

**OFFICIAL NOTICE AND AGENDA**

Notice is hereby given that the **North Central Community Services Program Board** will hold a meeting at the following date, time, and location shown below.

**Thursday, March 26, 2026, at 3:00 p.m.**

North Central Health Care, **Eagle Board Room, 2400 Marshall Street, Suite A**, Wausau WI 54403

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

**Meeting Link:** <https://ccitc.webex.com/ccitc/j.php?MTID=mdcb6bfd72f6ae2b4be52a27b62bb2928>

**Meeting number:** 1-408-418-9388 **Access Code:** 2491 051 6727 **Password:** 1234

**Our Mission**

*Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.*

**AGENDA**

1. CALL TO ORDER
2. CHAIRMAN’S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
4. CONSENT AGENDA AND MONITORING REPORTS
  - A. Board Minutes and Committee Reports
    - i. ACTION: Approval of January 29, 2026 NCCSP Board Minutes
    - ii. FOR INFORMATION: Minutes of the January 14, 2026 and Draft Minutes of the February 25, 2026 Executive Committee Meetings
5. BOARD DISCUSSION AND/OR ACTION
  - A. Educational Presentations
    - i. Financial Update – J. Hake
    - ii. Compliance and Quality Update – B. Petersen
    - iii. Strategic Planning Update – V. Tylka
6. BOARD CALENDAR AND FUTURE AGENDA ITEMS
  - A. Next Board Meeting: Thursday, May 28, 2026, at 3:00 p.m.
7. ADJOURN

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**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

  
\_\_\_\_\_  
Presiding Officer or Designee

DATE: 03/20/2026 TIME: 2:00 PM BY: K. Barbier

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM

### BOARD MEETING MINUTES

January 29, 2026

3:00 p.m.

North Central Health Care

**Present:**

X	Eric Anderson	X	Chad Billeb	X	Chantelle Foote
ABS	Joshua Geoffrey	X	Kurt Gibbs	X	Chet Haatvedt
X	Kody Hart	X	Liberty Heidmann	X <sub>(Webex)</sub>	Renee Krueger
X	Lance Leonhard	X	Terry McHugh	X <sub>(Webex)</sub>	Jessi Rumsey
EXC	Robin Stowe	X <sub>(Webex)</sub>	Laurie Thiel		

**Staff Present:** Jason Hake, Vicki Tylka, Marne Schroeder, Karissa Nelson

**Others Present:** Brian Desmond, Deputy Corporation Counsel

Call to Order

- The meeting was called to order at 3:00 p.m. by Chair Gibbs.

Chairman’s Announcements

- None.

Introduction of New Board Member Terry McHugh

- Members of the Board, staff, and others present introduced themselves and welcomed Mr. McHugh as a board member representing Marathon County.

Public Comment for Matters Appearing on the Agenda

- None.

Consent Agenda and Monitoring Reports

- **Motion**/second, Foote/Haatvedt, to approve the December 2, 2025 NCCSP Board meeting minutes. Motion carried.

Financial Update

- Mr. Hake provided an overview of the November financials. Pine Crest will have a larger loss in the December financial statement due to paying out sick leave balances as part of the agreement. Health insurance continues to do well with a net income of \$80,000. Year-to-date financials have a net income of \$7.1 million, of which \$1.6 million is from Mount View Care Center from prior year adjustments. The \$2.5 million debt payment to Marathon County was paid in December; however, the winter CCS reconciliation payment arrived and offset the payment.

### Program Update – Community Treatment

- Marne Schroeder, Director of Community Treatment, and Karissa Nelson, Clinical Manager, provided an overview of Community Treatment’s four distinct programs: Comprehensive Community Services (CCS), Community Support Program (CSP), Coordinated Services Teams (CST), and Children’s Long-Term Support (CLTS).

### Strategic Planning Update

- The next step in the process is strategic prioritization. A two-hour workshop facilitated by Elizabeth McCrank, from UW Extension, will be scheduled in February or March. The purpose of the workshop is to review the information previously collected and identify priorities for a three-year plan. Workshop participants will be comprised of senior leadership, the Executive Committee, and some members of the Board. Upon completion of the workshop, action planning will be entrusted to directors and senior leadership.

