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OFFICIAL NOTICE AND AGENDA

MEETING of the **North Central Community Services Program Board** to be held at
Langlade Health Care Center, 1225 Langlade Road, Antigo, WI 54409
at **12:00 pm** on **Thurs, October 25, 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.

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 Reports
   A. Review the Minutes of the 9/20/2018 and 10/10/2018 Executive Committee Meeting – J. Zriny
5. Consent Agenda
   A. ACTION: Approval of 8/30/2018 NCCSP Board Meeting Minutes
   B. ACTION: Approve Medical Staff Re-Appointments for Anne Dibala, MD, Brigitte Espinoza, MD, Patrick Helfenbein, MD, Richard Immler, MD, Michael Lance, MD, William Nietert, MD, Brian Smith, MD, Robert Vickrey, MD
   C. Quality Outcomes Review – M. Loy
      i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
6. Board Education
   A. Overview of the New NCHC Website – Jessica Meadows
   B. Update on Medical Staff Initiatives – Dr. Richard Immler
   C. Health Plan Performance Report and 2019 Renewal – S. Matis
7. Monitoring Reports
   A. CEO Work Plan Review and Report – M. Loy
   B. Update on 2018 Operational Plan – M. Loy
   C. Human Services Operations Reports – L. Scudiere
   D. Nursing Home Operations Reports – K. Gochanour
   E. Chief Financial Officer's Report – B. Glodowski
      i. ACTION: Review and Accept August and September 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. ACTION: Purchase of the Property Located at 811 N. 3rd Avenue Wausau, WI
   C. Discussion and Possible Action Regarding Whether to Pursue the Transfer of Adult Protective Services Program to the Aging & Disability Resource Center of Central Wisconsin
   D. Discussion and Possible Action Regarding Birth to 3 Service Delivery
   E. Discussion and Possible Action Regarding Board Policy Governance 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:
      i. *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:
      i. *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

Presiding Officer or Designee

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: 10/19/2018 TIME: 4:00 PM BY: D. Osowski

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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 phone	Corrie Norrbom	X	Bob Weaver

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

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

October 10, 2018 **10:30 AM** **NCHC Wausau Board Room**

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

Others present: Lance Leonhard, Michael Loy

Chair Zriny called the meeting to order at 10:56 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 09/20/18 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Norrbom, to approve the 09/20/18 Executive Committee meeting minutes; motion passed.

CEO Report

- At a Master Facility Plan meeting today we will review 2-3 options of an initial design which has been modified from the original conceptual design. By the end of the month there should be a final campus concept. Throughout the process the Building Committee will receive input from Department Directors and Managers. Dr. Benson asked Mr. Loy to forward the architectural information to other committee members as he found it very informative. The Committee asked for a status update for the Board in November or December.
- Psychiatry recruitment continues. Of the three candidates interviewed on site in September, we are negotiating contracts with two individuals. Dr. Solay Unal, Child Psychiatrist, has already signed her offer letter, has extensive experience, wants to teach and be involved in the residency program, and will also be heavily involved in the development of the new 8-bed CBRF program. We anticipate she will join us in the spring of 2019. The other candidate is interested in Inpatient and Outpatient and would like the capacity for ECT in Outpatient. He would fill the Medical Director responsibilities which would allow Dr. Dibala to shift to her passion of working more with addictions and the MMT program. He would tentatively begin in early 2019. Dr. Benson expressed how phenomenal the hiring of psychiatrists is to this organization and community. Mr. Leonhard commented these additional services and psychiatrists is a great way to interface with Social Services of the Tri-County area.
    - Mr. Loy will be talking with a physician regarding a shared position with the Medical College of Wisconsin for administrative duties of NCHC as well as program responsibilities for the Residency Program. The entire psychiatry residency program and having a Dean of the Medical College of Wisconsin in Wausau are two major reasons there has been success in the current recruitment of psychiatrists.
    - By the first quarter of 2019 we should be able to eliminate the contract with locum-related physicians as we will have 8 full-time equivalent positions in Psychiatry. We are experiencing some growing pains in the support of the physicians and making sure we have the right clinic support structure.

- This week a Clinical Leadership Team Kick-Off day was held. The belief is that not one person can provide leadership but must partner with a strong clinical leadership team. Two teams were created, Inpatient Behavioral Health and Outpatient/Community Treatment. They are working on a 3-5 year plan for leadership and clinical improvement.
- We were one of three organizations who applied for an In-home Crisis Grant with the State but we were not selected. We learned that Waushara County was awarded the grant.
- The possible partnership with Adult Protective Services and ADRC continues to progress. We have met with the ADRC Management Team who would like to complete a study before moving forward. A concern they expressed is to have necessary protective placement locations identified first. Additional updates will be provided as more information becomes available.
- We are waiting to hear from Marathon County Special Education regarding Birth to Three and hope to have an update by the next Board meeting.
- The additional collaboration with the counseling center we were working with will not be occurring. We will continue to work together as before.
- We have been approached by Lincoln County about community living program strategies which we are exploring.
- We have engaged in discussions with Langlade County on a potential sober living facility. Langlade County Board Supervisor, John Breske is very supportive. RCA will be reviewing and look to determine if there is an opportunity for a tri-county approach.
- Nursing home collaboration with Lincoln and Portage Counties to work together to improve quality, efficiency, and improve financial performance continues. It was suggested to invite Jan and Neil Gulsvig to present on incorporating a wellness piece and improving quality of living for senior citizen population.
- We are in conversation with the Health Department on taking over the oversight for the Recovery Coaching Program. Training was funded for the program, however the program would be a better fit for NCHC where we can provide more structure and screening with possible funding through Medicaid reimbursement. Education on this program for the Board will be slated for November.
- CNA staffing in the nursing home fluctuates every 12-18 months. In this case turnover isn't increasing but rather the pool of applicants is dire. We are currently experiencing a high number of vacancies. The trend we are seeing for those CNA's who are leaving, even those with 8-10 years of tenure, is they are leaving the health care field all together. Patients are more demanding with multiple diagnosis, late stage dementia, and complex care. We are doing all we can to create a pipeline by working with schools across the state. We have a clear plan on what we are doing and feel we are ahead of others in the area. We collect and analyze the information from each exit interview. It was suggested that as a learning organization, we should consider investing in researching the number of patients staff should/can handle with these diseases particularly. With the speed at which change is occurring in the organization, we need to know there is enough support to manage the changes.
- At 11:53 a.m. Dr. Norrbom left the meeting.

<u>2019 Board Meeting Calendar</u>

- A draft 2019 Board meeting calendar was distributed. Attendance at Board meetings over the last year identified no more than three absences per meeting. Absences for the September meeting were unusually high plus there is a vacancy on the Board. Felt it was a good time to review and adjust the dates and times of the Board meetings if necessary. The result of the Poll from Board Members currently indicates the 12:00 meeting time is preferable. Therefore, we will continue the same meeting schedule (Noon on the last Thursday of the month) in 2019.

2019 Nominating Slate of Officers

- Officer positions are nominated for one year terms. The Executive Committee serves as the Nominating Committee and discusses candidates for these positions and then presents them to the Board at the November meeting. Nominations are also called for from the floor with a written/signed ballot that determines the officers.
- Board Members whose terms expire at the end of 2018 are Randy Balk, Ben Bliven, Dr. Corrie Norrbom, Theresa Wetzsteon, and Jeff Zriny. Mr. Loy has contacted each of them and hard back from all, except Mr. Bliven who is currently out of the office. All have indicated they wish to remain on the Board. The vacant position may be filled by the Medical Staff President.
- **Motion**/second, Benson/Weaver, to present the following slate of officers to the Board for consideration and approval. Motion carried.
    - Chair: Jeff Zriny
    - Vice-Chair: Dr. Steve Benson
    - Secretary/Treasurer – Bob Weaver
    - Past Chair Vacancy – Dr. Corrie Norrbom

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Weaver to go into closed session pursuant to §19.85(1)(c) Wis. Stats. for the purpose of considering employment, promotion, compensation or performance evaluation of any public employee over which the governmental body has jurisdiction or exercises responsibility. Second by Benson. Roll call indicated all ayes. Motion carried. L. Leonhard left the meeting.
- **Motion**/second, Benson/Weaver, to adjourn the Closed Session at 12:20 p.m. Motion carried. Nothing to report from the Closed Session.

Discussion and Future Agenda Items for Executive Committee or Board Consideration

- Nothing discussed.

Adjourn

- **Motion**/second, Weaver/Benson, to adjourn the meeting at 12:30 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

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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.

- <u>Implementation of CMS's Patient-Driven Payment Model (PDPM)</u> – 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.

<u>Monitoring Reports</u>

- 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.

