

OFFICIAL NOTICE AND AGENDA

**MEETING of the North Central Community Services Program Board to be held at
Westwood Conference Center, Room 106, 1800 Westwood Center Blvd, Wausau, WI 54403
at 12:00 pm on Thursday, May 31, 2018**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs special accommodation in order to participate should call the Administrative Office at 715-848-4405.
For TDD telephone service call 715-845-4928.


A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Chairman's Report and Announcements – J. Zriny
4. Consent Agenda
 - A. Board Committee Minutes and Report
 - i. Minutes of the 05/09/2018 Executive Committee Meeting Minutes
 - B. ACTION: Approval of 4/26/2018 NCCSP Board Meeting Minutes
 - C. Monitoring Reports
 - i. CEO Work Plan Review and Report – M. Loy
 - ii. Chief Financial Officer's Report – B. Glodowski
 - a. ACTION: Review and Accept April Financial Statements
 - iii. Human Services Operations Report – L. Scudiere
 - iv. Nursing Home Operations Report – K. Gochanour
 - v. Quality Outcomes Review – M. Loy
 - a. ACTION: Review and Accept the Quality Dashboard and Executive Summary
5. Board Retreat – Strategy and Outcome Development for the 2019 Budget
6. Adjourn

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 05/25/2018 TIME: 12:00 p.m. BY: D. Osowski



Presiding Officer or Designee

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

May 9, 2018 3:00 PM North Central Health Care–Board Room

Present: X Jeff Zriny X Steve Benson
 X Bob Weaver

Others present: Michael Loy

Chairman Zriny called the meeting to order at 3:02 P.M.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 02/14/18 Executive Committee Meeting Minutes

- **Motion** by Weaver, seconded by Benson, to approve the 02/14/18 Executive Committee meeting minutes; motion carried 3-0.

CEO Report

- No additional items to report on other than those listed on the agenda.

Update on Master Facility Plan and Project Timeline

- An overview of progress to date was provided along with a timeline for upcoming timelines for next steps.

ACTION: Consideration of Nominations of a NCCSP Board Member to Fill the Vacant Immediate Past Chair Officer Position

- There currently is no Immediate Past Chair on the Board to fill this Officer position. The Committee considered leaving the position vacant for the remainder of 2018 but agreed it was important to have full membership of the Executive Committee. Discussion occurred on the current makeup of the Board and potential nominations from an experience and County appointment standpoint. The most recent makeup of the Executive Committee had representation from all three Counties given the ongoing negotiations for a Tri-County Agreement at the time but that makeup was not a requirement of the bylaws. After more discussion, a consensus emerged on a potential nominee. Chairman Zriny was going to approach the candidate to see if they would be willing to accept the nomination. An alternative nominee also received consensus within the Committee. The Committee will meet in June to finalize the nomination to the Board.

Agenda for 05/31/18 Board Retreat

- An overview of the Draft Agenda was provided. Input and discussion around the agenda, format and topical areas were provided. The CEO received direction through the discussion necessary to finalize the Board Retreat Agenda.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Benson, second by Weaver, to go into Closed Session Pursuant to §19.85(1)(c) Wis. Stats. for the purpose of considering employment, promotion, compensation or performance evaluation of any public employee over which the governmental body has jurisdiction or exercises responsibility. Roll Call Vote, all ayes. Motion carried 3-0.

RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)

- **Motion** by Weaver, second by Benson, to reconvene into Open Session. All Ayes. Motion Passed 3-0. No action or announcements on the Closed Session Item(s) were made.

Discussion and Future Agenda Items for Board Consideration

- None

Adjourn

- **Motion** by Weaver, second by Benson, to adjourn the Executive Committee meeting at 4:42 p.m. Motion carried 3-0.

Minutes prepared by Michael Loy, CEO

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

April 26, 2018

12:00 Noon

NCHC Wausau Board Room

Present:

EXC	Norbert Ashbeck	X	Randy Balk	X	Steve Benson
X	Ben Bliven	X	John Breske	X	Jan Gulsvig
X	Meghan Mattek	X	Bill Metter	EXC	Corrie Norrbom
X	Rick Seefeldt	X	Romey Wagner	X	Bob Weaver
EXC	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Laura Scudiere, Kim Gochanour, Sheila Zblewski, Lance Leonhard, Jessica Meadows

Call to Order

- The meeting was called to order at 12:06 p.m.

Public Comment for Matters Appearing on the Agenda

- None
- Introduction of the following new Board Members was made: John Breske, Langlade County Supervisor, Jan Gulsvig, Marathon County, Romey Wagner, Marathon County Supervisor, and Norbert Ashbeck, Lincoln County Supervisor, who was unable to attend today.

Chairman’s Report and Announcements – J. Zriny

- Greta Rusch was unable to attend today’s Board meeting but Michael Loy had an opportunity to thank her for her years of service and provide her with a plaque and Resolution.
- **Motion**/second, Bliven/Balk, to approve the Resolution for Greta Rusch in recognition of the years of service. Motion carried.
- CEO Evaluation Update: Michael Loy, Lance Leonhard, and Jeff Zriny have engaged a consultant, Jon Krueger, to assist in developing a CEO evaluation process. We anticipate a timeline of the process going through September 2018. The Retained County Authority Committee (RCA) will discuss this process today as well.

Board Committee Minutes and Reports

- None

Consent Agenda

- **Motion**/second, Seefeldt/Bliven, and carried to approve the following:
 - 3/29/18 NCCSP Board Meeting Minutes
 - Strategic Planning Policy
 - Medical Staff Appointments for Susan Tran, MD (Provisional); Jessica Altis, PA-C (Courtesy); Diane Mansfield, APNP (Courtesy); Ruth Nelson-Lau, APNP (Courtesy), Barbara Torgerson, PA-C (Active); Amendment for: Richard Immler, MD (Provisional) Added CBBHS Medical Director

Board Education:

- Presentation of the 2017 Annual Report – M. Loy
 - The Annual Report will be provided to each of the three county boards as well as community partners to keep them updated and engaged with NCHC. Each Executive had input into the document and Jessica Meadows pulled the details together for this report. Jessica does an excellent job putting the report together.
 - Our patient experience improved by over 15% which truly was the story of 2017. We are very proud of the success in Mount View Care Center in staff retention last year; our retention is 20-30% better than others in our region and state. We also have the lowest vacancy rate in the nursing home than we've had in a very long time. Clinical indicators are great and the financial turnaround in the nursing home operations went from a significant deficit in 2016 to ending with a gain in 2017. This is a great accomplishment for the nursing home leadership and team.
 - We are thankful for the Medical College of Wisconsin and the Psychiatry Residency Program. Laura Scudiere has done a great job supporting this program.
 - The Board was busy preparing for the future by identifying End Statements, the Mission and Vision, the Policy Governance Manual, and was involved in the Master Facility Planning process to prepare for the 5 to 50 Vision. Overall financially, 2017 shows a very successful year with growth in key areas.
 - Human Services Operations – highlights provided by Laura Scudiere - 2017 was a year of building structure to manage growth in 2018 which included the new CART Program as well as the Linkage and Follow-up Program. Work was in progress to plan for the expansion of the Medically Monitored Treatment Program (MMT) in 2018. We integrated services in Community Treatment to enhance the experience of consumers and the Clubhouse had their best fundraiser ever with another event planned for October 2018. We successfully raised over \$3 million for the new warm water therapeutic pool and a new CBRF was opened, Andrea Street, which is accessible for the aging developmentally disabled population.
 - Nursing Home Operations – highlights provided by Kim Gochanour - 2017 was a very good year which included adjusting to the largest overhaul of CMS (Centers for Medicare and Medicaid Services) regulations since 1987. We also experienced a very good survey with low to minimal citations. Clifton Larson Allen Consultants provided recommendations for improvements of which we began implementing several suggestions immediately. We also worked on improving the reporting on our MDS (Minimum Data Set) which has reflected positively with an increased Case Mix Index (CMI) rate. We are also very proud of the 10.2% readmission rate which is one of the lowest in the area. One of the largest positive changes is in the results of the overhaul of our onboarding process for certified nursing assistants (CNA's) which made a significant impact on reducing our turnover rate from 77.4% in 2016 to 32% in 2017.
 - Information Technology - highlights provided by Sheila Zblewski – 2017 included evaluating all applications which identified opportunities for improvement in our Electronic Health Records (EHR). We are currently working to optimize our current systems but also evaluate other EHR systems to determine the best path forward in an effort to provide the best service possible for those we serve. A data analytics tool was also purchased which helps us to better utilize our electronic data.