### Closed Session

- Mr. Desmond explained that the rationale for a closed session is that the discussion could have reputational effects on the persons being discussed.
- **Motion**/second, Leonhard/Billeb, to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1)(c),(f) and (g), for the purpose of “[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility”, “preliminary consideration of specific personnel problems or investigation of charges against specific persons,” and “conferring with counsel” with respect to litigation NCHC could become, or is likely to be, involved in to wit: Discuss Program Specific Personnel Issues and Concerns, Update From Legal Counsel Regarding Potential Claims Associated with Employee Actions. Roll call vote taken; all indicating aye. The following individuals were allowed to remain in closed session: Mr. Desmond, Mr. Hake, and Ms. Barbier. Motion carried. Meeting convened in closed session at 3:45 p.m.
- **Motion**/second, Billeb/Foote, to return to open session at 4:01 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
  - None

### Board Calendar and Future Agenda Items

- The next meeting of the Board is scheduled for Thursday, March 26, 2026, at 3:00 p.m.

### Adjournment

- **Motion**/second, Billeb/Foote, to adjourn the meeting at 4:02 p.m. Motion carried.

*Minutes prepared by Kristina Barbier, Executive Assistant*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

January 14, 2026

1:00 p.m.

North Central Health Care

Present: X Kurt Gibbs X<sub>(Webex)</sub> Renee Krueger  
X<sub>(Webex)</sub> Lance Leonhard X Robin Stowe

Staff Present: Jason Hake, Vicki Tylka

Others Present: Brian Desmond, Marathon County Corporation Counsel

### Call to Order

- The meeting was called to order by Chair Gibbs at 1:00 p.m.

### Public Comment for matters Appearing on the Agenda

- James Meseberg addressed the committee regarding recent notification of a rate increase for cost for nursing home services.

### December 2, 2025 Executive Committee Minutes

- **Motion**/second, Stowe/Leonhard, to approve the December 2, 2025 Executive Committee meeting minutes. Motion carried.

### Financial Update

- Mr. Hake provided an overview of the November financials highlighting a net income for service programs of \$473,000. Pine Crest will have a larger loss due to accruing for sick leave in December. The sick leave accrual will be expensed in 2025 and paid out in 2026. Health insurance continues to run strong through November. Year-to-date financials have a net income is \$7.1 million, of which \$1.6 million is from prior year. The \$2.5 million debt payment to Marathon County was paid in December; however, the winter CCS reconciliation payment arrived and offset the debt payment.

### Medical Clearance Update

- Ms. Tylka provided an overview of the proposed on-site medical clearance model at NCHC's Behavioral Health Hospitals as outlined in the memo provided in the packet.
- The Committee is in favor of next steps and supports further evaluation of the proposed model.

### Clinical Coordinator Position Request

- Ms. Tylka provided an overview of the position request for a Clinical Coordinator as outlined in the memo provided in the packet.
- **Motion**/second, Leonhard/Krueger, to approve the Clinical Coordinator position increasing from 0.8 FTE to 1.0 FTE as presented. Motion carried.

### Nursing Home Operations Committee

- The Committee agreed with Mr. Hake's request to move the discussion about the continuation of the Nursing Home Operations Committee to a future meeting.

### Closed Session

- Mr. Desmond explained that the rationale for a closed session is to discuss strategy and things related to the lawsuit and not lose any tactical advantage based on our discussion.
- **Motion**/second, Leonhard//Krueger to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1) (g), for the purpose conferring with counsel with respect to litigation NCHC could become, or is likely to be, involved in, to wit: Kraegenbrink Notice of Claim. Roll call vote taken, all indicating aye. The following individuals were allowed to remain in closed session: Mr. Desmond, Mr. Hake, and Ms. Barbier. Meeting convened in closed session at 1:36 p.m.
- **Motion**/second, Stowe/Krueger to return to Open Session at 1:47 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
  - No action taken.
  - Counsel will continue to provide updates.

### Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, February 25, 2026, at 1:00 p.m. in the NCHC Eagle Board Room.

### Adjournment

- **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 1:48 p.m. Motion carried.

*Minutes prepared by Kristina Barbier, Executive Assistant*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

February 25, 2026

1:00 p.m.

