

OFFICIAL NOTICE AND AGENDA
MEETING of the North Central Community Services Program Board to be held at
Lincoln County Administrative Office, 801 Sales Street, Merrill, WI 54452
at 12:00 pm on Thursday, September 27, 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 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.

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 – Limited to 15 Minutes
3. Chairman's Report and Announcements – J. Zriny
4. Board Committee Minutes and Reports
 - A. Review the Minutes of the 09/20/18 Executive Committee Meeting
5. Consent Agenda
 - A. ACTION: Approval of 8/30/2018 NCCSP Board Meeting Minutes
 - B. Human Services Operations Report – L. Scudiere
 - C. Nursing Home Operations Report – K. Gochanour
 - D. Quality Outcomes Review – M. Loy
 - i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
6. Board Education
 - A. Overview of the Updates to the NCHC Website – Jessica Meadows, Communications Manager
7. Monitoring Reports
 - A. CEO Work Plan Review and Report – M. Loy
 - B. Chief Financial Officer's Report – B. Glodowski
 - i. ACTION: Review and Accept August Financial Statements
8. Board Discussion and Possible Action
 - A. Annual CEO Evaluation – Todd Penske, PeopleFirst HR Solutions Inc.
 - i. ACTION: Approve CEO Evaluation Process
 - ii. ACTION: Approve CEO Evaluation Form
 - B. Policy Governance – Keeping the NCCSP Board Accountable
 - i. ACTION: Discussion and Possible Action Regarding Board Policy Monitoring and Evaluation
9. MOTION TO GO INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events
 - B. Pursuant to Section 19.85(1) (c) Wis. Stats. for the purpose of considering employment, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, to wit: CEO Compensation Recommendation to the Retained County Authority Committee
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn**

*** Board members will be invited to tour the newly renovated Merrill NCHC Office located at 607 N. Sales Street, Ste. 309 immediately following the conclusion of the NCCSP Board Meeting*

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: 09/21/2018 TIME: 4:00 PM BY: D. Osowski


Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

September 20, 2018

3:00 PM

NCHC Wausau Board Room

Present: X Jeff Zriny X Steve Benson
X Via Corrie Norrbom X Bob Weaver
phone

Others present: Michael Loy

Chair 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 08/28/18 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 08/28/18 Executive Committee meeting minutes; motion passed.

CEO Performance Evaluation Process

- Todd Penske, PeopleFirst HR Solutions Inc., took the work of the Executive Committee, added the comments from Lance Leonhard, Chair of the Retained County Authority Committee (RCA) and Michael Loy, which results in the documents distributed.
- The RCA maintained the Tri-County Agreement as their point of reference in creating the CEO Performance Evaluation Process and emphasizing contractual obligations of both bodies.
- There are three parts to the evaluation process:
 1. Essential CEO Accountabilities which are evaluated annually by the NCCSP Board and the Executive Management Team
 2. CEO Leadership Qualities and Personal Attributes which are also evaluated annually by the NCCSP Board and Executive Management Team
 3. Annual Budget Priorities, the RCA-CEO Work Plan, and Performance Expectations and Outcomes for the CEO which are evaluated annually by the NCCSP Board and both mid-year and annually by the RCA.
- An independent company will collect and compile the feedback and provide a summary report to be reviewed jointly with the Executive Committee and the RCA. The RCA Chair and NCCSP Board Chair will then meet to review the evaluation with the CEO.
- The NCCSP Board will make a recommendation on the CEO compensation, based on performance and industry standards, to the RCA who has the final authority in setting the CEO compensation.
- Todd Penske will attend the RCA and NCCSP Board meetings on Sept. 27, 2018 to provide an overview of the documents and process.
- A timeline on when the steps in the process will occur each year will be provided to help understand the sequence of steps.

- Michael Loy will ask T. Penske to draft a memorandum regarding compensation for the NCCSP Board to review in closed session at the Sept. 27 meeting with T. Penske. Following the discussion the recommendation will be forwarded to the RCA.
- **Motion/second, Zriny/Weaver**, to recommend the CEO Performance Evaluation Process, Form, and Memo to the Board for approval. Motion carried.

CEO Report

- The Master Facility Planning is progressing. Architects and engineering firm have been hired, the contracts are finalized, and the site survey has been completed as well as an engineering tour. This week space allocation was reviewed. Their comment after this week of meeting with our staff is that it was very clear that staff knew what they wanted and their work will help to be efficient. We are targeting December 1 for completion of preliminary plans. The conceptual design will change. Michael Loy will forward examples of work products of the architectural firm to the Committee members.
- Recruitment is on hold for the General Counsel position. The RCA questioned whether NCHC could hire general counsel on staff and feels an amendment to the Tri-County Agreement may be necessary. The Agreement states NCHC can hire a private attorney. Committee asked if a paralegal can be hired in the interim. It is felt that this is a possibility and NCHC is in conversation with our legal firm about this option.
- Merrill office remodel has been completed. There will be an Open house following the Board Meeting in Merrill on Sept. 27 from 2-6 p.m. The Committee asked to make sure the Judges, the District Attorney, and the Lincoln County Board receive invitations. It was mentioned that there is some tension toward NCHC which we had not been aware of and the opportunity to have conversations with them during this event may have positive effects.
- We are in the process of purchasing the Clubhouse property and hope to bring to the Board for approval in October.
- We are also in the process of selling the Hillcrest property and will bring to the Board for approval when appropriate. We haven't utilized the facility for about a year due to the multiple level home and not being conducive for a residential home. We are also engaged in conversation with Langlade County about facility space. Also working on other potential real-estate options.
- Dr. Dia Arpon has accepted and signed an offer letter of employment. We are working on the details of her employment contract. She and her family will be returning to Wausau in October to look for housing. She is excited to teach and to come to central Wisconsin next spring. We also interviewed Dr. Anthony Vita who is interested in inpatient psychiatry; an offer letter will be forwarded by the end of the week. Another interview is occurring this week with a potential outpatient psychiatrist as well as an interview with a child/adolescent psychiatrist next week.
- We applied for an In-home Youth Crisis Stabilization Grant. We feel we are in a good position to receive the \$250,000 grant and hope to hear the results next week.
- We are working with the Aging and Disability Resource Center, Marathon County Special Education, and a local clinic regarding partnership opportunities and expansion of services.
- We are investing a lot of time to redevelop our clinical leadership structure including holding an off-site retreat for the clinical team with training by the Wisconsin Hospital Association on physician led quality initiatives. We will also be reviewing/updating the Bylaws and will be talking about including Medical Staff on our Board.
- We are currently talking with Portage County and Lincoln County on how we can work together in regard to our skilled nursing facility operations to obtain a stronger position within the market as the value-based payment system implementation nears.

- September Board Agenda:
 - Jessica Meadows, Communications & Marketing Coordinator, will be providing a presentation on the launch of our new website at the September Board meeting.
 - Update from the Medical Staff by Dr. Rick Immler, on the psychiatry residency program, and providing medical staff leadership time with the Board.
 - CEO Evaluation Process and Form
 - A check-in on Policy Governance and next steps. Board will be asked to reach a chapter in the Policy Governance manual on monitoring policies, cover framework, and put a calendar together for next year.
 - Executive Committee will need to meet in October to identify a nominating slate of officers for 2019.

Adjourn

- **Motion**/second, Weaver/Benson, to adjourn the Executive Committee meeting at 4:08 p.m.
Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

August 30, 2018

12:00 Noon

Wausau Board Room

Present:

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

Guest: Brian Schoeneck, LeadingAge

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

Call to order

- S. Benson called the meeting to order at 12:03 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements

- S. Benson informed the Board of the resignation of Janice Gulsvig.

Board Committee Minutes and Report

- The Executive Committee met on Tuesday to review a proposed draft of the CEO evaluation process.

Consent Agenda

- **Motion**/second, Metter/Seefeldt, to approve the Consent Agenda. Motion carried,

Board Education

- Presentation of the 2019 Proposed Budget – M. Loy and B. Glodowski
 - M. Loy provided an introduction of the 2019 Proposed Budget and highlighted the achievements of 2018 and what to look forward to in 2019. The goal today is for the Board to recommend a budget to the Retained County Authority Committee (RCA). The RCA will review and make a recommendation of the NCHC 2019 Proposed Budget to each of the three County Boards. Upon approval of the three County Boards, the approved 2019 Budget will be implemented.
 - Several key items were noted: the contingency funding is at 2.86%, tax levy funding is at 8.99% as we are giving tax levy back to Marathon County for its Family Care liability. Marathon County will now pay the family care liability directly rather than a pass through to NCHC.

- The following 2019 Key Priorities were also reviewed: to develop NCHC into a Learning Organization, build Medical Staff and Physician Leadership capacity, update our Information Services platform, create a comprehensive community-based substance abuse strategy, develop a comprehensive Youth Crisis Stabilization Service Continuum, improve communication of services with a Point of Access change with staff responding to incoming calls from 7a-7p, and improve data sharing between our county partners and schools.
- B. Glodowski provided highlights of the 2019 Proposed Budget:
 - The 2019 Budget is a 5.12% increase or \$3.4 million which is a change from the 2018 annual budget of \$66.7 million to \$70 million
 - Nursing Home Census Remains at 185/day
 - Nursing Home Medicare and Medicaid Rates Increase
 - Hospital Census Remains at 14 Per Day
 - Psychiatry Residency Program is Included
 - Outpatient Psychiatry has Significant Growth
 - Community Treatment Growth Continues
 - Billable Targets are Set for All Programs
 - Funding for Merit Increases of 2½ %
 - Includes Phase 2 of Market Adjustment for RN's
 - Includes 15.77 Additional FTE's
 - WI Retirement System Rate Decrease by 0.15%
 - Health Insurance Increases
 - Contingency Fund Increases
 - Additional 15.77 FTE's
- **Motion**/second, Weaver/Balk, to recommend the 2019 Proposed Budget to the RCA for consideration and approval. Motion carried.
- Implementation of CMS's Patient-Driven Payment Model (PDPM) – Brian Schoeneck, Leading Age Wisconsin
 - B. Schoeneck provided an overview of the PDPM for skilled nursing homes; a new Medicare payment program. PDPM will no longer use RUGs or therapy minutes to determine the reimbursement rate. PDPM has increased the number of components that will be used to determine the reimbursement rate and is intended to be budget neutral (before behavior changes). New program is anticipated to be effective as of 10/1/19.
 - It will be important to understand the changing dynamics, to have a good relationship with the hospitals, and continue to provide care to complex cases.

Monitoring Reports

- CEO Work Plan Review and Report – M. Loy
 - A contract with the architect was signed last week and will begin working on a project plan.
 - We are working with the RCA on their concerns with the general counsel position. An update should be available in Sept.
 - The Merrill office remodel project is on target and will be opening to the public on 9/10.