- Financial Overview - highlights provided by Brenda Glodowski – Overall in 2017, there was significant financial turnaround compared to 2016. The year ended with an \$855,000 gain which compared significantly to the \$2.6 million loss in 2016. Included in the gain was the GASB adjustment of \$2.2 million. We continue to work on Accounts Receivables (AR). The standards of ‘Days in AR’ indicate generally how long it takes to collect on a bill from services to payment received. At the end of 2017 this was at 39 which was down from 47 the year before (better than industry average). This allows us to continue to invest cash and use the cash earlier and reduces the write-off potential. We had another successful audit with a new audit team with no audit adjustments at end of 2017.
- Human Resources – highlights provided by Sue Matis – The focus for 2017 was on onboarding, recruiting, and retention. Marketing and Communication worked specifically on the landing and employee pages of our website which reflected in an increase in traffic by over 15% throughout the year. We also incorporated social media more i.e. Facebook, to incorporate the methods used today to be connected. Staff vacancy rate improved from 2016 to 2017 from 13-15% to 5%. New employee orientation was revamped which has seen a positive result. Another focus has been on developing competencies for all 130 positions which are Joint Commission requirements. Marketing provided a lot of community work with conferences, Northcentral Technical Collect, Community Corner Clubhouse Evening of Jazz, United Way, and many other events. Volunteer Services had 211 community volunteers providing over 11,000 volunteer hours to our organization. They implemented Quick Charge in the gift shop which allows individuals to use credit cards and staff to use their ID Badges for purchases. During the Holiday season the Volunteer Office collected and coordinated gifts for over 400 clients.

Monitoring Reports

- CEO Work Plan Review and Report – M. Loy
 - Quarterly Review of 2018 Operational Plan Progress – The report in your packet provides a status/update. There are no significant issues.
 - Tues, April 24, there was a meeting of the Mount View Care Committee. The Committee was created to provide a study of the nursing home and help determine its future. A memo with the final report was distributed. The Committee recommended staying in the nursing home business, transition to 176 beds, and remodel the current structure.
 - General Counsel final interviews will be completed Friday, April 27.
- Chief Financial Officer’s Report – B. Glodowski
 - March showed a gain of \$204,000 which is about \$8,000 away from target. The March census in the hospital and nursing home were favorable. Revenue overall was a little below target which was related to the delay of the start of the expanded programs, however, expenses were low for March. Health insurance costs came down in March but state institutes continue to exceed budget. Preparations have begun for the 2019 budget. We just received notification that the Federal Clearing House accepted our 2017 annual audit report which is important as it directly relates to our Medicare and Medicaid funding.
 - **Motion**/second, Balk/Bliven, to approve the March Financial Statements. Motion carried.

- Human Services Operations Report – L. Scudiere
 - We received Joint Commission Accreditation in 2014 and were recently surveyed in 2018 for recertification. The survey identified several areas for improvement which were reviewed. Some items are connected with CMS (Centers for Medicare and Medicaid) requirements which are followed up by a site visit and resurveyed within 45-60 days. There is definitely substance to this process and it truly does improve quality and safety. Consistency in standard of operation has improved with better level of consistency and process.
 - Medically Monitored Treatment (MMT) expansion application was submitted on 4/6/18, however we have been told the State has a two month lag time in processing the paperwork before we can implement the program.
 - We have new psychiatrists joining our team: Dr. White, adult psychiatrist, and Dr. Hangiandreou, a primary care extender.
 - The nursing station on the inpatient unit has been redesigned and as a result staff have recognized a decrease in escalations.

- Nursing Home Operations Report – K. Gochanour
 - We continue to work on audit and payment services as well as behavior and restorative areas.
 - NCHC is a member of LeadingAge Wisconsin and Wisconsin Association of County Homes which help provide us with industry trends in the State.
 - The WisCaregiver Career Program offers grants for those entering a CNA (Certified Nursing Assistant) career to help pay for school costs. NCHC was asked to be part of the advertisements for the program; airing to begin the end of April. Cagney Martin will be participating in a webinar highlighting our recruitment and onboarding processes.
 - The top three federal health citations in Wisconsin, as released by the Division of Quality Assurance, are: facility is free of hazardous environment, services to prevent/heal pressure ulcers, and an infection control program designed to prevent the development and spread of infection. We feel we do very well in these areas.
 - Our Stop Starting It dementia training seminar was given a grant and we are providing seminars throughout the State. Almost all sessions have sold out. Anyone interested in attending a session can contact Kim Gochanour. The presenters have also been asked to be a key speaker at the State's Annual FOCUS Conference in the Fall.
 - Students involved in The Branch will provide a presentation on May 10th at NTC at 6 p.m. All are invited to listen to the students' ideas to increase the use of technology in caring for individuals in the long term care setting. The Board suggested the students provide an education session once the program has finished.
 - We are working on an RFP for an electronic health record system in the nursing home.

- Quality Outcomes Review – M. Loy
 - Quality Outcomes were reviewed.
 - The Dashboard reflects that we are reaching our targets or progressing toward target. Vacancy rate has improved tremendously in the last 15 months.
 - **Motion**/second, Benson/Metter, to accept the Quality Dashboard and Executive Summary. Motion carried.

Board Discussion and Action

- Overview of the NCHC Master Facility Plan – M. Loy
 - NCHC approved the funding for Master Facility Plan project but funding for updates to the building is the responsibility of Marathon County.
 - Tours for the Marathon County Board members are being offered throughout next week. On May 10 there will be another presentation to the Marathon County Board which will also include a FAQ document to answer questions about the project that have come up. A vote is anticipated to occur on Tuesday, May 15. If the Master Facility Plan is approved an RFP on the pool design will be released. The purpose of this request is to ask for an investment into this 50 year old campus to set the course for the next 50 years. The plan confirms it will cash flow the project through enhanced revenues and lower expenses and NCHC will pay the debt for Marathon County.
 - M. Loy provided the Master Facility Plan presentation to the Board which was also provided to the Marathon County Board on April 24 where Michael Lotter, Lance Leonhard, and the HGA Consultants participated as well.
 - **Motion**/second, Metter/Seefeldt, to endorse and recommend moving forward with the Master Facility Plan to the Marathon County Board. Motion carried.

- Information and Technology – An Overview of Key Systems and Strategy – S. Zblewski
 - Reference documents were distributed to provide context around Information Technology (IT) and how it impacts the organization.
 - There are currently five major systems that we coordinate: Human Resources, Pharmacy, Financial, Behavioral Health, and Nursing home. As we look to replace these systems, we not only consider how we can control costs and spending but we also consider the interconnectivity and dependency between the systems as well as a difference in the age. The goal is to get the technology in order for a cycle of review and replacement, including sequencing of interfaces, prior to any potential major construction.

- The Board determined not to convene in Closed Session for the discussion on Corporate Compliance and Ethics and Significant Events due to time and will review these at the next meeting of the Board.

Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration

- Board Retreat – May 31, 2018; 12:00 p.m. – 8:00 p.m.
 - May begins our budgeting process. This year we will be developing a 3-year budget with a matching strategic plan. The Board will look at strategic issues to either answer now or over 3 years; think about what we need to do over the next three years to reach our End Statements.

Assessment of Board Effectiveness - Dr. Benson

- The future is not to maintain status quo but how to make things happen.
- Review the 2016 and 2017 Annual Reports and compare the number of people served. What do we want to be looking for strategically and providing services? Do we need to look at more wrap-around services and look at who we are not serving?

Adjourn

- **Motion**/second, Seefeldt/Benson, to adjourn the Board meeting at 2:02 p.m. Motion carried.



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MEMORANDUM

DATE: May 24, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: May CEO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

- 1) Aquatic Therapy Pool: Marathon County has received verification of all large pool donations greater than \$5,000. Their audit firm will present the final report to the June 4, 2018, Marathon County Human Resources, Finance and Property Committee. Pledge conversions have been going well. We expect to have all of the 2018 pledges converted by the end of June. The Pool Design RFP will go out in June.
- 2) Master Facility Planning: The Marathon County Board approved NCHC's Master Facility Plan on a vote of 32-4 on Tuesday, May 15, 2018. Staff will now go to the Marathon County Human Resources, Finance and Property Committee in June to secure funding for the design work. Once the funding is secured, architectural design work is expected to last through 2018 with Phase I of the construction slated to be bid out and started in the spring of 2019.
- 3) General Counsel Position: The individual we were in negotiations with to join NCHC declined our offer for another opportunity due to a significant difference in compensation. A number of the candidates were seeking significantly more compensation than we made available during the recruitment process. Staff will be adjusting the position description and reposting the position.
- 4) Merrill Office Remodel: The project is moving along faster than expected. If no unanticipated delays occur, we expect to be relocating back into the renovated space in July. As soon as the space is completed, we will schedule one of our upcoming Board meetings in Merrill to provide the Board a tour of the new space.
- 5) Psychiatry Residency Program: We are wrapping up the first year of the Psychiatry Residency Program in June. Many moments to be proud of and learning opportunities to build off going forward. The PGY1 students will be transitioning into PGY2 students in July and we will be welcoming our 2nd group of students the week of June 25th. We will again be hosting a community welcome event on Monday June 25th from 4-6 p.m. in our Theater. Formal invites will be mailed to the Board Members, but please mark you calendars in advance.