North Central Health Care

Present: X<sub>(Webex)</sub> Kurt Gibbs X<sub>(Webex)</sub> Renee Krueger  
X Lance Leonhard X Robin Stowe

Staff Present: Jason Hake, Vicki Tylka, Brandy Thorne

Others Present: Brian Desmond, Marathon County Corporation Counsel

### Call to Order

- The meeting was called to order by Lance Leonhard at 1:00 p.m.

### Public Comment for Matters Appearing on the Agenda

- None.

### January 14, 2026 Executive Committee Minutes

- **Motion**/second, Stowe/Krueger, to approve the January 14, 2026 Executive Committee meeting minutes. Motion carried.

### Introduction of Brandy Thorne, Interim Human Resources Director

- Mr. Hake introduced Brandy Thorne as the Interim Human Resources Director. She joined NCHC in December 2024 as the Manager of Learning & Development. A brief overview of her background was shared.

### Financial Update

- Mr. Hake provided an overview of preliminary financials for December and indicated a year-end net income of \$5.9 million, of which \$1.6 million is from prior year payments through Mount View. Overall, health insurance did well in 2025. Cash remains stable. January financials reflect a net income of \$335,000 for service programs. Starting in 2026, the tax levy has been removed from individual programs and is now a separate category called appropriations on financial statements. Health insurance remains favorable.

### Learning & Development Coordinator Position Request

- Ms. Thorne provided an overview of the position request for a Learning & Development Coordinator as outlined in the memo included in the packet. Funds for this position will come from an open HRIS Specialist position that will not be filled. Net impact (cost savings) \$21,524.
- **Motion**/second, Stowe/Gibbs, to approve the Learning & Development Coordinator position as presented. Motion carried.

### Nursing Home Operations Committee

- The Nursing Home Operations Committee was created due to contractual requirements when Pine Crest operations transferred to NCHC. With the sale of Pine Crest, it is no longer needed.
- No action taken.

### Long-term Sustainability of Adult Day Services in Langelade County Due to Decreased Funding

- Mr. Hake provided an overview of the long-term sustainability of Adult Day Services in Langelade County as outlined in the memo included in the packet.
- The Committee supports the creation of a communication plan and timeline.
- No action taken.

### Medical Staff Recommendations

- **Motion**/second, Gibbs/Stowe, to approve the following recommendations of the Medical Staff: Reappointments for Hannah Wenzlick, PA-C., Kessa Erickson, APNP, Ridhwi Mukerji, M.D., and Tiffany Pluger, APNP, Amendments for Daniel Hoppe, M.D., and Jean Vogel, M.D. Motion carried.

### Closed Session

- Mr. Desmond explained that the rationale for a closed session is to discuss strategy and things related to the lawsuit and not lose any tactical advantage based on discussion.
- **Motion**/second, Stowe/Gibbs, to go into Closed Session (Roll Call Vote Suggested) Pursuant Wis. Stat. s. 19.85(1)(g), for the purpose of “[c]onfering with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved”, to wit: Consult with counsel regarding the possibility of a settlement proposal and delegate settlement authority, if any, to counsel representing NCHC in pending litigation. Marathon County Case No: 25CV345. Roll call vote taken. All indicating Aye. The following individuals were allowed to remain in closed session: Mr. Desmond, Mr. Hake, and Ms. Barbier. Meeting convened in closed session at 2:00 p.m. Motion carried.
- **Motion**/second, Gibbs/Krueger, to return to open session at 2:05 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
  - No action taken.
  - Direction has been provided to counsel.

### Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, March 25, 2026, at 1:00 p.m. in the NCHC Eagle Board Room.

### Adjournment

- **Motion**/second, Stowe/Krueger, to adjourn the meeting at 2:06 p.m. Motion carried.

# Draft: North Central Health Care Strategic Plan Update

March 13, 2026

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## Executive Summary

This strategic plan outlines North Central Health Care's (NCHC) key priorities and goals for 2026-2029. It was developed through a collaborative process involving the NCHC Executive Director, NCHC Directors and other staff, community health care partners, and the NCCS Program Board (which includes representatives from all three member counties) and assisted by educators from the University of Wisconsin-Madison, Division of Extension. The plan reaffirms the organization's Mission, Vision, and Core Behaviors, and focuses forward on:

- **Prioritizing & Aligning Core Services:** NCHC will identify and prioritize the core services delivered to residents of the tri-county partnership.
- **Maintain Financial Stability by Aligning Resources & Optimizing Access to Core Services:** NCHC will maintain financial stability and allocate resources to position NCHC to be a benefit to the counties and communities served.
- **Communicate & Clarify the Benefit of NCHC, both Internally and Externally:** NCHC will be able to set forth clear descriptions of the benefits that the unique structure of NCHC provides to county partners and the public.