- The Board meeting on 9/27/18 will be held in Merrill; additional details will be forwarded.
- Psychiatry Recruitment is busy with visits from two psychiatrists during the last 2 weeks and another 3 visits during September.
- We should have a different insurance broker by the end of this week.
- **Chief Financial Officer's Report – B. Glodowski**
 - July ended with a \$298,000 gain. Several significant events occurred in July: the census remained stable, several outpatient areas improved, and we received a \$1.2 million payment for certified public expenditures that we did not anticipate. This type of payment has been received four times in the last 10 years. In lieu of this payment, we determined it would be the right time to write off the \$498,000 related to the nursing home project from several years ago. The Board had decided in 2017 that this amount should be written off by year end 2018. The State Institute expenses were up and the workers compensation claim carrier recalculated our reserves and determined there needed to be \$151,000 added to the reserves. We remain slightly ahead of target through July.
 - **Motion**/second, Balk/Wagner, to accept the July Financial Statements. B. Weaver agreed that it was appropriate to write-off the nursing home expenditure at this time. Motion carried.
- **Human Services Operations Report – L. Scudiere**
Three areas were highlighted:
 - Medically Monitored Treatment Expansion was complete and in July we were able to increase services from 6 to 14 beds. The program has been full since the expansion.
 - The Intensive Outpatient Program in Langlade County is now operating and the Day Treatment Program opened as of 8/13/18. The inaugural run began with 5 active participants. The group is not closed so new participants can join at any time. We are also working closely with Probation and Parole which is going well.
 - The Treatment Alternatives and Diversions (TAD) program will connect Langlade County to the Recovery Coach Network which increases the availability of coaches from about 3 to over 30.
- **Nursing Home Operations Report – K. Gochanour**
 - We are working with Human Resources to address the workforce crisis. We continue to monitor that we are competitive in the market, we have engaged in strategic planning, and are now moving into reviewing positions and developing action plans on top critical positions.
 - We have been in a partnership with the Aspirus Post-Acute Clinical Council Partnership since 2014. Aspirus is in the process of redefining the process and membership. Not all nursing homes are partners but NCHC was among the initial four facilities in the group.
 - There is a Cycling without Aging brochure in the Board packet. NCHC applied for a grant and was approved for \$4,500 toward the purchase of one trishaw. Cost is \$9,000 so we will need find the other \$4,500. We are working with Dr. Corrie Norrbom and Halle Veenstra, other nursing homes, Marathon County, Parks and Recreation, in an attempt to make this a community-wide venture.

Board Discussion and Possible Action

- Board Designated Contingency Authorization – B. Glodowski
 - As explained earlier, with the receipt \$1.2 million payment, we have an opportunity to add another contingency fund specifically designated for the nursing home. There is currently a contingency fund designated for the human service operations. The contingency funds give us some back-up for unforeseen expenses.
 - **Motion**/second, Balk/Breske, to assign \$500,000 to hit target for contingency for the nursing home. Motion carried.

Medical Staff Appointments – M. Loy

- The Medical Staff are recommending appointment for the following individuals:
 - Craig Aders, M.D. – Courtesy Privileges
 - Dileep Borra, M.D. – Active Privileges
 - Kimberly K. Walker-Daniels, APNP – Active Privileges
- **Motion**/second, Weaver/Ashbeck, to approve the appointments as recommended. Motion carried.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Weaver to adjourn into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations. Second by Ashbeck. Roll call. All ayes. Motion passed 10-0.
 - i. Corporate Compliance and Ethics
 - ii. Significant Events

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

- **Motion**/second, Norrbom/Bliven, to reconvene into Open Session. All Ayes. Motion passed 10-0
- No action or announcements on the Closed Session Item(s) were made.

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

- Sept. 27 Board meeting will be held in Merrill. A tour of the newly remodeled NCHC Offices will be offered. Details will be forwarded prior to the next meeting.
- The Board will be working on the 2019 CEO Work Plan and possibly reviewing a draft of the CEO Performance Evaluation as developed through the Executive Committee and RCA.
- The Board is also slated to review the Policy Governance Manual.

Adjourn

- **Motion**/second, Metter/Balk, to adjourn the Board Meeting at 1:56 p.m. Motion carried.

MEMORANDUM

DATE: September 20, 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 Service Operations service line since our last meeting:

1. **HIPAA Investigation Follow up:** At the previous board meeting, a question was asked about a patient who had not been notified of a HIPAA breach because of special circumstances. We followed up on this matter, and it was determined that the patient did, in fact, need to be notified. Notification was immediately provided and requirements for notification were reviewed with the responsible staff.
2. **Youth Crisis In-Home Stabilization Grant:** NCHC applied for a \$250,000 grant, which would fund the creation of in-home youth crisis services. NCHC proposed having teams of master's level counselors and social workers to provide in-home treatment to children and their families. Treatment would be provided on average from six to eight weeks while the team coordinates ongoing care for the child and family. The grant was authored in collaboration with Lincoln County Social Services, Langlade County Social Services, Marathon County Social Services, and Wausau Police Department. DHS is expected to award the grant end of September or early October.
3. **Linkage and Follow-up:** NCHC hired an additional Linkage Coordinator, who transferred from Community Treatment. She is doing well in her position and is ramping up her case load. Currently, 84 clients are being actively case monitored by the Linkage program. (Some patients on commitments and settlement agreements are being case managed through Community Treatment's CCS program.)
4. **Langlade County Day Treatment and IOP Expansion:** Both IOP and Day Treatment are currently active and receiving referrals. Day Treatment had 8 individuals in group as of this writing. The group can take up to 10 at a time and individuals can join at any point in the curriculum. Langlade County Probation and Parole reported at a recent TAD group that referrals were going smoothly from their office. Additional work is being done to connect Langlade County with the Central Wisconsin Recovery Coach Network.
5. **Langlade County Interest in Sober Living Environments:** Members of Langlade County's Board have expressed interest in Sober Living Environments. NCHC went to a recent Langlade County Board Executive Committee meeting to discuss a sampling of models and considerations for sober living. The group voted to form an ad hoc committee that would explore the needs of the community, including treatment options as well as sober living. NCHC has been asked to participate on the committee.

6. **Langlade County Needs Assessment:** NCHC staff met with a Medical College of Wisconsin student Chris Grant, who is interested in doing a research project that would assist with determining future AOD programming needs for Langlade County. Chris will be working to determine what needs exist within Langlade County's current systems and will make recommendations based on identified gaps. Chris will begin by engaging key stakeholders to identify key trends or themes.
7. **Behavioral Health Services Therapy Dog Implementation:** NCHC staff met with a Medical College of Wisconsin student Bridgette Vanle to discuss how she can support implementing a therapy dog in our Behavioral Health Services Department. Bridgette will be working with BHS as a part of a required community-based project. She will be assisting NCHC as staff gather and adopt policies and procedures for therapy pet services and will also determine how to evaluate efficacy of therapy dog programming. BHS staff will be applying for funding for a therapy dog through the NCH Foundation.
8. **Motivational Interviewing:** The Community Treatment team has worked over the past two years to integrate Motivational Interviewing into their practice. This evidenced-based program helps our case managers identify internal motivation of clients to help change behavior. One staff member is going to be attending an upcoming train-the-trainer session, so that NCHC can continue to incorporate MI into our practice on a continuous basis with new staff.
9. **Press Ganey Implementation:** NCHC continues to work with Press Ganey on transitioning our patient experience surveys and implementing a referral source survey. Staff have started handing out new surveys and Press Ganey is actively collecting new data. Our first full month of data collection will be in October.
10. **Advanced Practice Clinician Conference:** NCHC staff attended a conference devoted to implementing a culture that supports and encourages Advanced Practice Providers (APPs) (Physician Assistants/Nurse Practitioners). As our country nears a physician shortage, APPs are experiencing increased demand. NCHC currently has one APP in the Behavioral Health Services Department and will have another completing school next year and joining us by providing outpatient psychiatry services. This conference prepared staff for billing, culture, and educational considerations as we incorporate more APPs into our practice.

MEMORANDUM

DATE: September 20, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: Monthly 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) **Division of Quality Assurance Regional Meeting Update:** Our Assistant Administrator and Director of Nursing attended a regional meeting with our state surveyors in Rhinelander. From this meeting we were provided with the top 11 citations in 2018 in Wisconsin and our region. We established a workgroup to discuss these results. We are reviewing, auditing our processes, and making recommended changes to avoid potential survey citations. Some of the main areas that this workgroup will be reviewing are: free of hazardous environment (includes falls), medication error rates and self-administration of medications, infection control, review of psychotropic medications, and pressure injuries.
- 2) **Leading Choice Post Discharge Follow-up Call:** As a member of Leading Choice Network, one of the initiatives and best practices implemented is post-discharge calls for all discharged residents. The objective of these calls is to increase resident-centered care with the use of a continued monitoring post skilled nursing facility discharge. The outcome is to increase resident satisfaction and reduce 30-day hospital readmissions. The requirements include a 48-72 hour initial call, 2 week follow-up call, and 30 day call. The tailored questions are based around medications, follow-up appointments, home health referrals, and if they have any questions about their plan of care. Since we have just started this process in the future we will have quarterly data to review and analyze for trends to identify further process improvements.
- 3) **Mount View Adventure Camp:** In August the life enrichment team welcomed 50 youngsters for a week long day camp. This camp is offered to children and grandchildren of North Central Health Care staff. This is a fun-filled intergenerational week with the adopted Grandma's and Grandpas of Mount View.
- 4) **Walk to End Alzheimer's:** The Mount View team is gearing up to support the annual Alzheimer's Association walk on September 29, 2018. Fundraising for this cause has been a joint effort with the assistance of our dietary department. A pizza fundraiser for the first packer game of the season was a huge success with over 275 pizzas sold. Mount View is vying for the highest group fundraiser team.

