North Central Health Care

Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA
of a meeting of the **Quality Committee** to be held at **North Central Health Care,**
1100 Lake View Drive, Wausau, WI 54403, Board Room at **10:30 am** on **Thursday November 10th, 2016**

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

AGENDA

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Consent Agenda
   a. ACTION: Approval of 9/15/16 Quality Committee Meeting Minutes
   b. Outcomes Review
      - Organizational Outcomes
      - Program-Specific Outcomes
      - Adverse Event Data
4. Process Improvement Team Reports
   a. Point of Access Improvement Team – J. Hintz/T. Buchberger
   b. Crisis Improvement Team – L. Scudiere/B. Schultz
5. 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.
   a. Report of Investigations:
      i. Corporate Compliance and Ethics
      ii. Significant Events
6. ACTION: Motion to come out of closed session
7. Possible announcements regarding issues discussed in closed session – B. Bliven
8. Quality Moving Forward Discussion
9. Discussion of Future Agenda Items
10. Adjourn

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Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION

September 15, 2016	10:30 a.m.	NCHC – Wausau Campus

Present: X   Steve Benson   X   Darren Bienvenue   X   Ben Bliven
          X   Heidi Keleske   EXC   Joanne Kelly   EXC   Holly Matucheski
          X   Jeannine Nosko

Others Present: Becky Schultz, Michael Loy, Kim Gochanour, Laura Scudiere

The meeting was called to order at 10:40 a.m.; roll call noted; a quorum declared.

<u>Public Comment for Matters Appearing on the Agenda</u>
There were none.

<u>Consent Agenda</u>
- **Motion**/second, Bienvenue/Nosko, to approve the consent agenda which includes the 8/19/16 Quality Committee Meeting Minutes. Motion carried.

<u>Outcomes Review</u>
- Organizational Outcomes
  - We are working diligently on the challenges in the nursing home as it relates to turnover and particularly CNA turnover. An Action Group has been established which is looking at the staffing model, scheduling, and retention. Wisconsin is experiencing a shortage of CNA's and area nursing homes have even closed units. We are lobbying the State legislature to improve the reimbursement model as Wisconsin is currently 50th in the nation for reimbursement for Medicaid.
  - Patient experience is also a top priority as the score has remained relatively flat.   On average we receive 190 surveys; 67.8% are rating us with a 9 or 10 which still places us in the 40-50th percentile. Of the remaining services 25% rate us at a 7 or 8 and just a handful score us less than a 7.
    - Staff will explore the following: In comparison to other organizations, what percent of those have scores below 7? It was felt that it is important to help staff understand that the majority of individuals are ranking NCHC with 7-10 and the reason the percentile ranking is lower than we would like it is because the parameters are very tight.
    - The Executive Team has discussed possibly changing the target to the percent 9 and 10 ratings rather than percentile rank to provide for better understanding by employees. Various options were discussed. Staff may be recommending changes for 2017.
    - Feedback is also received from families of our patients. Patient Experience Team is working on obtaining more input.

- A trend that has been identified through comments received has been that the patient didn't feel as involved in the decision-making process as they would like. This information is being used to guide action plans.
    - o Tracking fairly well in all other measures. Will be following up with Laura Yarie, Marathon County, to see how we can expand OWI recidivism data to a community-wide goal.
    - o Access to behavioral health services has dropped primarily due to the pool being closed for two weeks for cleaning/maintenance.
- Program-Specific Outcomes
    - o Committee would like to invite program leaders to attend and review their data for their program.
    - o Committee would like to change the format of the agenda to have standard reports in the Consent Agenda to provide for more program-specific review.
    - o **Motion**/second, Bienvenue/Nosko, to approve the Organizational and Program-Specific Outcomes including the Organizational Dashboard. Motion carried.