2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Langlade and Lincoln Counties have reappointed both Robin Stowe and Nancy Bergstrom respectively. Marathon County has reappointed Lance Leonard and Chad Billeb.	Complete												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	All NCCSP Board Appointments have been filled.	Complete												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process will occur as this initiative develops over the next couple months.	Pending												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	The audit was presented and accepted at the March NCCSP Board meeting.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The Policy Governance Manual has been adopted and final copies will be provided at the March NCCSP Board meeting.	Complete												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The MVCC Committee made its final report and recommendations to the Health & Human Services Committee which formally adopted them at their April meeting. We will work now with Marathon County Administration to complete a new Management Agreement for Mount View Care Center.	Pending												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been agreed to. The Pool Management Agreement will be structured similarly to the final Nursing Home Management Agreement.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The 2019 Proposed Budget will include a 3-year forecast based on need and input received during the NCCSP Board's May Retreat.	Open												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented at the March NCCSP Board meeting and accepted.	Complete												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	Drafting of a new agreement is under way.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval. We will seek RCA approval first.	Open												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Policy approved in March, meetings have been completed.	Complete												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards	Copies of the report have been printed and is available online on the North Central website. A request to present the Annual Report will be made for June.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	Drafting the initial report for delivery in April.	Pending												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Complete												
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The RCA will meet prior to the NCCSP Board retreat to formalize their priorities and guidelines for the 2019 Budget. A member of the RCA will present these items to the NCCSP Board at their retreat.	Open												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan.	Open												

2018 Board - RCA - CEO Work Plan

<u>Objective</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measure(s) of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process as this develops.	Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	Will be coordinated along with the 2019 Budget process.	Open												
Tri-County Central Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA consider an revisions, none were suggested at this time. May consider again later this yerar.	Complete												



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MEMORANDUM

DATE: May 31, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: April Chief Financial Officer Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting:

- 1) **Financial Results:** The month of April shows an overall gain for the month of \$45,886 compared to the targeted gain of \$5,966, resulting in a positive variance of \$39,920. Through April the organization shows an overall gain of \$204,594 which is \$31,850 ahead of the target of \$172,744.
- 2) **Revenue Key Points:** The nursing home census averaged 184 per day compared to the target of 185. This is an improvement over the prior months. The Medicare census continued to improve, which contributes to a more favorable payer mix. The Medicaid rates for the nursing home were adjusted effective April 1. The rates continue to be favorable. The nursing home Medicaid rates are updated each quarter. The hospital census averaged 15/day compared to the target of 14/day. Revenue in the CBRF and MMT programs continue to run below targets due to the expansion of these programs not being completed yet. Revenue in other outpatient areas is running below target due to staff vacancies.
- 3) **Expense Key Points:** Overall expenses are below target for the month, as well as year to date. Salaries continue to run below budget. Much of this is due to program expansion, such as CBRF, MMT, and Community Treatment not being completed yet. Health insurance continues to show improvement compared to prior months. Overall employee benefits were within the target range for the month. The State Institutes continue to exceed budget targets.
- 4) **2019 Budget:** The 2019 budget process has begun. A preliminary forecast will be reviewed at this meeting. The Board will be updated on the process as it moves along, with the 2019 Proposed Budget being reviewed at the August Board meeting.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
APRIL 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,898,990	1,401,934	5,300,924	3,892,197
Accounts receivable:				
Patient - Net	2,684,362	2,003,138	4,687,500	5,215,968
Outpatient - WIMCR & CCS	1,955,000	0	1,955,000	620,000
Nursing home - Supplemental payment program	0	728,000	728,000	600,000
Marathon County	503,188	125,000	628,188	77,884
Appropriations receivable	59,368	0	59,368	59,951
Net state receivable	766,875	0	766,875	1,942,363
Other	284,249	0	284,249	823,284
Inventory	0	342,220	342,220	305,373
Other	<u>512,369</u>	<u>378,862</u>	<u>891,231</u>	<u>1,129,945</u>
Total current assets	<u>10,664,401</u>	<u>4,979,155</u>	<u>15,643,556</u>	<u>14,666,965</u>
Noncurrent Assets:				
Investments	11,726,000	0	11,726,000	10,800,000
Assets limited as to use	1,042,459	283,778	1,326,236	2,389,126
Contingency funds	500,000	0	500,000	500,000
Restricted assets - Patient trust funds	14,739	25,391	40,130	57,439
Net pension asset	0	0	0	0
Nondepreciable capital assets	719,827	498,521	1,218,349	969,940
Depreciable capital assets - Net	<u>6,958,021</u>	<u>3,720,698</u>	<u>10,678,720</u>	<u>10,161,138</u>
Total noncurrent assets	<u>20,961,046</u>	<u>4,528,389</u>	<u>25,489,435</u>	<u>24,877,643</u>
Deferred outflows of resources - Related to pensions	<u>6,939,524</u>	<u>5,131,313</u>	<u>12,070,837</u>	<u>17,516,720</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>38,564,971</u>	<u>14,638,856</u>	<u>53,203,827</u>	<u>57,061,328</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
APRIL 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	0	0	0	154,310
Accounts payable - Trade	871,138	644,148	1,515,286	1,337,451
Appropriations advances	49,747	0	49,747	1,158,616
Accrued liabilities:				
Salaries and retirement	643,899	476,120	1,120,018	1,476,072
Compensated absences	861,345	636,907	1,498,251	1,392,809
Health and dental insurance	357,588	264,412	622,000	798,000
Other Payables	137,401	101,599	239,000	364,809
Amounts payable to third-party reimbursement programs	250,118	0	250,118	125,920
Unearned revenue	<u>76,786</u>	<u>0</u>	<u>76,786</u>	<u>110,348</u>
Total current liabilities	<u>3,248,021</u>	<u>2,123,186</u>	<u>5,371,206</u>	<u>6,918,335</u>
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	481,871
Patient trust funds	<u>14,739</u>	<u>25,391</u>	<u>40,130</u>	<u>57,439</u>
Total noncurrent liabilities	<u>924,281</u>	<u>697,937</u>	<u>1,622,218</u>	<u>3,666,689</u>
Total liabilities	<u>4,172,302</u>	<u>2,821,123</u>	<u>6,993,425</u>	<u>10,585,024</u>
Deferred inflows of resources - Related to pensions	<u>2,886,978</u>	<u>2,134,726</u>	<u>5,021,704</u>	<u>6,647,040</u>
Net Position:				
Net investment in capital assets	7,677,849	4,219,220	11,897,068	10,494,898
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	1,042,459	283,778	1,326,236	2,861,707
Undesignated	21,871,966	5,388,835	27,260,800	25,450,694
Operating Income / (Loss)	<u>413,419</u>	<u>(208,825)</u>	<u>204,594</u>	<u>521,965</u>
Total net position	<u>31,505,692</u>	<u>9,683,007</u>	<u>41,188,699</u>	<u>39,829,264</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>38,564,971</u>	<u>14,638,856</u>	<u>53,203,827</u>	<u>57,061,328</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2018**

TOTAL	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	\$3,982,038	\$4,050,420	(\$68,382)	\$15,468,291	\$16,201,679	(\$733,388)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	1,297,506	1,300,479	(2,973)
Grant Revenue	227,083	193,933	33,151	825,212	775,731	49,481
County Appropriations - Net	619,260	635,927	(16,667)	2,477,039	2,543,706	(66,667)
Departmental and Other Revenue	<u>270,533</u>	<u>311,702</u>	<u>(41,170)</u>	<u>1,299,722</u>	<u>1,246,810</u>	<u>52,912</u>
Total Other Revenue	<u>1,441,253</u>	<u>1,466,681</u>	<u>(25,429)</u>	<u>5,899,480</u>	<u>5,866,726</u>	<u>32,754</u>
Total Revenue	5,423,291	5,517,101	(93,811)	21,367,771	22,068,405	(700,633)
Expenses:						
Direct Expenses	4,192,037	4,169,195	22,843	16,416,756	16,530,462	(113,707)
Indirect Expenses	<u>1,207,322</u>	<u>1,354,441</u>	<u>(147,119)</u>	<u>4,835,309</u>	<u>5,415,198</u>	<u>(579,889)</u>
Total Expenses	<u>5,399,359</u>	<u>5,523,636</u>	<u>(124,276)</u>	<u>21,252,065</u>	<u>21,945,660</u>	<u>(693,595)</u>
Operating Income (Loss)	<u>23,931</u>	<u>(6,534)</u>	<u>30,465</u>	<u>115,706</u>	<u>122,744</u>	<u>(7,038)</u>
Nonoperating Gains (Losses):						
Interest Income	18,516	12,500	6,016	68,406	50,000	18,406
Donations and Gifts	3,438	0	3,438	14,817	0	14,817
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,665</u>	<u>0</u>	<u>5,665</u>
Total Nonoperating Gains / (Losses)	<u>21,955</u>	<u>12,500</u>	<u>9,455</u>	<u>88,888</u>	<u>50,000</u>	<u>38,888</u>
Income / (Loss)	<u>\$45,886</u>	<u>\$5,966</u>	<u>\$39,920</u>	<u>\$204,594</u>	<u>\$172,744</u>	<u>\$31,850</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2018**