- 5) **CMS Five Star Ratings:** Each month the five star rating is reviewed and looked at for new trends or areas to focus for quality. One new area that is going to be added to the Quality rating system in 2019 is Long Stay Hospitalization Measure. This is any resident whose stay is over 100 days and that has an unplanned admission to an acute hospital or observation stay. Our preliminary data for the period of 10/1/16 to 9/30/17 shows our rate at 0.74 where the state observed rate is 1.47. From this initial review, the lower the number the better. So based on state average, we are trending in the right direction. A couple other areas where our quality measures are trending positively towards our current 4 star quality status are the percentage of residents with one or more falls with major injury, percentage of high risk residents with pressure injuries, and percentage who made improvements in function.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2018 YTD	2017 YTD
PEOPLE																
Vacancy Rate	5-7%	↓	8.2%	8.8%	5.3%	8.5%	10.3%	6.9%	8.1%	7.5%					7.5%	9.8%
Retention Rate	78-82%	↑	99.0%	98.0%	97.0%	94.0%	92.0%	90.0%	89.0%	87%					87%	75.8%
SERVICE																
Patient Experience: % Top Box Rate	77-82%	↑	79.4%	81.7%	76.2%	75.3%	73.7%	75.2%	N/A	N/A					76.2%	77.2%
Referral Source Experience: % Top Box Rate	TBD	↑	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD					TBD	\
CLINICAL																
Nursing Home Readmission Rate	10-12%	↓	5.3%	3.4%	12.9%	12.9%	8.7%	3.2%	3.4%	13.3%					8.3%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	↓	8.8%	13.6%	12.3%	15.5%	17.5%	8.4%	16.5%	15.3%					13.5%	12.6%
COMMUNITY																
Access to Behavioral Health Services	90-95%	↑	87.0%	88.0%	87.0%	84.0%	86.0%	87.0%	91.0%	85.0%					86.9%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	↓	TBD	TBD	TBD	TBD	9.9%	9.5%	10.9%	10.2%					10.1%	\
FINANCE																
Direct Expense/Gross Patient Revenue	60-64%	↓	67.0%	69.0%	63.0%	69.0%	67.0%	67.6%	70.2%	68.3%					67.6%	62%
Indirect Expense/Direct Expense	36-38%	↓	32.0%	37.0%	35.0%	33.0%	35.0%	33.7%	45.0%	33.9%					35.7%	41.8%

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 Assisted 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.
	• 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
	* 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

September 2018

Organizational Outcomes

People

❖ Vacancy Rate

The 2018 target range for the Vacancy Rate is set at 5-7%. August's Vacancy Rate improved over July by 0.6%. The Year-to-Date target is at 7.5%, which is above target.

❖ Employee Retention Rate

The Employee Retention Rate target range for 2018 is 78-82%. Currently, the rate is 87.0%, 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%. For July and August, programs were asked to continue with HealthStream surveys that were then collected and compiled internally rather than mailed back to HealthStream given the acquisition of HealthStream by Press Ganey. As of June, the YTD patient experience score has been frozen at 76.9% until we have fully transitioned to implementing the Press Ganey survey and there is integrity in the data. We have added the top box question on the 1-10 scale for the remainder of 2018 to provide a bridge between the two survey tools. The new survey is being implemented as of 9/13/18.

❖ Referral Source Experience: % Top Box Rate

Using the Referral Source Survey option available through Press Ganey, we will be piloting the referral source survey in our Crisis Program in the near future with an eventual roll out to other programs. In order to do so, monitoring and reporting systems are being developed and modifications have been made in the records entry systems to collect the information needed to create a data file of our referral sources. Press Ganey recommends that this survey be mailed at a frequency of twice a year-once to gather feedback, use the feedback to improve experience and processes, and again to see if it made a difference.

Clinical

❖ Nursing Home Readmissions

The 2018 Nursing Home 30-Day Hospital Readmission target rate is 10-12%. In August the rate was at target at 13.3%. In August, we had 9 readmissions to the hospital. Four were 30-day Medicare readmissions. This was due to residents with diagnoses of pulmonary edema, urospesis, and fractured hip, all unavoidable hospitalizations. Overall year-to-date the readmission rate is favorably below target at 8.3%.

❖ **Hospital Readmissions**

For 2018, the target range for Hospital Readmissions within 30 days is 8-10%. August's rate was 15.3%. Overall year to date is at 13.5%. Readmission rates are impacted by several factors. NCHC has experienced increased diversions and the quality of care at our diversion sites might not be focusing on long term stability of the patient due to demand for their services. Several patients that were diverted have been admitted back to NCHC after short stays at these facilities. In August, our Medical Director had a number of vacation days, which increased our use of locum doctors on the unit. Using temporary clinical staff provides less consistency of care and increases our readmission rates. NCHC has also identified a need for increased therapy options on the unit. In August, the unit had a part-time contracted psychologist and a therapist vacancy. In response, BHS hired a full-time psychologist and is interviewing for a therapist.

Community

❖ **Access Rate for Behavioral Health Services**

The target range for this measure for 2018 is 90-95%. In August, the Access Rate was 85.0%. This rate dipped slightly due to Wausau Community Treatment Access as two case managers with full caseloads transferred into the Linkage and Follow Up and Court Liaison positions.

❖ **No-Show Rate for Community Behavioral Health Services**

This is a new measure for 2018 which tracks the percentage of clients who no-show or have a same day cancellation for the Outpatient, Community Treatment, and Birth-to-3 Programs. The report criterion for this new measure has been developed and the August rate was 10.2%.

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%. August's rate was 68.3% and the year-to-date rate is at 67.6%.

❖ **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 August is at 33.9% which is below target. Overall rate for 2018 is 35.7%.

Safety Outcomes

Patient/Client/Resident Adverse Events

Overall Adverse Event rate in August is 3.2 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 11.2 events per 1,000 patient days. In August the nursing home had an increase in the number of falls, a RCA and Action Plan are pending. In August, there was a decrease in the number of falls and medications error in Human Services programs.

Employee Adverse Events

For August, NCHC's Employee Adverse Event rate was 0.13 per 1,000 days worked. Direct patient care injury (sprain/strain) was highest incidence in August occurring in nursing home and residential services.

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

❖ ADS Residential and Pre-Vocational Services

Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50-60%. The measure for August was 42.0%. Work is being done to educate parents and guardians on the benefit of community-based employment.

❖ Aquatic

During 2018, Aquatic Therapy will be monitoring the percentage of clients meeting treatment goals with a target range of 89-95%. In July, the number of goals met fell within the target range at 92.6%.

❖ Birth-3

Birth to 3's Total Number of Early Intervention Visits per month has improved to be within target within the past 5 months. August's visits totaled 407, bringing the YTD average to 396.

❖ Community Corner Clubhouse

Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In August, the member retention rate rose to 80%.

❖ Community Treatment

Individuals in Community Treatment who are admitted within 60 days of referral went down to 36.4% for August. Staff caseload transitions impacted this measure. Two Community Treatment staff held full caseloads and transferred into the open Linkage and Follow up position and to the Court Liaison position.

❖ Crisis CBRF

In August, 11 out of 11 of the eligible patients were admitted within 24 hours. The expansion of the program has improved access.

❖ Lakeside Recovery (MMT)

This a baseline year for several measures for MMT. NCHC has worked to successfully collect the required measures.

❖ Crisis

Of the 13 measures on the Crisis dashboard, nine are baseline year measures, meaning that processes are being developed for collection of data and the data being collected will inform the target range for 2019.

❖ Inpatient Behavioral Health

The percentage of individuals from the hospital who have a post discharge therapy appointment is not meeting target and went down in August from July's percentage of 85.1% to 77.8% with a YTD of 87.6%. Outpatient and IP are meeting monthly on this to work on this item and have an active action plan.

❖ **Outpatient Services**

This is a shared measure with Inpatient. The percentage of individuals from the hospital who have a post discharge therapy appointment is not meeting the target of 90-95% and went down in August from July's percentage of 85.1% to 77.8% with a YTD of 87.6%. Outpatient and IP are meeting monthly on this to work on this item and have an active action plan.

❖ **APS**

APS are achieving all their programmatic goals except for the Taskforce financial goal.

Nursing Home

The 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 August the ADC was 19.

Support Departments

❖ **Communication and Marketing**

Increase in social media followers to Facebook and Twitter. Through July there was a 55% increase in followers.

❖ **Health Information:**

In August, Health Information had a 98.4% scanning accuracy of paper medical records into Laser fiche. This reflects their diligence to accuracy on the front end of the process.

❖ **Nutritional Services:**

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

❖ **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 August the recommendations reviewed by physicians was 97%.

❖ **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 August, one new volunteer was added. Year-to-date is at 10%.

❖ **Demand Transportation:**

Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. Through August, Demand Transportation had 7,493 trips.

❖ **Patient Accounts:**

Continue to improve Days in Accounts Receivable. The target is 30-35 days which is better than industry standards. At the end of August this is at 33 Days.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate		↓	5-7%	7.5%	9.8%
		Retention Rate		↑	78-82%	87.0%	75.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
		Referral Source Experience: % Top Box Rate		↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate		↓	10-12%	8.3%	10.2%
		Psychiatric Hospital Readmission Rate		↓	8-10%	13.5%	12.6%
	Community	Access to Behavioral Health Services		↑	90-95%	86.9%	75%
		No-Show Rate for Community Behavioral Health Services		↓	TBD	10.1%	\
	Finance	Direct Expense/Gross Patient Revenue		↓	60-64%	67.6%	62.0%
		Indirect Expense/Direct Expense		↓	36-38%	35.7%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Servies 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%	76.2%	88%
		Community Living Program Employee Vacancy Rate		↑	75-80%	75.0%	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs		↓	17 or less monthly Average	20	
	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%	42.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,252	-\$69,928	\
		Residential Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$184,843	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	93%
	Clinical	% Of Clients Meeting Treatment Goals		↑	89-95%	93.1%	\
	Community	Phycial Therapy Access		↑	90-95%	96.1%	97.1%
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$633,085	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	89%
	Clinical	Total Number of Early Intervention Visits/Month		↑	375 - 400	396	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	10.1%	\
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	11	\
	Finance	Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$69,928	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	73.6%
	Clinical	Increase Member Retention		↑	51%-55%	82%	\
	Community	Increase Evening of Jazz Revenue by 10%		↑	\$ 15,758-\$17,000	\$6,750	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$317,330	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	90.9%
	Clinical	% of Treatment Plans completed within 30 days of admission	RCA	↑	90-95%	84.7%	84.4%
		% Treatment Plans reviewed every 6 months	RCA	↑	2018 Baseline Year	91.5%	\
		Employment rate of Individual Placement and Support (IPS) clients	RCA	↑	2018 Baseline Year	44.3%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral	RCA	↑	90-95%	28.7%	24.0%
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	100 days	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$317,330	\
		Community Tx -Adult Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$69,928	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	76.6%
	Clinical	Patient kept their outpatient appointment, if applicable	RCA	↑	2018 Baseline Year	93.4%	\
		% of clients connected to a PCP within 7 days of admission		↑	2018 Baseline Year	99.0%	\
	Community	% of eligible patients are admitted within 24 hours	RCA	↑	2018 Baseline Year	92.30%	\
	Finance	Crisis CBRF Financial Task Force 4 Positive Variance		↑	\$247,354-\$371,301	-\$69,928	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	92.8%
	Clinical	MMT Successful completion rate	RCA	↑	2018 Baseline Year	71.0%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge	RCA	↑	2018 Baseline Year	66.0%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$184,843	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	70.9%
	Clinical	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	13.9 Diversions/ 5.6 ALOS	\
		Youth Crisis: avoid diversions of less than 72 hours	RCA	↓	2018 Baseline Year	21.1%	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	RCA	↑	2018 Baseline Year	77.0%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments	RCA	↑	2018 Baseline Year	1.7 : 1	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	RCA	↑	2018 Baseline Year	413 encounter / 79 follow-ups within 24 hours (19.1%)	\
		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	86 ecounters / 35 follow-ups within 72 hours (40.7%)	\
		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	93.9%	\
		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		↑	2018 Baseline Year	100% (16/16)	\
	Finance	Financial Task Force: 3 Positive Variance		↑	\$248,903 - \$373,354	-\$633,085	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	54.7%
	Clinical	Percent of NCHC BHS Hospital patients that have a post diacharge therapy scheduled within 4 business days	RCA	↑	90-95%	87.6%	72.9%
		Percent of NCHC BHS Hospital patients that have a post diacharge psychiatry appointment scheduled within 14 business days	RCA	↑	90-95%	93.6%	\
		Detox: Length since previous admission	RCA	↑	2018 Baseline Year	50 Readmissions / 487.2 Days	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge	RCA	↑	2018 Baseline Year	27.3%	\
	Community	Ratio of patient days served at NCHC vs. Out of County placements	RCA	↑	2018 Baseline Year	2.4 to 1	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$317,330	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	78.7%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	87.6%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	97.2%	\
		OWI Recidivism Rate	RCA	↓	27-32%	24.9%	23.6%
		Day Treatment: Successful completion rate	RCA	↑	2018 Baseline Year	52.8% (19/36)	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator	RCA	↑	90-95%	96.8%	\
		Hospitalization rate of active patients	RCA	↓	2018 Baseline Year	2.4%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	17.3%	\
		Criminal Justice Post-Jail Release Access Rate	RCA	↑	2018 Baseline Year	96.6%	\
		Average number of days from referral to starting day treatment	RCA	↑	2018 Baseline Year	9	\
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$191,959	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure	RCA		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%	76.2%	74.6%
		Activities - Patient Experience % Top Box		↑	64 -67%	63.9%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate		↑	11 - 13 %	9.3%	83.0%
		Long Term Care Decreased Number of Falls by 10%		↓	36 -38	61	42
		Legacies by the Lake 10% Decreased Number of Falls		↓	275 -280	171	308.0
		Adverse Event Rate / 1000 pt days		↓	12-12.3	12.7	14.3
	Community						
	Finance	Medicare ADC		↑	17	24	\
		Nursing Home Patient Accounts - % of gross changes		↓	0.15% - 0.21%	0.30%	\
		Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$191,959	\
		PAC / LTC Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$633,085	\
		Legacies by the Lake Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$184,843	\