The plan also includes a short-cycle action plan designed to create the foundation for the goals outlined above.

## Tri County Community Profile/s

While NCHC serves a tri-county population of 186,421 (2023 data), that population is not distributed equally or evenly nor are its needs uniform or clear. While Marathon County has a population of over 138,500, Lincoln has only 28,400 and Langlade has the smallest population at just over 19,400. Almost half of Marathon's population -- about 69,000 people -- is clustered around one urban area, the city of Wausau. Langlade also has only one urban area, the city of Antigo, but with a population of only 8000 people, that city is 7 times smaller than the metropolitan Wausau area. Lincoln is an outlier in demography since there are two urban clusters, Merrill (9400) and Tomahawk (3400). Notably, those two cities combined contain just under half of the county population. The split functionally means that Lincoln County has a significantly higher low-population density than the presence of two urban areas would suggest. Thus, the average rural population for all 3 counties combined is 56%, with Marathon close to 40% and Lincoln over 66%. NCHC's structure is unique compared to other counties in Wisconsin. NCHC is one of two combined 51.42 departments, the other being Iowa and Grant Counties. NCHC counties are 3 of the 6 counties in the state that do not operate as a Human Services or Health and Human Services Department. (Iowa, Grant, and Clark are the other 3.)

Significantly, the over-65 age group in Lincoln and Langlade is 26.6% and 24.4% respectively. In both counties, that number is increasing. Aging population is likely to be one of the primary challenges for health care delivery in both of those counties for the foreseeable future. Despite many services and amenities that are helpful for people over the age of 65, Marathon County has an over 65 population of only 19.7%. The health care needs of younger populations thus share more equally the demands of the older population in Marathon County.

The most significant variations amongst the three partners are in the ratio of providers to residents. Langlade has only 1 primary care provider for every 1300 residents, Lincoln has 1 per 1890 residents (despite the presence of both a Marshfield Clinic facility and an Aspirus clinic), while Marathon County has 1 primary care provider for every 1010 residents. The ratio in Lincoln County is consistent with many rural areas and generates a significant workload for practitioners. Even more daunting are the ratios of mental health providers in the 3 counties: Langlade has 1 provider per 890 residents, Lincoln has 1 provider for every 1360 residents, while Marathon has 1 provider for every 380 residents. Clearly, Langlade and Lincoln face desperate shortages in this area and, despite having smaller populations, end up having as great, if not a greater, need for these services that does Marathon County. Neither county possesses enough providers to meet their population's needs. At first glance, Marathon County appears to be in a far better position

relative to the other two counties. But with a population almost 3 times greater than the other two counties combined, providers in Marathon County are in constant demand. The risk there is overwork and burnout of providers.

Looking at the most recent reports from the health departments of each of the counties, Langlade county's most recent health assessment (2022-2025) identified mental well-being, alcohol and drug use, chronic conditions (e.g., obesity) and healthy living/active lifestyles as the top priorities and areas of concern for the county. Access to mental health resources was identified in both surveys and key informant interviews.

The most current Marathon County LIFE report (produced every two years to evaluate and track community strengths, weaknesses and potential priority issues) was published in 2023. That report highlighted 4 areas of concern, two of which are immediate and germane to the work of NCHC: mental health and substance misuse.

Finally, Lincoln County's most recent health assessment was completed in 2023. Community members identified mental health and emotional well-being, reductions in community prevention staff, and an increasingly aging population with more needs as significant health concerns.

All three counties thus identified mental health and substance abuse as top health concerns and priorities. Those areas are, of course, among NCHC's strengths and thus demonstrate both previous efforts to align NCHC with community needs as well as the need for NCHC to continue delivering those services uninterrupted for the foreseeable future. In short, NCHC already is an *essential* part of the tri-county health landscape and appears appropriately focused on the most pressing needs of the communities.