51.42/.437 PROGRAMS	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,420,018</u>	<u>\$2,485,685</u>	<u>(\$65,667)</u>	<u>\$9,102,107</u>	<u>\$9,942,747</u>	<u>(\$840,640)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	1,297,506	1,300,479	(2,973)
Grant Revenue	227,083	193,933	33,151	825,212	775,731	49,481
County Appropriations - Net	494,260	494,260	0	1,977,039	1,977,039	0
Departmental and Other Revenue	<u>159,160</u>	<u>194,119</u>	<u>(34,959)</u>	<u>795,947</u>	<u>776,476</u>	<u>19,471</u>
Total Other Revenue	<u>1,204,880</u>	<u>1,207,431</u>	<u>(2,552)</u>	<u>4,895,705</u>	<u>4,829,725</u>	<u>65,979</u>
Total Revenue	3,624,898	3,693,116	(68,218)	13,997,812	14,772,472	(774,660)
Expenses:						
Direct Expenses	2,922,559	2,933,041	(10,482)	11,200,405	11,635,378	(434,972)
Indirect Expenses	<u>633,089</u>	<u>773,360</u>	<u>(140,271)</u>	<u>2,469,734</u>	<u>2,792,166</u>	<u>(322,431)</u>
Total Expenses	<u>3,555,648</u>	<u>3,706,401</u>	<u>(150,753)</u>	<u>13,670,140</u>	<u>14,427,543</u>	<u>(757,403)</u>
Operating Income (Loss)	<u>69,250</u>	<u>(13,285)</u>	<u>82,535</u>	<u>327,672</u>	<u>344,929</u>	<u>(17,257)</u>
Nonoperating Gains (Losses):						
Interest Income	18,516	12,500	6,016	68,406	50,000	18,406
Donations and Gifts	3,238	0	3,238	11,676	0	11,676
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,665</u>	<u>0</u>	<u>5,665</u>
Total Nonoperating Gains / (Losses)	<u>21,755</u>	<u>12,500</u>	<u>9,255</u>	<u>85,747</u>	<u>50,000</u>	<u>35,747</u>
Income / (Loss)	<u>\$91,004</u>	<u>(\$785)</u>	<u>\$91,789</u>	<u>\$413,419</u>	<u>\$394,929</u>	<u>\$18,490</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2018**

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,562,020</u>	<u>\$1,564,735</u>	<u>(\$2,715)</u>	<u>\$6,366,184</u>	<u>\$6,258,932</u>	<u>\$107,252</u>
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	500,000	566,667	(66,667)
Departmental and Other Revenue	<u>111,373</u>	<u>117,583</u>	<u>(6,210)</u>	<u>503,775</u>	<u>470,334</u>	<u>33,442</u>
Total Other Revenue	<u>236,373</u>	<u>259,250</u>	<u>(22,877)</u>	<u>1,003,775</u>	<u>1,037,000</u>	<u>(33,225)</u>
Total Revenue	1,798,393	1,823,985	(25,592)	7,369,959	7,295,932	74,027
Expenses:						
Direct Expenses	1,269,479	1,236,154	33,325	5,216,350	4,895,085	321,265
Indirect Expenses	<u>574,233</u>	<u>581,081</u>	<u>(6,848)</u>	<u>2,365,575</u>	<u>2,623,032</u>	<u>(257,457)</u>
Total Expenses	<u>1,843,711</u>	<u>1,817,234</u>	<u>26,477</u>	<u>7,581,925</u>	<u>7,518,117</u>	<u>63,808</u>
Operating Income (Loss)	<u>(45,318)</u>	<u>6,751</u>	<u>(52,069)</u>	<u>(211,966)</u>	<u>(222,185)</u>	<u>10,219</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	200	0	200	3,141	0	3,141
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>200</u>	<u>0</u>	<u>200</u>	<u>3,141</u>	<u>0</u>	<u>3,141</u>
Income / (Loss)	<u>(\$45,118)</u>	<u>\$6,751</u>	<u>(\$51,869)</u>	<u>(\$208,825)</u>	<u>(\$222,185)</u>	<u>\$13,360</u>

NORTH CENTRAL HEALTH CARE
 REPORT ON AVAILABILITY OF FUNDS
 April 30, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
BMO Harris	365 Days	5/28/2018	1.20%	\$500,000	X
PFM Investments	365 Days	6/13/2018	1.50%	\$492,000	X
People's State Bank	365 Days	8/21/2018	1.10%	\$500,000	X
BMO Harris	365 Days	8/26/2018	1.35%	\$500,000	X
Abby Bank	365 Days	8/29/2018	1.20%	\$500,000	X
Abby Bank	365 Days	9/1/2018	1.20%	\$500,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	\$300,000	X
PFM Investments	365 Days	11/30/2018	1.63%	\$490,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
Abby Bank	365 Days	2/25/2019	1.56%	\$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	\$500,000	X
People's State Bank	365 Days	3/28/2019	1.75%	\$250,000	X
PFM Investments	365 Days	4/4/2018	2.13%	\$488,000	x
People's State Bank	730 Days	5/29/2019	1.20%	\$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	\$500,000	X
PFM Investments	545 Days	7/10/2019	2.02%	\$483,000	X
Abby Bank	730 Days	7/19/2019	1.30%	\$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	\$500,000	X
Abby Bank	730 Days	10/29/2019	1.61%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2019	1.50%	\$500,000	X
CoVantage Credit Union	608 Days	11/30/2019	2.00%	\$500,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
Abby Bank	730 Days	3/15/2020	1.71%	\$400,000	X
PFM Investments	730 Days	4/29/2020	2.57%	\$473,000	X
TOTAL FUNDS AVAILABLE				\$11,726,000	
WEIGHTED AVERAGE		555.77 Days	1.556% INTEREST		

NCHC-DONATED FUNDS

Balance Sheet

As of April 30, 2018

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	5,663.71
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	46,049.99
Community Treatment - Adult	562.00
Community Treatment - Youth	6,895.37
Fishing Without Boundries	6,042.80
General Donated Funds	59,491.73
Hope House	2,792.35
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,020.69
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,755.13
Total Legacies by the Lake	6,713.38
Marathon Cty Suicide Prev Task	16,095.76
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	7,865.13
Outpatient Services - Marathon	401.08
Pool	23,994.45
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,523.33
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 239,791.42

Total Checking/Savings 239,791.42

Total Current Assets 239,791.42

TOTAL ASSETS 239,791.42

LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	15,837.79

Total Equity 239,791.42

TOTAL LIABILITIES & EQUITY 239,791.42

**North Central Health Care
Budget Revenue/Expense Report**

Month Ending April 30, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,423,291</u>	<u>5,517,101</u>	<u>21,367,771</u>	<u>22,068,405</u>	<u>(700,633)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,338,854	2,702,210	9,369,785	10,679,210	(1,309,425)
Fringe Benefits	934,951	986,315	4,126,805	3,898,009	228,795
Departments Supplies	659,047	630,921	2,494,056	2,523,682	(29,626)
Purchased Services	656,519	509,858	2,351,330	2,067,433	283,897
Utilitites/Maintenance Agreements	355,556	267,263	1,287,099	1,069,051	218,048
Personal Development/Travel	30,707	40,221	131,744	160,883	(29,140)
Other Operating Expenses	89,921	137,931	358,275	551,724	(193,449)
Insurance	34,784	41,000	136,693	164,000	(27,306)
Depreciation & Amortization	136,873	141,250	552,228	565,000	(12,772)
Client Purchased Services	<u>162,148</u>	<u>66,667</u>	<u>444,051</u>	<u>266,667</u>	<u>177,384</u>
TOTAL EXPENSES	5,399,359	5,523,636	21,252,065	21,945,660	(693,595)
Nonoperating Income	<u>21,955</u>	<u>12,500</u>	<u>88,888</u>	<u>50,000</u>	<u>38,888</u>
EXCESS REVENUE (EXPENSE)	<u>45,886</u>	<u>5,966</u>	<u>204,594</u>	<u>172,744</u>	<u>31,850</u>

North Central Health Care
Write-Off Summary
April 2018

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$21,631	\$46,691	\$27,972
Bad Debt	\$98	\$8,412	\$1,090
<i>Outpatient:</i>			
Administrative Write-Off	\$11,976	\$42,083	\$56,265
Bad Debt	\$177	\$1,963	\$1,376
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$12,132	\$30,580	\$1,125
Bad Debt	\$5,816	\$7,938	\$11,970
Ancillary Services:			
Administrative Write-Off	\$1,064	\$2,126	\$14,216
Bad Debt	\$0	\$0	\$321
Pharmacy:			
Administrative Write-Off	\$181	\$2,099	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$46,984	\$123,579	\$99,578
Total - Bad Debt	\$6,091	\$18,312	\$14,757