Minutes by Debbie Osowski, Executive Assistant

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Anne C. Dibala, M.D. Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
__X__ BHS Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
__X__ Employee
_____ Locum Locum Agency: _____
_____ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 10-1-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 10-18-18.
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Brigitte G. Espinoza Ugaz, M.D. Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
__X__ Employee
_____ Locum Locum Agency: _____
_____ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 10-1-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 10-18-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Patrick R. Helfenbein, M.D. Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
_____ Employee
__X__ Locum Locum Agency: VISTA Staffing
_____ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 10-17-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 10-18-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Richard E. Immler, M.D. Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
___ Medical (Includes Family Practice, Internal Medicine)
_X_ Psychiatry
___ Mid-Level Practitioner
_X_ Medical Director
___ BHS Medical Director

Medical Staff Status
___ Courtesy
_X_ Active

Provider Type
___ Employee
___ Locum Locum Agency: ___
_X_ Contract Contract Name: Thul-Immler Consultants

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: ___

(Medical Executive Committee Signature) 10-1-18 (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
_X_ He/she be appointed/reappointed to the Medical Staff as requested
___ Action be deferred on the application
___ The application be ~~denied~~

(Medical Staff President Signature) 10-18-18 (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: ___
(Date)

Response:
___ Concur
___ Recommend further reconsideration

(Governing Board Signature) (Signature Date)

(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Michael D. Lance, M.D. Appoint/Reappoint 11-a-2018 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
__X__ Courtesy
_____ Active

Provider Type
_____ Employee
__X__ Locum Locum Agency: Barton Associates
_____ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 10-1-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 10-18-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee William C. Nietert, M.D. Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
- X Medical (Includes Family Practice, Internal Medicine)
- ____ Psychiatry
- ____ Mid-Level Practitioner
- ____ Medical Director
- ____ BHS Medical Director

Medical Staff Status
- ____ Courtesy
- X Active

Provider Type
- ____ Employee
- ____ Locum — Locum Agency: ____
- X Contract — Contract Name: Aspirus

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: ____

[signature] 10-1-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
- X He/she be appointed/reappointed to the Medical Staff as requested
- ____ Action be deferred on the application
- ____ The application be denied

[signature] 10-18-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: ____
(Date)

Response:
- ____ Concur
- ____ Recommend further reconsideration

____ ____
(Governing Board Signature) (Signature Date)

____ ____
(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Brian D. Smith Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
_____ Psychiatry X Medical Director
_____ Mid-Level Practitioner _____ BHS Medical Director

Medical Staff Status _____ Courtesy X Active

Provider Type
_____ Employee
_____ Locum Locum Agency: _____
X Contract Contract Name: Aspirus

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 10-1-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
X He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 10-18-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Robert J. Vickrey, M.D. Appoint/Reappoint 11-01-2018 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
__X__ Courtesy
_____ Active

Provider Type
_____ Employee
_____ Locum Locum Agency: _____
__X__ Contract Contract Name: Wisconsin Forensic Services, LTD

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 10-1-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 10-18-18
(Medical Staff President ~~Signature~~) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

Quality Executive Summary

October 2018

Organizational Outcomes

People

- **Vacancy Rate**

  The 2018 target range for the Vacancy Rate is set at 5-7%. September's Vacancy Rate was 7.3%. The YTD total is at 7.3%, which is above target. Expanding the formal onboarding process to additional departments as well as conducting focus groups with employees has increased employee satisfaction resulting in minimal vacancies.

- **Employee Retention Rate**

  The Employee Retention Rate target range for 2018 is 78-82%. Currently, the rate is 85.0%, 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%. 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 began its distribution in the month of September. October will be our first full month using the data. Directors and Department Managers are learning the online reporting and data tools in October.

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

  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. We hope to begin using this option towards the end of October and pilot this in our crisis program.

Clinical

- **Nursing Home Readmissions**

  The 2018 Nursing Home 30-Day Hospital Readmission target rate is 10-12%. In September the rate was 26.1%. September had the lowest number of admissions at 23 and highest number of 30-day Medicare readmissions at 6 for this year. Readmissions were due to respiratory complications, kidney failure and complications with dialysis, 2 residents expired during hospitalization. Overall YTD the readmission rate is favorably below target at 9.8%.

- **Hospital Readmissions**

  For 2018, the target range for Hospital Readmissions within 30 days is 8-10%. September's rate was 8.0%. Overall YTD is at 13.4%. This is an improvement from the previous month where we saw the readmission rate at 15.3% BHS has been working hard on drilling down into diversion factors to positively impact this measure.

Community

- **Access Rate for Behavioral Health Services**

  The target range for this measure for 2018 is 90-95%. In September, the Access Rate was 91.2%. This rate increased from the month of August when the rate was at 85.1%. YTD rate is 87.3%.

- **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-Three Programs. The report criteria for this new measure has been developed and the September rate was 8.5%.

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%. September's rate was highest for the year at 72.5% and the YTD rate is at 68.2%. Overall, revenue is improving. The direct expenses continue to be high due mainly to higher health insurance costs and diversions to the state institutes. The provider contracts for physicians continue to also be higher as the recruitment for physicians continues.

- **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 September is at 32.7% which is below target. Overall rate for 2018 is 35.4%. While overall expenses are over target, the overage is coming from the direct areas. The support programs (indirect expenses) overall are running below targets to help overcome some of the overages in direct programs.

Safety Outcomes

Patient/Client/Resident Adverse Events

Overall Adverse Event rate in September is 3.5 events per 1,000 patient days/visits. Human Services Adverse Event rate was 1.9 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 14.7 events per 1,000 patient days. In September, the nursing home falls continued at the same rate, a RCA and Action Plan are pending. In September, there was a decrease in the number of medication errors in Human Services programs and the falls increased slightly from 12 in August to 18. This is due to individuals in the residential programs who are experiencing an increase in medical issues which are being addressed.

Employee Adverse Events

For September, NCHC's Employee Adverse Event rate was 0.07 per 1,000 days worked. Falls, direct patient care injury (sprain/strain), and other work activities each had 2 occurrences and they did not require medical evaluation.

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 September 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 September, the number of goals met fell within the target range at 93%.

- **Birth-to Three**
  Birth to Three's Total Number of Early Intervention Visits per month has improved to be within target within the past 5 months. September's total visits decreased from August to September at 392, but still within the target range at 397.

- **Community Corner Clubhouse**
  Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In September, the member retention rate stayed steady at 80%.

- **Community Treatment**
  Individuals in Community Treatment who are admitted within 60 days of referral rose to 54.3% for September. This measure has made significant improvement this year.

- **Crisis CBRF**
  In September, 13 of 22 eligible patients were admitted within 24 hours. The total number of eligible patients doubled from August. The additional referrals are from external community partners as well as strong collaborative efforts with internal programs. The average length of stay is 12.7 days and includes two clients who have complex needs and long term placement has proven difficult. The program prioritizes Inpatient, MMT and any potential diversions.

- **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. 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 saw an increase in September to exceeding the target at 96%. Outpatient and Inpatient are meeting monthly 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 exceeded the target in September at 96%. Outpatient and Inpatient are meeting monthly on this to work on this item and have an active action plan.

- **APS**

  APS saw a decline in the number of at risk investigations closing within 30 days for the first time this year since February. Staffing is impacting this measure. They are still within target at 70.3%

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 September, the ADC was 18.

Support Departments

- **Communication and Marketing**

  Increase in social media followers to Facebook and Twitter. Through September, there was a 62% increase in followers.

- **Health Information:**

  In September, Health Information had a 98.8% 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 dipped to 90% in September; however they remain in their target range of 90-95%. The YTD total is at 94.7%.

- **Pharmacy:**

  Pharmacy reports the percentage of Pharmacy Consult Recommendations that are reviewed by a Physician with a response. The target range is 95-97% and for September the recommendations reviewed by physicians was 96.1%.

- **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 September, there was one new volunteer. YTD remains at 10%.

- **Demand Transportation:**

  Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. In September, Demand Transportation provided 728 trips. Their YTD total of trips are 8,221.

- **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 September, this is at 35 Days.

North Central Health Care
Person centered. Outcome focused.

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.

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Excellence in Quality

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%	7.3%				**7.3%**	**9.8%**
Retention Rate	**78-82%**	⇧	99.0%	98.0%	97.0%	94.0%	92.0%	90.0%	89.0%	87.0%	85.0%				85.0%	**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	N/A				**76.2%**	**77.2%**
Referral Source Experience: % Top Box Rate	**TBD**	⇧	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%	26.1%				**9.8%**	**10.2%**
Psychiatric Hospital Readmission Rate	**8-10%**	⇩	8.8%	13.6%	16.9%	15.5%	17.5%	8.4%	16.5%	15.3%	8.0%				**13.4%**	**12.6%**
COMMUNITY																
Access to Behavioral Health Services	**90-95%**	⇧	86.6%	87.9%	86.5%	83.7%	85.8%	87.2%	91.1%	85.1%	91.2%				**87.3%**	**74.0%**
No-Show Rate for Community Behavioral Health Services	**TBD**	⇩	TBD	TBD	TBD	TBD	9.9%	9.5%	10.9%	10.2%	8.5%				**9.8%**	\
FINANCE																
Direct Expense/Gross Patient Revenue	**60-64%**	⇩	67.0%	69.0%	63.0%	69.0%	67.0%	67.6%	70.2%	68.3%	72.5%				**68.2%**	**62.0%**
Indirect Expense/Direct Expense	**36-38%**	⇩	32.0%	37.0%	35.0%	33.0%	35.0%	33.7%	45.0%	33.9%	32.7%				**35.4%**	**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. *Benchmark: HealthStream 2016 Top Box Data*
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. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
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. *Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
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.