Finally, Appendix C shows a list current to 2026 of Medical and therapeutic providers in each of the three counties that might reasonably be expected to draw on the same pool of resources as NCHC as well as to be potential sources of support and collaboration.

## Proposed Strategic Plan with 3-Year Priorities at a Glance

[Image to be produced by  
NCHC Marketing Department upon Adoption of Plan]

The image above provides a summary of the strategic plan, highlighting the commitment to our initial vision, mission, and core behaviors while identifying the short-term actions designed to support those primary efforts and reserve other potential capabilities.

### Strategic Planning Process

This strategic planning document for NCHC has been developed through a collaborative and iterative process initiated in June 2025 by the new Executive Director as NCHC experienced a formal leadership transition. Recognizing the need for clear priorities to guide the organization and the management team in the coming years, the Executive Director contacted UW-Madison's Division of Extension: Community Development Institute for assistance in revisiting existing strategic plans and developing a path for the organization going forward.

The intended focus of this planning effort was to identify key priority areas that would provide a strategic framework for the organization's work. The aim was not to delve into granular operational details, but rather to achieve consensus on the most critical priorities demanding NCHC's limited time and resources. A summary of the process is outlined below.

NCHC's request included exploring the following questions:

- How does NCHC excel at providing services to the community?
- How can NCHC ensure their goals align with the goals of the counties, and address the counties' pain points?
- How can NCHC ensure they are addressing community needs?
- How does NCHC avoid duplicating services?

- How does NCHC better collaborate with human services, social services, law enforcement, the justice system, health departments, and other community and county partners?
- How can NCHC create a shared set of goals for the organization that are relevant to each department and support organizational culture?

Based on NCHC’s intention for this strategic planning process and how rapidly the funding and care needs environment is changing, it was recommended that NCHC develop a 3-year strategic plan comprised of:

1. A trends, gaps, and opportunities summary
2. Strategic priorities and 3-year goals
3. Short-cycle action plans (e.g., 6-12 months)

A plan of this nature provides a combination of longer-term strategy and short-term action. It allows for adaptability and flexibility while at the same time keeping in mind a longer-range trajectory aimed at addressing the priorities of NCHC and its county partners.

Pre-planning began in June of 2025. This included defining the strategic planning process's objectives, scope, scale, and timeline and the agreement of a project charter. The full charter of this process is in Appendix A. Data collection began in September of 2025 via a short survey of department heads to assess if NCHC's core values and mission remain relevant as well as collection of public data that identified conditions and relevant trends in the three-county service area. The results of the data collection provided the basis for the tri-county profiles below and appear in Appendix B. The results of the Missions, Vision, Values survey appear in Appendix C.

In September 2025, Extension educators facilitated focus groups with the NCHC Directors and other key staff. Responses from these groups provided additional information surrounding emergent trends and changes in the environment that NCHC operates in as well as information about the organization itself. Of particular importance, this scan included a consideration of what other groups, organizations or situations draw on the same resources as NCHC.

In November 2025, the NCCS Program Board participated in a focus group designed to provide feedback on partner relationships, challenges to resources and sentiment concerning the respective partnerships.

## Strategic Plan Process Short Action Plan

At this point in the process, this preliminary report exists to form the foundation of the third part of this process: Strategic Prioritization Agreement. It is planned that in March of 2026 Senior Leadership, the Executive Committee, and the Program Board will:

1. Identify priorities and 3-year goals
2. Engage in a mission alignment activity
3. Identify what could help or hinder the organization and its units in achieving the 3-year goals
4. Adopt the Priority Goals

Development of Strategies for Respective Goals: March-April 2026

Once adopted, the priority goals will be disseminated to the Directors for development of strategies for the achievement of each of the goals. That development will take place in a Strategy/Action planning workshop for the Directors.

At that workshop, the Directors will focus on:

1. Strategies for achieving the priority goals
2. Their unit's role in achieving each priority goal
3. Action plans for 3 months, 6 months, and 12-month steps toward priority goals
4. Developing progress metrics for each action plan
5. Creating an Action Plan Review Process on a predetermined schedule (e.g., every 6 or 12 months as determined by the Senior Leadership) including establishment of criteria for generation of new action plans if/when needed

Subsequently, Directors will create more detailed action plans for their individual departments, teams and units. As part of creating the action plans, Directors will engage staff and relevant partners.

