associated with various aquatic designs and operating procedures as presented to us through the assessment, review, and design of several thousand aquatic facilities
- Study existing programs and facility use
- Information gained from interviews with therapists, physicians and user groups
- Aquatic Therapy Services Task Force report to Marathon County Board (October 2013)
- Determine remaining life expectancy of mechanical equipment

Intent of Report

The intent is to present a summary of findings, including: recommended repairs, upgrades, or possible facility replacement factors affecting patron usage, revenue potentials, and expenses associated with the operation and management of the aquatic facility.

Summary

Based on discussions with staff, user groups, Physician groups and our physical assessment of the existing facility and analysis of the existing conditions, USAquatics has determined that the facility would benefit from a large number of improvements and upgrades or possible replacement, to make the facility more efficient, as well as to better meet the needs of user groups and further aid in mechanical operations with the goal of operations being more sustainable. As part of this study, USAquatics will provide information on the seven options we see as possibilities for the future of aquatics at NCHC. The options are as follows:

- **Option – 1:** Renovation of the existing therapy pool/building envelope and support areas.
- **Option – 2RE:** Renovation of the existing building to allow for a New Rectangle Therapy Pool located at the existing facility, within the existing natatorium.
- **Option – 2RN:** Renovation of the existing building to allow for a New Rectangle Therapy Pool located at the existing facility, but located in a new natatorium.
- **Option – 2O:** Renovation of the existing building and select demolition to allow for the Oval Therapy Pool layout located at the existing facility within a new natatorium.

***Note: There is only one Option – 2O, as the proposed Oval Therapy Pool will not fit within the existing natatorium building footprint.**

- **Option – 3R:** A New Rectangle Therapy Pool located in a new facility located on the NCHC campus.
- **Option – 3O:** The Oval Therapy Pool layout located in a new facility located on the NCHC campus.
- **Option – 4:** De-commission the existing therapy pool and related equipment, in-fill pool and make repairs to allow for future use of the pool and support areas.
- **Option – 5:** Demolish and remove the existing natatorium and support areas, ensure proper building envelope and restore to green space.

***Note: Option – 4 or Option – 5 below would be selected as an additional portion of the project if either Option – 3R or Option – 3O were selected as they deal directly with the future of the existing facility in the event a New Facility is constructed.**

Additional information and more detailed descriptions listed below.

One of the biggest issues facing the current facility is simply the age and condition of the pool and the building that encloses it. The typical life expectancy of a pool structure is 30-35 years if constructed correctly and well maintained. Pool equipment life expectancies vary greatly, in part due to the highly corrosive environment and air quality where the equipment is stored.

Over the past several years, the pool has developed leaks which have potentially created voids underneath the pool deck and along the building foundation along the northern and southern exterior walls. The leaks have been repaired; however, the true extent of the damage is unknown. The leaks have occurred in various places around the pool perimeter, as well as in the main drain piping. Testing of the pool deck area was inconclusive as the deck reinforcement limited the ability of the equipment to work properly; however, there has been some shifting and settling over time which is evident in the area deck drains and tile patching that has taken place. Additional testing and soil borings around the perimeter of the natatorium have not taken place at this time.

The exterior of the building structure has extensive damage in the area surrounding the pool. This damage is due to the building lacking a proper vapor barrier or thermal break. The high temperature differential causes the moist air to penetrate through the brick exterior. The moisture goes through freeze/thaw cycles, which in turn destroys the bricks, mortar and steel lintels above the windows. The discoloration on the brick exterior surrounding the pool area is caused by efflorescence. Since there are no corner columns, the horizontal

structural steel lintels also support all of the building structure above the lintels. These steel lintels also lack any thermal break, which is the cause of the extensive oxidation to the steel. This will eventually result in structural failure over time. It is not a matter of if the lintels will fail, it is a matter of when will they fail. The solarium is also a concern as this area of the natatorium also lacks vapor barriers and thermal breaks. Again, freeze/thaw cycles are causing a considerable amount of damage to the structure including, but limited to, the masonry support columns of the solarium. Failure of the insulating glass sealant has resulted in moisture build up between the dual glass panels of the solarium.

Overall the support areas of the facility and the therapy pool are in fair condition, the exception is the natatorium which is in poor condition. The pool facility draws a large number of users, including 4,192 physical therapy visits annually from users who are referred by approximately 199 physicians. All pool users must be referred by a physician or accompanied by someone who has been referred. The pool has a wide service area that it draws users from; some users reported travelling from as far away as 150 miles. Physicians comment that without a facility like this, there is a decline in user function and independence which increases the burden to society.

Due to the age and current condition of the natatorium, therapy pool and related pool equipment, it is imperative that a decision regarding the future of the therapy pool is made in the near future as the pool and equipment will continue to deteriorate and require additional upkeep and maintenance. In our opinion, the options are as follows:

- **Option – 1:** Renovate and upgrade the existing Aquatic Therapy Facility. This work would take approximately one year to complete from the start to end of construction. The facility would not be usable during the reconstruction of the facility. This in turn would result in loss of revenue as users would be forced to go elsewhere. For many users there is no other alternative due to water temperature required and accessibility. A new secure entrance and additional handicap parking could be provided in this option.

- **Option – 2RE:** Renovate the entire existing natatorium and support areas to accommodate a new Rectangle Therapy Pool, mechanical, offices, locker rooms, etc. at the current facility. The Rectangle Therapy pool is 3,428s.f. inside of the existing natatorium. As is the case with Option – 1, this work would take approximately one year to complete from the start to end of construction. The facility would not be usable during the reconstruction of the facility. This in turn would result in loss of revenue as users would be forced to go elsewhere. For many users there is no other alternative due to water temp and accessibility. A new secure entrance and additional handicap parking could be provided in this option.

- **Option – 2RN:** Demolition of entire existing pool and natatorium. Complete renovation of support areas to accommodate a new Rectangle Therapy Pool, mechanical, offices, locker rooms, etc. at the current facility. The Rectangle Therapy pool is 3,428s.f. inside of a new 9,400s.f. natatorium and approximately 2,200 s.f. of support areas. As is the case with Option – 1, this work would take approximately one year to complete from the start to end of construction. The facility would not be usable during the reconstruction of the facility. This in turn would result in loss of revenue as users would be forced to go elsewhere. For many users there is no other alternative due to water temp and accessibility. A new secure entrance and additional handicap parking could be provided in this option.

- **Option – 2O:** Demolition of existing natatorium and related mechanical areas, renovation support areas to accommodate a new Oval Therapy Pool, mechanical, offices, locker rooms, etc. at the current facility. The Expanded Therapy pool is 5,737s.f. inside of a new 13,200s.f. natatorium. This work would take approximately one year to complete from the start to end of construction. The facility would not be usable during the reconstruction of the facility. This in turn would result in loss of revenue as users would be forced to go elsewhere. For many users there is no other alternative due to water temp and accessibility. A new secure entrance and additional handicap parking could be provided in this option. The pool shown in this Option is the only pool layout that provides separate areas within the pool for the Therapy Aquatic program, as well as the Rehabilitation Aquatic program.

- **Option – 3R:** Build a new 14,703s.f. Aquatic Therapy Facility on NCHC Campus with the Rectangle Therapy Pool of 3,428s.f. The new facility could potentially be located closer to the nursing home. The existing aquatic therapy wing could remain in use during the construction and commissioning of the new facility. This would allow for programming and use to remain as it currently is with no loss of revenue due to closures. With this option, the existing facility could be demolished or repurposed after the new facility was completed and fully operational.

- **Option – 3O:** Build a new 19,918s.f. Aquatic Therapy Facility on NCHC Campus with the Oval Therapy Pool of 5,737s.f. The new facility could potentially be located closer to the nursing home. The existing aquatic therapy wing could remain in use during the construction and commissioning of the new facility. This would allow for programming and use to remain as it currently is with no loss of revenue due to closures. With this option, the existing facility could be demolished or repurposed after the new facility was completed and fully operational. The pool shown in this Option is the only pool layout that provides separate areas within the pool for the Therapy Aquatic program, as well as the Rehabilitation Aquatic program.

Note: Option – 4 or Option – 5 below would be selected as an additional portion of the project if either Option – 3R or Option – 3O were selected as they deal directly with the future of the existing facility in the event a New Facility is constructed.

- **Option – 4:** De-Commission the existing Therapy Pool. Demolish and remove pool and related equipment. In-fill pool area and install new slab. Repair all masonry, walls, etc. Install new windows in solarium and install proper barriers and thermal breaks. Remove non-load bearing walls from locker rooms and support areas to allow for future use.

- **Option – 5:** Demolish and remove 9,438 s.f. existing natatorium and support areas. Demolish and remove pool mechanical equipment and mechanical equipment that services support areas. Remove non-load bearing walls from locker rooms and support areas. Patch building walls and roof as needed to create new exterior envelope. Restore demolished area to green space. Mechanical equipment that services other areas of the building to remain.

Index

Section One: Assessment

Multi-Use Therapy/Rehab Pool	6
Pool Recirculation System.	6
Pool Pump/Strainer	6
Pool Heat Exchanger	6
Surge Tank	6
Pool Filter.....	7
Chemical Control.	7
Pool Equipment - General.....	7
Deck Area.....	7
Natatorium - General.....	7
Support Areas - General	8
Geotechnical Testing	8

Section Two: Renovation/Replacement Options

Option – 1 (Renovation)	9
Option – 2RE (Renovation with Rectangle Therapy Pool in Existing Natatorium at Existing Facility)	11
Option – 2RN (Renovation with Rectangle Therapy Pool in New Natatorium at Existing Facility).....	11
Option – 2O (Renovation with Oval Therapy Pool in New Natatorium at Existing Facility)	12
Option – 3R (Rectangle Therapy Pool in New Facility)	12
Option – 3O (Oval Therapy Pool in New Facility).....	13
Option – 4 (De-Commission and re-purpose Existing Facility).....	13
Option – 5 (Remove Natatorium and Re-purpose Support Areas)	14

Aquatic Facility Study - ISG

Executive Summary	15
Operational Summary.....	10
5 – Year Financial Forecasts.....	19
Financial Forecast (Options between Option 1 and 3O).....	21
Financial Forecast Analysis	21
Facility Issues and Limitations	22
New Program Development	24
General Statement Regarding Sustainability and Programming	25
Financial Considerations vs. Participant Needs and Considerations	26
Conclusions	28

Therapy Pool Layouts

Option – 2RE	29
Option – 2RN	30
Option – 2O	31
Option – 3O.....	32
Option – 3R	34

Appendix

Photograph Legend.....	36
Facility Photographs	37

SECTION ONE: ASSESSMENT

Multi-Use Therapy/Rehab Pool

The pool consists of a 5 – lane lap area ranging in depth from 3 feet to 5-1/2 feet, a ramped area from deck level to 2 feet deep with a small landing area before slopes continue to 3 feet deep. There are three separate stair access points, each at a different water depth.

The pool provides approximately 3,120 square feet of surface area. The shallow end of the lap area includes a flat area at 3 feet deep before sloping to 3-1/2 feet in depth. Appropriate railings are provided on both sides of ramps, as well as at stair locations.

The pool has a ceramic tile finish with ceramic tile accents; however, it lacks an accent stripe where the pool floor slope changes at 3-1/2 feet in depth. The leading edge of stair treads also lack a 2” accent. The ceramic tile has areas of delamination and would benefit from being re-grouted.

Pool Recirculation System

The pool has a semi-recessed ceramic tile rim flow gutter with a stainless steel edge and ceramic tile deck surround that is consistent with that of the pool. The recirculation system appeared to be in good condition. The pool was filled at the time of the assessment and the single main drain was unable to be checked for compliance. The main drain needs to be Virginia Graeme Baker (VGB) compliant and stamped. Ideally, dual main drains should be used to ensure anti-entrapment requirements are met.

The design of the rim flow gutter does create issues at the ramp. Access to the ramp is made difficult with the design having a raised lip at the ramp as opposed to having a continuous slope.

Pool Pump/Strainer

The existing horizontal mount pool pump is located in the mechanical room, below water level. Keeping the pump below water level is ideal as it eliminates potential priming difficulties while also providing higher efficiency during operation. The age of the pool pump is unknown; however, it appeared to be an older model. Typical life expectancy for this type of pump is approximately 10-15 years. We recommend replacement of the existing pump with a new high-efficiency vertical mount pump and the addition of a strainer with a clear lid that provides the operator a quick and easy way to check for possible obstructions. In addition to a new pump and strainer, we recommend the addition of a variable frequency drive to the pump. Variable frequency drives save considerable energy and reduce maintenance issues, lengthening the lifespan of equipment.

Pool Heat Exchanger

The pool is heated by a steam heat exchanger which supplies the heat via underground pipes from another building on the NCHC campus. The heat exchanger is likely original to the facility and is in poor condition. The steam heat exchanger sends heat to heating coils in a holding tank next to the surge tank. Heat is exchanged in the holding tank and cools the heat source water, causing much condensation which is detrimental to the heating equipment. In our opinion, this is a very inefficient way to heat the pool, especially in the summer when running a large boiler is not necessary. An in-building heating source would be much more efficient. At the time of the on-site assessment, the heat exchanger was not operational. Staff reported on-going issues and concerns with the heating system.

Surge Tank

The surge tank is underneath the deck in the filter mechanical room. The purpose of the surge tank is to hold bather displaced water. Since the surge tank gravity feeds water to the DE filter, the water level in the surge

tank must remain high in order to do so. This leaves very little surge capacity for storage of bather displaced water.

Pool Filter

Filtration for the pool is handled by a vacuum Diatomaceous Earth (DE) filter with 10 elements. MSDS attached as an appendix shows that DE is a severe respiratory concern and can be potentially harmful only if mishandled and the silica dust becomes airborne while in a dry state and is inhaled. Also, DE should not be introduced into either storm or sanitary sewer systems. DE should be separated and treated as a hazardous waste material. The filter is covered with rigid insulation board. When removed, there is an overwhelming amount of trapped combined chlorine- enough that it stings the eyes and nose. When combined chlorine is trapped, it will also be transmitted back to the pool and off gas at the pool surface. This is evident to the eye and nose, but to a much lesser extent than while in the filter room. The insulation should be removed and ventilation to atmosphere system should be installed.

We recommend replacing the DE filter with a new regenerative media filter that is more efficient, takes up ½ of the footprint, and is green friendly using 1/50th of the water used by traditional sand media filters by eliminating the need to backwash. If requested, a cost savings analysis can be provided to show the difference between sand and regenerative media filtration.

Chemical Control

The chemical control system is a Siemens Strantrol Set Point NX that is outdated technology. We recommend installation of a new, user-friendly, web-based chemical controller that can reduce operational and maintenance issues. This new technology also allows the operator the ability to access and control settings remotely via computer or smart phone.

Pool Equipment - General

Several of the existing valves are cast-iron lever operated valves. We recommend replacing of select valves as needed for better functionality. The environment has caused the coating on some of the electrical wiring to become brittle or break off. This causes electrical shorts in the system and further damages equipment.

Deck Area

The deck area surrounding both pools is ceramic tile and in fair condition for the most part. There has been some settling or shifting of the decks as noted by some deck features not being flush with the ceramic tile. The larger concern is that the decks slope to the pool gutter, so water accumulated on the deck drains into the pool gutter. Water on the deck is considered waste water and should be directed to sanitary waste. A linear deck drain should be installed to catch deck water and carry it to sanitary waste. The only deck drains are located in the area of the solarium. We recommend select demolition of decks as necessary to correct floor slopes to ensure adequate drainage away from the pool, and replacing the damaged ceramic tile with new ceramic tile that matches the existing deck finish.

The rail goods for the most part are in good condition. Some areas have minor oxidation most evident where the rail goods meet the deck or pool floor.

Natatorium - General

The air handling system provides several air supplies located at the base of the floor along the wall and windows, including in the solarium. The returns are located near the ceiling along the west side wall near the north and south ends of the pool, near the ceiling line. The correct way to circulate air in a natatorium is to have a complete duct loop at the ceiling next to the walls and have returns at deck level to draw the off gassing air from the pool water surface. This creates a better environment for users.

A roof deck drain is exposed inside the natatorium, directly above the pool. The roof drain connection, as well as several of the overhead beams have oxidation and will fail at some time. Many window seals in the solarium have failed and there is extensive rusting in those areas.

Ideally, the staff office and lifeguard office would be located on the opposite side of the pool, closest to the locker rooms and pool entrance in order to function better for added security and assistance of clientele. The facility would benefit from additional storage areas and additional deck space to provide dedicated areas for things like wheelchair parking and supplies commonly used during programs.

Support Areas - General

Change rooms do not support the special and unique needs of the various clientele. In order to function better, there also needs to be several private change rooms for clients who are accompanied by care providers who may be of the opposite sex. The facility also lacks proper rooms and offices for therapists and clients. These needed rooms include: exam rooms and interview rooms.

The facility also lacks a sense of entrance and lacks any reasonable orientation for new/potential clients or visitors. There is also no security check as one enters the facility, which can create safety concerns. A reception area, with a staffed receptionist, is needed to direct people to where they should go within the facility. An entrance lobby and waiting area is also essential for users who are dropped off or need to be picked up.

Geotechnical Testing

American Engineering Testing arrived on site on August 13, 2014 to conduct testing of pool decks in the natatorium as well as of the pool structure in attempt to determine if there was evidence of erosion or undermining. Ground penetrating sonar was conducted on the pool deck. Due to the thickness and spacing of reinforcing material the equipment was unable to determine whether or not there were voids underneath the decking.

A miscommunication between staff and the testing company resulted in the pool already being filled with water at the time of their arrival. The equipment was unable to be utilized with water in the pool; however, it is safe to assume that based on the results of the deck testing that the thickness of the pool structure and rebar spacing would have resulted in findings that were inconclusive.

There is shifting or settling throughout the pool envelope. This is evident by the shifting in the deck drains in the locker rooms as well as on the pool deck. Destructive testing (core-drilling) of pool decks would take place during a future design phase depending on which option is selected.

Pending coordination with staff, the testing company will return to perform soil borings around the perimeter of the natatorium in attempt to better determine location of potential voids and erosion. The finish board surrounding the natatorium will also be tested at that time to determine if it contains asbestos. The results of those tests will be included in the final report and formally presented during Phase 4.

SECTION TWO: RENOVATION/REPLACEMENT OPTIONS**Option – 1 (Renovation)**

Based on our review and analysis, we recommend the following renovation work. The list has been prioritized with a breakdown of **Immediate** items that should be addressed within 1 year, **Short-Term** items that should be addressed within 2-3 years, and **Long-Term** items that should be addressed within 5 years. All safety concerns, accessibility issues and all items not functioning properly fall into the immediate repair category. *It should be noted that in the event that an option at a new facility is decided on, these repairs could potentially be delayed or not completed – pending what will be done with this facility.