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%	7.3%	9.8%
		Retention Rate		⇧	78-82%	85.0%	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%	9.8%	10.2%
		Psychiatric Hospital Readmission Rate		⇩	8-10%	13.4%	12.6%
	Community	Access to Behavioral Health Services		⇧	90-95%	87.3%	75%
		No-Show Rate for Community Behavioral Health Services		⇩	TBD	9.8%	\
	Finance	Direct Expense/Gross Patient Revenue		⇩	60-64%	68.2%	62.0%
		Indirect Expense/Direct Expense		⇩	36-38%	35.4%	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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
		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 Communty based Billable Hours vs Shelter Based by Dec 2018)		⇧	50%-60%	39.1%	\
	Finance	ADS/Prevoc Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,252	$50,540	\
		Residential Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$168,689	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	% Of Clients Meeting Treatment Goals		⇧	89-95%	93.1%	\
	Community	Phycial Therapy Access		⇧	90-95%	96.5%	97.1%
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903-$373,354	-$765,247	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	Total Number of Early Intervention Visits/Month		⇧	375 - 400	397	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	12.5%	\
		Average days from referral to initial appointment	RCA	⇩	2018 Baseline Year	11.8 days	\
	Finance	Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$50,540	\

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%	77.2%
	Clinical	Increase Member Retention		⇧	51%-55%	80%	\
	Community	Increase Evening of Jazz Revenue by 10%		⇧	$ 15,758-$17,000	$8,000.00	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$362,483	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	**% of Treatment Plans completed within 30 days of admission**	RCA	⇧	90-95%	80.4%	84.4%
		% Treatment Plans reviewed every 6 months	RCA	⇧	2018 Baseline Year	91.7%	\
		Employment rate of Individual Placement and Support (IPS) clients	RCA	⇧	2018 Baseline Year	44.7%	\
	Community	**Eligible CCS and CSP clients are admitted within 60 days of referral**	RCA	⇧	90-95%	31.5%	24.0%
		Average days from referral to initial appointment	RCA	⇩	2018 Baseline Year	99.0 days	\
	Finance	Community Tx -Youth Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$362,483	\
		Community Tx -Adult Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$50,540	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	**Patient kept their outpatient appointment, if applicable**	RCA	⇧	2018 Baseline Year	96.0%	\
		% 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	83.3%	\
	Finance	Crisis CBRF Finanical Task Force 4 Positive Variance		⇧	$247,354-$371,301	$50,540	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	**MMT Successful completion rate**	RCA	⇧	2018 Baseline Year	71.2%	\
	Community	**MMT- compliance rate with discharge plan 60 days post-discharge**	RCA	⇧	2018 Baseline Year	64.7%	\
	Finance	Crisis CBRF/MMT Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$168,689	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	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	113 Diversions / 5.6 days ALOS	\
		Youth Crisis: avoid diversions of less than 72 hours	RCA	⇩	2018 Baseline Year	21.7%	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	RCA	⇧	2018 Baseline Year	77.7%	\
	Community	**Mobile Crisis: Ratio of voluntary to involuntary commitments**	RCA	⇧	2018 Baseline Year	1.7 to 1	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	RCA	⇧	2018 Baseline Year	639 encounters / 128 follow-ups within 24 hours (20%)	\
		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	57 encounters / 26 follow-ups within 72 hours (46%)	\
		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	93.4%	\
		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	95.0% (19/20)	\
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 - $373,354	-$765,247	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	**Percent of NCHC BHS Hospital patients that have a post diacharge therapy scheduled within 4 business days**	RCA	⇧	90-95%	88.5%	72.9%
		Percent of NCHC BHS Hospital patients that have a post diacharge psychiatry appointment scheduled within 14 business days	RCA	⇧	90-95%	91.3%	\
		Detox: Length since previous admission	RCA	⇧	2018 Baseline Year	62 Readmissions / 274.5 Days	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge	RCA	⇧	2018 Baseline Year	39.2%	\
	Community	**Ratio of patient days served at NCHC vs. Out of County placements**	RCA	⇧	2018 Baseline Year	2.3 to 1	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$362,483	\

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%	77.2%
	Clinical	**% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge**	RCA	⇧	90-95%	88.5%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	⇧	90-95%	96.2%	\
		OWI Recidivism Rate	RCA	⇩	27-32%	25.7%	23.6%
		Day Treatment: Successful completion rate	RCA	⇧	2018 Baseline Year	50% (9/18)	\
	Community	**Offered an appointment within 4 days of screening by a referral coordinator**	RCA	⇧	90-95%	96.9%	\
		Hospitalization rate of active patients	RCA	⇩	2018 Baseline Year	2.3%	\
		Same day cancellation and no-show rate	RCA	⇩	2018 Baseline Year	14.2%	\
		Criminal Justice Post-Jail Release Access Rate	RCA	⇧	2018 Baseline Year	96.4%	\
		Average number of days from referral to starting day treatment	RCA	⇧	2018 Baseline Year	13.9 days	\
	Finance	Financial Task Force 2 Positive Variance		⇧	$249,472 -$374,207	-$319,266	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
		Activities - Patient Experience % Top Box		⇧	64 -67%	63.9%	60.9%
	Clinical	Post Acute Care 30-Day Rehopitalization Rate		⇧	11 - 13 %	11.8%	83.0%
		Long Term Care Decreased Number of Falls by 10%		⇩	36 -38	68	42
		Legacies by the Lake 10% Decreased Number of Falls		⇩	275 -280	198	308.0
		Adverse Event Rate / 1000 pt days		⇩	12-12.3	12.9	14.3
	Community						
	Finance	Medicare ADC		⇧	17	21	\
		Nursing Home Patient Accounts - % of gross changes		⇩	0.15% - 0.21%	0.28%	\
		Administration /Rehab/ Ancillary Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	-$319,266	\
		PAC / LTC Finanical Task Force 3 Positive Variance		⇧	$248,903 -$373,354	-$765,247	\
		Legacies by the Lake Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$168,689	\

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	Patient Experience: % Top Box Rate		⇧	67-70%	76.2%	77.2%
	Clinical	Weekly room checks pass/fail		⇧	90-95%	93.4%	86.0%
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$249,472 -$374,207	$168,689	\

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	Patient Experience: % Top Box Rate		⇧	51-54%	76.2%	77.2%
	Clinical	Personal items missing per month		⇩	70-75 per month	31	97
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	-$319,266	\

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 Overall Patient Experience Percent 9/10 Responses		⇧	67-70%	76.2%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		⇧	90-95%	94.7%	\
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 -$373,354	-$765,247	\

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%	98.9%	\
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	-$319,266	\

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	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	% Of At Risk Investigations closed within 30 days	RCA	⇧	70-80%	70.3%	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	⇧	75-85%	91.3%	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	⇩	5% or below	3%	4%
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 - $373,354	-$765,247	\

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%	62%	\
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903-$373,354	-$765,247	\

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	59	\
		Scanning Accuracy (25% audit, percent complete without error)		⇧	95-98%	97.9%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)		⇧	2-4	2.8	\
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$168,689	\

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%	7.3%	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	$168,689	\

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	-$319,266	\

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	-$362,483	\

2018 - 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	-$319,266	\
		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		⇧	1000-1100 per month	913	\
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377.869	-$362,483	\

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	68	\
	Community						
	Finance	Finanical Task Force 4 Positive Variance		⇧	$248,835 -$373,253	$50,540	\

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	-$362,483	\
		Days in Accounts Receivable		⇩	30-35 days	36	\

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%	96.3%	\
	Clinical						
	Community						
	Finance	Financial Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$50,540	\
		Reduction of Budgeted Supplies and Nursing Supplies		⇧	8-15%: $57,339 - $107,510	-$105,652	\

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: October 19, 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:** The architects have presented three conceptual designs and were onsite again on Tuesday, October 16, 2018 to narrow down the options to a final concept. Once the final concept is developed by early November and the cost estimating confirms it is within the project's budget, then final design work will commence. At this point we are anticipating at least three phases with construction completing around the end of 2021. Design and phasing schedules are to be delivered by December 1, 2018.

2) **General Counsel Position:** The Retained County Authority Committee discussed the authority of the NCCSP Board to hire a General Counsel extensively at their September meeting. The current belief is that State law does not allow the organization to hire a General Counsel directly and at very least, the Tri-County Agreement doesn't provide for the authority to do so. The Chair and CEO were directed to develop a list of legal questions for the RCA to solicit a legal opinion on the ability for NCCSP to hire a General Counsel.

3) **Merrill Office Remodel:** Construction has been completed. Final shipment of remaining furniture arrived and has been installed. An Open House occurred following the September 27, 2018 NCCSP Board with good reception.

4) **Real Property:** We are finalizing the purchase of the Clubhouse property, the sale of the Hillcrest property, along with investigation of other potential real-estate transactions. We are also working to facilitate long-range space use planning in our Langlade County office.

5) **Psychiatry Recruitment:** We have three new Psychiatrists signed on to join in 2019. We will have achieved our target of building our Medical Staff three years ahead of schedule. An update on these individuals will be provided at the October Board meeting.

6) **Psychiatry Residency:** Recruitment for our 3rd class of residents has begun. NCHC hosts the candidates and interview teams throughout the next several months to select our next three residents. Applicant volume and candidate quality continue to be strong.

7) **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.

8) **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 have had their initial strategic planning meeting, we are implementing Physician Leadership Coaching, and conducting training on Physician led Quality Improvement.

North Central Health Care
Person centered. Outcome focused.

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.