Department	Domain	Outcome Measure	RCA		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%	63.6%	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	\$184,843	\

Department	Domain	Outcome Measure	RCA		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%	49.2%	48.9%
	Clinical	Personal items missing per month		↓	70-75 per month	241	97
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$191,959	\

Department	Domain	Outcome Measure	RCA		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%	60.9%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		↑	90-95%	96.0%	\
	Community						
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$633,085	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	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	-\$191,959	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure	RCA		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%	76.2%	88.2%
	Clinical	% Of At Risk Investigations closed within 30 days	RCA	↑	70-80%	72% (211/295)	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	↑	75-85%	90% (64/71)	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	↓	5% or below	3% (12/353)	4%
	Community						
	Finance	Finanical Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$633,085	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey		↑	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community	Increase in social media followers to Facebook and Twitter		↑	50%	55%	\
	Finance	Finanical Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$633,085	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)		↑	50-55	467	\
		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	2.7	\
	Community						
	Finance	Finanical Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$184,843	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey		↑	90 - 100%	\	100%
		Vacancy Rate for 2018		↓	5-7%	7.5%	9.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$184,843	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$191,959	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical						
	Community	Increase volunteers between the ages of 50-65 over current number of 50		↑	5-10%	10%	\
	Finance	Finanical Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$317,330	\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$191,959	\
		Financial Statements Deadline (9 out of 11 months)		↑	by 8th of month	MET	Met

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical	Performing at least 2 Special Request duties a day		↑	40- 44 per month	34	\
		Number of trips		↑	12,400 - 13,000	7,493	\
	Community						
	Finance	Finanical Task Force 1 Positive Variance		↑	\$251,912 - \$377.869	-\$317,330	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑		\	50%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	Provide 2,400 hours of IMS training		↑	200 hours per month	593.70	\
	Community						
	Finance	Finanical Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$69,928	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	21-22%	\	20%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$371,883	\
		Days in Accounts Receivable		↓	30-35 days	33	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PURCHASING	People	Improve Leadership Index in Employee Engagement Survey		↑	58.8-61.6%	\	100%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
		Accurate paperwork from storekeepers		↑	95-97%	96%	\
	Clinical						
	Community						
	Finance	Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$69,928	\
		Reduction of Budgeted Supplies and Nursing Supplies		↑	8-15%: \$57,339 - \$107,510	-\$87,669	\

MEMORANDUM

DATE: September 21, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: 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) **Master Facility Planning**: Preliminary work has begun with Angus Young and MKM. During this past week we had the architects and engineers onsite to finalize space programming. Discussion of initial design concepts are ongoing. We are working towards a December timeline to have preliminary plans and phasing completed. Phase 1 construction is still slated for spring 2019, which includes the pool.
- 2) **General Counsel Position**: The recruitment is on-hold pending potential amendment to the Tri-County Agreement.
- 3) **Merrill Office Remodel**: Construction has been completed. Final shipment of remaining furniture will arrive and be installed in mid-October. An Open House is scheduled immediately following the September 27, 2018 NCCSP Board meeting from 2 pm until 6 pm.
- 4) **Real Property**: We remain in active discussions on purchasing the Clubhouse property, selling the former Hillcrest CBRF property, along with investigation of other potential real-estate transactions. We are also working to facilitate space use planning in our Langlade County office.
- 4) **Psychiatry Recruitment**: Recruitment remains busy with one new Psychiatrist signed for Outpatient and three other interviews occurring in the lead up to the September Board meeting. An update on status will be provided at the Board meeting.
- 5) **In-home Youth Crisis Stabilization Grant**: In early September, we submitted a grant for \$250,000 to establish an In-home Youth Crisis Stabilization Grant at NCHC for our partner counties. The status of the grant selection should occur prior to the end of September. See the Human Services Operations report for additional detail.
- 6) **New Partnerships**: There have been a number of active discussions occurring regarding new partnership opportunities and expansion of services. These considerations are all in alignment with NCHC's mission and strategic aims. An update on these initiatives will be provided at the October Board meeting.
- 7) **Medical Staff Leadership**: A number of initiatives are happening related to our strategy of building our Medical Staff and Physician Leadership in the organization. In the coming months, the Medical Staff bylaws will be updated, Clinical Leadership Teams will have their strategic planning meeting prior to kicking-off, we are implementing Physician Leadership Coaching and conducting training on Physician led Quality Improvement.

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	A final draft evaluation form and process document will be presented to both the NCCSP Board and RCA on September 27th.	Open												
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 have been provided to the NCCSP Board.	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 Management Agreement is in draft form and will be finalized with the Marathon County Administrator prior to the October Health & Human Services Committee.	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 approved.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The 2019 Budget Document presents a three year forecast for operations and corresponding strategic objectives.	Complete												
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 pending.	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. Need 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. The report has been presented to Lincoln and Marathon Counties.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	An initial report will be given to the RCA by the end of the 3rd quarter.	Open												
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 proposed budget was adopted by the NCCSP Board in August and will be considered by the RCA on September 27th.	Complete												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan.	Complete												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	See "CEO Appraisal" item above.	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>
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	An update on the RCA measures and input for 2019 changes was reviewed with the RCA at their August meeeting. A final narrative on Performance Standards will be included in the Final Adopted 2019 Budget document.	Open												
Tri-County Contral Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA considered any revisions, none were suggested at this time. A review and update will need to occur again this year.	Open												

MEMORANDUM

DATE: September 27, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: August CFO 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 August shows an overall loss for the month of (\$141,681) compared to the targeted gain of \$70,319, resulting in a negative variance of (\$211,999). Through August, the organization shows an overall gain of \$379,143 which is \$154,745 ahead of the target of \$224,397.
- 2) **Revenue Key Points:** The nursing home census averaged 181 per day compared to the target of 185. This is consistent with the prior month. The Medicare census improved compared to the prior month. The hospital census averaged 13/day again this month which is under the target of 14. Revenue in the CBRF and MMT continues to improve as these programs are hitting target levels. Revenue in other outpatient areas is lower compared to prior months. This is normal during the summer months. Overall patient revenue for the month was very close to target. An item to note is interest income. Through August, this has exceeded the budget target by close to \$60,000. This is due to additional investments and the increase in interest rates.
- 3) **Expense Key Points:** Overall expenses for August exceed budget targets. Health insurance was extremely high for August, exceeding the target by almost \$302,000. This is where the majority of the expense overage is coming from. The state institutes show a credit for the month due to receiving some payments back from some of the clients earlier in the year.
- 4) **2018 Audit:** Staff is beginning preparation for the 2018 audit process. Preliminary audit workpapers are being completed and scheduling of the actual audit will occur soon.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	4,291,892	3,133,372	7,425,264	5,855,992
Accounts receivable:				
Patient - Net	2,719,155	1,616,439	4,335,594	4,784,699
Outpatient - WIMCR & CCS	2,470,000	0	2,470,000	1,170,000
Nursing home - Supplemental payment program	0	364,000	364,000	210,400
Marathon County	100,035	0	100,035	117,551
Appropriations receivable	0	0	0	0
Net state receivable	931,865	0	931,865	1,619,691
Other	348,199	0	348,199	580,764
Inventory	0	342,220	342,220	305,373
Other	<u>582,374</u>	<u>430,626</u>	<u>1,013,000</u>	<u>790,968</u>
Total current assets	<u>11,443,520</u>	<u>5,886,658</u>	<u>17,330,178</u>	<u>15,435,438</u>
Noncurrent Assets:				
Investments	12,200,000	0	12,200,000	11,292,000
Assets limited as to use	441,748	250,310	692,058	2,253,055
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	13,663	26,706	40,368	48,519
Net pension asset	0	0	0	0
Nondepreciable capital assets	1,208,550	15,302	1,223,852	1,550,345
Depreciable capital assets - Net	<u>6,589,643</u>	<u>3,596,251</u>	<u>10,185,894</u>	<u>9,709,833</u>
Total noncurrent assets	<u>20,953,604</u>	<u>4,388,569</u>	<u>25,342,172</u>	<u>25,353,752</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>39,336,648</u>	<u>15,406,540</u>	<u>54,743,188</u>	<u>58,305,910</u>