Immediate Items (within 1 year)

	<u>Estimate Range</u>
<ul style="list-style-type: none"> • Demo as needed for installation of ceramic tile accent at slope transitions and leading edge of each stair tread. Install new contrasting accent tile. 	<i>Probable cost estimate:</i> \$10,000 - 12,000
<ul style="list-style-type: none"> • Demo decks as needed for installation of new deck drains and to ensure proper slopes to drains. In areas beyond 8' from pool. 	<i>Probable cost estimate:</i> \$30,000 - 35,000
<ul style="list-style-type: none"> • Repair masonry exterior around pool envelope. 	<i>Probable cost estimate:</i> \$250,000 - 300,000
<ul style="list-style-type: none"> • Replace all windows. 	<i>Probable cost estimate:</i> \$120,000 - 150,000
<ul style="list-style-type: none"> • Install masonry columns in corners & replace all window lintels with Proper thermal breaks. 	<i>Probable cost estimate:</i> \$200,000 - 250,000
<ul style="list-style-type: none"> • Repair damaged masonry & walls within natatorium. 	<i>Probable cost estimate:</i> \$150,000 - 180,000
<ul style="list-style-type: none"> • Provide necessary thermal breaks & vapor barriers in natatorium. 	<i>Probable cost estimate:</i> \$150,000 - 180,000
<ul style="list-style-type: none"> • Replace solarium with new to provide thermal breaks & vapor barrier. 	<i>Probable cost estimate:</i> \$225,000 - 275,000
<ul style="list-style-type: none"> • Demo damaged concrete slab in filter mechanical room. Install new structural slab and railings. 	<i>Probable cost estimate:</i> \$20,000 - 25,000
<ul style="list-style-type: none"> • Add ventilation to atmosphere in mechanical filter room. 	<i>Probable cost estimate:</i> \$20,000 - 25,000
<ul style="list-style-type: none"> • Demo existing rim-flow gutter and installation of new stainless steel perimeter gutter system with integral deck drain. 	<i>Probable cost estimate:</i> \$150,000 - 175,000

Short-Term Items (within 2-3 years)

- Demo existing DE filter, replace with new Regenerative media filter.
Probable cost estimate: \$150,000 - 175,000
- Select replacement of piping, valves & pipe hangers for operational concerns.
Probable cost estimate: \$40,000 - 60,000
- Install new mechanical air system with proper air-exchange rates, loop system and low returns.
Probable cost estimate: \$325,000 - 350,000
- Demo and remove existing pool recirculation pump and related piping. Install new vertical mount pump with premium efficient motor, new strainer with clear lid and VFD.
Probable cost estimate: \$30,000 - 40,000
- Replace existing heat exchanger with new efficient heater.
Probable cost estimate: \$40,000 - 50,000
- Fill all voids under decks/floors.
Probable cost estimate: \$20,000 - 30,000

Long-Term Items (within 5 years)

- Acid wash entire pool & deck, re-grout pool & deck
Probable cost estimate: \$50,000 - 70,000
- Clean stainless steel rail-goods.
Probable cost estimate: \$5,000 - 10,000
- Replace existing chemical controllers with new user friendly web based chemical controller.
Probable cost estimate: \$8,000 - 10,000
- Re-configure and renovate existing support areas including: locker rooms to include multiple user change rooms and staff offices.
Probable cost estimate: \$320,000 - 350,000

Total estimated range of renovation repairs/improvements: \$2,385,000 - \$2,752,000

Associated Soft Costs (25%): \$ 596,250 - \$ 688,000

Total estimated range of Option – 1 Project Costs: \$2,981,250 - \$3,440,000

Option – 2RE: (Renovation with Rectangle Therapy Pool in Existing Natatorium at Existing Facility)

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

<u>Description:</u>	<u>Estimate Range</u>
---------------------	-----------------------

Complete renovation of existing natatorium, pool, mechanical, etc. Renovate existing locker and support areas. New 3,428s.f. multi-purpose Rectangle Therapy Pool complete with Recirculation & operating system and equipment.

- Natatorium Renovation *Probable cost estimate:*
- Support Areas *Probable cost estimate:*
- New Rectangle Therapy Pool, Operating System & Related Equipment *Probable cost estimate:*

Total probable cost estimate:

Associated Soft Costs (25%):

Total estimated range of Option – 2RE Project Costs:

Option – 2RN: (Renovation with Rectangle Therapy Pool in New Natatorium at Existing Facility)

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

<u>Description:</u>	<u>Estimate Range</u>
---------------------	-----------------------

Demolition of natatorium, pool, mechanical, etc. Renovate existing locker and support areas. New 3,428s.f. multi-purpose Rectangle Therapy Pool complete with Recirculation & operating system and equipment. New 11,300s.f. natatorium with 3,020 s.f. of support areas, offices, etc.

- Demolition of natatorium, pool & related equipment *Probable cost estimate:*
- New Natatorium Addition *Probable cost estimate:*
- Renovate Support Areas *Probable cost estimate:*
- New Rectangle Therapy Pool, Operating System & Related Equipment *Probable cost estimate:*

Total probable cost estimate:

Associated Soft Costs (25%):

Total estimated range of Option – 2RN Project Costs:

Option – 2O: (Renovation with Oval Therapy Pool in New Natatorium at Existing Facility)

*Note: Option – 2O does not fit within the footprint of the existing natatorium.

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

Description: Estimate Range

Demolition of natatorium, pool, mechanical, etc. Renovate existing locker and support areas. New 5,737s.f. multi-purpose Oval Therapy Pool complete with recirculation & operating system and equipment. New 13,100s.f. natatorium with 3,020s.f. of support areas, offices, etc.

- Demolition of natatorium, pool & related equipment *Probable cost estimate:*
- New Natatorium Addition *Probable cost estimate:*
- Renovate Support Areas *Probable cost estimate:*
- New Oval Therapy Pool, Operating System & Related Equipment *Probable cost estimate:*

Total probable cost estimate:

Associated Soft Costs (25%):

Total estimated range of Option – 2O Project Costs:

*Note there is only one version of Option – 2O is this therapy pool concept will not fit within the existing natatorium footprint.

Option – 3R: (Rectangle Therapy Pool in New Facility)

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

Description: Estimate Range

New building, approx. 14,703s.f., to include locker rooms, offices, dedicated entrance, restrooms, staff, circulation areas and New 3,428s.f. multi-purpose Rectangle Therapy Pool complete with recirculation & operating system & equipment.

- New 14,703s.f. Building *Probable cost estimate:*
- New Rectangle Therapy Pool, Operating System & Related Equipment *Probable cost estimate:*

Total probable cost estimate for New Facility:

Associated Soft Costs (25%):

Total estimated range of Option – 3R Project Costs:

Option – 30: (Oval Therapy Pool in New Facility)

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

<u>Description:</u>	<u>Estimate Range</u>
---------------------	-----------------------

New building, approx. 19,918s.f., to include locker rooms, offices, dedicated entrance, restrooms, staff, circulation areas and New 5,737s.f. multi-purpose Oval Therapy Pool complete with recirculation & operating system & equipment.

- New 19,918s.f. Building *Probable cost estimate:*
- New Oval Therapy Pool, Operating System & Related Equipment *Probable cost estimate:*

Total probable cost estimate for New Facility:

Associated Soft Costs (25%): _____

Total estimated range of Option – 30 Project Costs:

Option – 4 (De-Commission and re-purpose Existing Facility)

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

<u>Description:</u>	<u>Estimate Range</u>
---------------------	-----------------------

Demolish and remove pool and related equipment, in-fill pool area and install new slab. Repair all masonry, walls, etc. Replace windows in solarium. Demolish & remove all non-load bearing walls from support areas.

- Natatorium Renovation *Probable cost estimate:*
- Replace Solarium *Probable cost estimate:*
- Support Areas *Probable cost estimate:*
- Demolish & remove pool and related work *Probable cost estimate:*

Total probable cost estimate for Re-purposing Facility:

Associated Soft Costs (25%): _____

Total estimated range of Option – 4 Project Costs:

Option – 5 (Remove Natatorium and Re-purpose Support Areas)

Based on our review, analysis and similar projects we estimate the following amounts based on the list below:

Description: Estimate Range

Demolish and remove 9,438 s.f. of existing natatorium, related pool and mechanical equipment areas. Remove non-load bearing walls from locker rooms and support areas. Patch walls and roof as needed to create new building envelope. Restore site area to green space.

- Re-configure and renovate existing support areas
Probable cost estimate:

- Demolition of natatorium & select demolition in support areas
Probable cost estimate:

Total probable cost estimate for Re-purposing Facility:

Associated Soft Costs (25%): _____

Total estimated range of Option – 5 Project Costs:

An assumed fee of 25% for soft costs has been added to each option shown. Soft Costs includes items such as Professional Fees, Specialty Testing and General Conditions. A breakdown of the soft cost fee is as follows:

- Professional Fees – 11%
- Design Contingency – 2%
- Permitting & Specialty Testing – 2%
- General Conditions – 5%
- Construction Management – 5%

Marathon County North Central Health Care (HCHC

Aquatic Facility Study

Executive Summary-Conclusion

After extensive study and analysis regarding the various options for the North Central Health Care Aquatic Facility that include but not limited to:

- The multiple options for renovation of the current existing aquatic facility in place
- The multiple options for building a new aquatic facility on the NCHC campus
- The various implications of aquatic programming in all of the options in front of Marathon County and the NCHC facility
- The various implications of the financial forecast in all of the options in front of Marathon County and the NCHC facility
- The implications of pros and cons to all of the multiple options that exist

The following conclusions were reached regarding the ability of the various options to achieve programmatic and financial sustainability.

After weighing all of the information gathered and reported in the ISG Study Document, the multiple design options provided by USAquatics and the multiple 5 Year Financial Forecasts developed, the consensus and opinion are that any of the options can be made to sustain both programmatically and financially.

The current 5 Year Financial Forecasts provided as part of the study for the multiple options and designs for aquatic facilities all show that such a facility whether renovated existing facility or a new facility does not and will not sustain in its current programming model. Regardless of the option or model that is selected, enhanced programming will be needed in order to reach sustainability. In any of the options, renovated or new, there is space available to develop and operate additional aquatic programming. Many of those programming suggestions and models are listed and presented in the Study Document. These new program options will need to be explored and in some cases, implemented in order to attain sustainability. In addition, every effort will be needed to expand all of the existing programs in order to attain sustainability.

There is no doubt or hesitation that any of the options in front of Marathon County and NCHC can operate a sustainable model provided selected aquatic programs are added on a need bases and existing programs have a moderate growth.



North Central Health Care Marathon County Aquatic Facility Study Report Wausau, Wisconsin

**Submitted by the Isaac Sports Group
March 2, 2015**

Summary

Based on meetings and discussions with North Central Health Care (NCHC) staff, user groups, current client individuals, the Physicians Advisory Council, therapists, Marathon County (MC) Staff and other stakeholders, the preliminary assessment of the NCHC warm water aquatic facility operated by MC and the programs as it relates to the issues currently faced, the next steps in the process and the future course of development of both aquatic facilities and programming are all complicated issues to consider. There are several options and variables to be analyzed. The preliminary assessment finds that the current facility is running programs at or near capacity. Program growth, inclusion of future advances in aquatic therapy and treatment, and additional new fitness, health, and educational based programming will be essential to ensure that whatever course of action is taken, the programs and facility will be sustainable in the future. That kind of program growth, treatment advances, and new programming would be difficult in the existing facility that was not designed to meet the specific aquatic needs of its current constituents and may be too small to meet both the current and future needs of the patients, client services, and advancements in the health care field. A renovated existing facility could provide moderately improved therapy, rehabilitation, and aquatic exercise programs but would not be financially sustainable without the addition of new fitness, health, and educational programming for a wider range of participants and clients.

The future 5 Year Financial Forecasts, projections, and analysis for the overall operation of either a renovated facility on the existing site or a new aquatic facility will give insight and indicators as to the financial viability of either option. Considerations to take into account when analyzing the financial forecasts could be the lost revenue for the estimated twelve month shutdown for the renovation option coupled with the potential lost patients and clients, possible lost therapists and staff, lost referring physicians and referrals with the understanding that there are no viable options for continuing those types of programs in the reasonable vicinity. Attempting to reestablish the therapy and rehabilitation program to even current levels could take several years. At the same time consideration needs to be given to the overall cost of renovation

of the existing facility versus the cost of building a new facility. The cost difference could be significant making it difficult to build a new facility. The assessment analysis of the lost program participants and lost revenue and start over could be far more expensive than the difference between the cost of a renovation and a new facility. That would need to be analyzed when the exact cost of renovation and building new is determined. This lost participant level and lost revenue is estimated based on the fact that there is no warm water suitable for aquatic therapy, rehabilitation, and aquatic exercise options for patients anywhere in the reasonable vicinity (100-150 miles) of the NCHC facility in Wausau. The other aquatic facilities within this reasonable vicinity do not have the critical aquatic elements and amenities necessary to be successful in this specific aquatic therapy and rehabilitation and meet the needs of the NCHC programs and its patients.

First, other facilities do not have the accessibility elements needed to meet the needs of the participants and clients to be successful. This includes convenient accessibility to the facilities themselves and second, accessibility to the pool itself. There may be renovations to the existing facilities to make access acceptable to the building; however, it is less likely that a renovation to the existing pools in the area can be made to make the pools accessible for the specific clientele of NCHC.

Second, and critical to the specific clientele of NCHC, the other pools in the area do not have the correct very warm water temperature necessary to conduct effective therapy and rehabilitation of the NCHC participants (90 to 92 degrees F). In addition, none of those facilities have water heating and cooling mechanisms and equipment necessary to move water temperature with that kind of volume of water 8-10 degrees effectively and quickly. It would be impractical and even financially prohibitive and physically impossible to attempt to move pool water temperatures that far on a daily basis. The form of aquatic activities being offered and performed at the NCHC facility all require water temperature of 90 degrees or higher. None of the existing aquatic facilities in the Wausau vicinity will be willing to adjust their operating water temperatures in order to program therapy and rehabilitation affectively.

Third, in order for the existing programs and in turn facility to operate and bill correctly, the facility has to meet certain standards and requirements in order to bill for Medicare and Medicaid. The program would not be allowed to bill Medicare or Medicaid while operating out of any other aquatic facilities in the reasonable vicinity. In addition, it would not be reasonable to assume that these participants and patients could just be referred back to land therapy, rehabilitation or land exercise, since the great majority have already been in the land programs and because they were not successful in those efforts, have been referred to the aquatic programs. The reason they are in the water is because they cannot tolerate the therapy and rehabilitation on land or it has not helped their medical condition (see patient testimonials included in report).

Likewise, the 12 month shutdown will have significant negative effect on current patients and clients. Many people and patients would lose independence, could not live alone, and would need greater levels of care and some even forced into group homes, assisted living or nursing homes. It will make recovery from the shutdown a significant factor for both participants and staff. **Whether the renovation option is determined to be the correct option for**

MC and NCHC or the new aquatic facility option, the following testimonials by both patients and doctors illustrates the needs of the clients as well as illustrates the value of such an aquatic facility in the Wausau area:

“I used to think the pool was just for senior citizens. When I began aquatic physical therapy for degenerative disk disease in my back, I met many baby boomers who are using the pool therapeutically. Physical therapy in the pool helped me develop core strength and create spine stabilization, allowing me to effectively deal with my condition.”

Sue Gebhardt, NCHC Patient

“After my car accident, I was simply recovering. Now after Aquatic Therapy, and using the pool, I am finally healing. Aquatic Therapy has given my three kids their mom back. I owe the pool and my therapists everything.”

Courtney Pheifer, NCHC Patient

“The pool is the best form of exercise for me and my Multiple Sclerosis. Aquatic Physical Therapy has been very helpful for strengthening, and conditioning. My program was designed just for me by an encouraging staff.”

Liz Fischer, NCHC Patient

The North Central Health Care pool has been invaluable to my patients, who suffer from various conditions, including back pain, arthritis, neurological injury and obesity. Many of them have not responded to traditional land-based therapy programs and find the pool environment extremely helpful. I also find the staff at the pool to be very knowledgeable and effective in treating and educating patients, so that many continue with their own treatment on their own, after formal sessions have concluded.

Mark Schuler, M.D., Marshfield Clinic

Many of our patients with various connective tissue disorders benefit from aquatic therapy at NCHC—it's the water's buoyancy that makes the exercise primarily non-weight bearing. Warm water therapy is the perfect exercise that patients with diseases such as degenerative arthritis, rheumatoid arthritis and fibromyalgia (to name a few) can enjoy. The social aspect of group sessions is sometimes as therapeutic as the exercises. I have received great feedback from my patients who attend, and I am a big supporter of the warm water pool facility.

Vera Bocoun, M.D., Marshfield Clinic

It is important to point out that the need for the services provided by the NCHC Aquatic program will continue to grow over the years to come. Demographic analysis shows the general population increasing in age each year as is the increased use of Aquatic Therapy to treat a wider range of conditions. The number of individuals needing these exact kinds of services will be increasing yearly. It is also important to point out that this report does not attempt to calculate the additional and subjective costs that the clients of the NCHC Aquatic Center and program would incur if they did not have this type of therapy and exercise programs such as the additional financial burden to families and the need for other county services. These program services

allow clientele to remain independent and mobile. **These points apply to both a renovated aquatic facility and a new aquatic facility.** The important point is that these services need to continue one way or the other with the notion that all of these programs will continue to grow in the future and that new and creative programming will be needed to generate the additional revenue streams that will be needed to achieve sustainably.

The existing building is in poor condition which will be demonstrated and illustrated in the USAquatics existing facility survey and assessment submitted along with this study report. The mechanical equipment is antiquated and outdated. This is mentioned since regardless if the renovation option is selected or just the antiquated and outdated equipment replaced, there will be an extended shutdown period affecting both revenue and stakeholders. Additionally, it is questionable whether the existing building would be large enough to add the amenities that are considered necessary to meet the identified needs of clientele and staff.

NCHC/MC has one opportunity to make a significant difference in the lives of a significant number of individuals and to make significant improvements to an already excellent existing program. The opportunity will only come along once. This is that opportunity. **This improvement in the facility, care and services will be seen whether the existing facility is renovated or a new facility built.** The degree of these improvements could very well be greater with a new correctly designed facility reflecting the specific needs of the clientele. The program needs and analysis of program should drive the design of the renovation or the new facility, making it far more effective at meeting the needs of the growing clientele.

5 Year Financial Forecasts

There are two 5 Year Financial Forecasts included with this Study Report. A forecast for option 1, the renovated facility, and a forecast for option 3O, the new construction option reflecting the oval therapy plan in a new facility. In between option 1 and option 3O, there are three other options that are presented for consideration in the USAquatics study report. Option 2R, which is the existing building with the rectangle therapy pool utilized. Option 2O is the existing building with the oval therapy pool utilized. Option 3R is a newly constructed aquatic center utilizing the rectangle therapy pool option. Please note that in options 2O and 3O, the pool layout provides for separate areas within the pool for an Aquatic Therapy program, as well as the Aquatic Rehabilitation program. The other options do not have this design benefit. 5 Year Financial Forecasts for the three options between the renovation option and option 3O are not included. The financial forecasts for the middle options change proportionately across the board.

Downsizing the water space from option 3O to 3R reduces the annual operating cost of the pool itself, but limits the potential for long term patient treatment growth and the ability to include future advancements in aquatic therapy, reducing the potential for future revenue growth and sustainability.

Updating the configuration of the actual pool layout and therapy specific pool features in option 2O compared to option 1 and option 2R provides for much more effective treatment services and flexible use of the space without significantly increasing the operating costs of the pool.

All program participation and revenue projections were developed with input from current management, staff, and therapists and have been reviewed by the Aquatic Services Physicians' Advisory Council.

- **Renovated Facility**

The renovated existing facility 5 Year Financial Forecast is straight forward. The forecast is developed and built with the following premises:

- Column D are the 2013 actual
- Column E is Year Zero (In this case it is the year that the existing facility would be closed for the renovation)
- Columns F-J are years 1-5 of operation in the renovated facility
- Column K are comments
- There are three tabs along the bottom of the spreadsheets
 - Operational Expenses Yr 0-5
 - Facility and Program Revenue Yr 0-5
 - 5 Year P & L Summary
- Forecast items that need further discussions
 - Year one start up after the year zero twelve month shutdown estimates that the program revenue and participation will drop back from between 40% to 60%. For the purpose of the 5 Year Operating Financial Forecast, we utilized a 50% drop in participation and revenue. We have not found a statistical way to vet this decrease or a comparable facility situation providing an example of the decrease in program participation and revenue. This estimate is based on input from current patients and clients, current staff and therapists and was vetted by the Aquatic Services Physicians' Advisory Council that we met with during our site visit, along with others in the industry that understand the ramifications on patients and clients being out of the water and their therapy and exercise regiment for twelve months without a viable option to continue their aquatic therapy, rehabilitation and exercise program. (Courage/Kenny Center, Golden Valley, Minnesota confirmed the importance of not interrupting the aquatic therapy or rehabilitation for an extended period of time.
 - Year one through five revenue recovery from the twelve month shutdown and 50% reduction in revenue and participation is laid out in percentages in the comment column. Those percentages and the speed of the recovery should be discussed as it pertains directly to the Wausau area and the draw area for the facility.
 - In year zero of the renovated option in which the facility is close, HCHC/MC will still have expenses even though the facility is closed. There will still be a need for some staff, support and utilities. Whether NCHC/MC pays the utilities direct or they are the contractor's responsibility, NCHC/MC ultimately will pay those costs.
- Observations

- Regardless of how it is determined or calculated, clearly it could be several years before the financial viability of the facility and programs recover from the twelve month shutdown.
 - The twelve month shutdown will have a significant negative effect on patients, clients and participants as explained above.
- **New Aquatic Facility**
 - All of the columns and tabs at the bottom of the spreadsheets are the same for the new facility they are for the renovated facility
 - Year zero is the period of construction of the new facility.
 - In year zero the existing facility will continue to operate during the construction of the new facility.