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 Leonhard and Chad Billeb.	Complete												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	All NCCSP Board Appointments have been filled.	Complete												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	The RCA approved the CEO Evaluation Form and Process at their September meeting. The NCCSP Board will consider these items at the October meeting along with a corresponding CEO Compensation recommendation to be forward to the RCA.	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 taking it to the County Board through the 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 availabe 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	A report will be provided to the RCA.	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												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	The RCA review and adopted updated Annual Performance Standards for 2019 at the September meeting.	Complete												
Tri-County Contract 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 in 2018.	Open												

2018 Executive Management Team Operational Plan

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
PEOPLE PILLAR							
Leadership Strucuture in MVCC has created a span of control that is too large with too many direct reports and residents per Nurse Manager.	Develop a proposal to define the problem and potential solutions. Reviewing the separation of clinical from operational and redefining roles of the nursing department.	Reduced span of control for Nurse Management to improve employee engagement and patient experience long-term.	Kim	Jan-18	Dec-18	5%	Started
Hire and Onboard New Quality Director	Completed. Jennifer Peaslee has started as of February 2018.	Onboarding checklist completed. Feedback gathered.	Laura	Jan-18	Mar-18	100%	Completed
Onboarding New Psychiatrists (4)	Filled these positions with employees or direct contract staff.	Onboarding checklist completed. Feedback gathered.	Laura	Jul-18	Dec-18	100%	Completed
Hire and Onboard BHS Director	Completed. Liz Parizo started the position as of February 2018.	Onboarding checklist completed. Feedback gathered.	Laura	Apr-18	Jun-18	100%	Completed
Achieve Dashboard Vacancy Rate Target	Develop realistic job previews for high volume positions. Deploy management training for recruitment and onboarding.	Average vacancy rate for 2018 is within target.	Sue	Jan-18	Dec-18	75%	Started
Strategic Recruitment Plan	Rough draft of the plan. Bring it to Executive Team for approval in 4th quarter.	Written plan developed and implemented.	Sue	Jan-18	Nov-18	80%	Started
Employee Engagement Survey	Engagement survey has been sent out, over 80% participation. Will receive results soon and start action planning.	90% Survey response rate and completed action plans by program.	Sue	Jul-18	Dec-18	85%	Started
Actively Participate in the Inspire Interface - Stalled at Chamber	Inspire partners have started pulling out; NCHC is an holding pattern until the Chamber decides whether the project is reenergized.	Establish 10 mentors within NCHC developing connections with HS Students.	Sue	Jan-18	Dec-18	75%	Started
Leadership Development Program	New group has started and have completed 10 of 12 sessions.	90% completion rate.	Sue	Jan-18	Dec-18	90%	Started
Continuation of Management 101 Development Program	New manager onboarding program developed to be launched in July. Management 101 topics identified, modules are developed and are in production.	New Manager on-boarding program developed and initiated. 100% of all existing managers (including Executives) attend 4 modules of annual Management 101 Programs.	Sue	Jan-18	Dec-18	75%	Started
Re-engineer Rounding Practices	Perform assessment and discovery of current rounding practices as a base to re-engineering rounding practices.	Achieve deliverables identified for rounding in rounding plan.	Sue	May-18	Sep-18	25%	Started
Compensation Review of All Positions	Analysis performed, final recommendations from Executive Team and delivered to the NCCSP Board at their July meeting.	Recommendations and Presentation made to NCCSP Board in July	Sue	Jan-18	Jun-18	100%	Completed
Develop Clinical Career Track for Nursing and Counseling	Learning Council is working on the objective and are about 50% complete.	Career tracks for Nursing and Counseling developed and implemented.	Sue	Jan-18	Dec-18	50%	Started
Issue RFP for Insurance Brokers (Liability and Employee)	The RFP process has been completed and a new Broker for Employee Welfare, Property and Casulty is in place.	New contract signed and benefits renewal and open enrollment successfully completed.	Sue	Jan-18	Nov-18	100%	Completed
Improve Employee Recognition Practices	Recommendations are being finalized and will be presented to Executive Team.	Written plan and recommendation (1 to 2 pages).	Sue	Jan-18	Jun-18	90%	Started
Evaluation of Current Human Resources Information Systems (HRIS)	HRIS replacement and upgrading has been included in the 2019 Budget.	Written evaluation and recommendation.	Sue	Feb-18	Jun-18	100%	Completed
Establish MOUs with Counseling (Master's) Programs in Wisconsin. Improvement in Supervision Structures at NCHC.	Setup meeting with each of the counseling schools in Wisconsin.	MOUs signed to allow students to have training opportunities at NCHC.	Sue	Feb-18	Jul-18	25%	Started
Timely Acquisition of Talent for Program Expansion in Community Treatment, MMT and CBRF	Programs are staffed up and running.	Programs opened and appropriately staffed per budget.	Sue	Jan-18	Jun-18	100%	Completed
Develop Competencies for Non-Clinical Positions	Completed. All positions have competencies idenfitied and the checklists are in place.	Competencies developed and plan for validation in place.	Sue	Feb-18	Dec-18	100%	Completed

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
SERVICE PILLAR							
Mount View Renovation Plan	Architectual design in process. Phasing and plan will be put in place by December 1.	Plan developed and approved by Marathon County.	Kim	Jan-18	Dec-18	80%	Started
Laundry Patient Experience Improvements	Develop action has been implemented. June hit 61%, double previous numbers. Patient experience numbers on hold while rollout of new patient survey tool	Increase patient experience average score from 48.6 to 65%	Kim	Jan-18	Jun-18	75%	Started
Rollout of New Menu Cycle	Will evaluate building into new EMR for MVCC. New menu options have been rolled out to residents. New EMR signed and menu tracker will be implemented with the new EMR.	Improve Patient experience satisfaction from 55.5% to 80%.	Kim	Jan-18	Jun-18	50%	Started
Prevoc Building Plan	Facility and Capital Maintenance has taken over the original space plan now the Master Facility Plan has been approved. An alternate plan with be considered.	Prevoc is operating back on the NCHC campus.	Laura	Jun-18	Dec-18	0%	Deferred

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
CLINCIAL PILLAR							
Complete CLA Strategic Register Action Items	RFP for MVCC EMR has been completed, restorative nursing program training being implmented, marketing plan started in 3rd quarter, 4th quarter marketing plan is focused on vent program and updating marketing information and setting up meetings with referral sources on our criteria.	Completed Strategic Register gant chart.	Kim	Jan-18	Dec-18	75%	Started
Megarule Phase III Implementation	Emergency preparedness training occuring, Scott Webb coming from DHS to educate on Trauma Informed Care. Trauma informed care group started for NCHC, phase three implementation group in place and focus on reviewing competency, training and care plans.	Successfully implement the new changes/training with minimal to little disruption to our residents.	Kim	Jan-18	Dec-18	50%	Started
Implement Reaching Recovery Tool for Joint Commission Treatment Standard	Software program has been implemented with teams. Staff are collecting data. Next phase will be collecting and analyzing data effectively. Data has not yet been made available to produce RCA measures. Providers need more than 1 data point to determine trends, data is collected every 6 months.	NCHC's providers are able to use longitudinal data in treatment decisions. Data is available for the RCA on quality of life measures.	Laura	Jan-18	Dec-18	100%	Completed
Overview and Audit of Minimum Data Set (MDS) Documentation Practices to Enhance Revenue Capture	MDS Audit completed and work plan developed. Signed agreement for ongoing quarterly reviews. Restorative program implementation implemented in August. Increased our CMI target for 2019 budget.	Completed assessment and implementation of recommendations.	Kim	Jan-18	Dec-18	100%	Completed
Re-engineer Dietary Staffing Model	Implemented. Dietary scores have gone up slightly.	Improved dietary patient experience scores.	Kim	Jan-18	Mar-18	100%	Completed
Improve Post-Acute Care Rehospitalization Rates	YTD results are exceeding target. Implemented high-risk daily case review. YTD rate is 9.8%.	Post Acute Care Reduce rehospitalization rates from 11% to 10% for FY'18	Kim	Jan-18	Dec-18	75%	Started
Improve Fall Rate in Legacies Programs	On track of 15-20% reduction in Falls. Huddles and walking clinical rounds have been very successful. Updated Falls Review done in October to continue to look at more options.	Legacies by the Lake - Review and reduce falls by 10% for 2018	Kim	Jan-18	Dec-18	75%	Started
Operationalize RCA Program Expectations	RCA measures are being collected and reported. Data integrity and validation evaluations are occuring.	RCA report has the requested information and is produced per the frequency requested by the RCA.	Laura	Apr-18	May-18	100%	Completed
Linkage and Follow up Implementation	Implemented. Two Linkage and Follow up Coordinators have a case load and are effectively case monitoring clients.	Patients on settlement agreements and commitments for 3-county area are being case monitored or case managed.	Laura	Feb-18	May-18	100%	Completed
Small Renovation for Inpatient Unit	Completed. Small modifications are being installed to address safety concerns.	Project completed.	Laura	Mar-18	May-18	100%	Completed
Implement Psychologist Programming in Inpatient	Psychologist has begun work and has enhanced the programming on the unit. The new programming went live as of 10/2/18.	Psychologist hired and programming implemented.	Laura	Jan-18	Mar-18	100%	Completed
Expand Medically Monitored Treatment (MMT) Program to 15 Beds	Licensing has been improved as of July 9, 2018. Programming has begun and MMT's waitlist has been reduced. Patient census is on average 14.	New clients are being served in MMT or MMT has patient census of 13.	Laura	Jan-18	Apr-18	100%	Completed
Expand Community-Based Rehabilitation Facility (CBRF) to 12 Beds	Unit has expanded capacity and census has increased signifcantly. Impacts are being monitored.	Census greater than 6 in CBRF. Diversions decreasing.	Laura	Apr-18	Jun-18	100%	Completed
Community Treatment Expansion	Access rates have improved in the last two months. There is no wait list for adult CCS.	Access rate increases for CT to average above 60%.	Laura	Jan-18	Dec-18	100%	Completed
Closure of Hillcrest	Hillcrest is officially closed.	Closure of Hillcrest site.	Laura	Jan-18	Feb-18	100%	Completed
Renovation of Merrill Office	Renovation was completed, staff have moved back in, and patients are being seen from the site.	Project completed.	Laura	Apr-18	Aug-18	100%	Completed
Year 2 of MCOW Residency Program	Design of schedule has been completed, PGY2 Residents are starting their rotations.	Year 2 residents programming and supervision plan completed.	Laura	Mar-18	Mar-18	100%	Completed
Joint Commission Accreditation	Completed.	Successful Reaccreditation survey.	Laura	Jan-18	May-18	100%	Completed
Youth Crisis Group Home	Alternate proposals including a hospital with a full and partial-hospitalization model are being developed in conjunction with 2019 Budget.	Develop RFP response to the State once available and/or alternative proposal approved by RCA.	Laura	May-18	Dec-18	1%	Pending
Implementation and Attestation of Meaningful Use Stage 3	Deferred, until further guidance from the Federal Government and a decision point for NCHC's EMR has been made. Conduct learning session to understand the changes in the Meaningful Use program. Pivot to understanding MACRA and MIPS for impact to Meanigful Use.	Successfully attest all physicians meet MU3.	Sheila	Jan-18	Dec-18	25%	Deferred
Develop Clinical Onboarding EMR Training Program	IMS is offering new employee orientation training and followin 6-8 weeks later. Programs are performing onboarding in their areas. Gather formal feedback and plan for 2019.	New employee EMR competency validated by staff.	Sheila	Jan-18	Dec-18	95%	On going
Develop Annual HSO Electronic Medical Record Training Plan	Pending direction from the programs on individual program needs to be addressed in the training plan. Hiring RHIT.	EMR competency is validated by staff.	Sheila	Jan-18	Sep-18	5%	Deferred
Develop Annual MVCC Electronic Medical Record Training Plan	MVCC will coordinate with new EMR implementation. Expect EMR implementation to be completed in Feb/Mar 2019.	EMR competency is validated by staff.	Sheila	Jan-18	Sep-18	5%	Deferred
Develop Clinical Standardized (HIM) Documentation Practices	Clinical program leaders identifying their program requirements. Pending per Medical Record Training Plan Objectives above.	Once the programs identify best practice for their programs documentation the IMS team will develop a training program.	Sheila	Jun-18	Dec-18	5%	Deferred
IT Governance Prioritization Work Plan	Finalized charter, request form and governance policy. Creating conflict calendar for Project Management.	An established priorization list and work plan for 2019.	Sheila	Jan-18	Dec-18	75%	Started