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Accounts payable - Trade	1,076,644	796,106	1,872,751	1,674,164
Appropriations advances	494,260	125,000	619,260	639,259
Accrued liabilities:				
Salaries and retirement	764,413	565,232	1,329,645	2,106,742
Compensated absences	898,657	664,496	1,563,153	1,433,160
Health and dental insurance	357,588	264,412	622,000	748,000
Other Payables	137,401	101,599	239,000	364,809
Amounts payable to third-party reimbursement programs	313,112	0	313,112	360,000
Unearned revenue	<u>76,824</u>	<u>0</u>	<u>76,824</u>	<u>92,657</u>
Total current liabilities	<u>4,118,899</u>	<u>2,516,846</u>	<u>6,635,745</u>	<u>7,418,791</u>
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	0
Patient trust funds	<u>13,663</u>	<u>26,706</u>	<u>40,368</u>	<u>48,519</u>
Total noncurrent liabilities	<u>923,205</u>	<u>699,251</u>	<u>1,622,456</u>	<u>3,175,898</u>
Total liabilities	<u>5,042,104</u>	<u>3,216,097</u>	<u>8,258,201</u>	<u>10,594,689</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	7,798,193	3,611,553	11,409,746	11,260,178
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	441,748	250,310	692,058	2,253,055
Undesignated	22,452,367	5,529,969	27,982,336	25,970,669
Operating Income / (Loss)	<u>215,258</u>	<u>163,884</u>	<u>379,142</u>	<u>1,080,278</u>
Total net position	<u>31,407,566</u>	<u>10,055,716</u>	<u>41,463,282</u>	<u>41,064,180</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>39,336,648</u>	<u>15,406,540</u>	<u>54,743,188</u>	<u>58,305,910</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING AUGUST 31, 2018**

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$4,232,130</u>	<u>\$4,232,697</u>	<u>(\$567)</u>	<u>\$33,013,840</u>	<u>\$32,779,921</u>	<u>\$233,920</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	2,595,012	2,600,957	(5,945)
Grant Revenue	210,404	193,933	16,471	1,672,361	1,551,463	120,898
County Appropriations - Net	619,260	635,927	(16,667)	4,954,079	5,087,412	(133,333)
Departmental and Other Revenue	<u>335,452</u>	<u>311,702</u>	<u>23,749</u>	<u>2,634,457</u>	<u>2,493,619</u>	<u>140,838</u>
Total Other Revenue	<u>1,489,492</u>	<u>1,466,681</u>	<u>22,811</u>	<u>11,855,909</u>	<u>11,733,451</u>	<u>122,458</u>
Total Revenue	5,721,623	5,699,378	22,244	44,869,749	44,513,372	356,377
Expenses:						
Direct Expenses	4,572,619	4,270,867	301,752	34,685,848	33,512,258	1,173,590
Indirect Expenses	<u>1,314,932</u>	<u>1,370,693</u>	<u>(55,761)</u>	<u>10,006,287</u>	<u>10,876,717</u>	<u>(870,430)</u>
Total Expenses	<u>5,887,550</u>	<u>5,641,560</u>	<u>245,991</u>	<u>44,692,135</u>	<u>44,388,975</u>	<u>303,160</u>
Operating Income (Loss)	<u>(165,928)</u>	<u>57,819</u>	<u>(223,747)</u>	<u>177,614</u>	<u>124,397</u>	<u>53,217</u>
Nonoperating Gains (Losses):						
Interest Income	20,632	12,500	8,132	159,647	100,000	59,647
Donations and Gifts	3,616	0	3,616	38,897	0	38,897
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,984</u>	<u>0</u>	<u>2,984</u>
Total Nonoperating Gains / (Losses)	<u>24,247</u>	<u>12,500</u>	<u>11,747</u>	<u>201,528</u>	<u>100,000</u>	<u>101,528</u>
Income / (Loss)	<u>(\$141,681)</u>	<u>\$70,319</u>	<u>(\$211,999)</u>	<u>\$379,143</u>	<u>\$224,397</u>	<u>\$154,745</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING AUGUST 31, 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>\$2,562,414</u>	<u>\$2,626,725</u>	<u>(\$64,311)</u>	<u>\$18,792,852</u>	<u>\$20,138,338</u>	<u>(\$1,345,486)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	2,595,012	2,600,957	(5,945)
Grant Revenue	210,404	193,933	16,471	1,672,361	1,551,463	120,898
County Appropriations - Net	494,260	494,260	0	3,954,079	3,954,079	0
Departmental and Other Revenue	<u>221,014</u>	<u>198,762</u>	<u>22,252</u>	<u>1,689,231</u>	<u>1,590,099</u>	<u>99,132</u>
 Total Other Revenue	<u>1,250,054</u>	<u>1,212,074</u>	<u>37,980</u>	<u>9,910,683</u>	<u>9,696,598</u>	<u>214,085</u>
 Total Revenue	3,812,468	3,838,799	(26,331)	28,703,535	29,834,936	(1,131,401)
 Expenses:						
Direct Expenses	3,128,470	3,000,302	128,168	23,510,063	23,569,325	(59,262)
Indirect Expenses	<u>669,905</u>	<u>826,111</u>	<u>(156,206)</u>	<u>5,171,291</u>	<u>5,996,702</u>	<u>(825,410)</u>
 Total Expenses	<u>3,798,375</u>	<u>3,826,413</u>	<u>(28,038)</u>	<u>28,681,355</u>	<u>29,566,027</u>	<u>(884,672)</u>
 Operating Income (Loss)	<u>14,093</u>	<u>12,386</u>	<u>1,706</u>	<u>22,180</u>	<u>268,909</u>	<u>(246,728)</u>
 Nonoperating Gains (Losses):						
Interest Income	20,632	12,500	8,132	159,647	100,000	59,647
Donations and Gifts	2,222	0	2,222	30,447	0	30,447
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>2,984</u>	<u>0</u>	<u>2,984</u>
 Total Nonoperating Gains / (Losses)	<u>22,854</u>	<u>12,500</u>	<u>10,354</u>	<u>193,078</u>	<u>100,000</u>	<u>93,078</u>
 Income / (Loss)	<u>\$36,947</u>	<u>\$24,886</u>	<u>\$12,060</u>	<u>\$215,258</u>	<u>\$368,909</u>	<u>(\$153,650)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING AUGUST 31, 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>\$1,669,716</u>	<u>\$1,605,972</u>	<u>\$63,744</u>	<u>\$14,220,988</u>	<u>\$12,641,583</u>	<u>\$1,579,405</u>
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	1,000,000	1,133,333	(133,333)
Departmental and Other Revenue	<u>114,438</u>	<u>112,940</u>	<u>1,498</u>	<u>945,226</u>	<u>903,520</u>	<u>41,706</u>
Total Other Revenue	<u>239,438</u>	<u>254,607</u>	<u>(15,169)</u>	<u>1,945,226</u>	<u>2,036,853</u>	<u>(91,627)</u>
Total Revenue	1,909,154	1,860,579	48,576	16,166,214	14,678,437	1,487,778
Expenses:						
Direct Expenses	1,444,149	1,270,565	173,584	11,175,785	9,942,933	1,232,852
Indirect Expenses	<u>645,027</u>	<u>544,582</u>	<u>100,445</u>	<u>4,834,995</u>	<u>4,880,015</u>	<u>(45,020)</u>
Total Expenses	<u>2,089,175</u>	<u>1,815,147</u>	<u>274,029</u>	<u>16,010,780</u>	<u>14,822,948</u>	<u>1,187,833</u>
Operating Income (Loss)	<u>(180,021)</u>	<u>45,432</u>	<u>(225,453)</u>	<u>155,434</u>	<u>(144,511)</u>	<u>299,945</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,393	0	1,393	8,450	0	8,450
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>1,393</u>	<u>0</u>	<u>1,393</u>	<u>8,450</u>	<u>0</u>	<u>8,450</u>
Income / (Loss)	<u>(\$178,627)</u>	<u>\$45,432</u>	<u>(\$224,060)</u>	<u>\$163,884</u>	<u>(\$144,511)</u>	<u>\$308,396</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
August 31, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	4/4/2019	2.13%	\$488,000	x
BMO Harris	365 Days	5/28/2019	2.10%	\$500,000	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	367 Days	6/3/2019	2.40%	\$486,000	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
People's State Bank	365 Days	8/21/2019	2.30%	\$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
PFM Investments	545 Days	12/10/2019	2.58%	\$480,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
BMO Harris	549 Days	2/26/2020	2.50%	\$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
Abby Bank	730 Days	5/3/2020	2.00%	\$500,000	X
Abby Bank	730 Days	8/29/2020	2.57%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$12,200,000	
WEIGHTED AVERAGE	578.02 Days		1.854% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet****As of August 31, 2018****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	5,290.11
Adventure Camp	1,674.67
Birth to 3 Program	2,035.00
Clubhouse	40,975.99
Community Treatment - Adult	542.00
Community Treatment - Youth	7,455.37
Fishing Without Boundries	6,190.80
General Donated Funds	60,496.21
Hope House	2,152.09
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,123.54
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,810.63
Total Legacies by the Lake	6,768.88
Marathon Cty Suicide Prev Task	17,137.44
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,651.28
Outpatient Services - Marathon	401.08
Pool	22,702.94
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	3,467.10
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 234,547.48**Total Checking/Savings** 234,547.48**Total Current Assets** 234,547.48**TOTAL ASSETS** 234,547.48**LIABILITIES & EQUITY****Equity**

Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	10,593.85

Total Equity 234,547.48**TOTAL LIABILITIES & EQUITY** 234,547.48

North Central Health Care Budget Revenue/Expense Report

Month Ending August 31, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,673,631</u>	<u>5,699,378</u>	<u>44,821,757</u>	<u>44,513,372</u>	<u>308,385</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,485,632	2,792,282	19,288,467	21,758,266	(2,469,799)
Fringe Benefits	1,397,681	1,019,167	8,703,593	7,941,827	761,766
Departments Supplies	666,119	630,921	4,860,389	5,047,364	(186,975)
Purchased Services	680,520	504,858	5,253,321	4,086,866	1,166,455
Utilitites/Maintenance Agreements	354,416	267,263	2,674,009	2,138,102	535,907
Personal Development/Travel	40,179	40,221	274,467	321,767	(47,300)
Other Operating Expenses	99,834	137,931	1,272,324	1,103,449	168,875
Insurance	33,459	41,000	274,164	328,000	(53,836)
Depreciation & Amortization	144,545	141,250	1,119,936	1,130,000	(10,064)
Client Purchased Services	<u>(14,835)</u>	<u>66,667</u>	<u>971,465</u>	<u>533,333</u>	<u>438,131</u>
TOTAL EXPENSES	5,887,550	5,641,560	44,692,135	44,388,975	303,160
Nonoperating Income	<u>24,247</u>	<u>12,500</u>	<u>201,528</u>	<u>100,000</u>	<u>101,528</u>
EXCESS REVENUE (EXPENSE)	<u>(189,673)</u>	<u>70,319</u>	<u>331,151</u>	<u>224,397</u>	<u>106,753</u>

North Central Health Care
Write-Off Summary
August 2018

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$3,615	\$82,547	\$72,699
Bad Debt	(\$67)	\$8,702	\$1,664
<i>Outpatient:</i>			
Administrative Write-Off	\$12,940	\$91,459	\$121,684
Bad Debt	\$887	\$3,421	\$3,137
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$1,372	\$32,293	\$724
Bad Debt	\$3	\$11,163	\$9,378
Ancillary Services:			
Administrative Write-Off	\$0	\$4,216	\$15,509
Bad Debt	\$0	\$574	\$321
<i>Pharmacy:</i>			
Administrative Write-Off	\$106	\$2,997	\$0
Bad Debt	\$146	\$146	\$0
Total - Administrative Write-Off	\$18,033	\$213,513	\$210,617
Total - Bad Debt	\$969	\$24,006	\$14,500