**Action Plan Renewal:** Every 6-12 months, as determined by Senior Leadership.

Directors will engage their staff and relevant partners in reviewing progress on action plans and creating the next cycle's action plan.

Progress reports and new action plans will be shared with the Executive Committee and the Program Board.

The final step is the formal review and adoption of the plan, including Strategies and Proposed Action Plans, by the Executive Committee and the Program Board, which adoption will initiate the steps outlined above.

## Affirming Mission, Vision, Core Behaviors

NCHC's commitment to serving its residents and stewarding its resources remains steadfast as demonstrated by the results of the Directors & Partners Survey that opened this process (see survey and results in Appendix B). Building upon the foundation established in previous strategic plan efforts, this updated document reaffirms the enduring Mission, Vision, and Core Behaviors that guide our work. These fundamental principles continue to be the bedrock upon which all NCHC initiatives and services are built.

**The NCHC Mission (current):** Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery and long-term care needs.

- This mission underscores our commitment to continuous organizational self-assessment, establishment and evaluation of humane and compassionate care approaches, and the effective delivery of essential services that positively impact the lives of our community members including and especially those most vulnerable.

**Our Vision for NCHC (current):** Lives Enriched & Fulfilled

Partners may wish to revisit both the mission and vision statements based on focus areas below and results of NCHC Mission, Vision, Values survey illustrated in Appendix C. Noted revision is to reference sustainability in the Mission Statement.

We envision a future where NCHC thrives across four key interconnected areas:

1. **Resident Access to High Quality Mental Health and Substance Abuse Crisis Care and Ongoing Care:** Where all residents have access to resources and support necessary for physical, mental, and social well-being.
2. **Delivery of Sensitive and Nurturing Residential Care at Mount View Nursing Home:** Where strong connections and positive interactions foster a sense of belonging, trust, and collaboration among residents, partners, and NCHC staff.
3. **Building and Maintaining Relationships and Partnerships with Community Partners for Seamless Service Response and Real-Time Monitoring of Emergent Needs:** Where well-maintained and forward-thinking infrastructure supports the needs of an ever-changing community, works constructively with community partners and enhances both the capacity and the quality of life for all.

4. **Be proactive around enhancing or implementing new approaches or programs:**  
Where creative and innovative approaches to problem solving and preparation combine with cross-training and collaborative relationships to position NCHC for potential unforeseen but serious challenges.

## Our Core Values

NCHC and its elected and appointed public servants representing the three county partners as well as other community partners, are united by six core behaviors that shape our organizational culture and guide our daily actions:

- **Dignity:** We are dedicated to providing excellent service with acceptance and respect to every individual, every day.
- **Integrity:** We keep our promises and act in a way where doing the right things for the right reasons is standard.
- **Accountability:** We commit to positive outcomes and each other's success.
- **Partnership:** We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.
- **Continuous Improvement:** We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.

These affirmed Mission, Vision, and Core Behaviors provide a consistent framework for our **Person-Centered Service** and serve as guiding principles as we move forward in addressing the evolving needs of NCHC. They represent our enduring commitment to excellence and our dedication to building a thriving future for all. The following strategic goals, developed from the Directors' focus groups and the discussion session held by the Program Board, are consistent with these values, vision and mission.

# Strategic Goals for 2026-2029

## Goal 1: Prioritizing & Aligning Core Services

NCHC will identify and prioritize the core services delivered to residents of the tri-county partnership.

- **Service Optimization: Define and categorize services as mandated, core, sustaining or discretionary.** Order services offered by origin, key impacts, and function within NCHC for use in balancing resource allocation, both financial and human, to maintain financial stability.
- **Continuous assessment of service delivery and reconciliation to partner imperatives:** Develop a systematic assessment instrument to ensure alignment of service delivery with partner counties' priorities.
- **Future/Potential Service Delivery Planning:** Develop a procedure for reviewing core services that balances mandates and value, facilitates ongoing conversations and provides guidance for action planning.

## Goal 2: Maintain Financial Stability by Aligning Resources & Optimizing Access to Core Services

NCHC will maintain financial stability and allocate resources to position NCHC to be a benefit to the counties and communities served.