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
Outcomes Measurement Expansion	One tool remaining for outcome measurement implementation with children using Outpatient Services.	Attesting to Joint Commission requirements.	Sheila	Jan-18	Oct-18	85%	Started
TIER Evaluation	Evaluation technology partnership opportunities.	Formal recommendation on TIER upgrade or replacement to Board.	Sheila	Aug-18	Dec-18	0%	Not Started
Nursing Home EMR Replacement Evaluation	Recommendation approved, vendor selected, contract signed, implementing in 4th quarter into 2019.	Contract signed.	Sheila	Jan-18	Feb-18	100%	Complete
Windows 10 Deployment	Desktop Manager implemented to allow Windows 10 to operated effectively. MVCC PCs are going to be deployed first.	All NCHC devices on the replacement plan updated to Windows 10 and supported by Microsoft.	Sheila	Jan-18	Dec-18	5%	Started
Improve Mobility of Clinical Documentation	An inventory all paper forms is being created by IMS to have a compiled list of all paper forms being used in a clinical environment. All Clinical Form changes/modifciation will be managed through IMS. Improved mobility of forms in B-3.	Achieve clinical documentation targets and staff satisfaction with connection reliability.	Sheila	Mar-18	Dec-18	75%	Started

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
COMMUNITY PILLAR							
Community Assessment Response Team (C.A.R.T.) Implementation	Done.	CART Team is established at WPD and MCSD.	Laura	Jan-18	May-18	100%	Completed
Evaluate Purchase of Clubhouse Building	Offer to purchase submitted, terms agreed to and Board will consider purchase.	Recommendation made to NCCSP Board.	Laura	Jan-18	May-18	95%	Started
Expansion of Local Crisis and Detox Beds in Langlade County	Develop analysis, needs assessment and recommendation to Langlade County. MCOW student has been assigned and has begun to call stakeholders to conduct a needs assessment.	Develop need assessment and scope of potential expansion with Langlade County representation for consideration at the RCA.	Laura	Mar-18	Aug-18	20%	Started
Langlade Drug Court	Intensive Outpatient (IOP) and Day Treatment proposal was approved. Services begin as of April 1, 2018.	IOP and Day TX patients actively receiving care in collaboration with Langlade DA's office.	Laura	Apr-18	May-18	100%	Completed
Marathon Drug Court	Intensive Outpatient (IOP) and Day Treatment proposal was approved. Services begin as of April 1, 2018.	IOP programming begins and is seeing patients.	Laura	Apr-18	May-18	100%	Completed
Marathon Pre-trial Diversion Program	Intensive Outpatient (IOP) and Day Treatment proposal was approved. Services begin as of April 1, 2018.	IOP programming begins and is seeing patients.	Laura	Apr-18	May-18	100%	Completed
School Counseling Consortium	Complete.	Hire additional staff to begin starting 2018 school year.	Laura	Jun-18	Dec-18	100%	Completed
Aquatic Therapy Pool Fund Raising	Capital campaign complete. Design work ensuing.	$3.0 million raised from the community.	Michael	Jan-18	Mar-18	100%	Completed

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
FINANCIAL PILLAR							
Improve the Speed of Completion for Month End Financials	Schedule is in place for financial due dates for 2018. The target is completion by the 8th for 9 out of 11 months. Year to date 6/6 have completed on target.	Reports consistently delivered by the 8th calendar day.	Brenda	Jan-18	Jun-18	100%	Completed
Implementation of Improved Revenue Cycle Process by Implementing Recommendations from WIPFLI Review	Ongoing work on the work plan occuring.	Completion of all objectives from Committee's Gant Chart.	Brenda	Jan-18	Dec-18	60%	Started
Improve Financial Performance of Pharmacy	Reporting has been improved. Year to date the Pharamcy's net income is $10K. Increase in prescriptions filled have been occuring.	A positive net income for Pharmacy in 2018. Increase in volume of prescriptions filled (compared to 2017). Improved reporting.	Brenda	Jan-18	Jun-18	75%	Started
Review and selection of GPO (Group Purchasing Organization)	Recommendation prepared, implementation deferred.	2019 budget includes improved discounting and/or rebates.	Brenda	Mar-18	Jul-18	100%	Completed
Re-engineer Capital Improvement Policies and Strategy	Updating internal practices and policies following Board approval of CIP Policy.	Policy approved by NCCSP Board and implemented.	Brenda	Jan-18	Sep-18	100%	Completed
Develop NCHC Cash Management Plan	Approved by Board and implementation has occurred.	Policy approved by NCCSP Board and implemented.	Brenda	Jan-18	Feb-18	100%	Completed
Multiple Year Financial Plan	Reporting setup and working to develop summary reports based on forecasts to be done in the development of 2019 Budget.	2019 Budget includes projections for current year and 2 additional years.	Brenda	Apr-18	Aug-18	100%	Completed
Review of Purchasing Systems and Processes	Review pending.	Improvements in direct and indirect expenses for 2019 Budget related to purchasing activities.	Brenda	May-18	Nov-18	0%	Not Started
Data Analytics Expansion to Dashboard	Identify leading indicators Executive daily dashboard.	Real time daily dashboard created for Executive team.	Sheila	Sep-18	Dec-18	0%	Not started
Conduct HIPAA Audit	Audit completed, final report received. Work plan being worked	Work plan developed of recommendations and objectives met for 2018 improvements.	Sheila	Jan-18	Dec-18	65%	Started
HIM Program Evaluation	Evaluation completed, work plan is finalized. Program management is working the plan. RHIT is being hired. All other work plan items have been completed.	Work plan developed of recommendations and objectives met for 2018 improvements.	Sheila	Jan-18	Mar-18	100%	Completed
Master Facility Plan Approved	Completed	Plan is approved by NCCSP Board and Marathon County.	Michael	Jan-18	Mar-18	100%	Completed
Financial Education Series for Leadership	Develop education series to train leaders.	Education plan developed and completed.	Brenda	Jan-18	Oct-18	0%	Not Started

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MEMORANDUM

DATE: October 18, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: Monthly HSO 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. **Youth Crisis In-Home Stabilization Grant:** NCHC received word on Oct. 4, 2018 that our application will not be funded. NCHC's application proposed an in-home youth crisis response that was family-centered and collaborated with several interested community partners in all three counties. While we did not receive this funding, NCHC staff will continue to seek funding for programs that support enhanced crisis services for youth.
2. **Zero Harm Joint Commission:** NCHC staff recently attended a Joint Commission Behavioral Health Conference and learned about their new commitment to a Zero Harm Initiative. The intent of Zero Harm is that Joint Commission-certified sites such as ours builds a culture of safety that promotes "zero harm to employees and visitors, and zero lost opportunities to provide exemplary care." Joint Commission President, Mark Chassin, MD said, "The model consists of three foundational domains that are mutually reinforcing:
    - A leadership commitment to zero harm;
    - Establishment of a safety culture in which all employees speak up to prevent harm; and
    - Deployment of highly effective process improvement methods.

    NCHC is working to incorporate Zero Harm initiatives into our practice as we continue our Joint Commission readiness activities.
3. **Central Wisconsin Recovery Coaching Network:** North Central Health Care is talking with partners to determine the best structure to support the network going forward. The network was generated from interested recovery coaches in the area and in coordination with the Marathon County Health Department. As the network has grown, there's an increased need for clinical staff support and procedures that ensure quality and consistency for individuals who are in recovery and accessing the services of the network.
4. **Behavioral Health Therapy Dog:** The North Central Health Foundation recently approved an application to fund a therapy dog on the BHS unit. The dog will live in MMT, CBRF, and the Crisis departments. This dog will be specially trained to provide therapeutic interactions with patients and staff in the MMT, CBRF, and on the Inpatient unit. Staff are developing policies and procedures to support the implementation of this new service. Medical College of Wisconsin student Brigitte Vanle is assisting BHS with the implementation.

5. **Langlade County Needs Assessment:** Medical College of Wisconsin student Chris Grant has started a research project that would assist with determining future AOD programming needs for Langlade County. Chris is working to determine what needs exist within Langlade County's current systems and will make recommendations based on identified gaps. Chris is currently engaging key stakeholders to identify trends or themes.