**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)	84.09%	83.44%
	Hospital	420	457	37	87.50%	95.21%
May	Nursing Home	5,735	5,553	(182)	84.09%	81.42%
	Hospital	434	425	(9)	87.50%	85.69%
June	Nursing Home	5,550	5,362	(188)	84.09%	81.24%
	Hospital	420	443	23	87.50%	92.29%
July	Nursing Home	5,735	5,598	(137)	84.09%	82.08%
	Hospital	434	412	(22)	87.50%	83.06%
August	Nursing Home	5,735	5,604	(131)	84.09%	82.17%
	Hospital	434	401	(33)	87.50%	80.85%
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	44,955	43,951	(1,004)	84.09%	82.21%
	Hospital	3,402	3,397	(5)	87.50%	87.37%

North Central Health Care
Review of 2018 Services
Laglade County

	2018 Jan-August Actual Rev	2018 Jan-August Budg Rev	Variance	2018 Jan-August Actual Exp	2018 Jan-August Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$282,421	\$360,075	(\$77,654)	\$601,941	\$610,350	\$8,409	(\$69,245)
Community Treatment-Adult	\$350,953	\$524,121	(\$173,168)	\$346,773	\$538,875	\$192,102	\$18,934
Community Treatment-Youth	\$888,854	\$559,124	\$329,730	\$722,109	\$560,603	(\$161,506)	\$168,224
Day Services	\$232,121	\$263,333	(\$31,212)	\$214,840	\$263,333	\$48,493	\$17,281
	\$1,754,349	\$1,706,654	\$47,695	\$1,885,663	\$1,973,161	\$87,498	\$135,193
Shared Services:							
Inpatient	\$323,385	\$341,281	(\$17,896)	\$474,803	\$442,171	(\$32,632)	(\$50,529)
CBRF	\$43,791	\$74,183	(\$30,392)	\$48,704	\$74,183	\$25,479	(\$4,913)
Crisis	\$22,870	\$25,597	(\$2,727)	\$180,871	\$195,872	\$15,001	\$12,274
MMT (Lakeside Recovery)	\$8,782	\$37,154	(\$28,372)	\$40,089	\$73,237	\$33,148	\$4,776
Day Treatment	\$5,230	\$5,417	(\$187)	\$4,991	\$6,540	\$1,549	\$1,362
Protective Services	\$17,426	\$17,701	(\$275)	\$46,408	\$60,174	\$13,766	\$13,491
Birth To Three	\$60,809	\$60,318	\$491	\$104,352	\$113,306	\$8,954	\$9,445
Group Homes	\$129,571	\$77,379	\$52,192	\$124,401	\$77,379	(\$47,022)	\$5,170
Supported Apartments	\$0	\$98,065	(\$98,065)	\$0	\$98,065	\$98,065	\$0
Contract Services	(\$675)	\$0	(\$675)	\$118,793	\$66,434	(\$52,359)	(\$53,034)
	\$611,189	\$737,095	(\$125,906)	\$1,143,412	\$1,207,361	\$63,949	(\$61,958)
Totals	\$2,365,538	\$2,443,749	(\$78,211)	\$3,029,075	\$3,180,522	\$151,447	\$73,236
Base County Allocation	\$532,354	\$532,354	\$0				\$0
Nonoperating Revenue	\$9,853	\$5,430	\$4,423				\$4,423
County Appropriation	\$198,989	\$198,989	\$0				\$0
Excess Revenue/(Expense)	\$3,106,734	\$3,180,522	(\$73,788)	\$3,029,075	\$3,180,522	\$151,447	\$77,659

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-August Actual Rev	2018 Jan-August Budget Rev	Variance	2018 Jan-August Actual Exp	2018 Jan-August Budg Exp	Variance	Variance By Program
Outpatient Services	\$198,325	\$286,163	(\$87,838)	\$603,492	\$648,838	\$45,346	(\$42,492)
Community Treatment-Adult	\$464,627	\$548,722	(\$84,095)	\$379,851	\$564,175	\$184,324	\$100,229
Community Treatment-Youth	\$1,168,037	\$645,480	\$522,557	\$994,006	\$648,902	(\$345,104)	\$177,453
	\$1,830,989	\$1,480,365	\$350,624	\$1,977,349	\$1,861,915	(\$115,434)	\$235,189
Shared Services:							
Inpatient	\$440,979	\$465,383	(\$24,404)	\$647,454	\$602,961	(\$44,493)	(\$68,896)
CBRF	\$59,714	\$101,158	(\$41,444)	\$66,415	\$101,158	\$34,743	(\$6,701)
Crisis	\$31,186	\$34,905	(\$3,719)	\$246,642	\$267,099	\$20,457	\$16,738
Day Treatment	\$7,131	\$7,387	(\$256)	\$6,806	\$8,918	\$2,112	\$1,856
MMT (Lakeside Recovery)	\$11,975	\$50,665	(\$38,690)	\$54,667	\$99,869	\$45,202	\$6,512
Protective Services	\$23,763	\$24,138	(\$375)	\$63,284	\$77,389	\$14,105	\$13,730
Birth To Three	\$89,409	\$101,631	(\$12,222)	\$153,431	\$190,913	\$37,482	\$25,260
Apartments	\$0	\$30,587	(\$30,587)	\$0	\$30,587	\$30,587	\$0
Contract Services	(\$921)	\$0	(\$921)	\$161,990	\$90,592	(\$71,398)	(\$72,319)
	\$663,236	\$815,854	(\$152,618)	\$1,400,689	\$1,469,487	\$68,798	(\$83,820)
Totals	\$2,494,225	\$2,296,219	\$198,006	\$3,378,038	\$3,331,401	(\$46,637)	\$151,369
Base County Allocation	\$553,318	\$553,318	\$0				\$0
Nonoperating Revenue	\$13,992	\$6,920	\$7,072				\$7,072
County Appropriation	\$474,944	\$474,944	\$0				\$0
Excess Revenue (Expense)	\$3,536,479	\$3,331,401	\$205,078	\$3,378,038	\$3,331,401	(\$46,637)	\$158,441

North Central Health Care
Review of 2018 Services
Marathon County

	2018 Jan-August Actual Rev	2018 Jan-August Budget Rev	Variance	2018 Jan-August Actual Exp	2018 Jan-August Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$837,827	\$1,135,795	(\$297,968)	\$2,308,340	\$2,539,127	\$230,787	(\$67,182)
Community Treatment-Adult	\$2,386,141	\$3,775,339	(\$1,389,198)	\$2,429,490	\$3,846,987	\$1,417,497	\$28,300
Community Treatment-Youth	\$2,414,496	\$1,696,963	\$717,533	\$2,226,828	\$1,701,366	(\$525,462)	\$192,071
Day Services	\$1,109,551	\$1,123,503	(\$13,952)	\$1,032,689	\$1,123,503	\$90,814	\$76,862
Clubhouse	\$265,056	\$266,167	(\$1,111)	\$352,179	\$327,501	(\$24,678)	(\$25,790)
Demand Transportation	\$295,772	\$287,490	\$8,282	\$256,207	\$287,490	\$31,283	\$39,565
Aquatic Services	\$426,062	\$528,067	(\$102,005)	\$618,994	\$670,810	\$51,816	(\$50,189)
Pharmacy	\$3,413,991	\$3,091,099	\$322,892	\$3,403,541	\$3,091,099	(\$312,442)	\$10,450
	\$11,148,896	\$11,904,423	(\$755,527)	\$12,628,268	\$13,587,883	\$959,615	\$204,088
Shared Services:							
Inpatient	\$2,175,499	\$2,295,889	(\$120,390)	\$3,194,127	\$2,974,609	(\$219,518)	(\$339,908)
CBRF	\$294,591	\$499,047	(\$204,456)	\$327,646	\$499,047	\$171,401	(\$33,055)
Crisis Services	\$153,850	\$172,196	(\$18,346)	\$1,216,767	\$1,317,685	\$100,918	\$82,572
MMT (Lakeside Recovery)	\$59,079	\$249,945	(\$190,866)	\$269,689	\$492,687	\$222,998	\$32,132
Day Treatment	\$35,180	\$36,445	(\$1,265)	\$33,574	\$43,995	\$10,421	\$9,156
Protective Services	\$117,230	\$119,080	(\$1,850)	\$312,200	\$382,809	\$70,609	\$68,759
Birth To Three	\$443,712	\$471,801	(\$28,089)	\$761,439	\$886,272	\$124,833	\$96,744
Group Homes	\$1,201,484	\$1,213,955	(\$12,471)	\$1,153,542	\$1,213,955	\$60,413	\$47,942
Supported Apartments	\$1,697,188	\$1,416,014	\$281,174	\$1,577,842	\$1,416,014	(\$161,828)	\$119,346
Contracted Services	(\$4,541)	\$0	(\$4,541)	\$799,150	\$446,920	(\$352,230)	(\$356,771)
	\$6,173,272	\$6,474,371	(\$296,558)	\$9,645,976	\$9,673,993	\$28,017	(\$273,083)
Totals	\$17,322,168	\$18,378,794	(\$1,052,085)	\$22,274,244	\$23,261,875	\$987,631	(\$68,995)
Base County Allocation	\$1,515,286	\$1,515,285	\$1				\$1
Nonoperating Revenue	\$135,802	\$87,650	\$48,152				\$48,152
County Appropriation	\$3,280,146	\$3,280,146	\$0				\$0
Excess Revenue/(Expense)	\$22,253,402	\$23,261,875	(\$1,003,932)	\$22,274,244	\$23,261,875	\$987,631	(\$20,842)



CEO Performance Evaluation Process

Pursuant to the Agreement for the Joint Sponsorship of Community Programs between Langlade, Lincoln and Marathon Counties (“the Agreement”), the Retained County Authority (RCA) is responsible for conducting semi-annual performance appraisals of the North Central Health Care Center Chief Executive Officer (CEO). In addition to considering the CEO’s performance relative to goals and objectives identified by the Agreement, the RCA, and the CEO’s work plan, the appraisal incorporates goals and objectives identified by the North Central Health Care (NCHC) Board of Directors, including Board Policy 3.2. The CEO performance evaluation is intended to provide timely, clear and focused input to the CEO about how well he or she is performing in the key performance areas identified as most critical in achieving the goals and strategic objectives of both the member counties and the North Central Health Care Board of Directors.