Note: It should be noted that in both 5 Year financial Forecast presented, the program and facility are NOT currently showing sustainability. They show an annual operating loss. In order to reach sustainability, both program growth and new appropriate and creative programming will need to be developed and implemented. The addition of new programming to generate additional revenue can be done without any additional pool or dry spaces and the addition of any operating costs to any of the options. It is also important to point out and understand that in both cases, the renovation financial forecast and the new aquatic facility forecast, the revenue projections are considered by ISG to be conservative and will likely be much higher if the programs offered are expanded and there is an aggressive **marketing** program. At the same time, ISG has used operational expense projections at the high end of the likely range.

Financial Forecast-Options between Option1 (renovation) and Option 30 (oval therapy pool at new facility)

The financial forecasts for the three middle options would reflect changes to both the operating expenses and the various revenue streams. The forecasts are based in part, on the volume of the pools and building size. As the water and air volumes get larger the operating costs rise proportionately. Likewise, as the volume rises and more space is made available the revenue streams will increase proportionately as programs can grow in participation and new programming can be added. At this point, producing additional 5 Year Operating Financial Forecasts would not be necessary.

Financial Forecast Analysis

The fee structure of the existing building and program has improved during the past five years, but still can be improved slightly. In the case of wither a renovated or new facility, NCHC/MC will be afforded the opportunity to adjust the fee structure accordingly, within Medicare, Medicaid, and insurance guidelines and limits, beginning with the year zero and then making a market adjustment for year one. NCHC/MC can maximize this watershed moment in time to do a complete and slight fee correction when the renovated or new facility opens. **In the financial**

forecasts and projections ISG has not factored in any increase in fees nor have we factored in revenue for new and creative programming. Any increases in revenue generation in the financial projections are entirely based on program participation growth. We did not want to assume that there would be a willingness to do a fee increase and cause participants financial hardship or that there would be clients forced to drop out due to cost factors. That fee issue will need to be analyzed and determined by all of the stakeholders related to the project.

It could be a bit more difficult to do fee adjustments with the renovated facility plan. It may be deemed as the same facility with a few improvements rather than a new fully upgraded facility. Also, with the prospect of being closed for a year for the renovation, the thought of raising fees could meet with opposition. With a new facility and without a 12 month shutdown, clients could be more likely to accept a fee adjustment since they will have been getting therapy the entire time, do not have to start over, and will get an improved facility. With the facility closed for a year, NCHC/MC could lose participants and could be facing a program rebuilding when the renovated facility would be opening. It could be a difficult task to be increasing the fee structure when NCHC/MC is attempting to rebuild the clientele. That would actually be the time to be lower fees rather than raise them.

Facility Issues and Limitations

Renovated Facility

The assessment finds that the existing facility was not designed for the type of physical therapy, rehabilitation and aquatic exercise programming currently being provided. Although the pool itself does have a number of positives and is functional, the overall plan of the facility is not correct for the current clientele or for current best treatment practices. When the facility was built in 1976 it was not built for the therapy purpose that it is currently utilized for. In the aquatic industry it is commonly known that “Program Precedes Design”. The existing facility did not have that advantage. The facility was built and now it is trying to fit in a program that it was not designed for. The following are a number of issues and limitations that were identified:

- The assessment has reservations about the existing building having enough room to accommodate the basic NEEDS that were identified as necessary to conduct the program correctly. Such as:
 - Proper examination rooms
 - Proper physical therapy rooms
 - Interview rooms
 - Family changing rooms
 - Reception area
 - Proper offices/staff room
 - Lifeguard room
 - Classrooms/meeting space
 - Adequate and properly functional ramp entry
 - Better wheel chair parking space in pool area

- Access/security is a critical issue for patients and clients. The assessment questions whether all of the issues currently surrounding access/security can be solved in the existing facility renovation. Issues such as:
 - Overall building access and security
 - Proper access and drop off issues
 - Door way issues (heavy, cumbersome, and not handicapped friendly)
- Although the locker rooms are close to an appropriate size, they are completely designed incorrectly for the current clientele. The locker rooms need a complete redesign from the current open area to a much more private shower and locker room space with all of the proper grab rails and safety features. The assessment doubts the current footprint would handle the space needed to utilize an up-to-date and code compliance locker room.
- In general the facility has a poor design layout with the offices on the wrong side of the pool.
- The pool tank itself, although functional, lacks several important amenities that may not be able to addressed in a renovation unless the pool is dug up and reconfigured:
 - Stair wells that are appropriate and can handle patients and clients with weight issues.
 - Ramps that are appropriate and wide enough to handle all wheel chairs with proper inclines without any lips or rises along the wheel chair path allowing patients to get in and out of the water on their own and safely
 - Built in island
 - Larger and more useable 3' to 4' area
 - Better wheel chair parking
 - Better water walking pattern

NOTE: If the existing facility and site can undergo a complete renovation to include a complete clearing of the facility inside the existing walls and or even move the existing walls out for a complete rebuild and renovation, then some of the current issues and limitations could be addressed in that type of renovation.

New Aquatic Facility

- A newly designed aquatic facility following the correct project development order which again is, Program Precedes Design, would have the advantage of knowing what the specific programs, patients, clients and participants would be, allowing for the ability to then design and build an aquatic facility with all of the correct amenities and features to be successful, with all codes met and the needs of the patients, clients and staff met for years to come.

Included in the USAquatics study report stakeholders will find the space allocation program for a new facility which reflects the ideal space needs for either a renovated facility or a new facility. The concept drawing for option 3O, the oval therapy pool option, matches the space allocation program.

New Program Development

- Renovated Facility
 - It seems likely after examining the existing facility and space, that in the renovated facility, any type of demolition of the pool tank or adjustments to the pool tank could be impractical and costly. Those exact calculations will come in a later phase. In any case, a renovated facility within the existing facility footprint may not be able to include amenities that could be considered basic needs and allow for program growth and new program development. The existing facility and pool tank is reaching capacity, making program growth and new program development difficult and significant future growth virtually impossible.
- New Aquatic Facility
 - Program growth along with new and expanded program development can be accomplished in a new properly designed aquatic facility for physical therapy, rehabilitation and special needs exercise programs.
 - New programming that could be considered, researched and experimented with include:
 - Pool rental program expansion. It is the assessment that with specific design elements included in a new facility (water amenities, activities room, classrooms, meeting space, etc) the pool rental program could expand significantly. Family activities, special occasions, meetings, classes in CPR, First Aid, AED, safety, Learn to Swim, outside health, wellness, and fitness programs or groups, pool celebrations, parties, etc could be a significant, valuable and necessary revenue stream. Learn to Swim in particular could be a significant revenue stream program that would enhance the ability of the program and facility to reach sustainability. Some of the above mentioned programs could be accomplished in the renovated option, just to more limited extent due to possible space and size limitations and not having some of the needed amenities.
 - In case, renovation or new facility, Orthopedic and neurosurgery pre operation programs could be enhanced; however, with a newly designed aquatic facility it could be to a greater extent.
 - Paralympics aquatic programming internally or in conjunction with outside groups would become a natural progression through the overall program. As patients and clients rehabilitate and progress through physical therapy, and consequently create an ongoing exercise program, the facility can provide enhanced training and athletic programs that can become part of the patient's new ongoing lifestyle.
 - Cardio programming would also be a valuable asset to the overall aquatic programming for Veterans and Paralympic athletes.

Overall, cardio programming could be improved significantly in a new properly designed aquatic facility.

- Veterans needs and programs. We are aware that this avenue has been explored and at this point the Veterans Administration has been unwilling to participate. It is the assessment that this program should be revisited with a newly designed facility. With new funding being approved nearly every day and increased public focus on veteran care, rehabilitation, and physical therapy, funding will increase and aquatic therapy and rehabilitation will become a significant factor in veteran care. This can be done in either the renovated facility option or a new facility; however, the possibilities may be enhanced by the addition of amenities that would come with the new facility option. One strategy to getting the Veterans Administration involved early in a renovated or new facility scenario is to engage the appropriate person(s) in the planning of a renovated or new facility to make certain their needs would be met.
- Location could also be an advantage to the option of building a new aquatic facility. A new facility could be located closer to the Nursing Home making it more convenient to all of those residents thus enhancing the probability that they would engage in the programs and services thus increasing participation and revenue streams.
- As a point of emphasis, a Learn to Swim program in an appropriate form and size may be essential to the financial success and sustainability of either a renovated facility or new facility.

NOTE: It is important to note that there would be NO additional spaces needed or construction costs incurred that would be associated with either option, a renovated existing pool or a new aquatic facility in order to accommodate these suggested new programming options. These programs also would not increase the fixed operating expenses of the facility. The only additional expenses would be for program staff which would be more than covered by new program fees. These are all new program considerations that would enhance the ability to create the necessary new program growth that would create the revenue streams necessary to be sustainable.

General statement regarding sustainability and programming

It is important that all stakeholders understand how financial sustainability and programming are intertwined and reflect each other. In order to attain financial sustainability the aquatic facility and management have to embrace the notion that a wide variety of aquatic programming meeting a wide variety of participant health, wellness, and fitness needs is essential to creating the broad based revenue streams important to attain sustainability. This renovation or new aquatic

construction has a specified aquatic purpose and program that centers on therapy, rehabilitation, and health and wellness activities that are primarily an extension of the specific purpose.

Everyone involved will need to be open and receptive to program growth and new and creative programming that does not require any additions affecting the facilities or costs of the facilities to the either the renovated facility option or the new aquatic facility option in order to attain sustainability. ISG believes that in order to attain financial sustainability, management will have to seriously consider other forms of aquatic programming, such as Learn to Swim program, meetings, social events and gatherings, programs for veterans, etc., and then put in place an aggressive marketing program to draw into the facility and program a more diverse population of users in order to create the needed revenue streams to attain sustainability.

Also noted with regard to sustainability, two previous attempts were made regarding an aquatic therapy/rehabilitation model that did not succeed. The Wausau Hospital Aquatic Therapy operated in the late 80's closing in 1991. The closure centered around a pool that was too small with the incorrect depths. It was a model that had a pool design that did not match the program being conducted in the pool at the time.

The Aquatic Therapy Center also operated for 10-12 years before closing. In this case the management model did not match the focus of the program. The facility was run by an Occupational Therapist (OT) rather than a Physical Therapist (PT) which made it difficult to develop a broad referral base. In addition the owner/operator retired.

In both cases the failed facilities and programs did not have the advantage of modern technology and update information about what makes the therapy/rehabilitation model work correctly. The existing program demonstrates the value of up to date information about the latest trends in water therapy and rehabilitation. The existing staff brings the latest knowledge and expertise in aquatic therapy and rehab and has developed a successful program without the benefit of up to date and treatment specific facilities and amenities. In either case, renovation or new facility, ISG anticipates the facility and program will be greatly enhanced and be programmatically and financially successful.

Financial considerations versus participant needs and considerations

The decision to either renovate the existing aquatic facility or build a new aquatic facility is in part a financial decision which will include funding sources and possibilities for both construction costs and ongoing operation, but also a decision that needs to include the clientele and stakeholder needs. The financial decision and all of the issues that surround funding seems a bit more clear cut and is relatively easy to see, compare and evaluate objectively. The participant needs decision is not as clear and is more subjective. It is the assessment that if NCHC/MC were to renovate the existing facility, it would be a significant improvement to the facility, pool, and physical environment that would improve the programming capabilities and allow for growth, treatment innovation, and enhancement of existing programs. However, with the existing facility needing to be down for twelve months for the renovation, NCHC could lose significant numbers of clients based on conversations with current clients, NCHC/MC therapists, Physicians Advisory Council and others running various therapy and rehabilitation programs and

facilities in other locations. Water therapy and rehabilitation operates on the premise that the warm water provides a medium that allows patients and clients to rehabilitate, exercise, stay mobile, remain in their homes, lead a healthy and independent life styles that cannot be accomplish through land options for these individuals.

It is also a fact that successful therapy, rehabilitation and daily exercise are a matter of habit. First, creating the habit of daily therapy and exercise and second, maintaining the habit of daily therapy and exercise. Having to close the facility and suspend the programs offered in the existing facility in order to renovate with no other options for the same services would interrupt the habits that current patients and clients have formed and will ultimately lead to those patients and clients not returning after a year away from the only exercise mediam that these patients and clients can utilize. A yearlong loss of these services would likely mean that a significant number of the individuals would not be able to stay in their residences, would become immobile and need even more care than they already receive. A year away from the program would also lead to significant number of patients and clients not being physically able to resume their exercise habit and routine when the renovated facility would reopen in twelve months.

In addition it is likely that patients and clients enroll and continue to participate in programs based significantly on specific therapists, coaches or teachers and their relationships. That fact cannot be overstated. The twelve month closure of the existing facility may necessitate that the current staff find alternative work for that twelve month period. There would be no guarantee that the current staff would come back to the program. The combination of the patients and clients not returning and the physical therapist possibly not returning would significantly damage those patient/client therapists/coach/teacher relationships which would in turn make the recovery of the program participation and the financial model longer and more difficult. Possibly longer than estimated currently in the 5 Year Financial Forecast.

Not to be taken lightly is the issue of physicians and their referrals during the twelve month downtime. Over the past several years the program directors and therapists as well as physicians, have worked hard and diligently to build up the number of physicians (now 199 Doctors) making referrals and working side by side with the therapists building relationships. A twelve month shutdown could have an impact on the number of physicians making referrals when the facility reopened as well as the referrals themselves. The relationships between the physicians, patients, clients, therapists and the program could set back the referral system making it difficult to recover from the twelve month shutdown both financially and programmatically.

It is relatively easy to see the financial ramifications of renovating with a 12 month down time for the facility and the patients and clients verses building a new aquatic facility with no downtime. It seems clear when analyzing the 5 Year Financial Forecast for both options. It is not as clear when analyzing the patient, participant, client needs issue of suspending programs for current patients and client's therapy, rehabilitation, and aquatic exercise programs that are critical to those individuals health and lifestyle as well as the future for the current therapists and staff. Certainly it can be stated that a renovated facility with a 12 month down time will have a negative effect on a majority of current patient, clients and staff that will negatively affect their lifestyle for the rest of their lives.

Conclusions

- ISG concludes the following:
 - The existing facility physical plant and building is in poor condition utilizing outdated and antiquated equipment in need of significant repair and replacement.
 - The existing building and equipment is not running efficiently and effectively. This is not a judgment on the staff that is currently operating the physical facility, it is a judgment on the building itself and the equipment being utilized to operate the building and pool.
 - Although the existing pool tank was not designed specifically for the purpose it is being use for, the design is not entirely ineffective as shown by the successes of the current existing programs. Everyone involved in the operation of the building, pool and programs are doing a remarkably good job in making the most of the aging inadequate current facility.
 - The existing pool and support facilities are at or near capacity for participation in the specific purpose that it is being utilized for.
 - The NCHC Aquatic Facility is in need of a redesign renovation to the existing facility or the construction of newly designed Aquatic Facility.
 - There are pro's and con's to the future options (renovate or build new) for an aquatic facility as it relates to existing programs and the possibility of new programs.
 - At this point, either could be successful and either will be an improvement. It is the degree to which the NCHC/MC wants to be successful and to what degree NCHC/MC wants and desires to meet the needs of the clientele and the funding available to build a new facility.

2,262 SQ FT

2,310 SQ FT

5,530 SQ FT

POOL DATA:
VOLUME: 104,400 GALLONS
TURNOVER: 3 HOURS
FLOW RATE: 680 GPM
FILTRATION RATE: 101 GPM/SF

03-02-2015



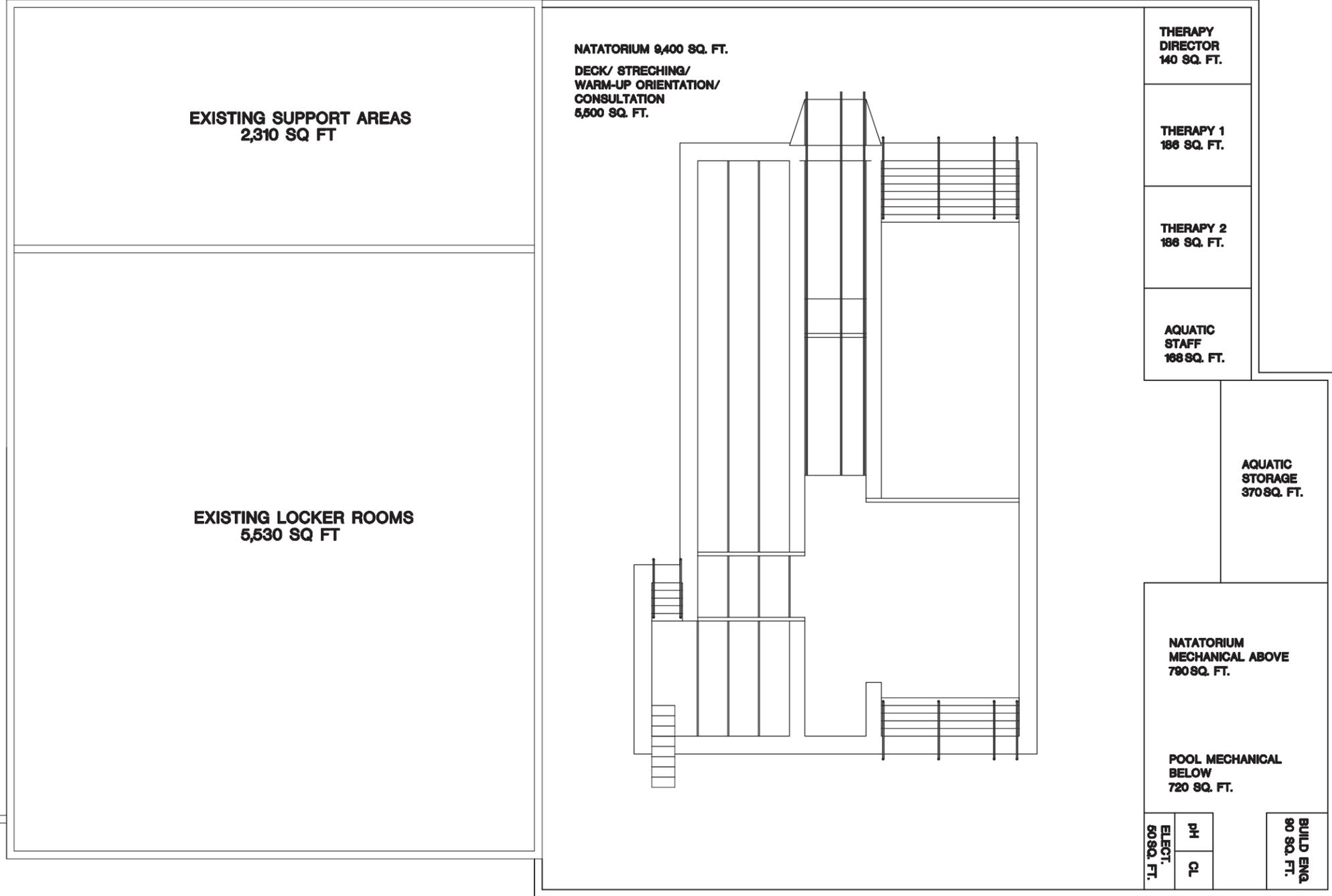
This document is by USAquatics, Inc. and contains privileged and confidential information intended for use by USAquatics, Inc. personnel only. Any disclosure or distribution of this document or information contained herein, without prior written consent of USAquatics, Inc. is prohibited.
 © ALL RIGHTS RESERVED

**MARATHON COUNTY - NORTH CENTRAL HEALTH CARE
 AQUATIC THERAPY AND REHABILITATION CENTER
 OPTION 2&E (Rectangle Therapy Pool - Ex Ist. Natatorium)**

PROJECT NUMBER:
WAU14006
 DRAWN BY:
1/16" = 1'-0"
 CHECKED BY:
RKJ
 PROJECT MANAGER:
TRS
 DATE:
03-02-2015



03-02-2015



This document is by USAquatics, Inc. and contains privileged and confidential information intended for use by USAquatics, Inc. personnel only. Any disclosure or distribution of this document or information contained herein, without prior written consent of USAquatics, Inc. is prohibited.