6. **Press Ganey Implementation:** NCHC continues to work with Press Ganey on transitioning our patient experience surveys from Health Stream and implementing a referral source survey. Staff have started handing out new patient experience surveys and Press Ganey is actively collecting new data. Our first full month of data collection will be October 2018. The implementation team is working on adding referral surveys this quarter as well. The referral surveys will be piloted with one department and then expanded once implementation is successful.

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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.

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MEMORANDUM

DATE: October 19, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: October 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) **Recruitment and Retention:** This is an area that we continually focus on. With our health care workforce shortage we continue to meet weekly to discuss updates and ideas. In addition, we held CNA open forums to discuss some of the current challenges and what we could do differently. Based on the input from these forums an action plan has been formed to assist with recruitment changes, and all hands on deck scheduling for clinical and non-clinical interdisciplinary staff to assist and review some of our incentive programs. Recruitment and Retention will continue to be a major focus for NCHC as a whole but especially for the caregiver positions as we are all fighting for the same pool of people.

2) **Survey Preparation:** As we enter into October we have now officially entered our annual certification window for survey. For skilled nursing facilities this means certification to receive Medicare and Medicaid funding. With this our team is preparing by ramping up auditing of high trending citations, reviewing our past 2 years of surveys and ensuring that systems still remain in place, and educating staff.

3) **Leading Choice Quality Improvement Committee:** As a member of Leading Choice Network one of the conditions of membership is to be a part of one of their committees. North Central Health Care is part of the Quality Improvement Committee. This group's main focus is how to improve our organization's overall quality of care through new initiatives. Last month I highlighted the post discharge call process. A new area that is being vetted is in palliative services and having palliative certified nurses in our facilities to aide in reducing readmission to the hospital and in emergency room visits. A grant has been submitted for funding and we are waiting to hear if we have been selected for the grant.

4) **Wisconsin County Association Annual Conference:** This conference is for county board supervisors and department managers. Every two years the Wisconsin Association of Nursing Homes is asked to present at this annual conference. This year the conference was held in La Crosse, WI and the topic was: The Future of Long-Term Care in Wisconsin - How Do County Nursing Homes Uniquely Assist to Meet the Needs of Our Residents, presented by Morgan Hinkley, Administrator of Brewster Village in Outagamie County. I represented Mount View and Marathon County for this presentation. We highlighted the journey we have had the past few years at Mount View and the path we took to move the nursing home back in the right direction including coordinating a master facility plan for North Central Health Care that incorporates renovating and remodeling Mount View Care Center.

5) **Housekeeping Week:** In September we celebrated and honored the hard work of our housekeepers. Activities held a special event and staff was given a small token for all of their hard work. We are very fortunate for the dedication of this team. One of the best comments from our families, residents and visitors that we hear consistently is that 'your building may be older but it is very clean and tidy'.

North Central Health Care
Person centered. Outcome focused.

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.

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MEMORANDUM

DATE: October 19, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: September 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 September shows an overall loss for the month of ($308,058) compared to the targeted loss of ($102,551) resulting in a negative variance of ($205,507). Through September the organization shows an overall gain of $71,085 which is $50,761 behind the target of $121,846.

2) **Revenue Key Points**: The nursing home census averaged 180 per day compared to the target of 185. This is down from the prior month. The Medicare census remains consistent with the prior month. The hospital census averaged 15/day compared to 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. With the summer months now being done, revenue in outpatient areas should begin showing improvement. Overall patient revenue for the month is ahead of target. An item to note is interest income. Through September this has exceeded the budget target by $72,000. This is due to additional investments and the increase in interest rates.

3) **Expense Key Points:** Overall expenses for September exceed budget targets by over $400,000. Most of this is coming from employee benefits, with health insurance and worker's comp premiums being over targets. The expense for state institutes is improving, but is still over budget target. Drugs are higher for September due to flu shots. Provider contract services continue to run high due to additional physician contracts.

4) **2018 Audit:** Staff continues preparation for the 2018 audit process. Preliminary audit workpapers are being completed and the scheduling of the actual audit will occur soon.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
SEPTEMBER 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	3,407,768	2,984,219	6,391,987	5,298,833
Accounts receivable:				
Patient - Net	2,999,947	1,669,498	4,669,444	4,712,161
Outpatient - WIMCR & CCS	2,598,750	0	2,598,750	1,407,500
Nursing home - Supplemental payment program	0	546,000	546,000	360,400
Marathon County	100,035	0	100,035	117,551
Appropriations receivable	0	0	0	0
Net state receivable	1,022,547	0	1,022,547	1,449,711
Other	393,096	0	393,096	640,023
Inventory	0	342,220	342,220	305,373
Other	516,311	381,777	898,088	767,403
Total current assets	11,038,454	5,923,714	16,962,168	15,058,955
Noncurrent Assets:				
Investments	12,200,000	0	12,200,000	11,292,000
Assets limited as to use	274,418	106,900	381,318	1,534,521
Contigency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	13,675	24,727	38,402	50,068
Net pension asset	0	0	0	0
Nondepreciable capital assets	1,275,585	15,302	1,290,887	1,700,258
Depreciable capital assets - Net	6,597,967	3,556,415	10,154,382	9,600,890
Total noncurrent assets	20,861,645	4,203,344	25,064,989	24,677,737
Deferred outflows of resources - Related to pensions	6,939,524	5,131,313	12,070,837	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	38,839,623	15,258,371	54,097,994	57,253,412

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
SEPTEMBER 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Accounts payable - Trade	1,185,937	876,921	2,062,858	1,914,552
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	775,476	573,413	1,348,889	1,681,743
Compensated absences	941,933	696,496	1,638,430	1,341,076
Health and dental insurance	357,588	264,412	622,000	748,000
Other Payables	137,401	101,599	239,000	366,830
Amounts payable to third-party reimbursement programs	312,564	0	312,564	383,619
Unearned revenue	76,834	0	76,834	81,718
Total current liabilities	3,787,734	2,512,841	6,300,575	6,517,538
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	13,675	24,727	38,402	50,068
Total noncurrent liabilities	923,218	697,273	1,620,490	3,177,447
Total liabilities	4,710,951	3,210,114	7,921,065	9,694,985
Deferred inflows of resources - Related to pensions	2,886,978	2,134,726	5,021,704	6,647,040
Net Position:				
Net investment in capital assets	7,873,551	3,571,717	11,445,268	11,301,148
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	274,418	106,900	381,318	1,534,521
Undesignated	22,544,338	5,713,215	28,257,553	26,648,233
Operating Income / (Loss)	49,386	21,699	71,085	927,484
Total net position	31,241,694	9,913,531	41,155,225	40,911,386
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	38,839,623	15,258,371	54,097,994	57,253,412

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

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$4,269,875	$3,936,903	$332,973	$37,283,716	$36,716,824	$566,892
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	2,919,389	2,926,077	(6,689)
Grant Revenue	216,640	193,933	22,707	1,889,001	1,745,396	143,606
County Appropriations - Net	619,260	635,927	(16,667)	5,573,339	5,723,339	(150,000)
Departmental and Other Revenue	153,708	311,702	(157,994)	2,788,165	2,805,322	(17,156)
Total Other Revenue	1,313,985	1,466,681	(152,697)	13,169,894	13,200,133	(30,239)
Total Revenue	5,583,860	5,403,584	180,276	50,453,609	49,916,957	536,653
Expenses:						
Direct Expenses	4,645,896	4,169,195	476,702	39,331,745	37,681,453	1,650,292
Indirect Expenses	1,304,235	1,349,441	(45,206)	11,310,522	12,226,158	(915,636)
Total Expenses	5,950,132	5,518,636	431,496	50,642,267	49,907,610	734,656
Operating Income (Loss)	(366,271)	(115,051)	(251,220)	(188,657)	9,346	(198,003)
Nonoperating Gains (Losses):						
Interest Income	24,942	12,500	12,442	184,589	112,500	72,089
Donations and Gifts	33,271	0	33,271	72,169	0	72,169
Gain / (Loss) on Disposal of Assets	0	0	0	2,984	0	2,984
Total Nonoperating Gains / (Losses)	58,214	12,500	45,714	259,742	112,500	147,242
Income / (Loss)	($308,058)	($102,551)	($205,507)	$71,085	$121,846	($50,761)

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

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,720,334	$2,372,168	$348,166	$21,513,186	$22,510,506	($997,320)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	2,919,389	2,926,077	(6,689)
Grant Revenue	216,640	193,933	22,707	1,889,001	1,745,396	143,606
County Appropriations - Net	494,260	494,260	0	4,448,339	4,448,339	0
Departmental and Other Revenue	46,906	198,762	(151,856)	1,736,137	1,788,861	(52,724)
Total Other Revenue	1,082,183	1,212,074	(129,892)	10,992,866	10,908,672	84,193
Total Revenue	3,802,517	3,584,242	218,274	32,506,052	33,419,178	(913,126)
Expenses:						
Direct Expenses	3,294,758	2,933,041	361,717	26,804,822	26,502,366	302,455
Indirect Expenses	726,878	814,078	(87,200)	5,898,169	6,810,779	(912,610)
Total Expenses	4,021,636	3,747,119	274,517	32,702,991	33,313,146	(610,155)
Operating Income (Loss)	(219,119)	(162,876)	(56,243)	(196,939)	106,032	(302,972)
Nonoperating Gains (Losses):						
Interest Income	24,942	12,500	12,442	184,589	112,500	72,089
Donations and Gifts	28,305	0	28,305	58,752	0	58,752
Gain / (Loss) on Disposal of Assets	0	0	0	2,984	0	2,984
Total Nonoperating Gains / (Losses)	53,247	12,500	40,747	246,325	112,500	133,825
Income / (Loss)	($165,872)	($150,376)	($15,496)	$49,386	$218,532	($169,146)