- **Initiate a process to inventory services, including related supply, equipment and resource needs:** Develop a comprehensive inventory of and costs related to services including supplies, equipment, staffing and other necessities of providing those services.
- **Establish Financial Stability Frameworks and Planning Processes:** Develop policies and procedures to support the sustainability of priority programs, including financial forecasting, identification of revenue risks, and proactive strategies to optimize service delivery and operational efficiency.
- **Align Resources to High-Impact Core Services:** Utilize data on utilization, outcomes, and cost to prioritize investments and reallocate resources toward services that deliver the greatest value to those we serve and the community.
- **Optimize Access Through Efficient and Flexible Service Delivery Models:** Improve access to priority services by evaluating scheduling, staffing models, and service delivery approaches to better meet customer demand while maintaining financial stability.

### Goal 3: Communicate & Clarify the Benefit of NCHC, both Internally and Externally

NCHC will be able to set forth clear descriptions of the benefits that the unique structure of NCHC provides to county partners and the public.

Recognizing that many of the challenges and opportunities facing NCHC extend beyond jurisdictional boundaries and profession-specific services, this goal emphasizes the critical role of strong, collaborative partnerships in achieving measurable community impacts. By actively engaging with our residents, local units of government, and other key partners, we can foster a unified and comprehensive approach to addressing regional issues, leveraging collective resources, and creating a more vibrant resilient and effective NCHC for all.

- **Clarity of Ownership & Relationships:** Develop a clear statement of NCHC’s relationship to county partners and identify ultimate ownership of brand, resources, and decision-making powers.
- **Demonstrate Economy of Scale Resulting from Combined Efforts of County Partners:** Demonstrate value added to needs of partners in continuum of services, time and money saved, reduced service failures and decreased service delivery times.
- **Pursue Collaborative Efforts with Other Entities Based on Community Messaging:** Pursue and strengthen relationships with the public based on data illustrating benefits derived and delivered, shared impacts, favorable community positions.

## Next Steps

Upon adoption of the 3 goals, successful implementation of this strategic plan hinges on coordinated efforts across all departments and continuous oversight. The following outlines the immediate actions and ongoing responsibilities to ensure the plan's objectives are met:

### Departmental Integration & Work Plans

Individual Directors are responsible for translating the overarching strategic goals into actionable initiatives within their respective areas. They will work closely with the Executive Director to **catalog assets and services, develop comprehensive work plans and inter-disciplinary response plans as well as messaging for use both internally and externally** that aligns with the stated goals and strategies of this plan. These departmental action plans should not only support the broader organizational strategic direction but also address specific departmental needs and leverage potential.

### Reporting & Oversight

To ensure accountability and track progress, all department heads will be tasked with incorporating information about their department's activities related to the strategic plan in the following reports:

- **Midyear Reports:** These reports will include updates on strategic plan activities, progress towards departmental goals, and any challenges or successes encountered.
- **Annual Report:** The annual report will provide a comprehensive review of the department's contributions to the strategic plan over the past year, highlighting achievements and outlining future plans.
- **Director's Narrative:** Director narratives will identify and specify how proposed actions/occurrences support or challenge the strategic plan's objectives and contribute to NCHC's overall goals.

## Plan Review & Discussion

The Executive Committee and NCCS Program Board play a crucial role in overseeing the strategic plan's progress and direction. They will **review and discuss the direction of the plan** as an integral part of their overall work plan and goals with Executive Director. This ongoing dialogue will ensure the plan remains relevant, responsive, and effectively guides county-wide initiatives. The committee is encouraged to invite Directors to be present on occasion to ensure narratives not easily captured by assessments nonetheless come to the attention of the Board.

## Evidence-Based Policy Decision-Making

To further advance the strategic plan and ensure optimal outcomes, **Directors are encouraged to pursue evidence-based policy decision-making**. This involves:

- **Identifying key procedural questions** relevant to the strategic plan's goals.
- **Gathering and analyzing relevant data** from both internal sources (e.g., departmental performance metrics, community surveys) and external sources (e.g., academic research, best practices from other health organizations, and demographic trends).
- **Evaluating potential policy options** based on the evidence, considering their likely impact, costs, and feasibility.
- **Developing recommendations** grounded in data and research, presenting a clear rationale for proposed actions to the Administration and other relevant stakeholders.

This approach will foster more effective and impactful policy decisions, contributing directly to the successful achievement of NCHC's strategic objectives.