The CEO performance evaluation process, overseen by the RCA, seeks feedback on performance from the NCHC Board of Directors, NCHC Executive Management Team, and the CEO. The CEO’s performance, as captured by the appraisal, is intended to be considered in determining annual CEO compensation. The CEO performance evaluation form provides an opportunity to evaluate the CEO’s performance across three dimensions:


- Part 1A - Essential CEO Accountabilities (evaluated annually by NCHC Board of Directors and Executive Management Team)
- Part 1B – CEO Leadership Qualities and Personal Attributes (evaluated annually by NCHC Board of Directors and Executive Management Team)
- Part 2 - Annual Budget Priorities, RCA-CEO Work Plan, and Performance Expectations and Outcomes for CEO (evaluated annually by NCHC Board of Directors, and mid-year and annually by RCA)

The CEO performance evaluation process, including the use of this form, consists of the following steps:

1. CEO performance evaluation form - The CEO performance evaluation form, finalized by the RCA Chairperson after consultation with the Executive Committee of the NCHC Board of Directors and with input from the CEO, is intended to ensure it meets the various organizations’ needs.
2. CEO self-evaluation. In January, the NCHC Board Chairperson should initiate the annual CEO performance evaluation process by asking the CEO to complete a self-assessment on evaluation form parts 1A, 1B, and 2; and, the RCA Chairperson should do so for the mid-year evaluation on part 2 in August. The CEO self-evaluation (mid-year and annual) should ideally include a summary of achievements relative to the goals and objectives defined at the beginning of the planning year, and a self-appraisal of performance based on the CEO’s key accountabilities in each of the areas also rated by the NCHC Board of Directors and RCA, as applicable. The CEO’s self-ratings and comments should be incorporated into the evaluation form prior to the distribution of the evaluation form to the NCHC Board of Directors, RCA, and Executive Management Team. Placeholders for the CEO’s ratings and comments are included in the evaluation form.

3. NCHC Board of Directors, RCA, and Executive Management Team evaluation. In February, the annual CEO performance evaluation form should be distributed by the NCHC Board Chairperson to all NCHC Board of Directors members, the RCA, and Executive Management Team, with clear instructions about how to consider the criteria in forming a rating of performance, the importance of providing comments where necessary, and the submission deadline (to be determined). The evaluation form provided to NCHC Board of Directors members, the RCA, and the Executive Management Team should include the CEO's self-ratings and comments. With respect to the mid-year evaluation, in September, the RCA Chairperson should distribute the evaluation form and provide clear instructions about how to consider the criteria in forming a rating of performance, the importance of providing comments where necessary, and the submission deadline (to be determined).
4. Summary report. The annual performance evaluations should be collected, and responses, compiled by an outside entity in a manner that reveals an overall performance rating in each area, delineated by evaluator category (e.g., NCHC Board of Directors, the RCA, the Executive Management Team, and CEO's self-rating), including a summary of comments by evaluator category. The summary report should be provided to the NCHC Board's Executive Committee and RCA.
5. NCHC Board's Executive Committee and RCA discussion. In March of each year, NCHC Board's Executive Committee and the RCA should meet to ensure that the RCA fully appreciates the perspective of the NCHC Board relative to the annual evaluation. The NCHC Board's Executive Committee and RCA should also review the CEO's proposed goals for the coming year when doing the annual evaluation, make any modifications necessary to the goals, and collaborate with the CEO to ensure mutual agreement and commitment.
6. Final documentation. Following the meeting with the NCHC Board Executive Committee, the RCA should incorporate any necessary modifications to the annual performance evaluation and determine the appropriate annual compensation increase. Following adoption of the final annual performance evaluation and appropriate compensation modification, the RCA Chairperson shall deliver the appraisal and compensation information to the NCHC Board Chairperson. With respect to the mid-year evaluation, the RCA will provide feedback directly to the CEO in September of each year.
7. Personal CEO Feedback. The NCHC Board's Chairperson and RCA Chairperson should meet personally with the CEO to discuss the annual evaluation results. This executive session should provide performance improvement feedback to the CEO, and stimulate a productive, two-way dialogue with the CEO that includes his or her responses to the evaluation, and personal commitments to leadership improvement. If an annual base salary increase and/or discretionary incentive payment are communicated in the same meeting, care should be taken to spend appropriate time providing feedback and not let compensation become the principal focus of the conversation.
8. Annual CEO Compensation Modifications. The CEO's performance, as captured by the appraisal, will be considered by the RCA in determining annual CEO compensation. The NCHC Board also recommends that determination of annual CEO compensation consider the compensation information from comparable positions/industries for each year for benchmarking and analysis.

CEO EVALUATION PROCESS TIMELINE

- 
- ☐ December, 2018 – RCA Finalizes CEO Performance Evaluation Process, Form and Compensation
 - ☐ January, 2019 – NCCSP Board Chair sends CEO Performance Form to CEO for self-evaluation for Parts 1 (A&B) and 2. The CEO submits the completed self-evaluation to the NCCSP Board Chair.
 - ☐ February, 2019 – CEO Performance Evaluation Form with the CEO's self-evaluation input is distributed by the NCCSP Board Chair along with the instructions to the RCA, Executive Management Team and NCCSP Board Members.
 - ☐ The RCA completes Part 2 of the CEO Evaluation Form.
 - ☐ The Executive Management Team completes Parts 1(A&B) of the CEO Evaluation Form.
 - ☐ The NCCSP Board completes Parts 1(A&B) and 2 of the CEO Evaluation Form.
 - ☐ February, 2019 – All Evaluation Forms are collected and compiled by an external agency and a final summary evaluation report is sent to the NCCSP Board Chair and RCA Chair.
 - ☐ March, 2019 – The RCA and NCCSP Board Executive Committee meet to discuss the summary evaluation report.
 - ☐ The RCA finalizes the document and compensation relative to the performance.
 - ☐ March, 2019 – The NCCSP Board Chair and RCA Chair met with the CEO to deliver personal feedback.
 - ☐ August, 2019 – The RCA Chair sends Part 2 of the CEO Performance Form for self-evaluation.
 - ☐ September, 2019 – Part 2 of the CEO Performance Evaluation Form with the CEO's self-evaluation input included is sent by the CEO to and RCA Committee Chair who then distributes it along with the instructions to the RCA Committee members. The RCA Chair collects and compiles the results.
 - ☐ September, 2019 – The RCA meets with the CEO to discuss the mid-year evaluation summary.



CEO Performance Evaluation Form

Part 1A - Assessment of Essential CEO Accountabilities

Please evaluate the CEO's performance for each accountability area using the scale outlined below. Consider all criteria together when forming an impression about the CEO's performance. Add comments you believe provide context to your rating, or that would be helpful to the CEO in improving his or her performance. **In the event that you rate the CEO's performance 2 or below, please provide specific suggestions for needed performance improvement.**

5 – Exceeds Expectations: The CEO performs *above and beyond* these accountabilities as a part of his or her leadership. The CEO's performance in this area is *outstanding and exceeds my expectations*.

4 – Meets All Expectations: The CEO *always* practices these accountabilities as a part of his or her leadership. The CEO's performance in this area *meets all of my expectations*.

3 – Meets Most Expectations: The CEO *often* practices these accountabilities as a part of his or her leadership, but not always. The CEO's performance in this area *generally meets my expectations*.

2 – Meets Some Expectations: The CEO *inconsistently* practices these accountabilities as a part of his or her leadership. The CEO's performance in this area only *meets some of my expectations*.

1 – Does Not Meet Expectations: The CEO *rarely or never* practices these accountabilities as a part of his or her leadership. The CEO *does not perform well* in this area.

N/A – Not Applicable: Not applicable or has not been observed.

Organizational Leadership and Culture	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Provides focused and effective leadership that ensures commitment to the organization's mission and vision. ➤ Sets an organizational tone that attracts, retains, motivates, and develops a highly qualified workforce. ➤ Encourages all to capitalize on opportunities to improve productivity, quality, and patient/client/resident satisfaction. ➤ Earns and maintains respect of employees, volunteers, the medical staff, Retained County Authority, and Board. ➤ Ensures the right people are in place to carry out the organization's strategic direction. ➤ Ensures that ongoing and relevant educational programs and training opportunities are provided to ensure effective skill-building among employees and medical staff. ➤ Embeds the importance of the consumer experience throughout the organization. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Financial Leadership	Please Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Financial results in the past year met or exceeded financial goals for the organization's growth. ➤ Sets the tone for financial discipline and the importance of financial balance to achieve the mission and vision. ➤ Ensures adequate internal systems are in place to protect the organization's financial health. ➤ Continuously explores opportunities to strengthen the organization's financial position and organizational growth and development. ➤ Engages the Board and Retained County Authority in robust dialogue about financial reports and plans, providing sufficient and clear information about progress and results achieved. ➤ Ensures an annual audit of financial operations, with careful and thorough review by the Board and Retained County Authority. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Strategic Development	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Collaborates with the Board and Retained County Authority to set the strategic direction for the organization. ➤ Develops, communicates and leads the implementation of the strategic plan in a manner consistent with the organization's mission, vision and values. ➤ Engages internal and external stakeholders to develop strategies and plans to move the organization in the desired direction. ➤ Ensures that short- and long-term goals and priorities are communicated and well-understood by the Board, Retained County Authority, employees, medical staff, and community. ➤ Considers evolving internal and external trends and factors, and adjusts plans as necessary. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Executive Management Team Relations	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Recruits and develops a cohesive executive leadership team to implement organizational goals and strategies. ➤ Ensures meaningful and challenging goals for performance improvement. ➤ Holds leaders accountable for achieving performance goals. ➤ Maintains an open, honest, trusting, and collaborative relationship with executive management team. ➤ Develops future leaders within the organization. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Medical Staff Relations	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Develops and maintains effective relationships with medical staff employed by and associated with the organization. ➤ Encourages open communication and dialogue with medical staff ➤ Encourages medical staff collaboration across the system of care to foster commitment to a shared vision. ➤ Meaningfully involves the medical staff in efforts related to quality improvement; and, patient, client, and resident safety satisfaction. ➤ Develops and implements a medical staff development plan consistent with the organization's strategic plan and goals. ➤ Inspires loyalty among the medical staff to further the mission and vision of the organization. ➤ Ensures an adequate supply of medical staff and related specialties exist to meet the health needs of the community. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Quality and Safety for Patients, Clients, and Residents	Please Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Ensures that quality and safety for patients, clients, and residents are a top priority at every level in the organization. ➤ Establishes and nurtures a culture built on quality, service, and continuous improvement. ➤ Prioritizes delivering person-centered care that meets the highest patient, client, and resident satisfaction and customer service standards. ➤ Advances the organization's culture to ensure the patient, client, and resident experience is exemplary in every aspect of care. ➤ Ensures appropriate resources are allocated throughout the organization to deliver high quality, people-centered care. ➤ Uses quality outcomes and data to drive actionable decision-making. ➤ Ensures that patients, clients, and residents receive the right care at the right place, and at the right time. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Community Health and Partnerships	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Instills community health and well-being as a fundamental organizational belief. ➤ Collaborates with community leaders to assess the health needs of the community, and designs programs and services to maximize resources to address those needs. ➤ Seeks community partnerships to maximize resources and impact on the greatest community health needs. ➤ Ensures resources and programs are made available to address community health improvement challenges and needs. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Advocacy and Foundation Development	Circle the Applicable Performance Rating and Write in Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Represents and promotes the interests and image of the organization to the government, accrediting bodies, the media, and the community at-large. ➤ Works with the Foundation's Board to implement a fundraising program that meets established goals. ➤ Establishes relationships with prospective donors. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: CEO and Board of Directors Work Plan	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objective: <ul style="list-style-type: none"> ➤ To the degree the overall CEO and Board of Directors work plan has been achieved. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: Annual Operational Plan	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objective: <ul style="list-style-type: none"> ➤ To the degree the overall annual operational plan has been achieved. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Part 1B - Assessment of CEO Leadership Qualities and Personal Attributes

Please evaluate the CEO's performance for each personal attribute and leadership quality area using the scale outlined below. Consider all criteria together when forming an impression about the CEO's performance. Add comments you believe provide context to your rating, or that would be helpful to the CEO in improving his or her performance. **In the event that you rate the CEO's performance 2 or below, please provide specific suggestions for needed performance improvement.**

5 – Exceeds Expectations: The CEO's personal attributes and leadership qualities extend *above and beyond* these attributes as a part of his or her leadership. The CEO's performance in this area is *outstanding and exceeds my expectation*.