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

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,549,542	$1,564,735	($15,193)	$15,770,530	$14,206,318	$1,564,212
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	1,125,000	1,275,000	(150,000)
Departmental and Other Revenue	106,802	112,940	(6,138)	1,052,028	1,016,460	35,568
Total Other Revenue	231,802	254,607	(22,805)	2,177,028	2,291,460	(114,432)
Total Revenue	1,781,344	1,819,342	(37,998)	17,947,558	16,497,779	1,449,779
Expenses:						
Direct Expenses	1,351,138	1,236,154	114,984	12,526,923	11,179,086	1,347,837
Indirect Expenses	577,357	535,363	41,994	5,412,353	5,415,378	(3,025)
Total Expenses	1,928,495	1,771,517	156,979	17,939,276	16,594,465	1,344,811
Operating Income (Loss)	(147,152)	47,825	(194,977)	8,282	(96,686)	104,968
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	4,966	0	4,966	13,417	0	13,417
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	4,966	0	4,966	13,417	0	13,417
Income / (Loss)	($142,186)	$47,825	($190,011)	$21,699	($96,686)	$118,385

NORTH CENTRAL HEALTH CARE

REPORT ON AVAILABILITY OF FUNDS

September 30, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
Abby Bank	730 Days	9/1/2020	2.57%	$500,000	X
TOTAL FUNDS AVAILABLE				$12,200,000	
WEIGHTED AVERAGE	592.98 Days		1.910% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of September 30, 2018

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	5,290.11
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	15,940.99
Community Treatment - Adult	542.00
Community Treatment - Youth	7,455.37
Fishing Without Boundries	6,190.80
General Donated Funds	60,386.21
Hope House	6,724.59
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	4,733.60
Total Legacies by the Lake	6,691.85
Marathon Cty Suicide Prev Task	16,727.57
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,623.62
Outpatient Services - Marathon	401.08
Pool	21,307.75
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	3,383.70
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	212,306.83
Total Checking/Savings	212,306.83
Total Current Assets	212,306.83
TOTAL ASSETS	**212,306.83**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	-11,646.80
Total Equity	212,306.83
TOTAL LIABILITIES & EQUITY	**212,306.83**

North Central Health Care
Budget Revenue/Expense Report

Month Ending September 30, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	5,583,860	5,403,584	50,453,609	49,916,957	536,653
EXPENSES:					
Salaries and Wages	2,543,149	2,702,210	21,831,617	24,460,476	(2,628,859)
Fringe Benefits	1,296,456	986,315	10,000,049	8,928,142	1,071,907
Departments Supplies	635,345	630,921	5,495,735	5,678,285	(182,550)
Purchased Services	753,059	504,858	6,006,381	4,591,725	1,414,656
Utilitites/Maintenance Agreements	285,133	267,263	2,959,142	2,405,365	553,777
Personal Development/Travel	26,695	40,221	301,162	361,988	(60,826)
Other Operating Expenses	137,863	137,931	1,410,186	1,241,380	168,806
Insurance	35,310	41,000	309,474	369,000	(59,526)
Depreciation & Amortization	144,549	141,250	1,264,485	1,271,250	(6,765)
Client Purchased Services	92,573	66,667	1,064,038	600,000	464,038
TOTAL EXPENSES	**5,950,132**	**5,518,636**	**50,642,267**	**49,907,610**	**734,656**
Nonoperating Income	58,214	12,500	259,742	112,500	147,242
EXCESS REVENUE (EXPENSE)	**(308,058)**	**(102,551)**	**71,085**	**121,846**	**(50,761)**

North Central Health Care
Write-Off Summary
September 2018

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$6,611	$89,158	$74,404
Bad Debt	$168	$8,870	$1,749
Outpatient:			
Administrative Write-Off	$12,098	$103,558	$140,467
Bad Debt	$183	$3,604	$3,356
Nursing Home:			
Daily Services:			
Administrative Write-Off	$2,996	$35,289	$859
Bad Debt	$0	$11,163	$9,378
Ancillary Services:			
Administrative Write-Off	$84	$4,300	$16,558
Bad Debt	$0	$574	$321
Pharmacy:			
Administrative Write-Off	$176	$3,173	$650
Bad Debt	$94	$239	$0
Total - Administrative Write-Off	$21,965	$235,478	$232,938
Total - Bad Debt	$444	$24,450	$14,804

North Central Health Care
2018 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
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%
				0		
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	5,550	5,393	(157)	84.09%	81.71%
	Hospital	420	449	29	87.50%	93.54%
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	50,505	49,344	(1,161)	84.09%	82.16%
	Hospital	3,822	3,846	24	87.50%	88.05%

North Central Health Care
Review of 2018 Services
Langlade County

Direct Services:	2018 Jan-Sept. Actual Rev	2018 Jan-Sept. Budg Rev	Variance	2018 Jan-Sept. Actual Exp	2018 Jan-Sept. Budg Exp	Variance	Variance by Program
Outpatient Services	$332,294	$405,085	($72,791)	$689,202	$686,644	($2,558)	($75,349)
Community Treatment-Adult	$408,038	$589,637	($181,599)	$392,597	$606,235	$213,638	$32,039
Community Treatment-Youth	$1,034,499	$629,015	$405,485	$824,709	$630,678	($194,031)	$211,454
Day Services	$262,711	$296,250	($33,539)	$242,672	$296,250	$53,578	$20,039
	$2,037,542	$1,919,986	$117,556	$2,149,180	$2,219,807	$70,627	$188,183
Shared Services:							
Inpatient	$354,093	$383,942	($29,849)	$535,170	$497,442	($37,728)	($67,577)
CBRF	$56,883	$83,456	($26,573)	$58,972	$83,456	$24,484	($2,089)
Crisis	$26,139	$28,796	($2,657)	$208,269	$220,356	$12,087	$9,430
MMT (Lakeside Recovery)	$13,295	$41,798	($28,503)	$49,310	$82,392	$33,082	$4,579
Day Treatment	$6,734	$6,095	$639	$5,640	$7,358	$1,718	$2,357
Protective Services	$19,601	$19,914	($313)	$52,645	$67,696	$15,051	$14,738
Birth To Three	$69,565	$67,858	$1,707	$118,110	$127,469	$9,359	$11,067
Group Homes	$146,524	$87,051	$59,473	$142,933	$87,051	($55,882)	$3,591
Supported Apartments	$0	$110,324	($110,324)	$0	$110,324	$110,324	$0
Contract Services	$0	$0	$0	$130,048	$74,738	($55,310)	($55,310)
	$692,834	$829,232	($136,398)	$1,301,097	$1,358,281	$57,184	($79,215)
Totals	$2,730,376	$2,749,218	($18,842)	$3,450,277	$3,578,087	$127,810	$108,968
Base County Allocation	$598,898	$598,898	($0)				($0)
Nonoperating Revenue	$11,393	$6,109	$5,284				$5,284
County Appropriation	$223,862	$223,862	($0)				($0)
Excess Revenue/(Expense)	$3,564,529	$3,578,087	($13,558)	$3,450,277	$3,578,087	$127,810	$114,252

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-Sept. Actual Rev	2018 Jan-Sept. Budget Rev	Variance	2018 Jan-Sept. Actual Exp	2018 Jan-Sept. Budg Exp	Variance	Variance By Program
Outpatient Services	$222,177	$321,934	($99,757)	$663,977	$729,943	$65,966	($33,791)
Community Treatment-Adult	$529,077	$617,312	($88,235)	$434,187	$634,697	$200,510	$112,274
Community Treatment-Youth	$1,340,915	$726,165	$614,750	$1,135,195	$730,015	($405,180)	$209,570
	$2,092,169	$1,665,411	$426,758	$2,233,359	$2,094,654	($138,705)	$288,053
Shared Services:							
Inpatient	$482,854	$523,556	($40,702)	$729,776	$678,332	($51,445)	($92,146)
CBRF	$77,566	$113,803	($36,237)	$80,417	$113,803	$33,386	($2,851)
Crisis	$35,644	$39,268	($3,624)	$284,003	$300,486	$16,483	$12,859
Day Treatment	$9,183	$8,311	$872	$7,691	$10,033	$2,342	$3,214
MMT (Lakeside Recovery)	$18,129	$56,998	($38,869)	$67,241	$112,352	$45,111	$6,243
Protective Services	$26,729	$27,155	($426)	$71,789	$87,063	$15,274	$14,848
Birth To Three	$102,282	$114,335	($12,053)	$173,659	$214,778	$41,119	$29,065
Apartments	$0	$34,411	($34,411)	$0	$34,411	$34,411	$0
Contract Services	$0	$0	$0	$177,338	$101,916	($75,422)	($75,422)
	$752,387	$917,836	($165,449)	$1,591,914	$1,653,173	$61,259	($104,190)
Totals	$2,844,556	$2,583,247	$261,309	$3,825,273	$3,747,827	($77,447)	$183,863
Base County Allocation	$622,483	$622,483	$0				$0
Nonoperating Revenue	$16,178	$7,785	$8,393				$8,393
County Appropriation	$534,312	$534,312	$0				$0
Excess Revenue (Expense)	$4,017,529	$3,747,827	$269,703	$3,825,273	$3,747,827	($77,447)	$192,256