© ALL RIGHTS RESERVED

MARATHON COUNTY - NORTH CENTRAL HEALTH CARE
AQUATIC THERAPY AND REHABILITATION CENTER
OPTION 2RN (Rectangle Therapy Pool New Natatorium)

PROJECT NUMBER:
WAU14006
DRAWN BY:
1/16" = 1'-0"
CHECKED BY:
RKJ
PROJECT MANAGER:
TRS
DATE:
03-02-2015

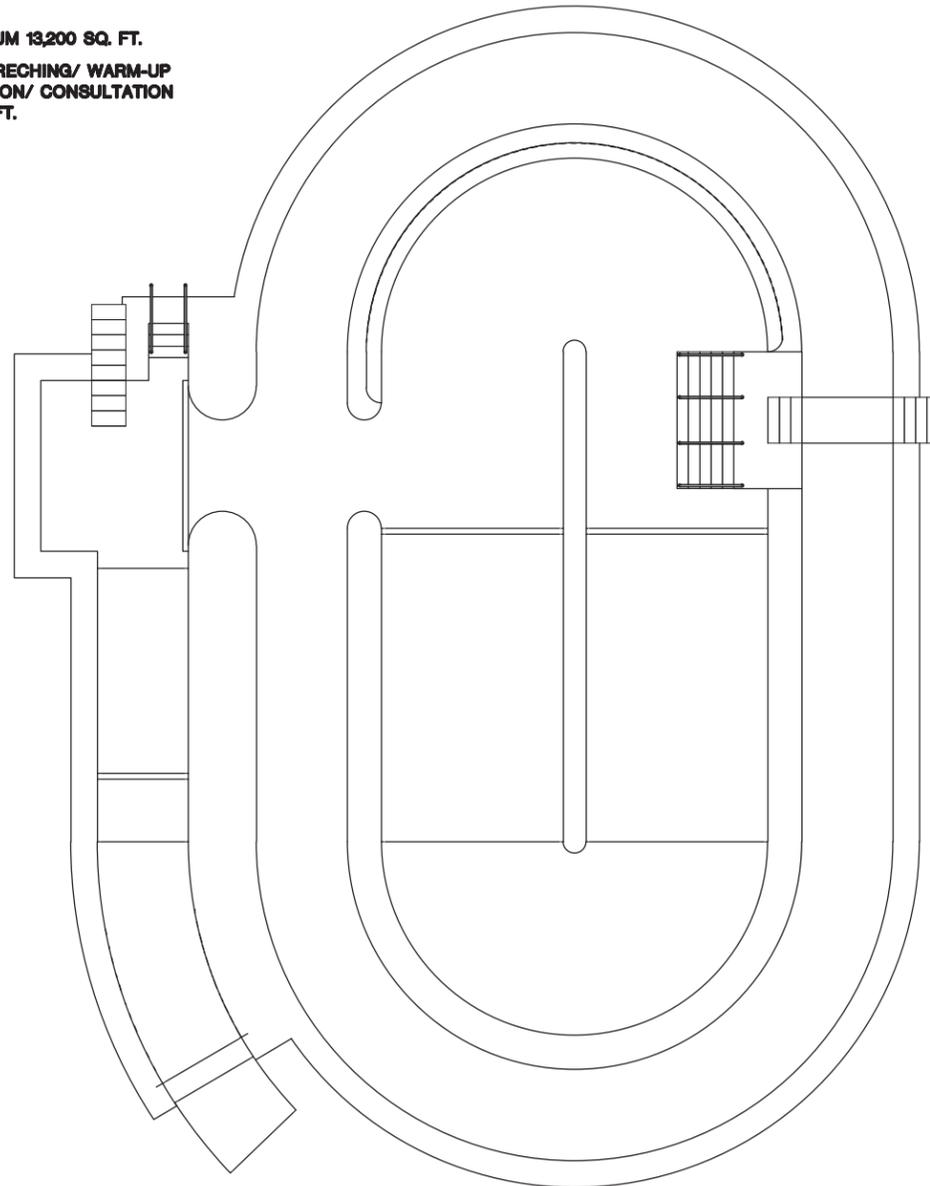
2RN
SHEET

03-02-2015

EXISTING SUPPORT AREAS
2,310 SQ FT

EXISTING LOCKER ROOMS
5,530 SQ FT

NATATORIUM 13,200 SQ. FT.
DECK/ STRECHING/ WARM-UP
ORIENTATION/ CONSULTATION
7,463 SQ. FT.



THERAPY DIRECTOR
140 SQ. FT.

THERAPY 1
186 SQ. FT.

THERAPY 2
186 SQ. FT.

AQUATIC STAFF
238 SQ. FT.

AQUATIC STORAGE
370 SQ. FT.

NATATORIUM MECHANICAL ABOVE
790 SQ. FT.

POOL MECHANICAL BELOW
720 SQ. FT.

80 SQ. FT.
ELECT.

PH
CL

BUILD ENGR.
80 SQ. FT.



This document is by USAquatics, Inc. and contains privileged and confidential information intended for use by USAquatics, Inc. personnel only. Any disclosure or distribution of this document or information contained herein, without prior written consent of USAquatics, Inc. is prohibited.

© ALL RIGHTS RESERVED

MARATHON COUNTY - NORTH CENTRAL HEALTH CARE
AQUATIC THERAPY AND REHABILITATION CENTER
OPTION 20 (Oval Therapy Pool)

PROJECT NUMBER: WAU14006
DRAWN BY: 1/16"=1'-0"
CHECKED BY: RKJ
PROJECT MANAGER: TRS
DATE: 03-02-2015

20 SHEET

Room Schedule			
Name	Area	Department	
Aquatics Staff	243 SF	Office/Admin	
Aquatics Storage	235 SF	Storage	
Back Corridor	199 SF	Lobby/Circulation	
Bldg Elect.	68 SF	Mechanical	
Bldg Eng.	68 SF	Mechanical	
Building Mechanical	1130 SF	Mechanical	
CI	14 SF	Mechanical	
Entry	57 SF	Lobby/Circulation	
Exam Room 1	143 SF	Patient Rooms	
Exam Room 2	143 SF	Patient Rooms	
IT/Tech	82 SF	Storage	
Janitorial	82 SF	Storage	
Lobby	654 SF	Lobby/Circulation	
Main Hall	360 SF	Lobby/Circulation	
Men's Locker	772 SF	Changing Areas	
Natorium	7025 SF	Aquatics	
Observation	204 SF	Lobby/Circulation	
pH	14 SF	Mechanical	
Pool Mechanical	930 SF	Mechanical	
Private Change Rm 1	143 SF	Changing Areas	
Private Change Rm 2	174 SF	Changing Areas	
Private Change Rm 3	143 SF	Changing Areas	
Restroom	164 SF	Restrooms	
Restroom	164 SF	Restrooms	
Staff Work Area	235 SF	Office/Admin	
Storage	112 SF	Storage	
Therapy Director	128 SF	Office/Admin	
Women's Locker	898 SF	Changing Areas	
Grand total: 28	14588 SF		



MARATHON COUNTY - NORTH CENTRAL HEALTH CARE

AQUATIC THERAPY & REHABILITATION CENTER

SPACE ALLOCATION: RECTANGLE OPTION

This document is published by USAquatics, Inc. and contains privileged and confidential information intended for use by USAquatics, Inc., its personnel, its vendors and its clients only. Any disclosure or distribution of this document or information contained herein, without prior written consent of USAquatics, Inc. is prohibited.
 © ALL RIGHTS RESERVED

CERTIFICATION



PROJECT TITLE

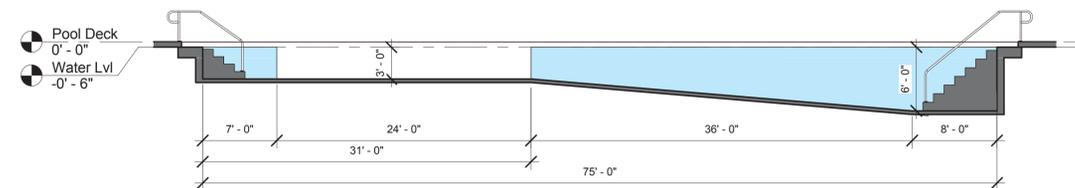
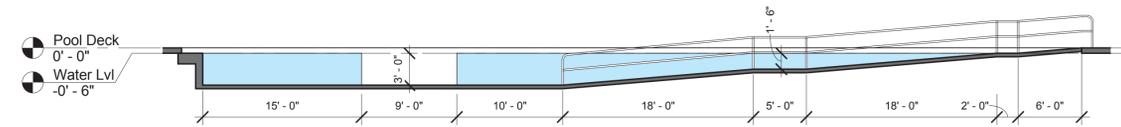
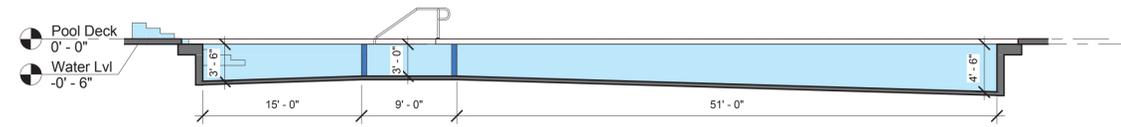
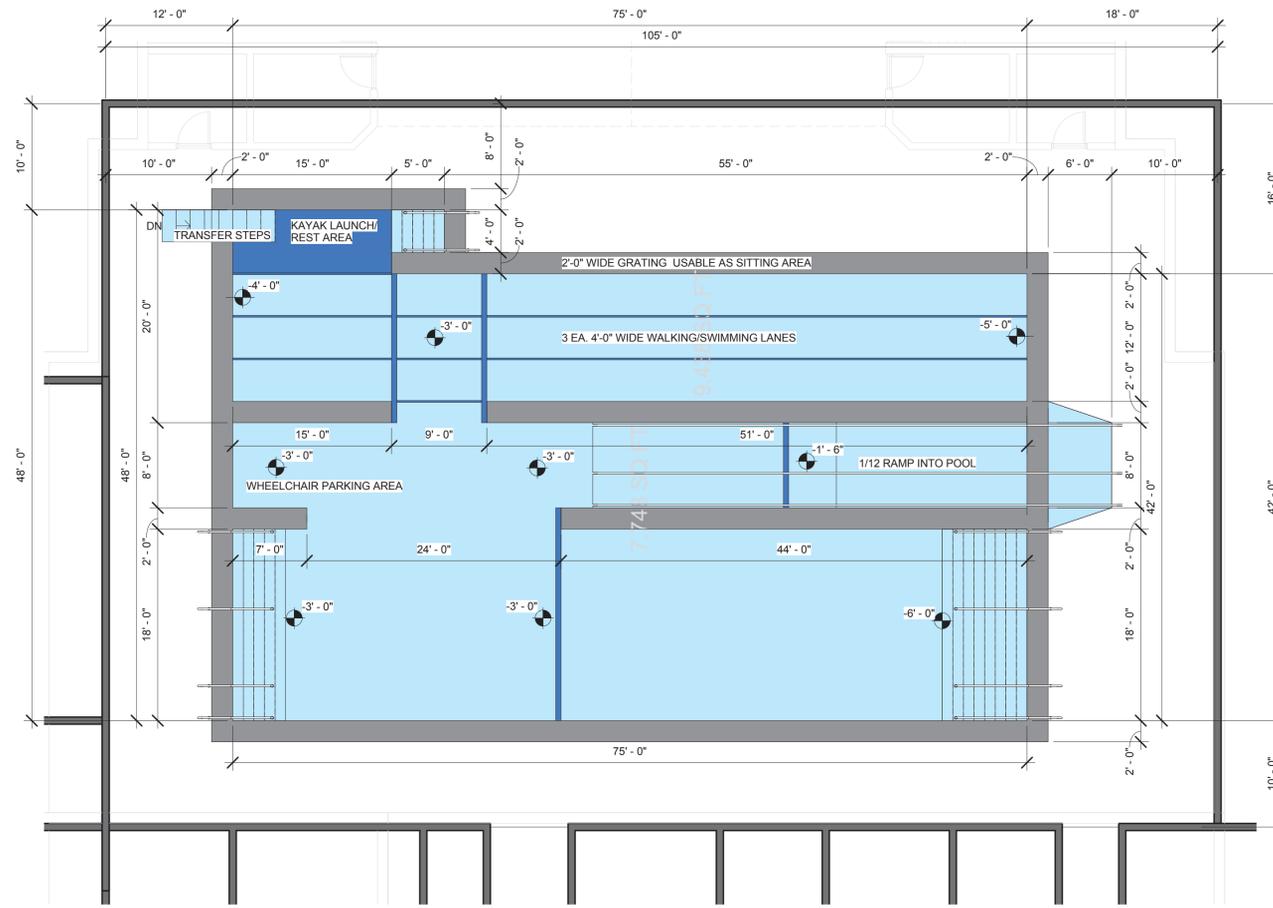
Marathon County - North Central Health Care Aquatic Therapy & Rehabilitation Center

Wausau, WI

STATUS: Space Planning
 DRAWN: RTS CHECKED: TRS
 PROJECT #: WAU14006
 SCALE: 1/8" = 1'-0"
 DATE: 02/11/15

SHEET NAME
Rectangle Option Space Allocation Plan

SHEET NUMBER
SP-R.1



This document is published by USAquatics, Inc. and contains privileged and confidential information intended for use by USAquatics, Inc., its personnel its vendors and its clients only. Any disclosure or distribution of this document or information contained herein, without prior written consent of USAquatics, Inc. is prohibited.
 © ALL RIGHTS RESERVED

CERTIFICATION



PROJECT TITLE

**marathon County -
 North Central Health
 Care
 Aquatic Therapy &
 Rehabilitation Center**

Wausau, WI

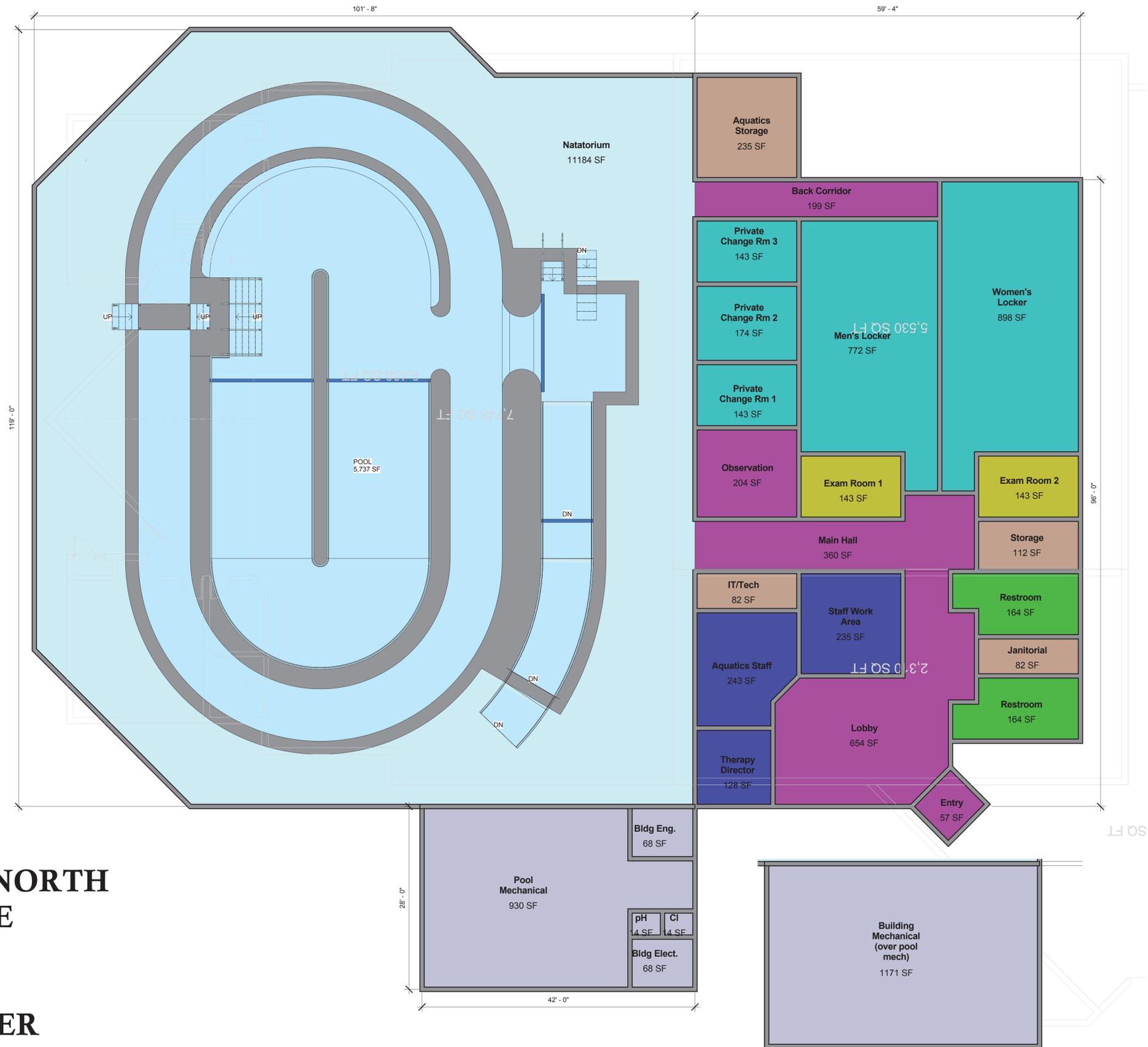
STATUS: **Space Planning**
 DRAWN: **Author** CHECKED: **Checker**
 PROJECT #: **WAU14006**
 SCALE: **1/8" = 1'-0"**
 DATE: **02/12/15**

SHEET NAME
**Rectangle Option Pool
 Area Plan**

SHEET NUMBER
SP-R.2

© USAquatics, Inc. 2015

Room Schedule		
Name	Area	Department
Aquatics Staff	243 SF	Office/Admin
Aquatics Storage	235 SF	Storage
Back Corridor	199 SF	Lobby/Circulation
Bldg Elect.	68 SF	Mechanical
Bldg Eng.	68 SF	Mechanical
Building Mechanical	1130 SF	Mechanical
Building Mechanical (over pool mech)	1171 SF	Mechanical
CI	14 SF	Mechanical
Entry	57 SF	Lobby/Circulation
Exam Room 1	143 SF	Patient Rooms
Exam Room 2	143 SF	Patient Rooms
IT/Tech	82 SF	Storage
Janitorial	82 SF	Storage
Lobby	654 SF	Lobby/Circulation
Main Hall	360 SF	Lobby/Circulation
Men's Locker	772 SF	Changing Areas
Natorium	11184 SF	Aquatics
Observation	204 SF	Lobby/Circulation
pH	14 SF	Mechanical
Pool Mechanical	930 SF	Mechanical
Private Change Rm 1	143 SF	Changing Areas
Private Change Rm 2	174 SF	Changing Areas
Private Change Rm 3	143 SF	Changing Areas
Restroom	164 SF	Restrooms
Restroom	164 SF	Restrooms
Staff Work Area	235 SF	Office/Admin
Storage	112 SF	Storage
Therapy Director	128 SF	Office/Admin
Women's Locker	898 SF	Changing Areas
Grand total: 29	19918 SF	



MARATHON COUNTY - NORTH CENTRAL HEALTH CARE

AQUATIC THERAPY & REHABILITATION CENTER

SPACE ALLOCATION: OVAL OPTION

CERTIFICATION

DRAFT

PROJECT TITLE
marathon County - North Central Health Care Aquatic Therapy & Rehabilitation Center

Wausau, WI

STATUS: Space Planning
 DRAWN: RTS CHECKED: TRS
 PROJECT #: WAU14006
 SCALE: 1/8" = 1'-0"
 DATE: 02/11/15

SHEET NAME
Oval Option Space Allocation Plan

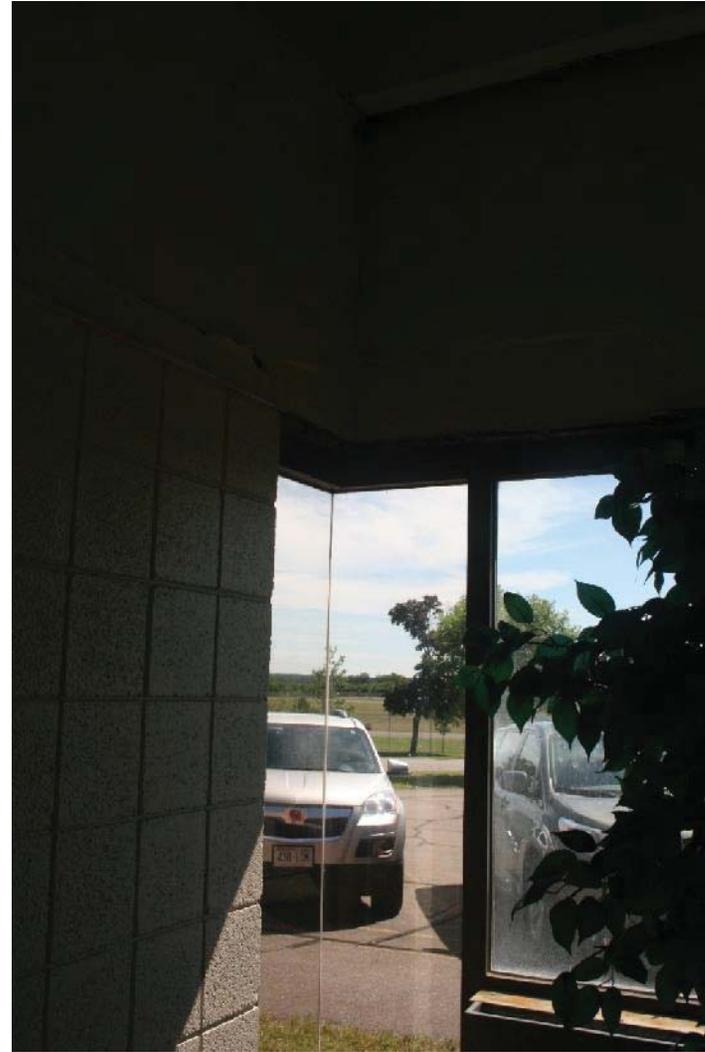
SHEET NUMBER
SP-O.1

© USAquatics, Inc. 2015





1.) Natatorium showing oxidation on beams and gap between roof tees and masonry with no thermal break or vapor barrier.