**North Central Health Care
2018 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	5,735	5,549	(186)	84.09%	81.36%
	Hospital	434	441	7	87.50%	88.91%
February	Nursing Home	5,180	5,124	(56)	84.09%	83.18%
	Hospital	392	373	(19)	87.50%	83.26%
March	Nursing Home	5,735	5,654	(81)	84.09%	82.90%
	Hospital	434	445	11	87.50%	89.72%
April	Nursing Home	5,550	5,507	(43)	90.10%	83.44%
	Hospital	420	457	37	87.50%	95.21%
May	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
YTD	Nursing Home	22,200	21,834	(366)	84.09%	82.70%
	Hospital	1,680	1,716	36	87.50%	89.38%

North Central Health Care
Review of 2018 Services
Langlade County

	2018 Jan-April Actual Rev	2018 Jan-April Budg Rev	Variance	2018 Jan-April Actual Exp	2018 Jan-April Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$133,389	\$180,038	(\$46,649)	\$292,292	\$305,175	\$12,883	(\$33,766)
Community Treatment-Adult	\$187,606	\$262,061	(\$74,455)	\$172,559	\$269,438	\$96,879	\$22,424
Community Treatment-Youth	\$111,538	\$279,562	(\$168,024)	\$106,471	\$280,301	\$173,830	\$5,806
Day Services	\$394,586	\$131,667	\$262,919	\$327,358	\$131,667	(\$195,691)	\$67,228
	\$827,119	\$853,327	(\$26,208)	\$898,680	\$986,581	\$87,901	\$61,693
Shared Services:							
Inpatient	\$152,755	\$170,641	(\$17,886)	\$250,851	\$221,085	(\$29,766)	(\$47,651)
CBRF	\$16,748	\$37,091	(\$20,343)	\$19,950	\$37,091	\$17,141	(\$3,202)
Crisis	\$11,038	\$12,798	(\$1,760)	\$85,871	\$97,936	\$12,065	\$10,305
MMT (Lakeside Recovery)	\$2,621	\$18,577	(\$15,956)	\$16,592	\$36,619	\$20,027	\$4,071
Day Treatment	\$2,578	\$2,709	(\$131)	\$2,397	\$3,270	\$873	\$742
Protective Services	\$8,810	\$8,851	(\$41)	\$23,924	\$30,087	\$6,163	\$6,122
Birth To Three	\$29,989	\$30,159	(\$170)	\$51,098	\$56,653	\$5,555	\$5,385
Group Homes	\$63,672	\$38,689	\$24,983	\$61,555	\$38,689	(\$22,866)	\$2,117
Supported Apartments	\$0	\$49,033	(\$49,033)	\$0	\$49,033	\$49,033	\$0
Contract Services	\$0	\$0	\$0	\$54,179	\$33,217	(\$20,962)	(\$20,962)
	\$288,211	\$368,548	(\$80,337)	\$566,417	\$603,680	\$37,263	(\$43,073)
Totals	\$1,115,330	\$1,221,875	(\$106,545)	\$1,465,097	\$1,590,261	\$125,164	\$18,619
Base County Allocation	\$266,177	\$266,177	\$0				\$0
Nonoperating Revenue	\$4,222	\$2,715	\$1,507				\$1,507
County Appropriation	\$99,494	\$99,494	(\$0)				(\$0)
Excess Revenue/(Expense)	\$1,485,223	\$1,590,261	(\$105,038)	\$1,465,097	\$1,590,261	\$125,164	\$20,126

North Central Health Care
Review of 2018 Services
Lincoln County

	2018 Jan-April Actual Rev	2018 Jan-April Budget Rev	Variance	2018 Jan-April Actual Exp	2018 Jan-April Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$108,851	\$143,082	(\$34,231)	\$284,230	\$324,419	\$40,189	\$5,958
Community Treatment-Adult	\$247,726	\$274,361	(\$26,635)	\$181,309	\$282,087	\$100,778	\$74,143
Community Treatment-Youth	\$514,421	\$322,740	\$191,681	\$419,482	\$324,451	(\$95,031)	\$96,650
	\$870,998	\$740,183	\$130,815	\$885,021	\$930,957	\$45,936	\$176,752
Shared Services:							
Inpatient	\$208,306	\$232,691	(\$24,385)	\$342,070	\$301,481	(\$40,589)	(\$64,975)
CBRF	\$22,838	\$50,579	(\$27,741)	\$27,205	\$50,579	\$23,374	(\$4,367)
Crisis	\$15,051	\$17,452	(\$2,401)	\$117,096	\$133,549	\$16,453	\$14,052
Day Treatment	\$3,515	\$3,694	(\$179)	\$3,269	\$4,459	\$1,190	\$1,011
MMT (Lakeside Recovery)	\$3,574	\$25,332	(\$21,758)	\$22,625	\$49,934	\$27,309	\$5,551
Protective Services	\$12,013	\$12,069	(\$56)	\$32,624	\$38,695	\$6,071	\$6,015
Birth To Three	\$44,092	\$50,816	(\$6,724)	\$75,130	\$95,457	\$20,327	\$13,603
Apartments	\$0	\$15,294	(\$15,294)	\$0	\$15,294	\$15,294	\$0
Contract Services	\$0	\$0	\$0	\$73,881	\$45,296	(\$28,585)	(\$28,585)
	\$309,389	\$407,927	(\$98,538)	\$693,900	\$734,743	\$40,843	(\$57,695)
Totals	\$1,180,387	\$1,148,110	\$32,277	\$1,578,921	\$1,665,701	\$86,780	\$119,057
Base County Allocation	\$276,659	\$276,659	\$0				\$0
Nonoperating Revenue	\$5,995	\$3,460	\$2,535				\$2,535
County Appropriation	\$237,472	\$237,472	\$0				\$0
Excess Revenue (Expense)	\$1,700,513	\$1,665,701	\$34,812	\$1,578,921	\$1,665,701	\$86,780	\$121,592

North Central Health Care
Review of 2018 Services
Marathon County

Direct Services:	2018	2018	Variance	2018	2018	Variance	Variance by Program
	Jan-April Actual Rev	Jan-April Budget Rev		Jan-April Actual Exp	Jan-April Budget Exp		
Outpatient Services	\$398,792	\$567,898	(\$169,106)	\$947,698	\$1,269,563	\$321,865	\$152,760
Community Treatment-Adult	\$1,238,531	\$1,887,669	(\$649,138)	\$1,144,600	\$1,923,494	\$778,894	\$129,755
Community Treatment-Youth	\$1,053,066	\$848,481	\$204,585	\$992,619	\$850,683	(\$141,936)	\$62,649
Day Services	\$530,825	\$561,751	(\$30,926)	\$500,715	\$561,751	\$61,036	\$30,110
Clubhouse	\$145,632	\$133,084	\$12,548	\$165,142	\$163,750	(\$1,392)	\$11,157
Demand Transportation	\$146,131	\$143,745	\$2,386	\$124,027	\$143,745	\$19,718	\$22,104
Aquatic Services	\$216,618	\$264,033	(\$47,415)	\$303,095	\$335,405	\$32,310	(\$15,105)
Pharmacy	\$1,716,936	\$1,545,550	\$171,386	\$1,672,021	\$1,545,550	(\$126,471)	\$44,915
	\$5,446,531	\$5,952,211	(\$505,680)	\$5,849,917	\$6,793,941	\$944,024	\$438,344
Shared Services:							
Inpatient	\$1,027,639	\$1,147,945	(\$120,306)	\$1,687,545	\$1,487,305	(\$200,240)	(\$320,546)
CBRF	\$112,666	\$249,524	(\$136,858)	\$134,209	\$249,524	\$115,315	(\$21,543)
Crisis Services	\$74,252	\$86,098	(\$11,846)	\$577,675	\$658,843	\$81,168	\$69,322
MMT (Lakeside Recovery)	\$17,631	\$124,972	(\$107,341)	\$111,616	\$246,343	\$134,727	\$27,386
Day Treatment	\$17,340	\$18,222	(\$882)	\$16,126	\$21,997	\$5,871	\$4,989
Protective Services	\$59,266	\$59,540	(\$274)	\$160,943	\$191,404	\$30,461	\$30,187
Birth To Three	\$218,817	\$235,900	(\$17,083)	\$372,852	\$443,136	\$70,284	\$53,201
Group Homes	\$590,417	\$606,977	(\$16,560)	\$570,793	\$606,977	\$36,184	\$19,624
Supported Apartments	\$877,358	\$708,007	\$169,351	\$779,968	\$708,007	(\$71,961)	\$97,390
Contracted Services	\$0	\$0	\$0	\$364,477	\$223,460	(\$141,017)	(\$141,017)
	\$2,995,386	\$3,237,186	(\$241,800)	\$4,776,204	\$4,836,996	\$60,792	(\$181,007)
Totals	\$8,441,917	\$9,189,397	(\$747,480)	\$10,626,121	\$11,630,938	\$1,004,817	\$257,337
Base County Allocation	\$757,643	\$757,643	\$0				\$0
Nonoperating Revenue	\$58,189	\$43,825	\$14,364				\$14,364
County Appropriation	\$1,640,073	\$1,640,073	\$0				\$0
Excess Revenue/(Expense)	\$10,897,822	\$11,630,938	(\$733,116)	\$10,626,121	\$11,630,938	\$1,004,817	\$271,701