4 – Meets All Expectations: The CEO's personal attributes and leadership qualities in this area are *always* exhibited as a part of his or her leadership. The CEO's performance in this area *meets all of my expectations*.

3 – Meets Most Expectations: The CEO *often* practices the personal attributes and leadership qualities in this area as a part of his or her leadership, but not always. The CEO's performance in this area *generally meets my expectations*.

2 – Meets Some Expectations: The CEO *inconsistently* practices the personal attributes and leadership qualities in this area as a part of his or her leadership. The CEO's performance in this area only *meets some of my expectations*.

1 – Does Not Meet Expectations: The CEO *rarely or never* practices these personal attributes and leadership qualities as a part of his or her leadership. The CEO *does not perform well* in this area.

N/A – Not Applicable: Not applicable or has not been observed.

Ethics	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Combines strong ethical judgment with technical and management skills. ➤ Exhibits values of fairness, honesty and compassion. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Systems Thinking	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Establishes a unifying vision and culture across the organization. ➤ Considers the big picture when making decisions. ➤ Builds interconnectedness in the system to achieve organizational success. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Partnership Focus	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Seeks partnerships that help achieve the organization's mission and vision and improve community health. ➤ Is willing to cede some control for the sake of partnerships that better local health and health care. ➤ Considers non-traditional partnerships that improve patient, client, and resident value and continuity of care. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Serves as a Change Agent	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Embraces the transformation occurring in health care delivery and financing. ➤ Thinks innovatively. ➤ Exhibits a high level of emotional stability. ➤ Seeks and values the opinions of others. ➤ Continually seeks new information and perspectives. ➤ Values a diversity of opinions. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Communication	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Values transparency. ➤ Seeks new and better ways to communicate with employees, medical staff, patients, clients, residents, and other stakeholders. ➤ Maintains open lines of communication at all levels. ➤ Maintains a strong rapport and professional working relationships at all levels. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Risk-Taking and Problem-Solving	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Keeps a constant pulse on shifts and trends in the health care, political, social and technological environment. ➤ Encourages staff to challenge the status quo. ➤ Takes calculated risks. ➤ Leads the organization to be agile and adaptable. ➤ Thinks quickly and assimilates ideas well in providing direction and leadership. ➤ Handles ambiguous situations well, always bringing focus to the organization's pursuit of its mission and vision. ➤ Allows for failure as long as the risk does not cause personal harm or irreversible loss to the organization. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Continuous Leadership Improvement	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
<ul style="list-style-type: none"> ➤ Committed to continually improving personal leadership performance. ➤ Demonstrates self-discipline. ➤ Assumes responsibility for adverse outcomes. ➤ Demonstrates humility. ➤ Perseveres through challenges. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Part 2 – Assessment of Annual Budget Priorities, Financial Performance, RCA-CEO Work Plan, and Performance Expectations and Outcomes for CEO

Please evaluate the CEO's achievement of annual budget priorities, financial performance, RCA-CEO work plan, and performance expectations and outcomes using the scale outlined below. Add comments you believe provide context to your rating, or that would be helpful to the CEO in improving his or her performance. **In the event that you rate the CEO's performance 2 or below, please provide specific suggestions for needed performance improvement.**

5 – Exceeded My Expectations: The CEO's achievement of this goal extended *above and beyond*. The CEO's performance in this goal area *exceeds my expectations*.

4 – Met All My Expectations: The CEO performed well in this area *and met all of my expectations* in achieving this goal.

3 – Met Most of My Expectations: The CEO *primarily achieved this goal and met most of my expectations*.

2 – Met Some of My Expectations: The CEO *did not fully achieve this goal, and only met some of my expectations*.

1 – Did Not Meet My Expectations: The CEO *did not achieve this goal, did not perform well in this goal area, and did not meet my expectations*.

N/A – Not Applicable: Not applicable or was not been observed.

Goal: Annual Budget Priorities	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objective: ➤ To the degree annual budget priorities have been achieved.	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: Financial Performance	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objective: ➤ To the degree overall financial performance has been achieved.	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: RCA-CEO Work Plan	Circle the Applicable Rating and Include Your Comments											
	1	2	3	4	5	N/A						
Objective: ➤ To the degree overall RCA-CEO work plan has been achieved.	Comments:											
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members]												
CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]												

Board and Retained County Authority Relations	Circle the Applicable Performance Rating and Include Your Comments											
	1	2	3	4	5	N/A						
<ul style="list-style-type: none"> ➤ Keeps the Board and Retained County Authority well- informed of important developments and issues. ➤ Ensures a positive working relationship with the Board and Retained County Authority founded on honesty, trust, and collaboration. ➤ Recommends appropriate actions and policies for Board and Retained County Authority consideration, providing clear and timely information to inform deliberation and decision-making when appropriate. ➤ Directs the functions of the organization in accordance with the mission, vision, and direction established by the Board and Retained County Authority. ➤ Ensures continuous education for the Board and Retained County Authority on issues/topics important to ensure effective, evidence-based governing leadership. 	Comments:											
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members]												
CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]												

Goal: Behavioral Health Services (BHS) Program	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
<p>Objective: To the degree program/function specific expectations have been met:</p> <ul style="list-style-type: none"> ➤ All BHS staff, including physicians, will have mandatory training on admission laws and court procedures/rights on annual basis. ➤ Crisis & Suicide Prevention Hotline: All callers to the hotline will be offered face to face evaluation and/or intervention; callers offered opportunity for voluntary admission if applicable. ➤ Mobile Crisis Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent); Crisis workers must: <ul style="list-style-type: none"> ➤ Be educated annually on admission laws in State of Wisconsin; ➤ Offer each patient resource literature during every Crisis assessment; and ➤ If applicable, provide patients opportunity for voluntary admission. ➤ Youth Crisis Stabilization Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent). ➤ Court Liaison: In collaboration with Corporation Counsels, adhere to established policy with clear expectations between NCHC and Corporation Counsels, with respect to: <ul style="list-style-type: none"> ➤ Probable Cause Hearings, Settlement Agreements, Commitments; ➤ Standard for notification of admission; ➤ Manage admission to other facilities; ➤ Manage transition of care to outpatient providers; ➤ Case management of patients under settlement agreements; ➤ Manage timelines and requisite paperwork to proactively initiate re-commitments; and ➤ Staff will have mandatory training on admission laws and court procedures and rights associated on an annual basis. Inpatient Hospital, Detox, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment Programs. ➤ A comprehensive discharge plan is completed prior to discharge. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: Community Behavioral Health Services Program	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
<p>Objective: To the degree program/function specific expectations have been met:</p> <ul style="list-style-type: none"> ➤ All staff, including physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. ➤ There should be increased case monitoring for all patients and clients under commitments and settlement agreements. ➤ All patients and clients screened for services will receive information on services available and how to access them. ➤ Enhance community engagement through ongoing outreach activities to increase knowledge of referral process, especially Community Corner Clubhouse. ➤ Program/Function Specific Expectations Children's Long-Term Services: NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable. ➤ Outpatient Services: NCHC will be an active participant in youth counseling consortium in the schools. 	Comments:					
<p>CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members]</p> <p>CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]</p>						

Goal: Organization Dashboard – Vacancy/Retention Rates	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
<p>Objectives:</p> <ul style="list-style-type: none"> ➤ Vacancy rate is in 5-7% range. ➤ Retention rate is in 78-82% range. 	Comments:					
<p>CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members]</p> <p>CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]</p>						

Goal: Organization Dashboard – Patient/Referral Experience	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objectives: <ul style="list-style-type: none"> ➤ Patient experience % top box rate is in 78-82% range. ➤ Referral course experience % top box rate is established. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: Organization Dashboard - Readmission	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objectives: <ul style="list-style-type: none"> ➤ Nursing home readmission rate is in 10-12% range. ➤ Psychiatric hospital readmission rate is in 8-10%. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: Organization Dashboard – Access/No-Show Rate	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objectives: <ul style="list-style-type: none"> ➤ Access to behavioral health services in the 90-95% range. ➤ No-show rate for community behavioral health services is established. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Goal: Organization Dashboard – Direct/Indirect Expense	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objectives: <ul style="list-style-type: none"> ➤ Direct expense/gross patient revenue is in 60-64% range. ➤ In-direct expense/direct expense is in 36-38% range. 	Comments:					
CEO Self-Rating: [Insert CEO rating from self-evaluation here before giving to Board and RCA members] CEO Comments: [Insert CEO comments from self-evaluation here before giving to Board and RCA members]						

Summary Comments

Please include below any other comments about the CEO's performance, or any circumstances that may have influenced the CEO's performance in the past year.

DRAFT

2018 NCCSP BOARD CALENDAR – As of August 22, 2018

(Antigo) Thursday October 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Update on 2018 Operational Plan

Board Action: CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year.

Board Policy to Review: Board – CEO Succession Planning

Board Policy Discussion Generative Topic: End Statements Outcomes and Dashboard Outcomes for the Upcoming Year.

Thursday November 29, 2018 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM

Educational Presentation: Annual Quality Audit – Review the performance of the quality programs and metrics.

Board Action: Elections – Hold elections of directors and officers consistent with applicable provisions in the bylaws. Approve the Quality Plan for the upcoming year including the Dashboards. Operational Plans – Review and approve the organization’s operational plans for the upcoming year.

Board Policy to Review: Complaints and Grievances, Employee Grievance Policy

Board Policy Discussion Generative Topic: TBD

Thursday December 20, 2018 (Third Thursday of the Month) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: TBD

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: TBD