2.) Natatorium corner window with no column support. No thermal break for structural lentils.



3.) Rusting on window supports, failed window seals. Also shows air supply.



4.) Rusting on lintels above windows and spalling of pre-cast.



5.) Oxidation of overhead speakers and high returns between pre-cast stems.



6.) Roof vent deterioration in natatorium.



7.) Missing vapor barrier/thermal break between wall and ceiling.



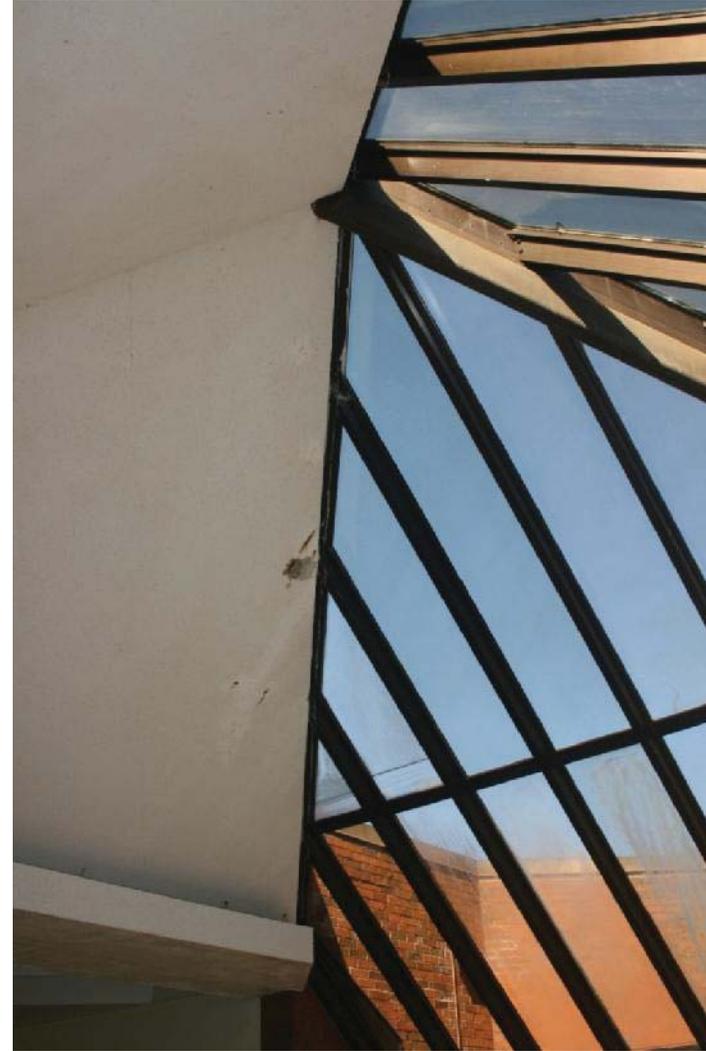
8.) View of natatorium. Need for deck storage for personal items and therapy aids. Note: air supply between masonry and wall panel.



9.) Shifting and settling of decks, clean-out. Note: waste water from decks drains into pool recirculation system.



10.) Solarium with moisture and/or water between glass panes.



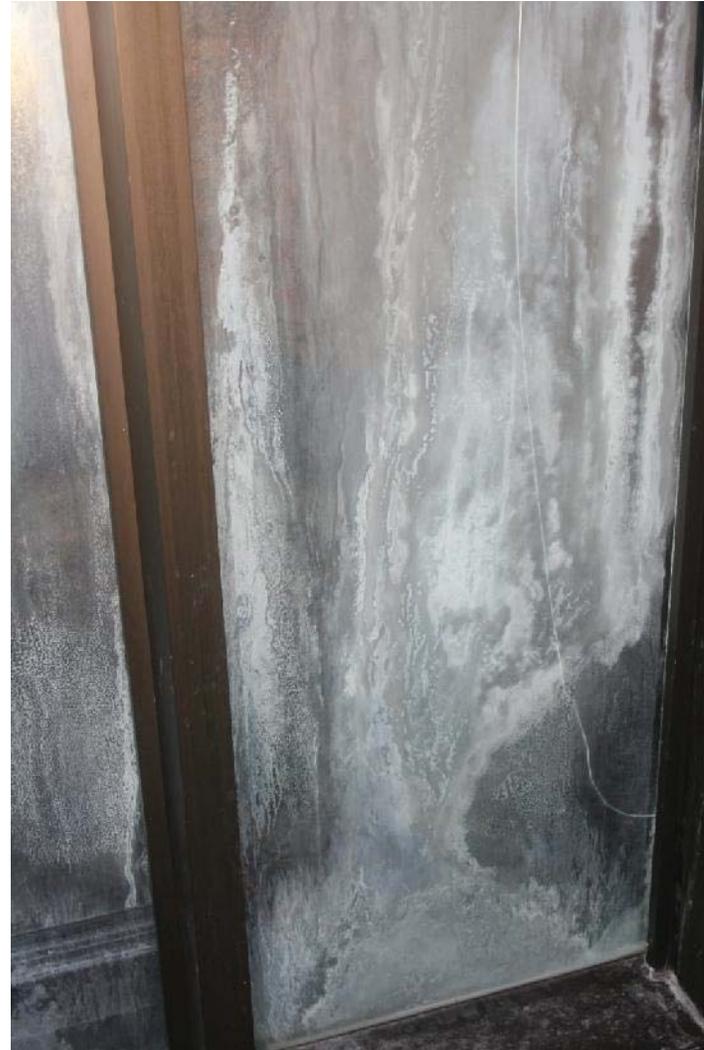
11.) Rusting supports. No thermal breaks or vapor barrier.



12.) Air supply beneath solarium windows.



13.) Moisture and water between glass panes in solarium.



14.) Moisture between glass panes in solarium, broken glass pane.



15.) Cracked masonry at bearing wall and efflorescence due to no thermal breaks or vapor barrier.



16.) Solarium – overview.



17.) Deterioration at solarium bearing wall.



18.) Speaker, deterioration of ceiling surface. Oxidation on door & hardware.



20.) Main drain @ deep end of pool.



19.) Air return at ceiling between roof stems.



21.) Natatorium deck area.



22.) Chemical storage in mechanical filter room.



23.) Surge tank & heating well under deck in mechanical room.



24.) Misc. equipment room piping & valves.



25.) Deteriorating structural slab at mechanical filter room.



26.) DE backwash into floor drain.



27.) Deteriorating equipment, oxidization.



28.) Pool recirculation pump.



29.) Pool piping & valves.



30.) Lift station in pool equipment room.



31.) Structural slab conditions – exposed rebar.



32.) Structural slab deterioration at mechanical filter room.



33.) Cracking of structural slab supports.



34.) Rail conditions, cracking of slab.



35.) Oxidation of electrical panel.



36.) Spalling concrete block wall.



37.) Deteriorating conditions of block wall.



38.) Corroding fixtures.



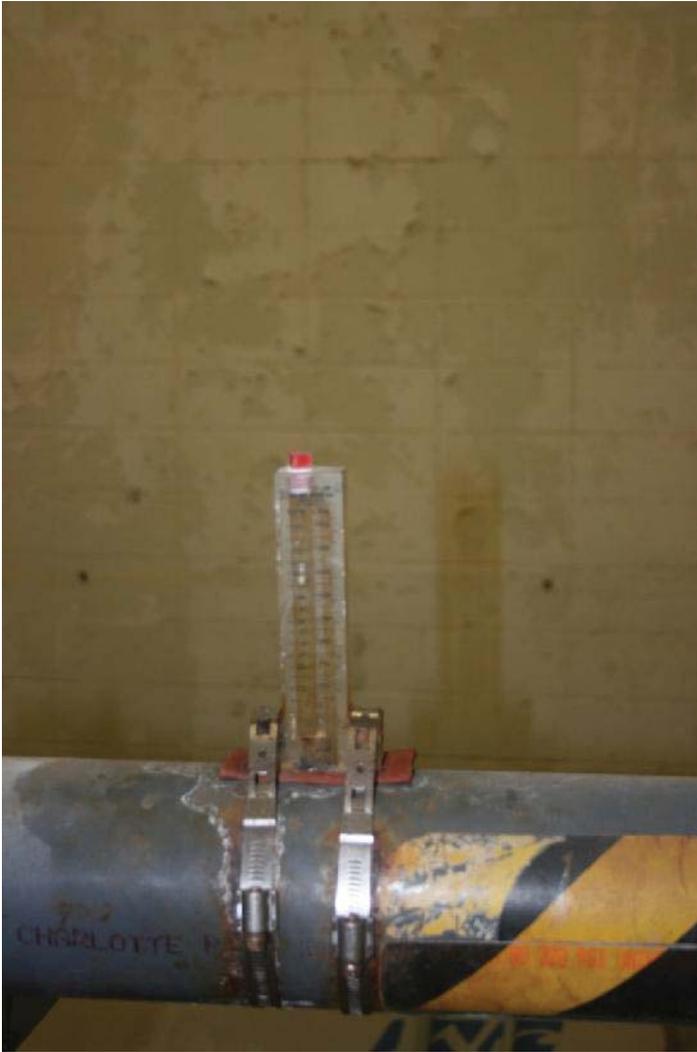
40.) Wire coatings deteriorating.



39.) Paint finish delaminating from block walls.



41.) Oxidation of supports & piping.



42.) Impact flow meter in poor condition.



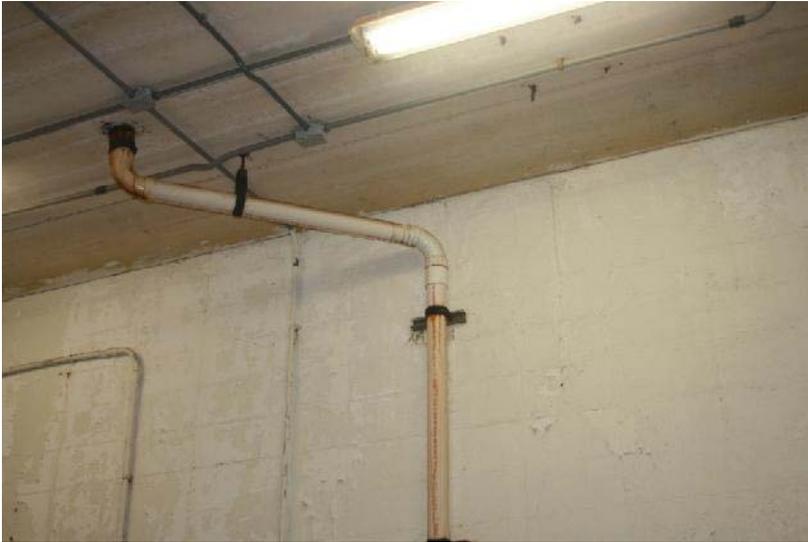
43.) Insulation over D.E. filter.



44.) D.E. drain line.



45.) Rail conditions in mechanical filter room.



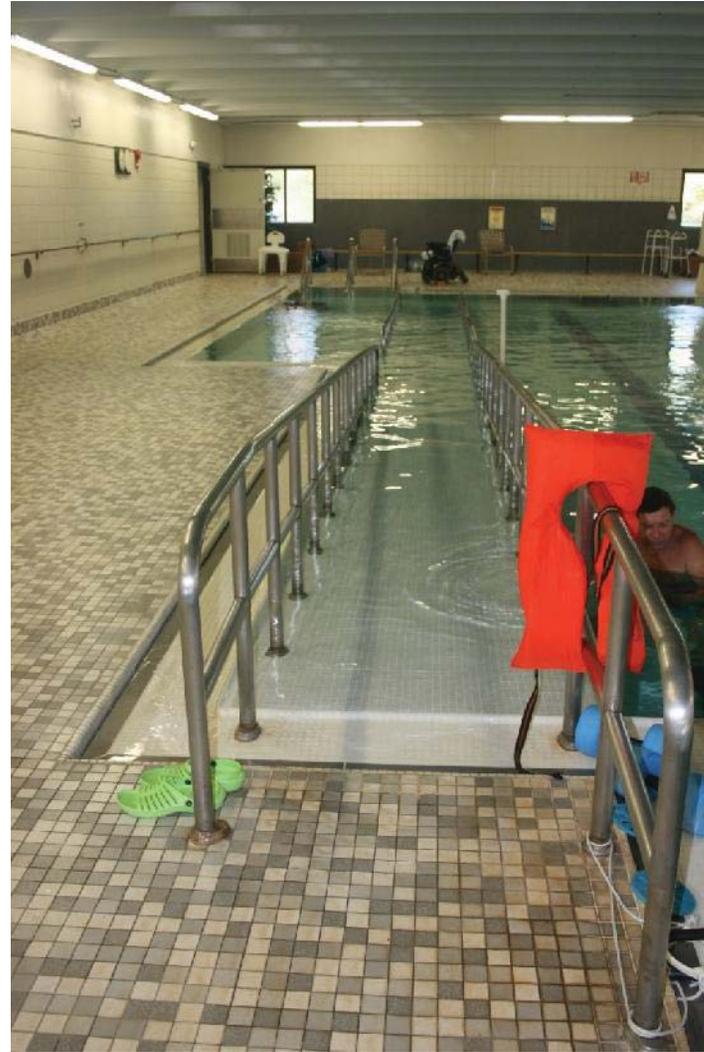
46.) Venting of lift station.



47.) Deterioration of lift station piping.



48.) Entry stair at Deep End of pool.



49.) Ramped access into pool.



50.) Shallow therapy area and ramp.



52.) Ramp access – alternate view.



51.) Rim-flow recirculation gutter system. Deck drains into recirculation system.



53.) Ramp access at rim-flow gutter raised lip.



54.) Bathroom/shower with deck side access.



55.) View of bathroom/shower from natatorium deck. No ventilation.



56.) Deck side office space.



57.) Air handling equipment.



59.) Air handling equipment.



58.) Air handling equipment.



60.) Air handling equipment.



61.) Air handling equipment.



63.) Air handling equipment.



62.) Air handling equipment.



64.) Mens locker room – restroom. No privacy or area for client with care provider.



65.) Sinks in Mens locker room.



67.) Mens locker area.



66.) Exterior of Mens locker room.



68.) Mens locker area.



69.) Wheelchair storage area.



71.) Urinals in Mens locker room.



70.) Bench/shower area. No privacy for user.



72.) Toilet stalls in Mens locker room.



73.) Mens locker room shower area.



75.) Womens locker room sinks.



74.) Mens locker room shower alternate view. Note: missing grout and possible biofilm below horizontal handrails.



76.) Womens locker room toilet stalls.



77.) Womens locker room benches.



79.) Wheelchair storage area. On-going maintenance with floor drains as there is differential settlement around floor drains. Floor must be cut out, drains lowered, and tile patched in.



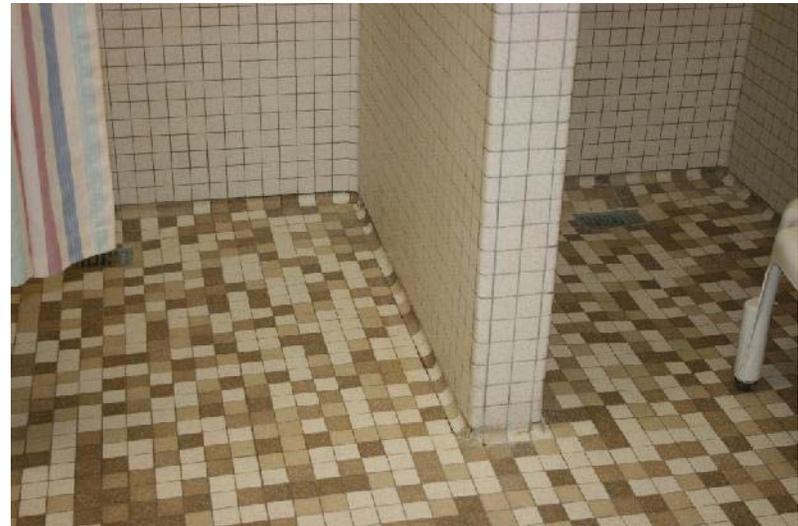
78.) Womens locker room benches. Note: high floor drain, must be fixed like drains shown in #77 & #79.



80.) Womens locker room shower area. Note: patched floor area.



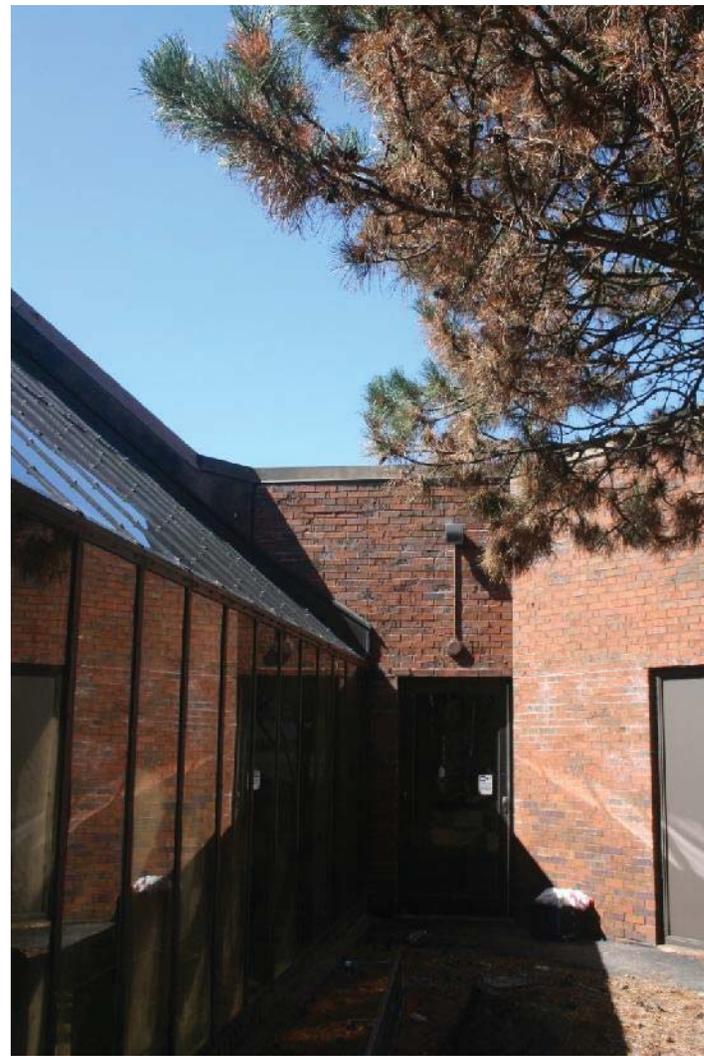
81.) Restroom – toilet area. Note: tile spalling.



82.) Womens locker room shower – alternate view. Note: tile spalling.



83.) South exterior of solarium. Note: oxidation & efflorescence.