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: May 15, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: Monthly Human Services Operations Report

The following items are general updates and communications to support the Board on key activities and/or updates of the Human Services Operations (HSO) service line since our last meeting:

- Joint Commission Survey:** On Friday, May 11 a Joint Commission surveyor returned to review the B-Tag issues. The surveyor reviewed our documentation and records and determined that no further action was necessary and all of our B-Tags had been cleared. The team responsible for the Joint Commission survey readiness has diverted its energy toward addressing the remaining findings. The final reports to Joint Commission are due on June 4. The surveyor remarked, "I can tell that you really care about individuals with mental illness here."
- MMT Expansion:** As of May 14, we received a letter from DQA requesting additional documents. Once they are received, DQA will schedule their on-site survey. Approval would then be the next step. We are planning for an Open House on June 7th from 12-7 p.m.
- CBRF Expansion:** CBRF Expansion preparation continues. All the staff have been hired and staff who have not yet joined our team will be oriented on June 4.
- Day Treatment and IOP Expansion:** Marathon County's IOP is active. Patients and referral sources can access these services by referring patients to our Outpatient Department. In Langlade County it was determined by our new DHS surveyor that our existing Day Treatment certification does not cover Langlade County and a new application will have to be completed. IOP in Langlade will be accepting referrals as of May 30.
- Linkage and Follow-up:** Two staff members have been hired and trained as Linkage Coordinators. They each are case monitoring approximately 30 people and monitoring any new patients who present on commitments and settlement agreements. We anticipate that their caseloads will end up being approximately 50 people each. Referrals to and from Community Treatment are occurring and a group of NCHC staff members meet regularly to evaluate the program.
- Psychiatric Hospital Renovation:** We have added two office spaces onto the hospital unit. This will allow a second psychiatrist or resident to see patients on the unit. It also allows the nurse manager to be more accessible to staff. We have also redesigned the nursing station to be more welcoming and promote a customer service focus.
- New Psychiatrists Joining the Team:** Dr. White, Dr. Tran, and Dr. Gabriella Hangiandreou started in our Outpatient Department in May. Dr. White will be providing psychiatric services for age 13+. "Dr. Gabi" will be providing psychiatric support to primary care doctors for the adolescent population. (Patients will be required to have a primary care provider to participate.) Dr. Tran will be providing outpatient telemedicine services for children and adults.
- Merrill Renovation:** Merrill staff have been temporarily relocated to Wausau, a local school, or their homes during the renovation period. We anticipate that renovation will be finished in the summer.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: May 21, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: May Nursing Home Operations Report

The following items are general updates and communication to support the Board on key activities and/or updates of the Nursing Home Operations since our last meeting.

- 1) **Case Mix Index (CMI)**: From our continued improvement on our charting, we again saw an overall increase in our CMI. This resulted in an additional \$.67 per Medicaid resident per day this next quarter. As we begin to implement stronger behavior and restorative charting we anticipate further increases again in 6 months.
- 2) **Analysis of Therapy Revenue**: After looking at the first quarter results of our revenue to expense cost for therapy, the billing and accounting department completed an audit of our claims and determined that we had not captured all the revenue that could be and showed a positive gain in our revenue therapies. We have put in place a monthly review with our current provider and review any outlying issues.
- 3) **Electronic Medical Record Request for Proposal**: From the Clifton Larson Allen operational assessment, it was noted that operational efficiencies could be gained from an updated EMR. This proposal was sent out in May and we will be bringing a recommendation to the NCHC Board in June on a new system.
- 4) **The Branch**: The students presented their proposal on May 10, 2018 and have done presentations to our Manager meeting and Resident Council. A high level overview of their recommendations include an iPad type device for each resident to communicate internally and with their family and friends externally, and update the call light system. We are excited to explore the recommendations that they have given and look forward to incorporating where we can into our Master Facility Plan to enhance resident satisfaction, safety, and employee operational efficiencies.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2017 YTD
PEOPLE																	
Vacancy Rate	5-7%	TBD	↓	8.2%	8.8%	5.3%	8.5%									8.5%	9.8%
Retention Rate	78-82%	TBD	↑	99%	98%	97%	94%									94%	75.8%
SERVICE																	
Patient Experience: % Top Box Rate	77-82%	TBD	↑	79.4%	81.7%	76.2%	75.3%									77.2%	77.2%
Referral Source Experience: % Top Box Rate	TBD	TBD	↑	TBD	TBD	TBD	TBD									TBD	\
CLINICAL																	
Nursing Home Readmission Rate	10-12%	16.70%	↓	5.3%	3.4%	12.9%	12.9%									8.5%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	TBD	↓	8.8%	13.6%	12.3%	15.5%									12.5%	12.6%
COMMUNITY																	
Access to Behavioral Health Services	90-95%	TBD	↑	87%	88%	87%	84%									86%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	TBD	↓	TBD	TBD	TBD	TBD									TBD	\
FINANCE																	
Direct Expense/Gross Patient Revenue	60-64%	TBD	↓	67%	69%	63%	69%									67%	62%
Indirect Expense/Direct Expense	36-38%	TBD	↓	32%	37%	35%	33%									35%	41.80%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
Referral Source Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey developed prior to 2018
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
COMMUNITY	
NCHC Access	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
No-Show Rate for Community Behavioral Health Services	Percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment and Outpatient Services
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.

Quality Executive Summary May 2018

Organizational Outcomes

People

❖ **Vacancy Rate**

The 2018 vacancy rate target range is 5-7%. April's Vacancy Rate is 8.5 %, above the 5-7% target.

❖ **Employee Retention Rate**

Employee Retention Rate target range for 2018 is 78-82%; currently the rate is 94%, which is exceeding the target. The enhanced and updated orientation and onboarding process has been working well including the additional day of clinical orientation.

Service

❖ **Patient Experience**

NCHC Patient Experience 2018 target is 77-82%. In April, the percent top box (9 or 10 on a ten point scale for overall satisfaction) overall rate was 75.3% down from the previous two months. Year to date rate remains within target at 77.2%. Individual programs within or above target included: Lakeside Recovery (MMT), Crisis CBRF, Community Treatment Youth, Outpatient Services–Merrill, Telepsychiatry-Antigo, Aquatic Services, Birth to Three, NCHC Wausau Prevocational Services, Wausau Adult Day Services, Adult Protective Services, and Mount View Care Center-Legacies by the Lake.

❖ **Referral Source Experience: % Top Box Rate**

Percent of level 9 and 10 responses to the Overall satisfaction rating question on a Referral Source Experience survey is still in development. Monitoring and reporting systems are also being developed. Modifications have been made in the records entry systems to start to collect the information.

Clinical

❖ **Nursing Home Readmissions**

The 2018 Nursing Home 30-Day Hospital Readmission target rate is 10-12%. In April the rate was above target at 12.9%, 4 residents were re-hospitalized in April and were unavoidable readmissions. Overall year to date the readmission rate is favorably below target at 8.5%.

❖ **Hospital Readmissions**

The Hospital rate of readmissions within 30 days target is 8-10%. In April the rate was above target at 15.5%. Overall year to date is at 12.5%. All readmissions are reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first ten days. There are a handful of individuals we are actively working with who are driving our recent readmission experience.

Community

❖ Access Rate for Behavioral Health Services

The 2018 Access Rate target is 90-95%. In April the Access rate had declined to a rate of 84%. Outpatient improved access to 98%. Community Treatment continues to work on their access performance.

❖ No-Show Rate for Community Behavioral Health Services

The percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment, and Outpatient Services is a new measure for 2018. The systems for this new measure have been developed. Target is to be determined following 2018 as a baseline period.

Finance

❖ Direct Expense/Gross Patient Revenue

This measure looks at percentage of total direct expense to gross patient revenue. The 2018 target is 60-64%. For April the rate increased to 69% above target and the Year to Date rate is at 67%.

❖ Indirect Expense/Direct Expense

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2018 target is 36-38%. The rate for April is at 33% which is below target. Overall rate for 2018 is a desirable below target rate of 35%.

Safety Outcomes

Patient/Resident Adverse Events

NCHC Overall Adverse Event rate in April is 3.5 events per 1,000 patient days/visits. Human Services Adverse Event rate was 1.9 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 12.8 events per 1,000 patient days. In Human Services falls had an increase and medication errors remain consistent. Residential Services is working with specific residential facilities to reduce medication errors. The number of falls in the nursing home in April is consistent with previous months. Audit of fall prevention interventions will continue through the month of May.

Employee Adverse Events

For April, the NCHC Employee Adverse Event rate was 0.10 per 1,000 days worked. One employee required medical attention. The highest incidences in April were falls on level surfaces and one on stairs. The injury needing medical attention was related to a physical altercation by a client directed at the employee.