North Central Health Care
Review of 2018 Services
Marathon County

Direct Services:	2018 Jan-Sept. Actual Rev	2018 Jan-Sept. Budget Rev	Variance	2018 Jan-Sept. Actual Exp	2018 Jan-Sept. Budget Exp	Variance	Variance by Program
Outpatient Services	$956,936	$1,277,770	($320,834)	$2,706,769	$2,856,518	$149,749	($171,085)
Community Treatment-Adult	$2,689,325	$4,247,256	($1,557,931)	$2,744,013	$4,327,861	$1,583,848	$25,917
Community Treatment-Youth	$2,767,917	$1,909,083	$858,834	$2,567,691	$1,914,037	($653,654)	$205,180
Day Services	$1,244,457	$1,263,941	($19,484)	$1,165,700	$1,263,941	$98,241	$78,757
Clubhouse	$353,035	$299,438	$53,597	$423,394	$368,438	($54,956)	($1,359)
Demand Transportation	$328,169	$323,426	$4,743	$287,786	$323,426	$35,640	$40,383
Aquatic Services	$479,152	$594,075	($114,923)	$704,856	$754,661	$49,805	($65,118)
Pharmacy	$3,831,423	$3,477,487	$353,936	$3,811,299	$3,477,487	($333,812)	$20,124
	$12,650,414	$13,392,476	($742,062)	$14,411,508	$15,286,368	$874,860	$132,799
Shared Services:							
Inpatient	$2,382,080	$2,582,876	($200,796)	$3,600,235	$3,346,436	($253,800)	($454,595)
CBRF	$382,654	$561,428	($178,774)	$396,725	$561,428	$164,703	($14,071)
Crisis Services	$175,844	$193,721	($17,877)	$1,401,080	$1,482,396	$81,316	$63,440
MMT (Lakeside Recovery)	$89,437	$281,188	($191,751)	$331,720	$554,273	$222,553	$30,802
Day Treatment	$45,304	$41,000	$4,304	$37,943	$49,494	$11,551	$15,855
Protective Services	$131,865	$133,965	($2,100)	$354,160	$430,660	$76,500	$74,400
Birth To Three	$507,601	$530,776	($23,175)	$861,823	$997,056	$135,233	$112,058
Group Homes	$1,359,489	$1,365,699	($6,210)	$1,325,392	$1,365,699	$40,307	$34,097
Supported Apartments	$1,893,750	$1,593,016	$300,734	$1,831,983	$1,593,016	($238,967)	$61,767
Contracted Services	$0	$0	$0	$874,869	$502,785	($372,084)	($372,084)
	$6,968,024	$7,283,668	($315,644)	$11,015,930	$10,883,242	($132,688)	($448,332)
Totals	$19,618,438	$20,676,143	($1,057,705)	$25,427,438	$26,169,610	$742,172	($315,534)
Base County Allocation	$1,704,696	$1,704,696	$0				$0
Nonoperating Revenue	$157,018	$98,606	$58,412				$58,412
County Appropriation	$3,690,164	$3,690,164	($0)				($0)
Excess Revenue/(Expense)	$25,170,316	$26,169,610	($999,294)	$25,427,438	$26,169,610	$742,172	($257,122)

North Central Health Care
Person centered. Outcome focused.

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

	Human Services	Nursing Home	Total	Prior Year Combined
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	582,374	430,626	1,013,000	790,968
Total current assets	11,443,520	5,886,658	17,330,178	15,435,438
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
Contigency 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	6,589,643	3,596,251	10,185,894	9,709,833
Total noncurrent assets	20,953,604	4,388,569	25,342,172	25,353,752
Deferred outflows of resources - Related to pensions	6,939,524	5,131,313	12,070,837	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	39,336,648	15,406,540	54,743,188	58,305,910

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
AUGUST 2018

	Human Services	Nursing Home	Total	Prior Year Combined
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	76,824	0	76,824	92,657
Total current liabilities	4,118,899	2,516,846	6,635,745	7,418,791
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	13,663	26,706	40,368	48,519
Total noncurrent liabilities	923,205	699,251	1,622,456	3,175,898
Total liabilities	5,042,104	3,216,097	8,258,201	10,594,689
Deferred inflows of resources - Related to pensions	2,886,978	2,134,726	5,021,704	6,647,040
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)	215,258	163,884	379,142	1,080,278
Total net position	31,407,566	10,055,716	41,463,282	41,064,180
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	39,336,648	15,406,540	54,743,188	58,305,910

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

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$4,232,130	$4,232,697	($567)	$33,013,840	$32,779,921	$233,920
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	335,452	311,702	23,749	2,634,457	2,493,619	140,838
Total Other Revenue	1,489,492	1,466,681	22,811	11,855,909	11,733,451	122,458
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	1,314,932	1,370,693	(55,761)	10,006,287	10,876,717	(870,430)
Total Expenses	5,887,550	5,641,560	245,991	44,692,135	44,388,975	303,160
Operating Income (Loss)	(165,928)	57,819	(223,747)	177,614	124,397	53,217
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	0	0	0	2,984	0	2,984
Total Nonoperating Gains / (Losses)	24,247	12,500	11,747	201,528	100,000	101,528
Income / (Loss)	($141,681)	$70,319	($211,999)	$379,143	$224,397	$154,745

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

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,562,414	$2,626,725	($64,311)	$18,792,852	$20,138,338	($1,345,486)
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	221,014	198,762	22,252	1,689,231	1,590,099	99,132
Total Other Revenue	1,250,054	1,212,074	37,980	9,910,683	9,696,598	214,085
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	669,905	826,111	(156,206)	5,171,291	5,996,702	(825,410)
Total Expenses	3,798,375	3,826,413	(28,038)	28,681,355	29,566,027	(884,672)
Operating Income (Loss)	14,093	12,386	1,706	22,180	268,909	(246,728)
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	0	0	0	2,984	0	2,984
Total Nonoperating Gains / (Losses)	22,854	12,500	10,354	193,078	100,000	93,078
Income / (Loss)	$36,947	$24,886	$12,060	$215,258	$368,909	($153,650)

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

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,669,716	$1,605,972	$63,744	$14,220,988	$12,641,583	$1,579,405
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	1,000,000	1,133,333	(133,333)
Departmental and Other Revenue	114,438	112,940	1,498	945,226	903,520	41,706
Total Other Revenue	239,438	254,607	(15,169)	1,945,226	2,036,853	(91,627)
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	645,027	544,582	100,445	4,834,995	4,880,015	(45,020)
Total Expenses	2,089,175	1,815,147	274,029	16,010,780	14,822,948	1,187,833
Operating Income (Loss)	(180,021)	45,432	(225,453)	155,434	(144,511)	299,945
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	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	1,393	0	1,393	8,450	0	8,450
Income / (Loss)	($178,627)	$45,432	($224,060)	$163,884	($144,511)	$308,396

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
REVENUE:					
Total Operating Revenue	5,673,631	5,699,378	44,821,757	44,513,372	308,385
EXPENSES:					
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	(14,835)	66,667	971,465	533,333	438,131
TOTAL EXPENSES	**5,887,550**	**5,641,560**	**44,692,135**	**44,388,975**	**303,160**
Nonoperating Income	24,247	12,500	201,528	100,000	101,528
EXCESS REVENUE (EXPENSE)	**(189,673)**	**70,319**	**331,151**	**224,397**	**106,753**

North Central Health Care
Write-Off Summary
August 2018

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$3,615	$82,547	$72,699
Bad Debt	($67)	$8,702	$1,664
Outpatient:			
Administrative Write-Off	$12,940	$91,459	$121,684
Bad Debt	$887	$3,421	$3,137
Nursing Home:			
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
Pharmacy:			
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

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
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%
				0		
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
Langlade County

Direct Services:	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
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

Direct Services:	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
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)

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Person centered. Outcome focused.

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.

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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.

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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.

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Organizational Leadership and Culture	**Circle the Applicable Performance Rating and Include Your Comments**					
	1	**2**	**3**	**4**	**5**	**N/A**
➢ 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
➢ 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
➢ 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]						

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Executive Management Team Relations	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
➢ 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
➢ 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]						

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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
➢ 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
➢ 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]						

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Advocacy and Foundation Development	Circle the Applicable Performance Rating and Write in Your Comments					
	1	2	3	4	5	N/A
➢ 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: ➢ 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: ➢ 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]						

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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**
➢ 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**
➢ 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]						

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Partnership Focus	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
➢ 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
➢ 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
➢ 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]						

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Risk-Taking and Problem-Solving	Circle the Applicable Performance Rating and Include Your Comments					
	1	2	3	4	5	N/A
➢ 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
➢ 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]						

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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]						

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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
➢ 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]						

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Goal: Behaviorial Health Services (BHS) Program	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objective: To the degree program/function specific expectations have been met: ➢ 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: ➢ 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: ➢ 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]

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Goal: Community Behaviorial Health Services Program	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objective: To the degree program/function specific expectations have been met: ➢ 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:					
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 – Vacancy/Retention Rates	Circle the Applicable Rating and Include Your Comments					
	1	2	3	4	5	N/A
Objectives: ➢ Vacancy rate is in 5-7% range. ➢ Retention rate is in 78-82% 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]						

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Goal: Organization Dashboard – Patient/Referral Experience	**Circle the Applicable Rating and Include Your Comments**					
	1	**2**	**3**	**4**	**5**	**N/A**
Objectives: ➢ 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: ➢ 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: ➢ 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: ➢ 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]						

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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.

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2018 NCCSP BOARD CALENDAR – As of October 19, 2018

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 Policy to Review: Complaints and Grievances, Employee Grievance Policy

Board Policy Discussion Generative Topic: CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. End Statements Outcomes and Dashboard Outcomes for the Upcoming Year.

Board Action: Elections – Hold elections of Directors and Officers consistent with applicable provisions in the bylaws. Approve the Quality Plan for the upcoming year. Operational Plans – Review and approve the organization's operational plans for the upcoming year.

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

Educational Presentation: Zero Suicide Initiative

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: Board – CEO Succession Planning

Board Action: Approve the 2019 NCCSP Board Calendar