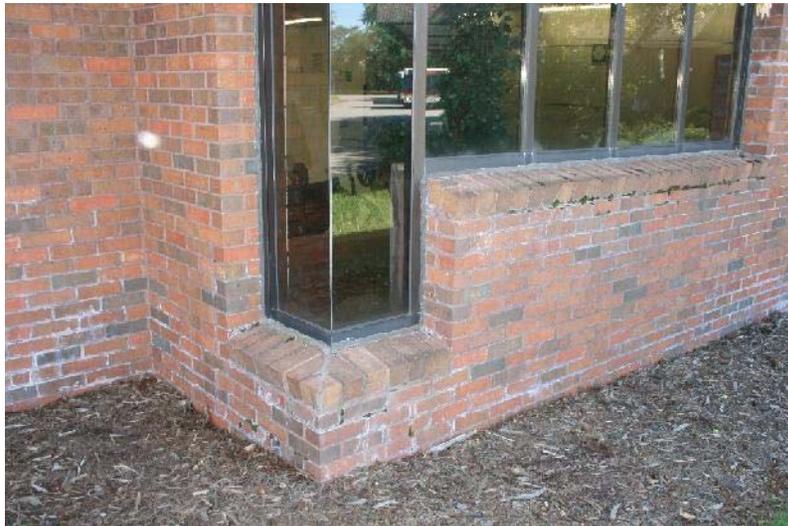
84.) North exterior of solarium.



85.) Existing masonry conditions. Loss of mortar & efflorescence.



87.) South exterior natatorium wall. Loss of mortar/efflorescence.



86.) Corner window – no column supports. Deterioration of brick mortar and efflorescence.



88.) Efflorescence below natatorium windows. Most of the deterioration is under soldier course of brick.



89.) Masonry in very poor condition.



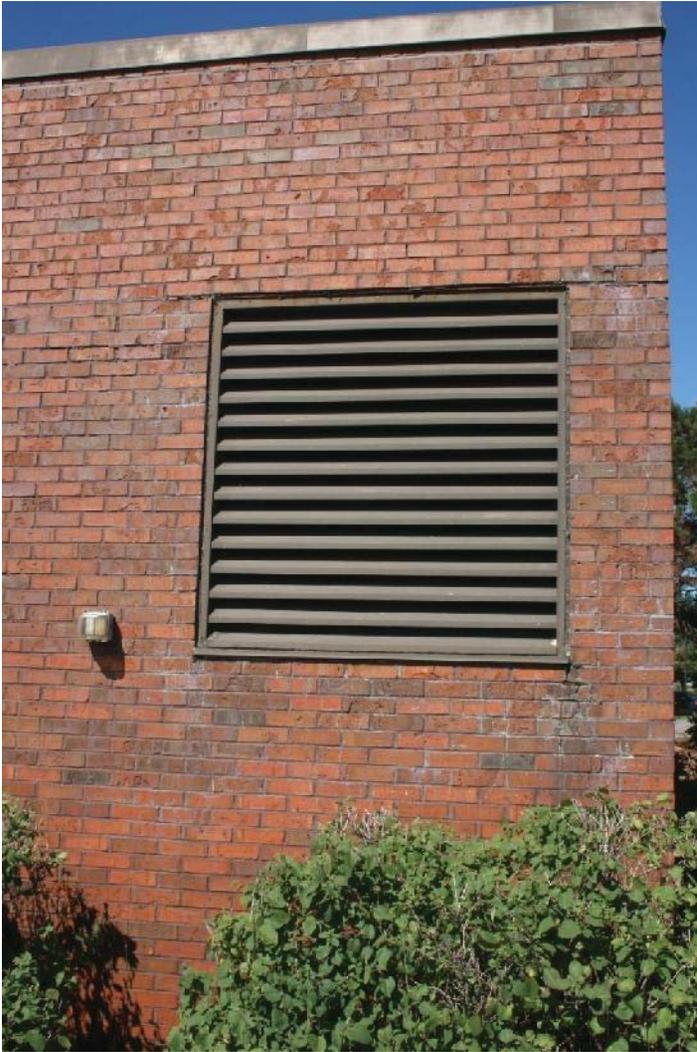
91.) Corner window in natatorium – no column supports.



90.) Since there are no columns, horizontal lintels are structural to support masonry above the windows, no thermal break or barrier.



92.) Exterior wall deterioration above natatorium windows.



93.) Wall louvre in air handling equipment room. Note: masonry deterioration.



94.) Wall louvre at filter room mechanical.

**TO: Mr. Dan Hoenecke, Facility Planner
1308 West Street
Wausau, WI 54401**

FROM: Jim Tibbetts

RE: Marathon Cty - Therapy Pool Facility

July 14, 2016

PROJECT: 58880

Page 1 of 1

Mr. Hoenecke,

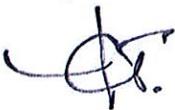
Attached is our review of the previous aquatic report and preliminary schematic designs outlining the replacement of the existing aquatic facility? Under the direction from this committee and the previous report completed by USAquatics. The project has been developed into two phases.

The first phase to provide a new aquatic facility on the current NCHC campus. It was determined that positioning this facility adjacent to the Mount View Care Center (MVCC) on the North end of the campus would be a viable location for both outside users and working with the existing programs and growing the current programs within the MVCC. The building is positioned on the site to allow access directly from the MVCC in its current state and the possible renovation of the nursing home in the future.

The second phase of the project would involve decommissioning the existing aquatic facility. This would entail removal of the pool, pool structure and pool deck removal of the pool related equipment and removal of the locker / shower rooms. Along with the demolition work would also include replacement of existing windows, doors and pyramid structure glazing and tuck pointing the exterior masonry. The goal would be to leave the space ready for new program space for the NCHC community leaving it in a white box status ready for this new development. With this plan it was determined that a new slab would not be placed back in the demolished areas prepping for new placement of concrete. This would allow for new utilities etc. for the future needs of the space.

Please feel free to contact me with any questions you may have, are available to meet to review our findings and refine our budgets.

Thank you,



Jim Tibbetts, AAIA, Project Manager
Angus-Young Associates

Cc: Joe Stadelman Angus Young Associates
Ryan Nachreiner Water Technology Inc.

Purpose

Marathon County is conducting a program needs assessment, existing facility evaluation, and feasibility study for the aquatic therapy pool facility currently housed in the Lake View Care Center building on the campus of North Central Health Care in Wausau, Wisconsin.

The project goal is to prepare conceptual schematic plans outlining the location of the new aquatic facility and prepare construction costs estimates. The plans and estimates are based on the following objectives:

- Foster effective, safe, and efficient provision of aquatic therapy services to both existing and projected future patient groups
- Maximize use of existing county owned facilities and sites
- Arrive at cost effective solutions for repairs and upgrades to existing infrastructure and/or construction of a new pool facility

Cost Estimates

AYA develops cost estimates and projections of future cost with many options and considerations. These include:

- Construction cost estimating using local and historical cost data;
- Estimates that include non-construction costs to provide a project budget estimate that may include project expenses including: professional fees, bidding and approval expenses; furniture, equipment, artwork, moving expenses, special systems and other anticipated project expenses.
- Future projected budgets that include estimated construction cost escalation and use of estimated CPI index to escalate other project costs.
- Annual planning and budget development. See detailed discussion regarding budget development process if appropriate for your project.

Key Components**Existing Aquatic Facility**

- Removal of the existing pool and pool deck along with removal of the existing pool equipment.
- Removal of existing shower and locker rooms along with flooring and related equipment.
- Removal of HVAC, Plumbing (Capped for future use) and electrical back to the source point.
- Infill of walls to allow use of the existing Men's and Women's toilet rooms.
- Repair / replace existing masonry lintels above existing windows.
- Tuck pointing and repair of the existing masonry façade.
- Replacement of the existing windows and pyramid windows.
- Provide temporary HVAC to temper the space.
- Provide temporary lighting and electrical for the space.

Key Components**Proposed Aquatic Facility**

- Overall Building approx... 17,940 sq.ft.
- Natatorium to be 7,455 sq.ft. With the pool footprint at 3,778 sq.ft.
- Mechanical and ancillary spaces approx... 1,540 sq.ft.
- Office & Locker Rooms approx... 8,212 sq.ft.
- Building structure is primarily insulated precast concrete wall panels, steel joists and deck with insulated TPO Roofing.
- Site upgrades to integrate the new pool facility with the existing site footprint allowing ease of pedestrian and vehicle traffic to and from the facility.
- Provide connection link to the existing MVCC.

**Preliminary
Cost Estimate**

Cost Breakdown per Construction Division

Description	Percent	Totals
General Requirements	4.14%	210,900
Sitework	5.94%	302,500
Footing and Foundations	4.27%	217,500
Structure	11.50%	586,100
Exterior Closure	2.25%	114,700
Demolition	0.00%	-
Roofing	3.93%	200,500
Interior Construction	7.49%	381,800
Special Const. Pool & Equipment	15.04%	766,500
Plumbing	3.04%	154,900
Fire Protection	0.99%	50,600
Mechanical	11.09%	565,000
Electrical	8.37%	426,600
General Conditions	7.81%	397,800
General Contractor Fee	9.37%	477,300
<i>Bid Day Estimate</i>	<i>95.24%</i>	<i>4,852,700</i>
Construction Contingency:	4.76%	242,600
Total Construction Estimate:	100.00%	5,095,300

The above Construction cost estimate does not include: Architectural & Engineering, legal, accounting or other soft costs; Land aquisition, existing building demolition or equipment not listed above.

Soft Costs:	25%	1,273,825
Total Project Cost Estimate		\$6,369,125.00

Construction Costs Escalation by Year

Project Cost July 18, 2016		\$6,369,125.00
Project Cost 2017	3.50%	\$6,592,044.38
Project Cost 2018	3.50%	\$6,822,765.93
Project Cost 2019	3.50%	\$7,061,562.74
Project Cost 2020	3.50%	\$7,308,717.43

**Preliminary
 Cost Estimate**

Cost Breakdown per Construction Division

Description	Percent	Totals
General Requirements	4.42%	25,900
Sitework	4.01%	23,500
Footing and Foundations	0.00%	-
Structure	0.00%	-
Exterior Closure	20.95%	122,700
Exterior Demolition	21.34%	125,000
Roofing	6.83%	40,000
Interior Demolition (none)	7.51%	44,000
Interior Construction	0.00%	-
Special Construction / Equipment	0.00%	-
Plumbing	3.53%	20,700
Fire Protection	0.00%	-
Mechanical	6.40%	37,500
Electrical	6.40%	37,500
General Conditions	6.51%	38,100
General Contractor Fee	7.32%	42,900
<i>Bid Day Estimate</i>	<i>95.24%</i>	<i>557,800</i>
Construction Contingency:	4.76%	27,900
Total Construction Estimate:	100.00%	585,700

The above Construction cost estimate does not include: Architectural & Engineering, legal, accounting or other soft costs; Land aquisition, or equipment not listed above.

Soft Costs:	25%	146,425
Total Project Cost Estimate		\$732,125.00

Construction Costs Escalation by Year

Project Cost July 18, 2016		\$732,125.00
Project Cost 2017	3.50%	\$757,749.38
Project Cost 2018	3.50%	\$784,270.60
Project Cost 2019	3.50%	\$811,720.07
Project Cost 2020	3.50%	\$840,130.28

**Preliminary
 Cost Estimate**

Cost Breakdown per Construction Division

Description	Percent	Totals
General Requirements	4.25%	17,800.00
Sitework	12.06%	50,500.00
Footing and Foundations	0.00%	-
Structure	0.00%	-
Exterior Closure	8.69%	36,400.00
Exterior Demolition	48.53%	203,200.00
Roofing	0.74%	3,100.00
Interior Demolition (none)	0.00%	-
Interior Construction	0.00%	-
Special Construction / Equipment	0.00%	-
Plumbing	4.73%	19,800.00
Fire Protection	0.00%	-
Mechanical	1.39%	5,800.00
Electrical	1.00%	4,200.00
General Conditions	6.52%	27,300.00
General Contractor Fee	7.33%	30,700.00
Bid Day Estimate	95.25%	398,800.00
Construction Contingency:	4.75%	19,900.00
Total Construction Estimate:	100.00%	418,700.00

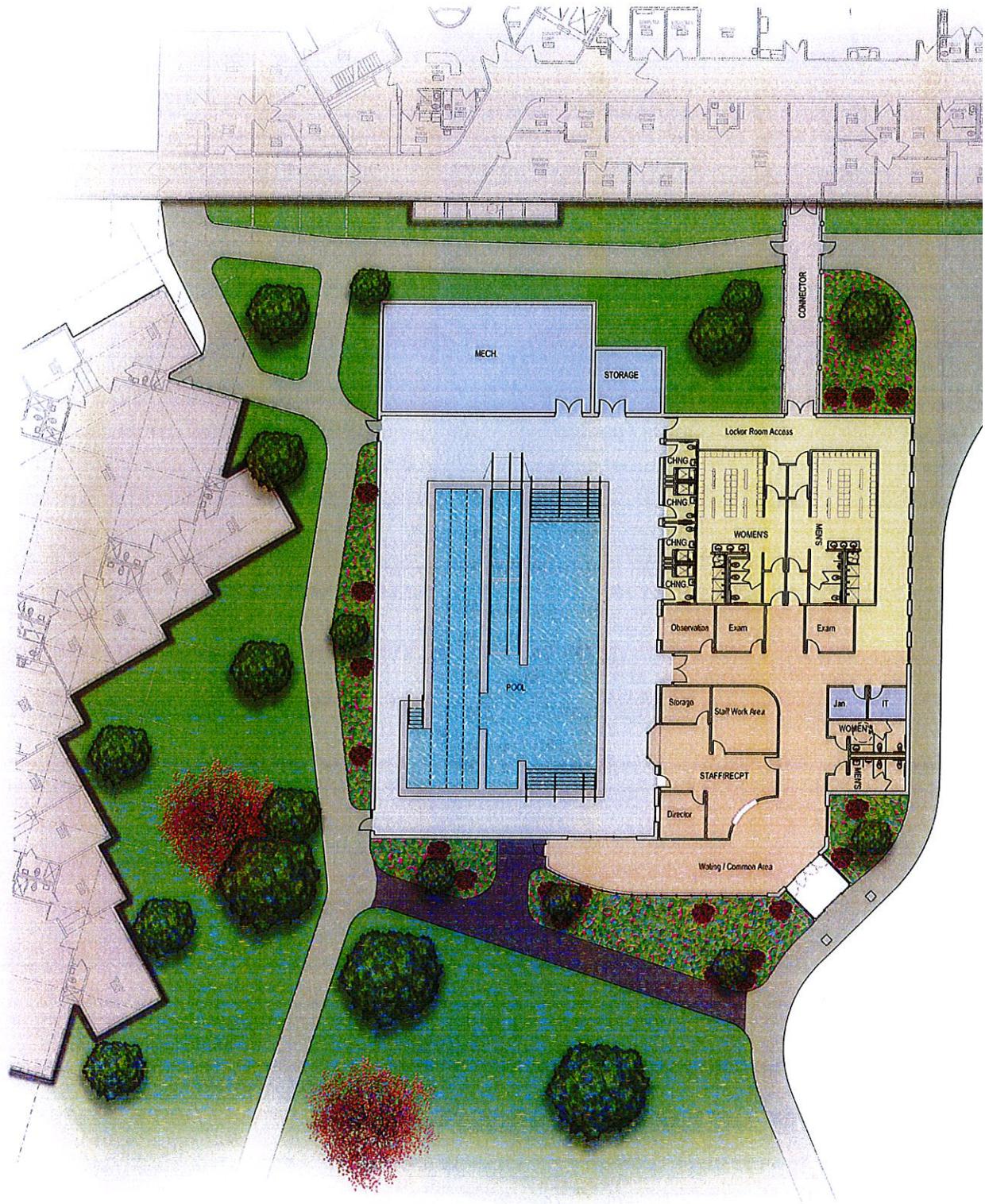
The above Construction cost estimate does not include: Architectural & Engineering, legal, accounting or other soft costs; Land acquisition or equipment listed above.

Soft Costs:	25%	104,675.00
Total Project Cost Estimate		\$523,375.00

Construction Costs Escalation by Year

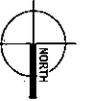
Project Cost July 18, 2016		\$523,375.00
Project Cost 2017	3.50%	\$541,693.13
Project Cost 2018	3.50%	\$560,652.38
Project Cost 2019	3.50%	\$580,275.22
Project Cost 2020	3.50%	\$600,584.85

Marathon County A



North Central Health Care

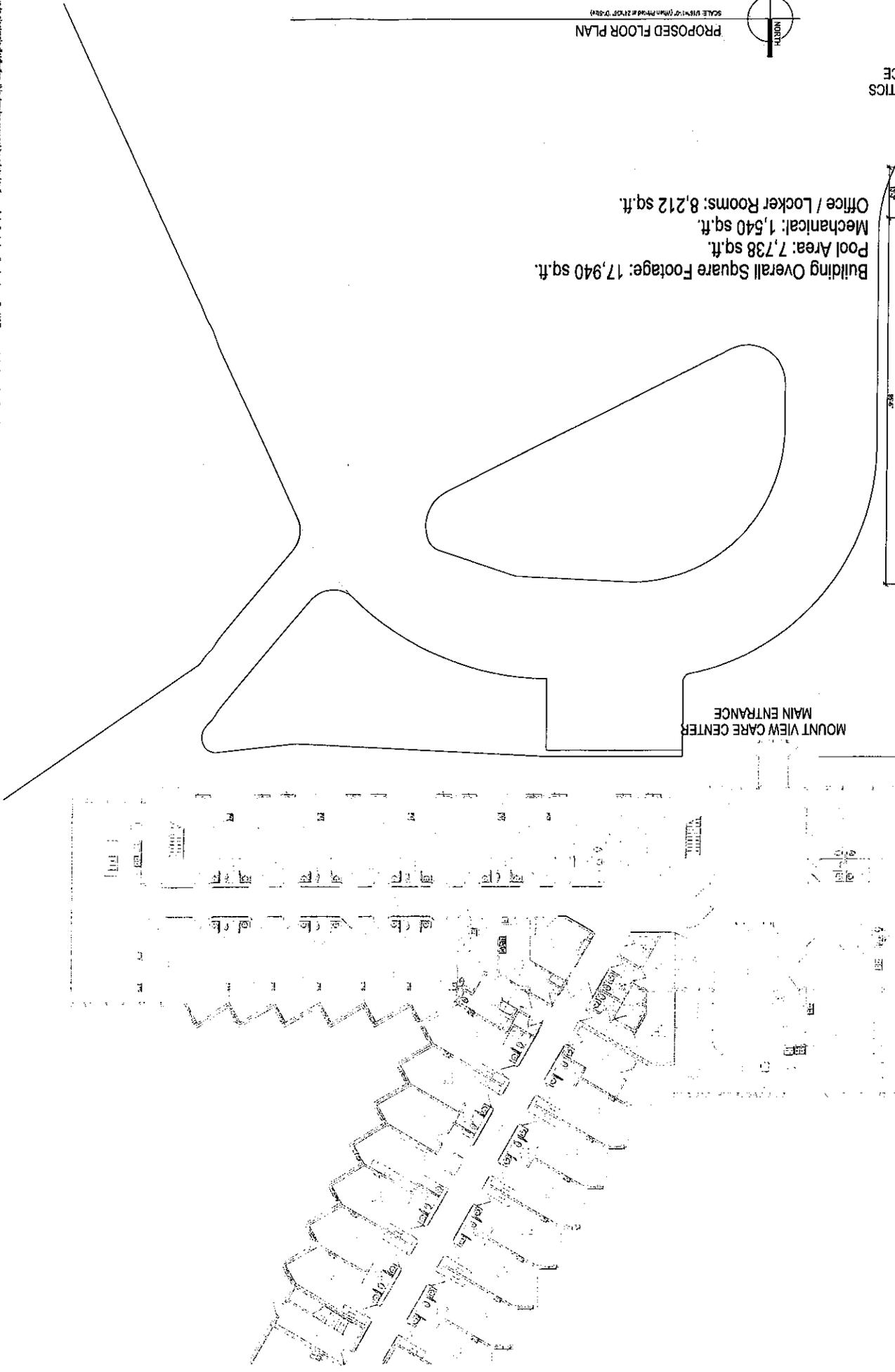




SCALE 1/8" = 1'-0" (PLAN) 1/4" = 1'-0" (SECTION)
PROPOSED FLOOR PLAN

PRELIMINARY - NOT FOR CONSTRUCTION

Building Overall Square Footage: 17,940 sq.ft.
Pool Area: 7,738 sq.ft.
Mechanical: 1,540 sq.ft.
Office / Locker Rooms: 8,212 sq.ft.