Program-Specific Outcomes-items not addressed in analysis above

The following outcomes reported are highlights of focus areas at the program-specific level. They do not represent all data elements monitored by a given department/program.

Human Service Operations

❖ Aquatic

During 2018 Aquatic Therapy will be monitoring the percentage of clients meeting treatment goals with a target range of 89-95%. In April 97.4% of clients met their treatment goals.

❖ Community Corner Clubhouse

Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In April the retention rate was 100%.

❖ Residential and Pre-Vocational Services

The Community Living Employee Vacancy Rate in residential services will again be a focus for 2018. Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50- 60%, April's rate remained at 39%.

❖ Nursing Home

Financial indicator for the nursing home in 2018 is the Medicare Average Daily Census (ADC). The goal is for an average daily census of Medicare residents to be at or above 17. In April the ADC was 24.1.

Support Departments

❖ Communication and Marketing:

Increase in social media followers to Facebook and Twitter. Through April there was a 33% increase in followers.

❖ Health Information:

In April, Health Information had a 97.8% scanning accuracy of paper medical records into Laser fiche.

❖ Nutritional Services:

Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. Resident satisfaction was 100% in April.

❖ Pharmacy:

Pharmacy will report the percentage of Pharmacy Consult Recommendations that are reviewed by a Physician with a response. The target range is 95-97% and for the past two months recommendations reviewed by physicians are at 100%.

❖ Volunteers:

Volunteer Services will increase the number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50. In April, there were no new volunteers.

❖ Demand Transportation:

Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. In April Demand Transportation had 863 trips.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	↓	5-7%	8.5%	9.8%
		Retention Rate	↑	78-82%	94.0%	75.8%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
		Referral Source Experience: % Top Box Rate	↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate	↓	10-12%	8.5%	10.2%
		Psychiatric Hospital Readmission Rate	↓	8-10%	12.5%	12.6%
	Community	Access to Behavioral Health Services	↑	90-95%	86%	75%
		No-Show Rate for Community Behavioral Health Services	↓	TBD	TBD	\
	Finance	Direct Expense/Gross Patient Revenue	↓	60-74%	67.0%	62.0%
		Indirect Expense/Direct Expense	↓	36-38%	35.0%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Services Improve Leadership Index in Employee Engagement Survey	↑	33.6 - 35.2%	\	28.0%
		Residential Improve Leadership Index in Employee Engagement Survey	↑	20.9 - 23.7%	\	\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	↑	77-82%	83.6%	88%
		Community Living Program Employee Vacancy Rate	↓	75-80%	NA	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs	↑	17 or less monthly Average	19	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Community based Billable Hours vs Shelter Based by Dec 2018)		50%-60%	39.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,252	\$179,105	\
		Residential Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$154,357	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 -55%	\	50%
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	↑	77-82%	96%	93%
	Clinical	% Of Clients Meeting Treatment Goals	↑	89-95%	94.3%	\
	Community	Physical Therapy Access	↑	90-95%	98.4%	97.1%
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903- \$373,354	-\$338,133	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
BIRTH TO 3	People	Improve Leadership Index in Employee Engagement Survey	↑	34.6 - 36.3%	\	33%	
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	↑	77-82%	94.9%	89%	
	Clinical	Total Number of Early Intervention Visits/Month	↑	375 - 400	336	241	
	Community	Eligible clients are admitted within 45 days of referral (RCA)		↑	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate (RCA)		↓	2018 Baseline Year	7.7%	\
		Average days from referral to initial appointment (RCA)		↓	2018 Baseline Year	11	\
	Finance	Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	\$179,105	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Improve Leadership Index in Employee Engagement Survey	↑		\	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	↑	77-82%	63.5%	73.6%
	Clinical	Increase Member Retention	↑	51%-55%	84%	\
	Community	Increase Evening of Jazz Revenue by 10%	↑	\$ 15,758-\$17,000	\	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$366,494

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
COMMUNITY TREATMENT	People	Improve Leadership Index in Employee Engagement Survey	↑	50-52.8%	\	48%	
	Service	Community Treatment Patient Experience Percent 9/10 Responses	↑	77-82%	77.3%	90.9%	
	Clinical	% of Treatment Plans completed within 30 days of admission (RCA)		↑	90-95%	NA	84.4%
		% Treatment Plans reviewed every 6 months (RCA)		↑	2018 Baseline Year	94.1%	\
		Employment rate of Individual Placement and Support (IPS) clients (RCA)		↑	2018 Baseline Year	41.5%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral (RCA)		↑	90-95%	23.7%	24.0%
		Average days from referral to initial appointment (RCA)		↓	2018 Baseline Year	139	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$366,494	\
		Community Tx -Adult Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	\$179,105	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS CBRF	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	\	80%
	Service	Crisis CBRF Patient Experience Percent 9/10 Responses	↑	77-82%	89.5%	76.6%
	Clinical	Patient kept their outpatient appointment, if applicable (RCA)	↑	2018 Baseline Year	90.5%	\
		% of clients connected to a PCP within 7 days of admission	↑	2018 Baseline Year	100.0%	\
	Community	% of eligible patients are admitted within 24 hours (RCA)	↑	2018 Baseline Year	100.00%	\
	Finance	Crisis CBRF Financial Task Force 4 Positive Variance	↑	\$247,354 - \$371,301	\$179,105	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	\	80%
	Service	MMT -Lakeside Recovery Patient Experience Percent 9/10 Responses	↑	77-82%	95.8%	92.8%
	Clinical	MMT Successful completion rate (RCA)	↑	2018 Baseline Year	70.0%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge (RCA)	↑	2018 Baseline Year	72.2%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$154,357	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	\	79.0%
	Service	Crisis Services Patient Experience Percent 9/10 Responses	↑	77-82%	0.0%	70.9%
	Clinical	Crisis & Suicide Prevention Hotline: % of callers who are linking with services within 72 hours (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old) (RCA)	↓	2018 Baseline Year	TBD	\
		Youth Crisis: avoid diversions of less than 72 hours. (RCA)	↓	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended (RCA)	↑	2018 Baseline Year	78%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments (RCA)	↑	2018 Baseline Year	332:193	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service (RCA)	↑	2018 Baseline Year	TBD	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	↑	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy [to be created] (RCA)	↑	2018 Baseline Year	89.0%	\
		Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (RCA)	↑	2018 Baseline Year	TBD	\
		Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$338,133

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
INPATIENT BEHAVIORAL HEALTH	People	Improve Leadership Index in Employee Engagement Survey	↑	63.4 - 66.4%	\	40%	
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	↑	77-82%	62.1%	54.7%	
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy scheduled within 4 business days (RCA)		↑	90-95%	89.8%	72.9%
		Percent of NCHC BHS Hospital patients that have a post discharge psychiatry appointment scheduled within 14 business days (RCA)		↑	90-95%	97.4%	\
		Detox: Length since previous admission (RCA)		↑	2018 Baseline Year	TBD	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge (RCA)		↑	2018 Baseline Year	TBD	\
	Community	Ratio of patient days served at NCHC vs. Out of County placements (RCA)	↑	2018 Baseline Year	445:107	\	
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$366,494	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
OUTPATIENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	67.3 - 70.5%	\	65%	
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	↑	77-82%	76.4%	78.7%	
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge. (RCA)		↑	90-95%	89.8%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge (RCA)		↑	90-95%	97.4%	\
		OWI Recidivism Rate (RCA)		↓	27-32%	27.5%	23.6%
		Day Treatment: Successful completion rate (RCA)		↑	2018 Baseline Year	28.0%	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator (RCA)		↑	90-95%	97.0%	\
		Hospitalization rate of active patients (RCA)		↓	2018 Baseline Year	2.4%	\
		Same day cancellation and no-show rate (RCA)		↓	2018 Baseline Year	19.7%	\
		Criminal Justice Post-Jail Release Access Rate (RCA)		↑	2018 Baseline Year	100.0%	\
		Day Treatment: % of eligible patients are admitted within 24 hours (RCA)		↑	2018 Baseline Year	TBD	\
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$110,344	\	