PROJECT NUMBER
5880
APPROVED BY
REVIEWED BY
JCT
DRAWN BY
AVA
7/14/2016 10:31:02
PRELIMINARY PLANS SCHEME A



North Central Health Care

Therapy Pool Facility
Schematic Design
Marathon County
Wausau, Wisconsin



Angus Young
Architecture | Engineering
Interiors | Landscape
Balance to Creativity
1555 South Shore Drive - Janesville, WI 53401 | P: 608.754.2335
16 North Canal Street - Madison, WI 53703 | P: 608.248.4233
www.angusyoung.com

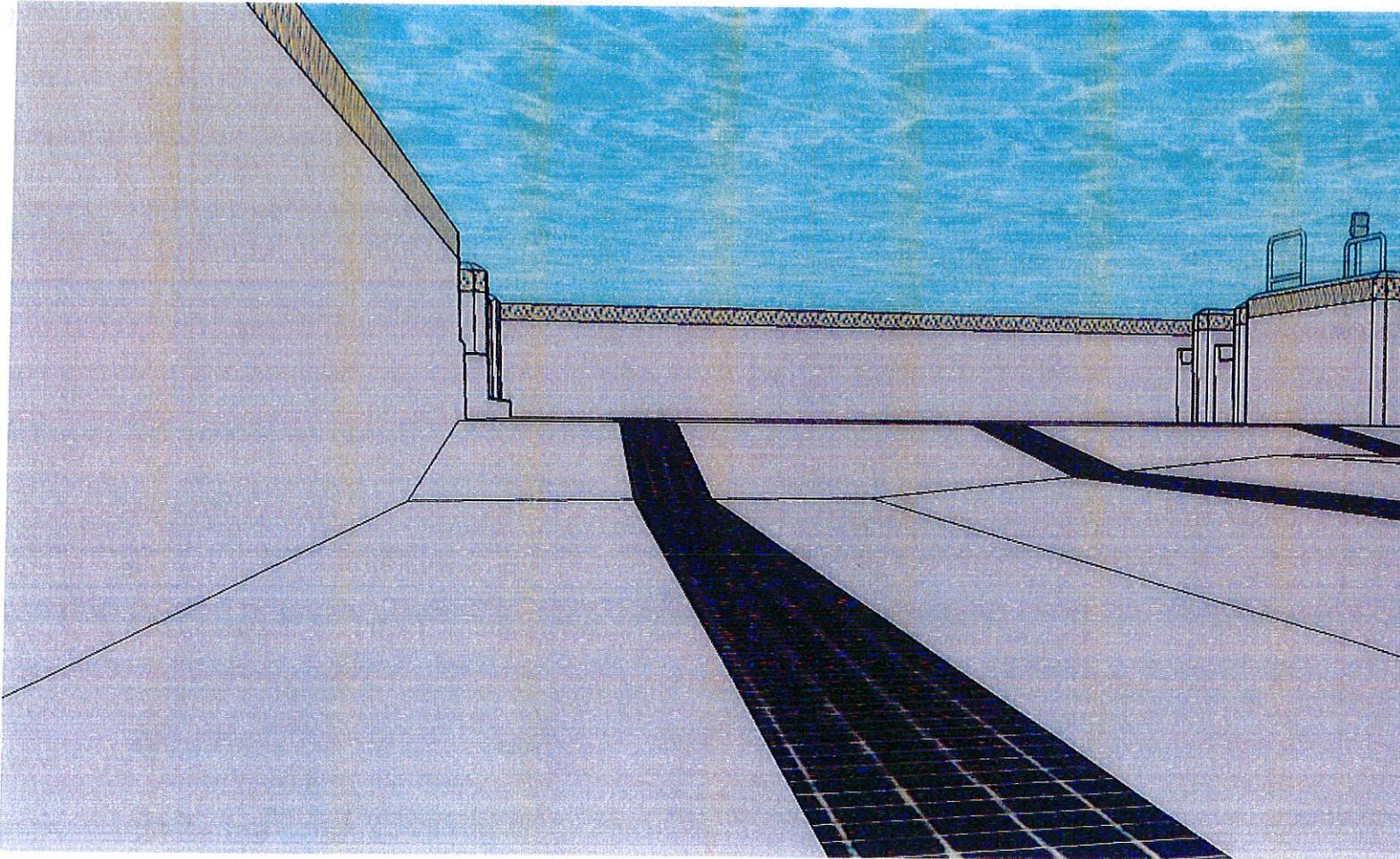
ISSUANCES	REVISIONS
Preliminary Cost Estimate Study July 14, 2016	

Due to electronic distribution, this drawing may not be printed to the scale indicated on the drawings. Do NOT use scale to determine dimensions or sizes.

A101A

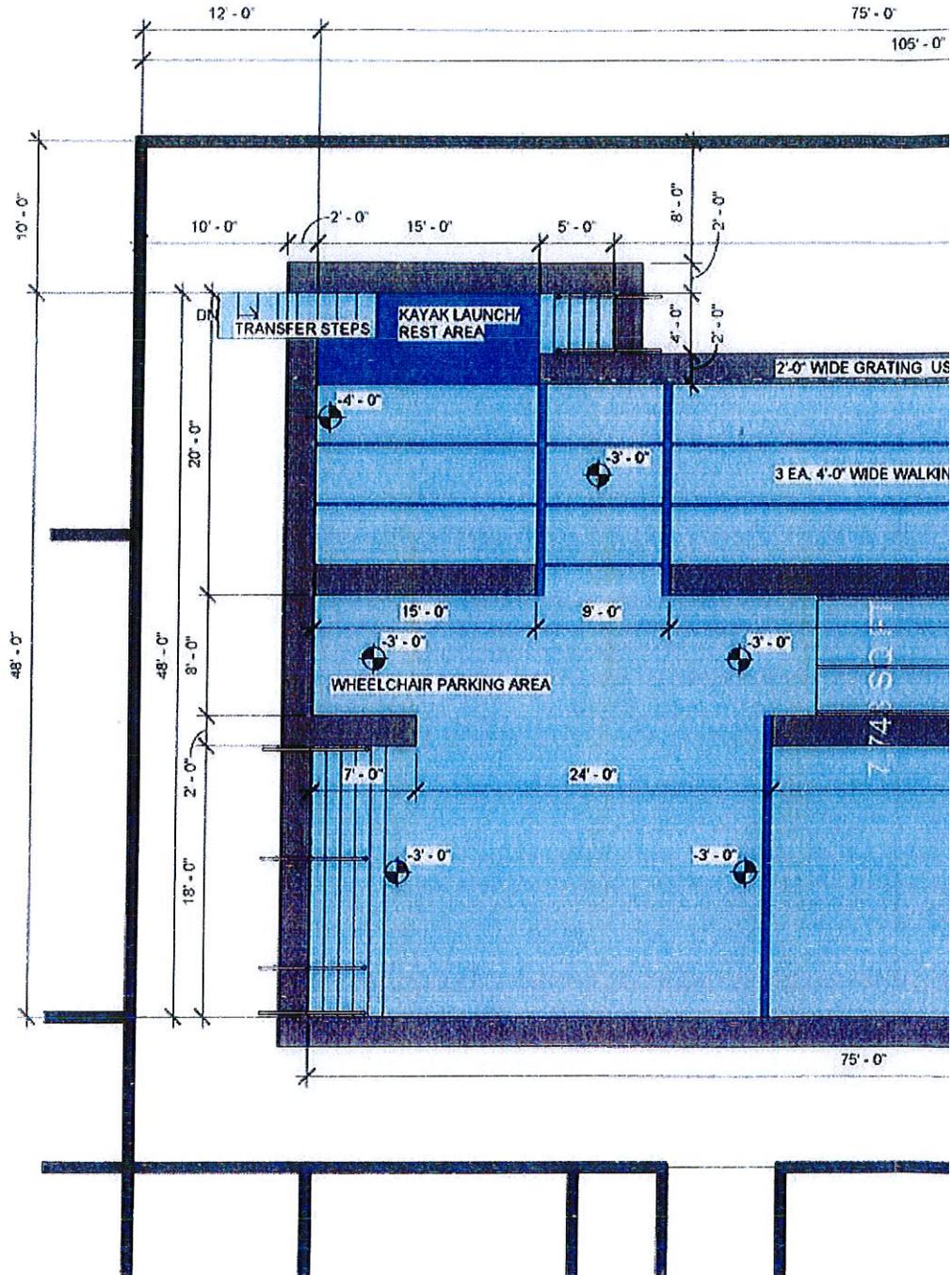
Marathon County
NCHC Therapy Pool
Wausau, WI

July 14, 2016



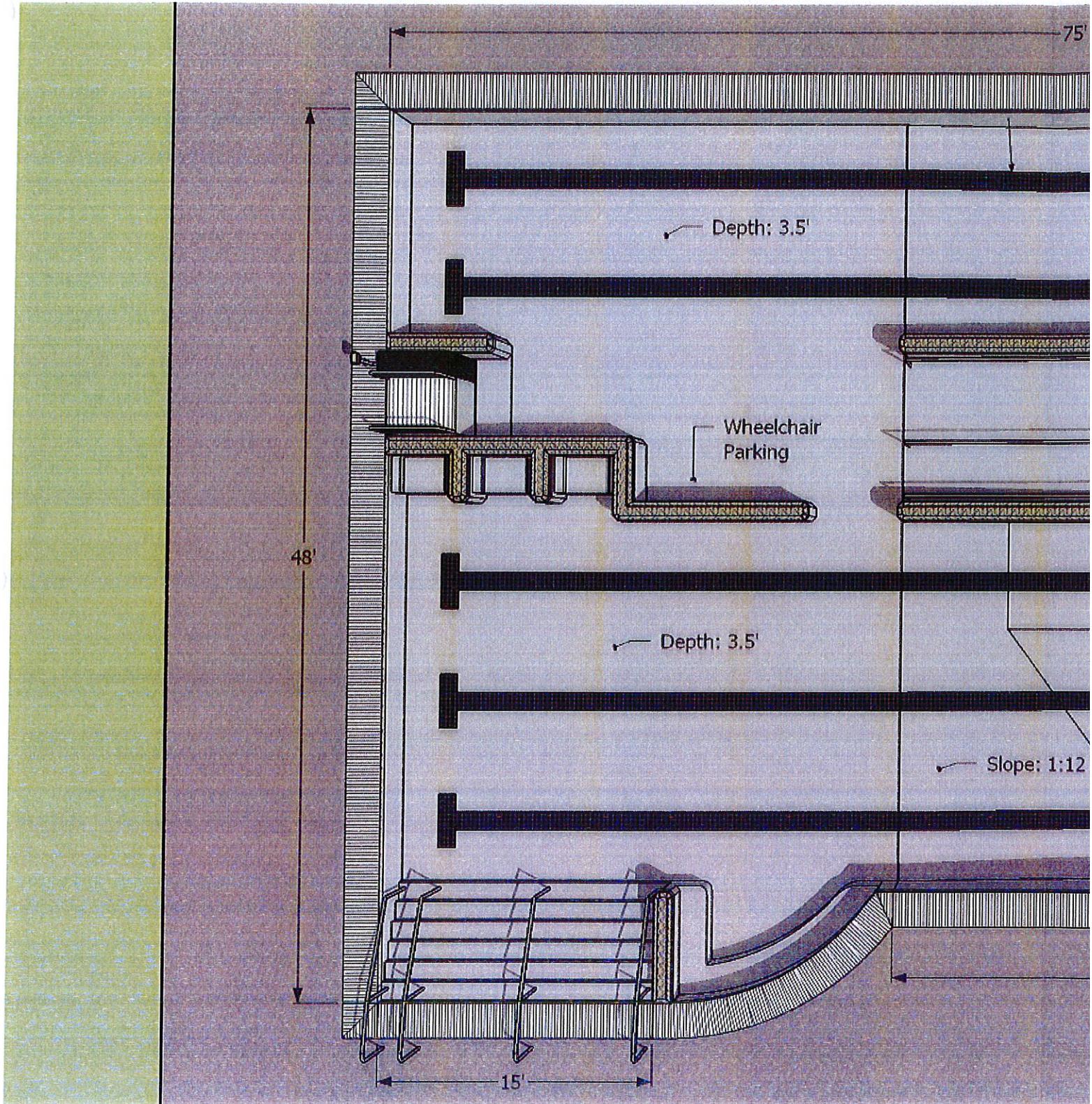
2014 Study

(Not Provide

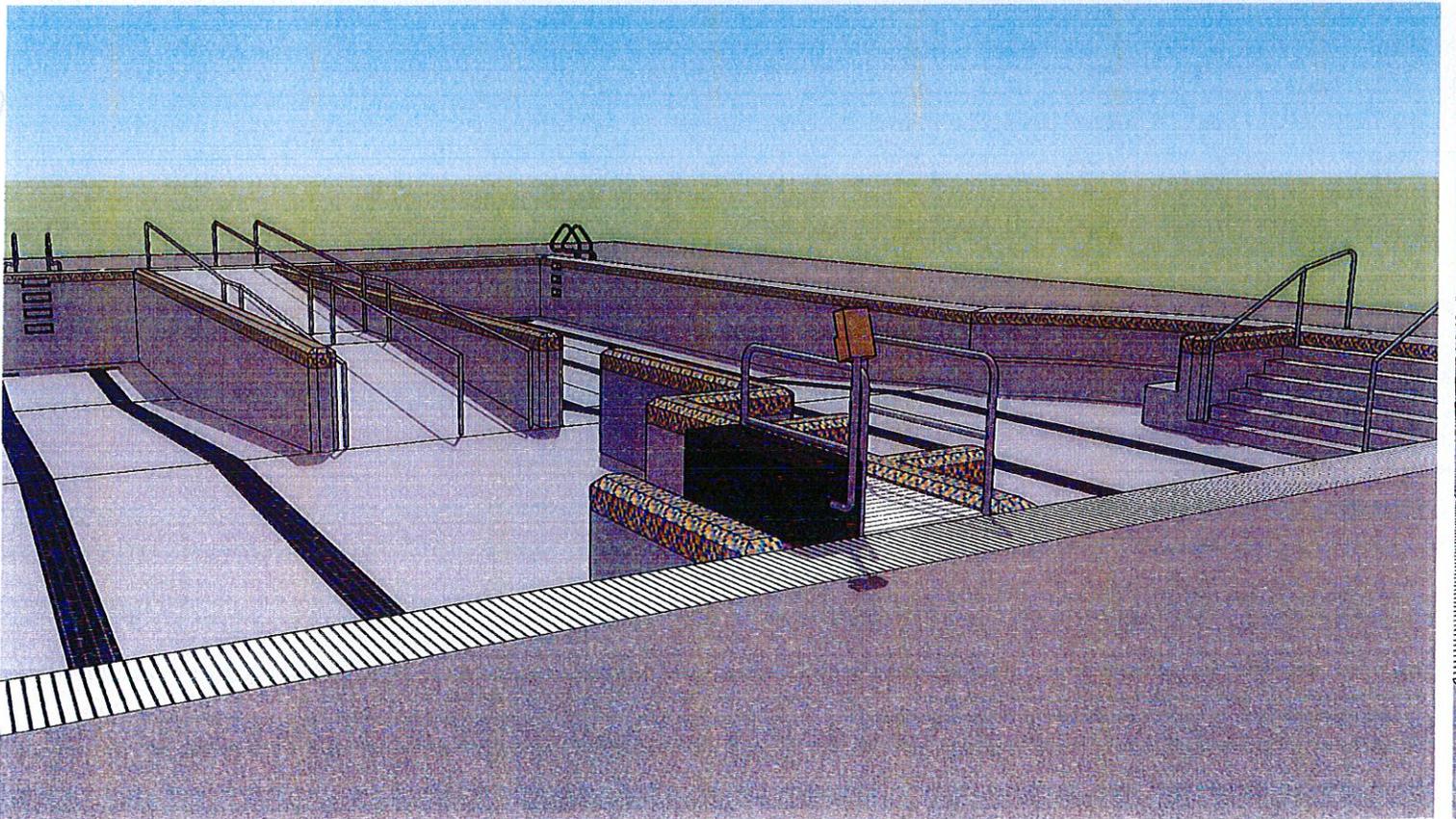
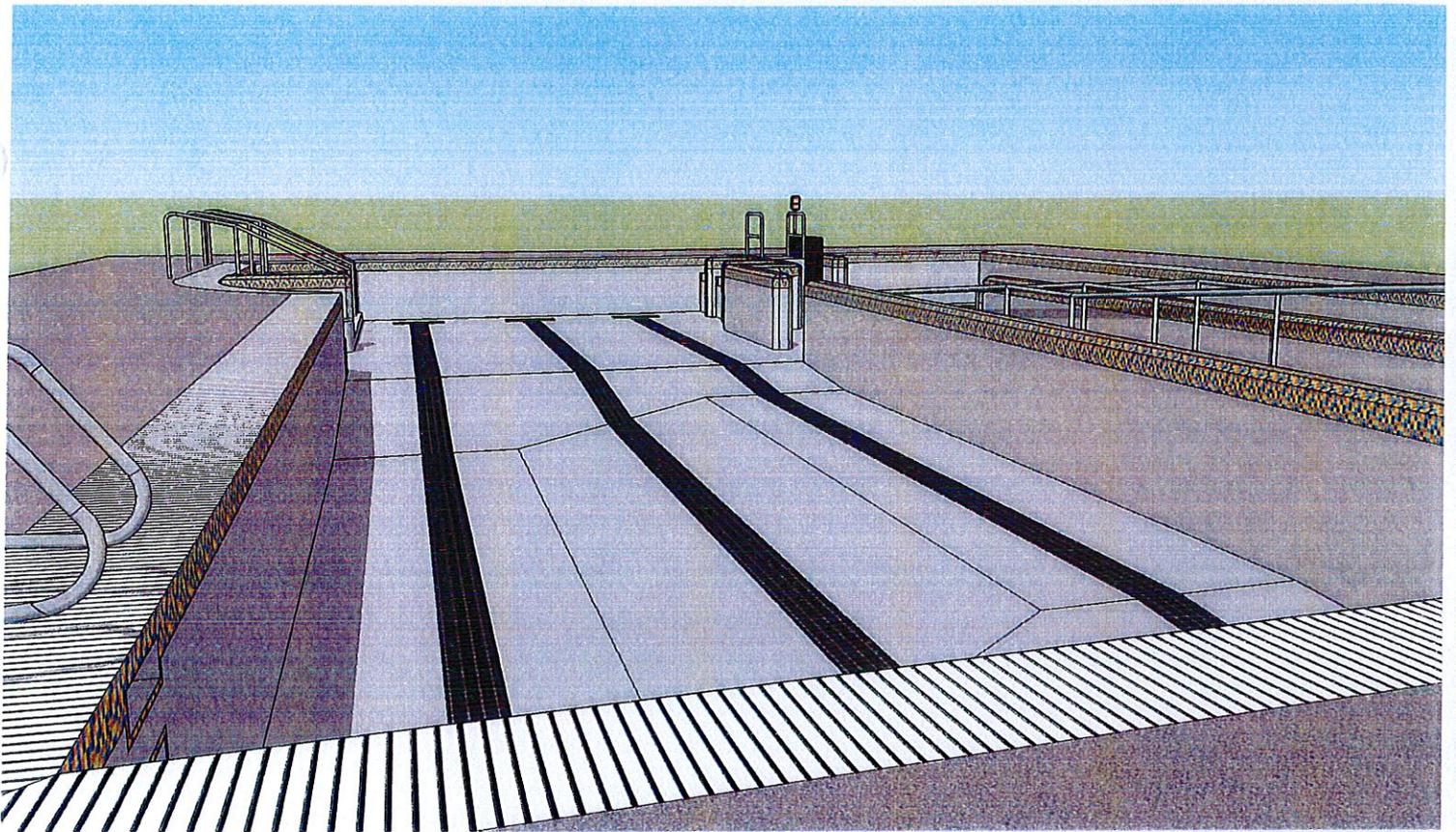


Ma

2016 WTI Proposed C



Ma



WTI

Ma

Rough Order of Magnitude Conceptual Construction Cost Opinion

North Central Health Care Therapy Pool

Wausau, Wisconsin

	Quantity	Units	
<hr/> Aquatic Components <hr/>			
UniFormat G2040 Site Development G20400600 Fountains, Pools & Watercourses	3,270.0	SF	
Pool Common Walls	122.0	LF	
Pool Stair Entry (Wide)	2.0	EA	\$1
Pool Stair Entry (Narrow)	1.0	EA	\$
Pool Transfer System	1.0	EA	\$2
Pool Ramp Entry	1.0	EA	\$5
Pool Handrails (Stairs)	10.0	EA	\$
Pool Handrails (Ramp)	3.0	EA	\$
Pool Elevator Lift	-	-	
Pool Ladder	-	-	
Pool Underwater Bench	-	-	
Pool Hydrotherapy Seat	-	-	
UniFormat D2090 Other Plumbing Systems - D2090400 Pool Piping & Equipment	1.0	EA	\$26
<hr/> Total <hr/>			

Other Costs and Factors:

Construction Contingency, Soft Costs, and Escalation are not included.