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Improve Leadership Index in Employee Engagement Survey	↑	45.2 - 47.3%	\	41%
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	↑	77-82%	78.3%	74.6%
		Activities - Patient Experience % Top Box	↑	64 -67%	67.5%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate	↓	11 - 13 %	9.0%	83.0%
		Long Term Care Decreased Number of Falls by 10%	↓	36 -38	38	42
		Legacies by the Lake 10% Decreased Number of Falls	↓	275 -280	83	308.0
		Adverse Event Rate / 1000 pt days	↓	12-12.3	12.6	14.3
	Community		↓			
	Finance	Medicare ADC	↓	17	23	\
		Nursing Home Patient Accounts - % of gross changes	↓	0.15% - 0.21%	0.51%	\
		Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$110,344	\
PAC / LTC Financial Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$338,133	\	
Legacies by the Lake Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$154,357	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Improve Leadership Index in Employee Engagement Survey	↑	54.07 - 57.3%	\	46%
	Service	Housekeeping Patient Experience Percent Excellent Responses	↑	67-70%	64.4%	65.2%
	Clinical	Weekly room checks pass/fail	↑	90-95%	92.0%	86.0%
	Community					
	Finance	Financial Task Force 5 Positive Variance	↑	\$249,472 - \$374,207	\$154,357	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 - 55%	\	50%
	Service	Laundry Patient Experience Percent Excellent Responses	↑	51-54%	47.9%	48.9%
	Clinical	Personal items missing per month	↓	70-75 per month	106	97
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$110,344	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 - 55%	\	50%
	Service	Nutritional Services Patient Experience Percent Excellent Responses	↑	67-70%	59.8%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		90-95%	95.5%	\
	Community					
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$338,133	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PHARMACY	People	Improve Leadership Index in Employee Engagement Survey	↑	74.5 -78.1%	\	71%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)	↓	95-97%	99.6%	\
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$110,344	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	70 - 73.7%	\	67%
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	↑	77-82%	89.0%	88.2%
	Clinical	% Of At Risk Investigations closed within 30 days. (RCA)	↑	70-80%	67.2%	64%
		Comprehensive Eval informtion entered in TIER within 24 hours of date report sent out to initial parties. (RCA)		75-85%	83%	87.0%
		% Of Risk Case Opened within 1 month of closure (RCA)		5% or below	3%	4%
	Community					
Finance	Finanical Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$338,133	\	

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey	↑	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical					
	Community	Increase in social media followers to Facebook and Twitter	↑	50%	33%	\
	Finance	Finanical Task Force 3 Positive Variance	↑	\$248,903- \$373,354	-\$338,133	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Improve Leadership Index in Employee Engagement Survey	↑	66- 69.3%	\	63%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)	↑	50-55	64	\
		Scanning Accuracy (25% audit, percent complete without error)	↑	95-98%	97.8%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)	↑	2-4	2	\
	Community					
Finance	Finanical Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$154,357	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey	↑	90 - 100%	\	100%
		Vacancy Rate for 2018	↓	5-7%	8.5%	9.8%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical					
	Community					
Finance	Finanical Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$154,357	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
QUALITY	People	Improve Leadership Index in Employee Engagement Survey	↑	70 -73.7%	\	67%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$110,344	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	90-100%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical					
	Community	Increase volunteers between the ages of 50-65 over current number of 50	↑	5-10%	4%	\
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$366,494	\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Improve Leadership Index in Employee Engagement Survey	↑	58.8-61.6%	\	56%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%
	Clinical					
	Community					
	Finance		Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$110,344
		Financial Statements Deadline (9 out of 11 months)	↑	by 8th of month	MET	Met

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
DEMAND TRANSPORTATION	People	Improve Leadership Index in Employee Engagement Survey	↑	78.7-82.5%	\	75%	
	Service	Patient Experience: % Top Box Rate	↑	77-82%	77.2%	77.2%	
	Clinical		Performing at least 2 Special Request duties a day	↑	40- 44 per month	144	\
			Number of trips	↑	12,400 - 13,000	3688	\
	Community						
	Finance		Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377.869	-\$366,494	\

Department	Domain	Outcome Measure		Target Level
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	
	Service	Patient Experience: % Top Box Rate	↑	77-82%
	Clinical	Provide 2,400 hours of IMS training	↑	200 hours per month
	Community			
	Finance	Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253

Department	Domain	Outcome Measure		Target Level	
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	21-22%	
	Service	Patient Experience: % Top Box Rate	↑	77-82%	
	Clinical				
	Community				
	Finance		Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869
			Days in Accounts Receivable	↓	30-35 days

Department	Domain	Outcome Measure		Target Level	
PURCHASING	People	Improve Leadership Index in Employee Engagement Survey	↑	58.8-61.6%	
	Service	Patient Experience: % Top Box Rate	↑	77-82%	
		Accurate paperwork from storekeepers	↑	95-97%	
	Clinical				
	Community				
	Finance		Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253
			Reduction of Budgeted Supplies and Nursing Supp	↓	8-15%: \$57,339 - \$107,510

2018	2017 YTD
\	50%
77.2%	77.2%
341.25	\
\$179,105	\

2018	2017 YTD
\	20%
77.2%	77.2%
-\$366,494	\
37	\

2018	2017 YTD
\	100%
77.2%	77.2%
96%	\
\$179,105	\
-\$39,938	\

2018 NCCSP Board Retreat Agenda

Thursday May 31, 2018, 12:00 p.m. – 6:30 p.m.

11:45 Lunch Served

12:00 Call to Order

Brief Regular Board Meeting Agenda Items

12:10 **Strategy Development**

Purpose and Intended Results for the Retreat

A. To offer the NCCSP Board of Directors the opportunity to reconnect with and develop a deeper understanding of the organization's Mission, Vision, Values, End Statements and Strategy.

B. To provide assumptions and a basis for the development of the 2019 Budget and rolling 3 Year Strategic Plan with corresponding preliminary budget forecasts for 2020 and 2021.

C. To start to frame out key strategic issues impacting the NCCSP Board's ability to achieve the stated End Statements.

1) Board Ice Breaker

Sue Matis, Human Resources Executive

2) Review of Mission, Vision, Values and End Statements

Jeff Zriny, NCCSP Board Chairman

3) 5 to 50 Vision, External Environment and Operational Assumptions

Michael Loy, Chief Executive Officer NCHC

4) 2019 Preliminary Budget Forecast and Timeline

Brenda Glodowski, Chief Financial Officer

5) Input from Retained County Authority on Priorities and Guidelines for the 2019 Budget

Lance Leonard, Retained County Authority Chair

1:00

BREAK

1:10

Community End Statement

Our Community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

1) Presentation by Mark Willenbring, MD, DFAPA

Our community lacks a vision for a comprehensive substance abuse strategy. Dr. Mark Willenbring is an internationally recognized addiction psychiatrist who has been pioneering new ways to treat alcohol and drug use disorders for over 30 years. Board members will work to develop a vision for a comprehensive and modern community-based treatment program. Dr. Willenbring will overview contemporary approaches to addiction along with providing a foundation for the development of a comprehensive community-based addiction strategy.

Objective: To have the NCCSP Board define a Vision for its role in providing leadership in developing a community-based substance abuse strategy.

RESOURCE: Prior to the Retreat, Board Members are encouraged to read the Executive Summary of: *Facing Addiction in America – The Surgeon General’s Report on Alcohol, Drugs and Health*

2:00

BREAK

2:10

2) Develop NCCSP’s Vision for developing a continuum of care for mental illness and addiction treatment for children and adolescents.

Over the last two years we have developed a much broader capacity for mental illness and addiction for the adult population. Board members will be asked to consider current service mix for children and adolescents to develop direction for future services and programs for this demographic.

Objective: To have the NCCSP Board determine whether to build vs. partner for these services at various levels of the continuum needed to provide an adequate service array in our community.

3:00

BREAK

3:15

Financial End Statement

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

1) Board Member's Guide to Future Health Care Reimbursement Models

Board members play an important role in the financial oversight and protection of the organization's assets, which includes future payments from third-party payers. This session will provide board members with a general overview of some of the future reimbursement models impacting NCHC, as well as discuss different potential payment models.

Objective: What did we learn, what do we still need to know to adequately define NCCSP Board's Strategy for Value-Based Payment, Clinical Affiliation and Alignment? The Board will give direction on future discovery work on these issues and general direction for approaching current and/or future relationships.

RESOURCE: Prior to the Retreat, Board Members are encouraged to read the American Hospital Association's 2017 Trend Watch Report: *Hospitals and Health Systems Prepare for a Value-drive Future*

4:15

BREAK

4:30

People End Statement

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus.

1) What does it mean to be a learning organization? If we choose not to become a learning organization, what are the ramifications? If we choose to become a learning organization, what are the ramifications? What impact do these choices have on our delivery of services?

Objective: To understand what a Learning Organization is, determine whether it is important to NCHC's future, and to being to materialize our strategy if we chose to embark on the journey.

RESOURCE: Prior to the Retreat, Board Members are encouraged to read:

A) *What is a Learning Organization? By Moya K. Mason*

B) *Harvard Business Review Tool Kit Article: Is Yours a Learning Organization?*

5:00 BREAK FOR DINNER

5:45 *Service End Statement*

We exceed our Consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

- 1) An overview of the transition from our current Patient Experience survey to a new survey tool effective July 1, 2018. Board members will be provided a copy of the current survey tools along with an overview of the new survey tools for Patient Experience and Referral Source Satisfaction.

Objective: Board Members will understand the reasons behind the transition, what it means for the Dashboard, and discuss how the Board would like to engage with the data in the future given the new opportunities the survey provides.

6:15 *Clinical End Statement*

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

- 1) Board discussion will occur on what the Board needs to know to determine how we measure success with our Clinical End Statements.

Objective: Through contemplation and discussion of the Clinical End Statement, the Board will further define success and requisite monitoring objectives needed to fully achieve the Clinical End Statement in the next several years.

6:30 ADJOURN