Exclusions:

General Site Work, Excavation, Site Drainage, Utilities, Paving, Decks and Walks, Deck Drainage, Turf and Landscaping, Irrigation, Se and Storage Spaces, and Mechanical Rooms

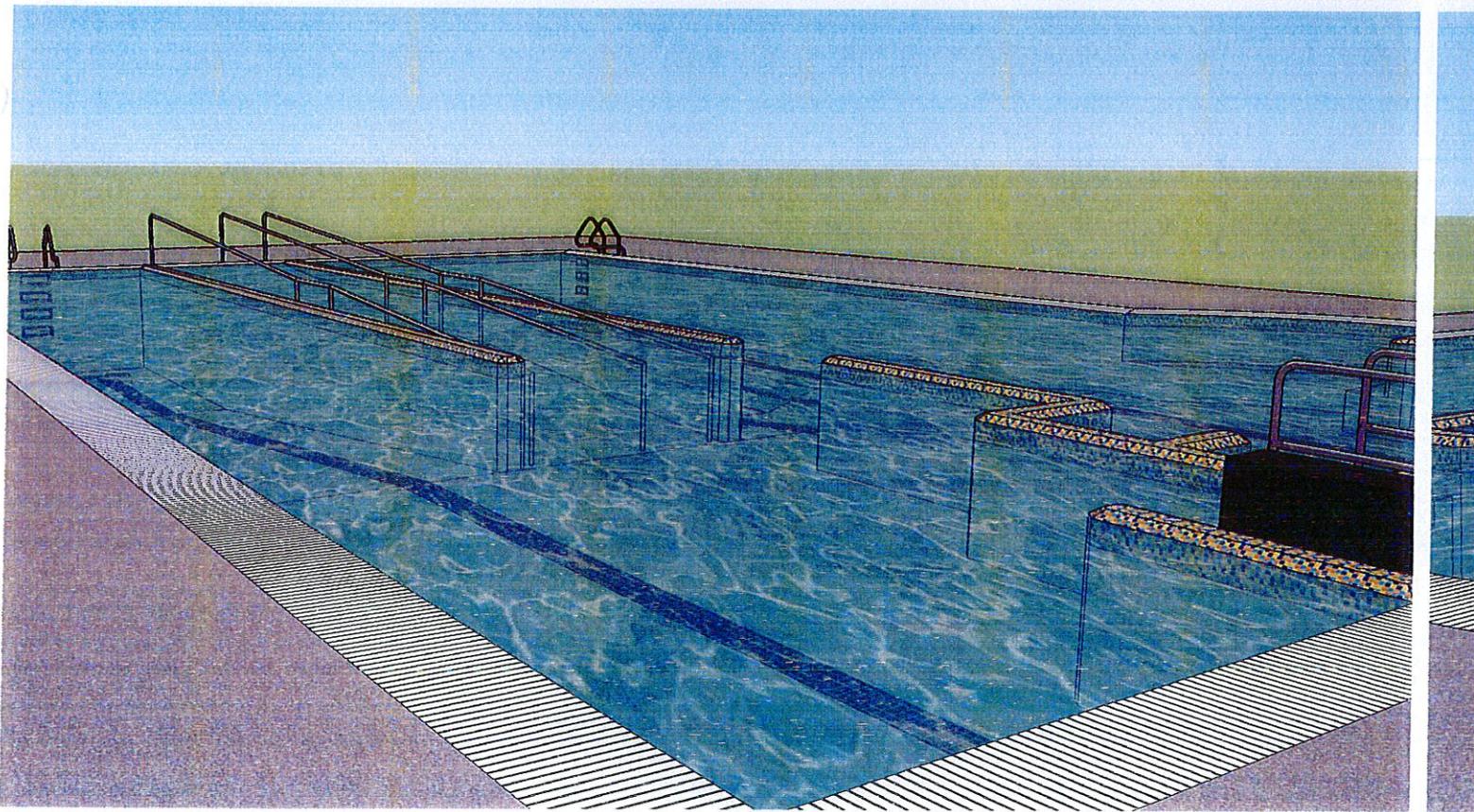
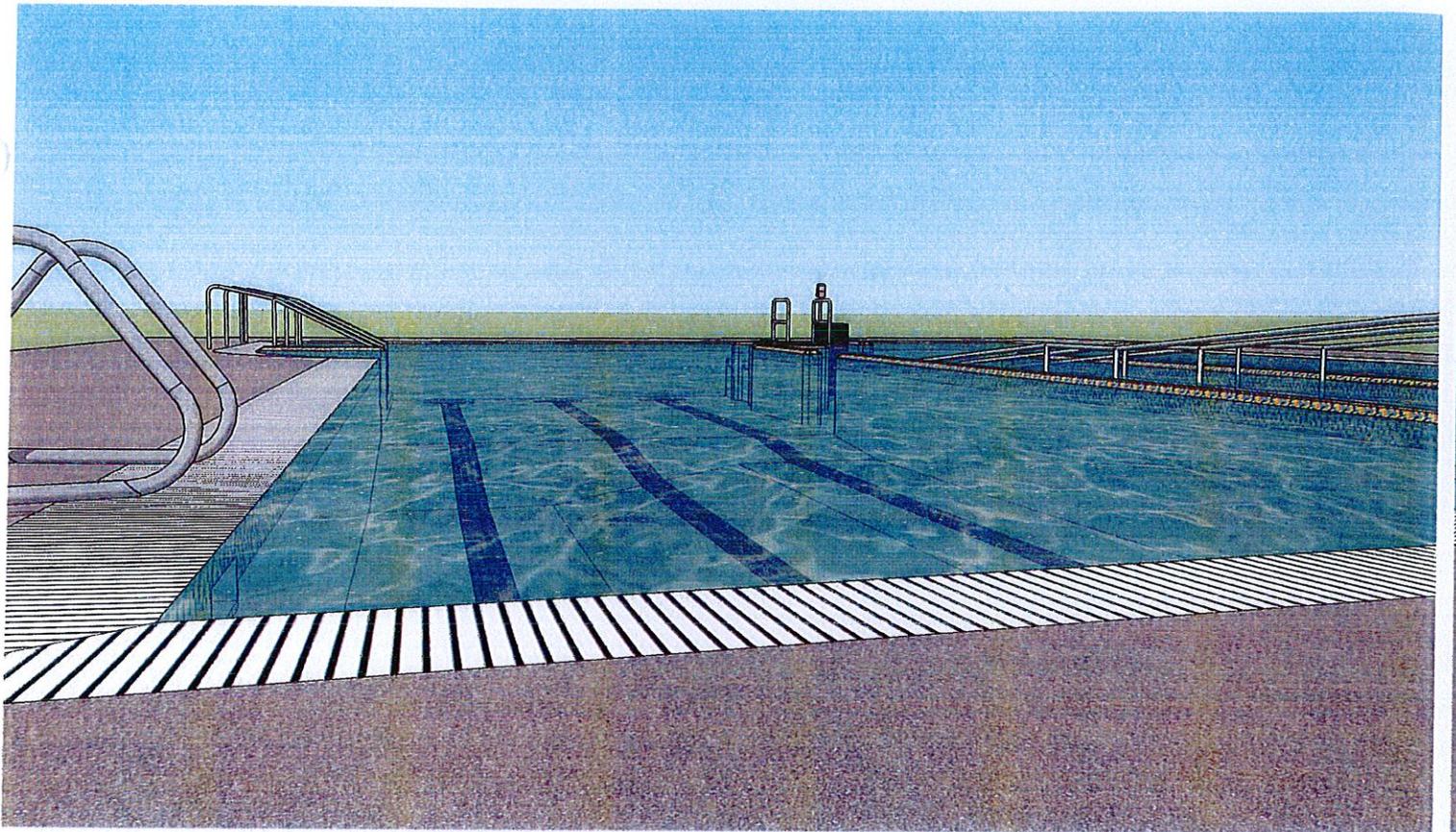


MA

2016 WTI Proposed Concept V2.0

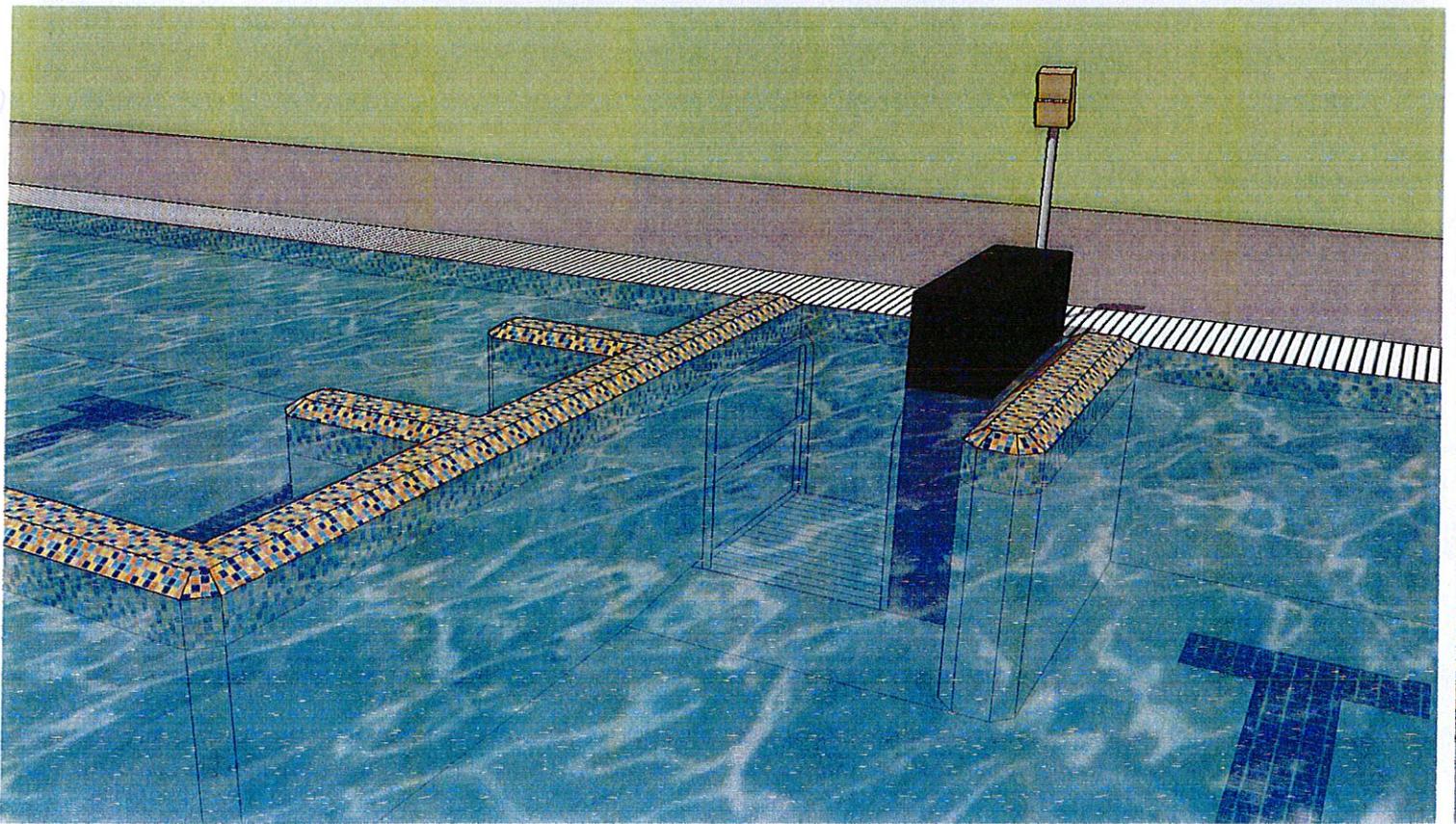
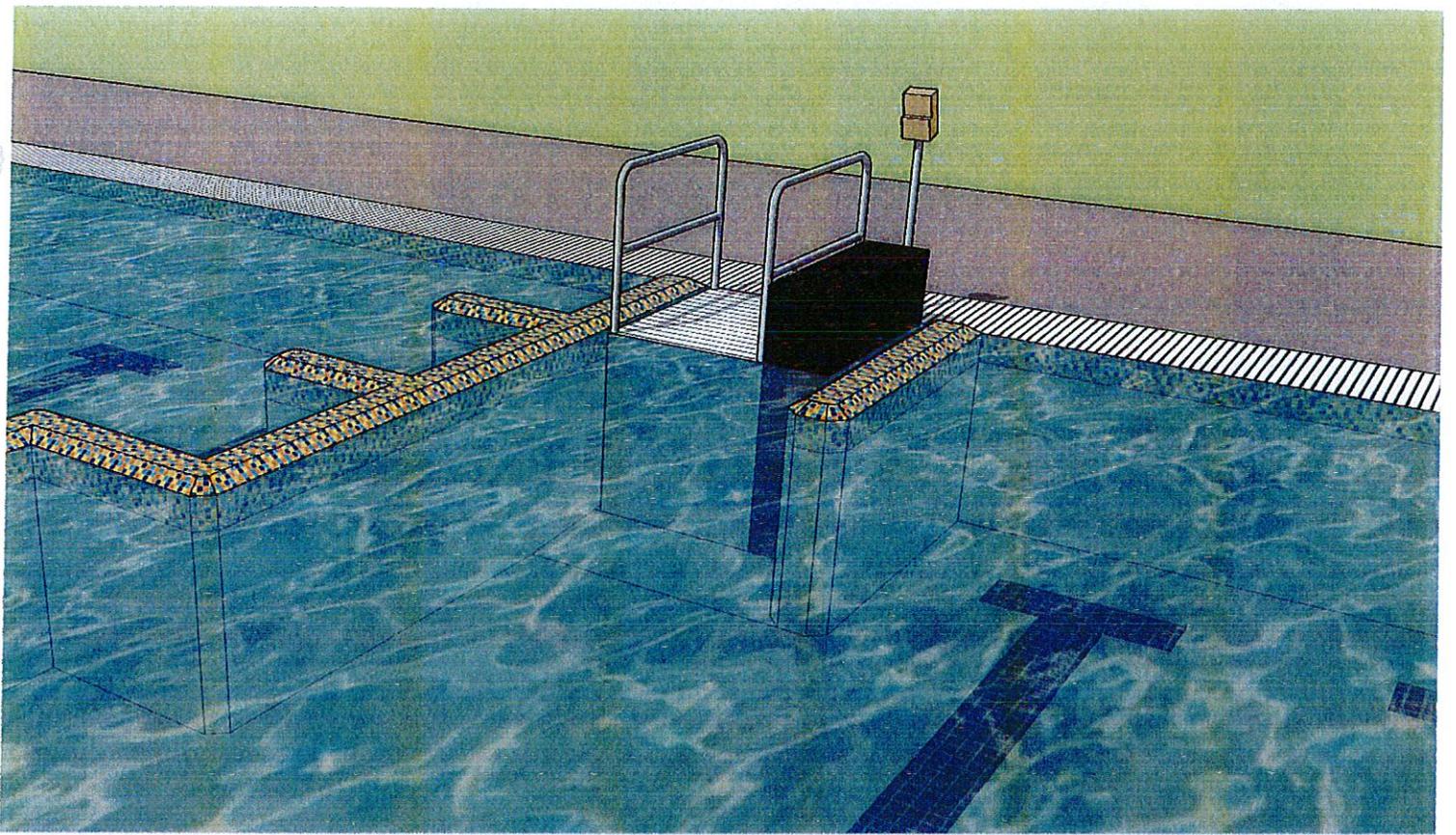
Pool Vessel:	Concrete
Pool Gutter:	Concrete
Pool Gutter Profile:	Deck Level, PVC Grating
Pool Interior Finish:	Aggregate Plaster
Waterline Finish:	Tile
Lane Lines Finish:	Tile
Floor Markings/Transitions:	Tile
Handrails:	Stainless Steel
Means of Access:	(1) Stair Entry (ADA Compliant) (1) Sloped Entry/Ramp (ADA Compliant) (1) Elevator Lift (2) Ladders
Circulation:	Centrifugal Pump with Variable Frequency Drive
Filtration:	Regenerative Media Filter
Chemical Control:	Automated ORP, PPM, & pH Monitoring Probes & Set-Point Control
Water Treatment:	Chlorine Injection & Ultraviolet Disinfection
Water Balance:	Hydrochloric Acid Injection
Water Heating:	High Efficiency Gas Pool Heater or Building Boiler Heat Exchanger





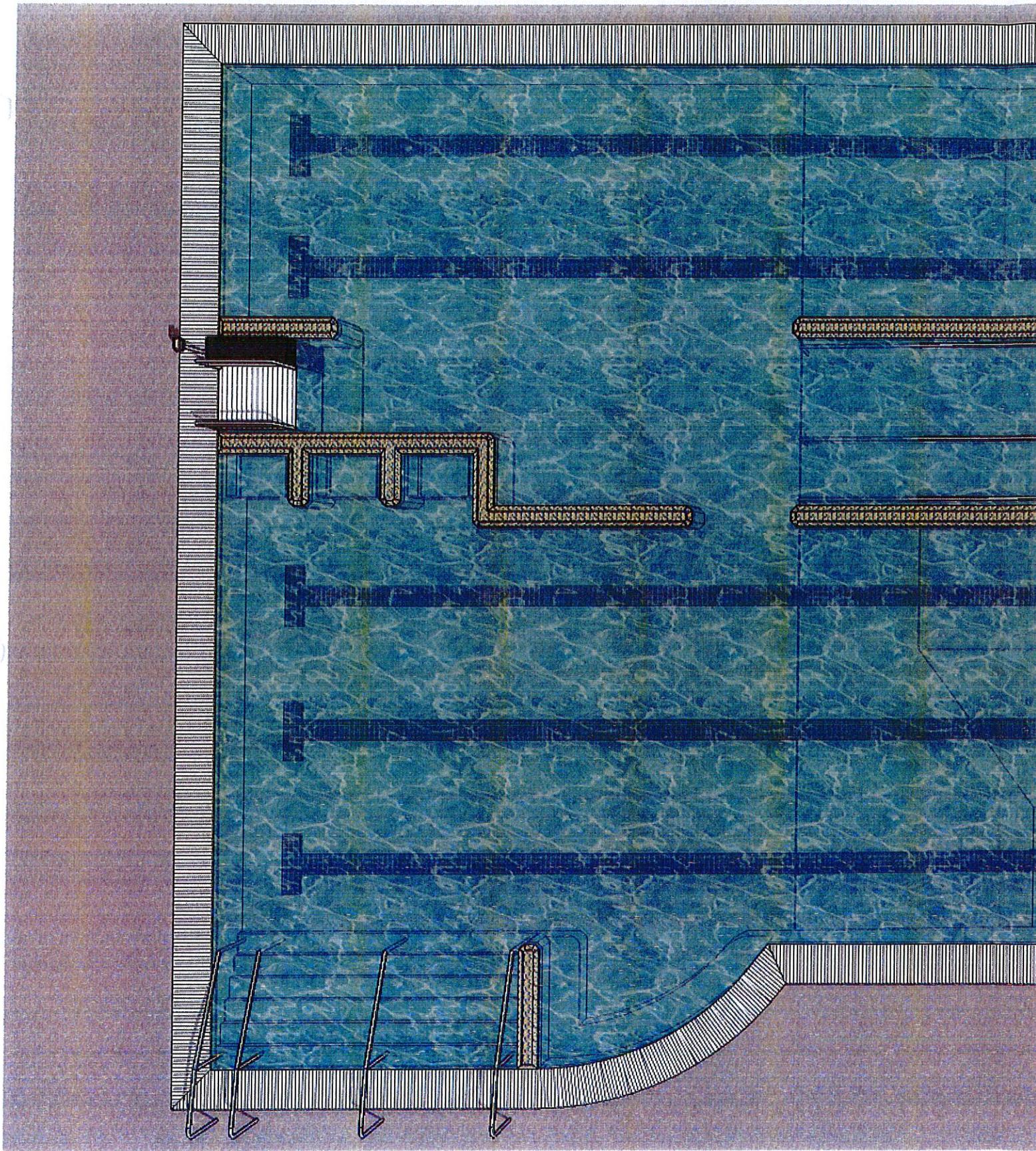
WTI

Ma



WTI

Ma



WTI

Ma