Occurrence Process Review
- Distributed and reviewed summary of the occurrence process.
- Staff is encouraged to report all occurrences no matter how small.
- Significant/reportable events are reviewed in closed session.
- Extensive process is in place to protect patients/clients/residents.
- Occurrence data is collated and presented to the appropriate committees.
- Any significant trends are reported to the Quality Committee.

CLOSED SESSION
- **Motion**/second, Benson/Nosko, to move 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. Roll call taken: Yes=5, No=0 Motion carried and moved into closed session at 11:26 a.m.
- **Motion**/second, Benson/Bienvenue, to come out of closed session. Motion carried unanimously.

Possible Announcements Regarding Issues Discussed in Closed Session
- Committee advised staff to inform the full board in a closed session of one of the Adverse Event items that occurred including all actions taken, and to prepare a media action plan in the event the media is informed.

Quality Measures Education
- Will hold for the next meeting.

Process Improvement Project – Crisis Services
- Transportation program had a slight interruption while repairs were needed on the van.
- Data is being gathered and will be presented soon.
- Crisis PI Team will be discussing how to make improvements.
- Another team was created to address crisis needs for youth i.e. being proactive with youth in schools due to an increase in youth crisis assessments. Will be working first with DC Everest; working with students with more frequent crisis needs, continuing discussion on key problem areas such as information sharing and HIPAA. Team has been working with community providers on medical clearance.   Team has become very collaborative is working smoothly. The group will be visiting Winnebago to see how we can work together better on medical clearance.
- Dr. Benson recommended utilizing the Medical College for community-wide training on collaboration, etc.

Annual Review of Confidentiality Statements
- Distributed Confidentiality Statements asking each member of the committee to sign and return.

Future agenda items
- No new items noted.

Motion/second, Bienvenue/Keleske, to adjourn the meeting at 11:57 a.m. Motion carried.

dko

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QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE   **FISCAL YEAR: 2016**

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2015
PEOPLE																	
Vacancy Rate	6-8%	N/A	⇩	8.0%	5.8%	4.8%	5.2%	3.9%	6.2%	4.7%	7.0%	8.1%				6.0%	7.6%
Employee Turnover Rate*	20-23%	17%	⇩	19.6%	29.2%	29.3%	28.4%	26.3%	27.6%	28.2%	30.2%	31.0%				31.0%	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	⇧	53rd	48th	45th	46th	53rd	48th	42nd	40th	37th	64th			45th	51st
Community Partner Satisfaction	75-80%	N/A	⇧	\	\	77%	\	\	72%	\	\	70%	\	\		75%	76%
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	⇩	13.8%	6.7%	12.0%	10.7%	14.8%	21.1%	12.5%	3.2%	8.7%	15.0%			11.3%	13.7%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	⇩	12.8%	11.1%	3.2%	5.0%	7.2%	11.4%	11.7%	21.4%	11.5%				10.6%	10.8%
AODA Relapse Rate	18-21%	40-60%	⇩	30.0%	33.3%	20.7%	25.0%	24.3%	27.3%	36.1%	28.6%	31.8%				28.6%	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	⇧	\	\	\	\	100.0%	97.9%	100.0%	93.6%	83.3%	96.2%			93.7%	N/A
Access to Behavioral Health Services	90-95%	NA	⇧	58%	65%	87%	86%	92%	93%	80%	84%	75%				80%	73%
Recidivism Rate for OWI	27-32%	44.7%	⇩	22.6%	20.5%	29.2%	28.2%	18.2%	7.7%	28.6%	19.4%	20.0%				22.4%	26.4%
FINANCE																	
***Direct Expense/Gross Patient Revenue**	58-62%	N/A	⇩	71%	65%	66%	64%	65%	67%	67%	60%	60%				65%	63%
Days in Account Receivable	60-65	54	⇩	70	65	64	64	58	53	64	54	53				53	68

KEY: ⇧ **Higher rates are positive**

⇩ **Lower rates are positive**

* **Monthly Rates are Annualized**

Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. *Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.*

SERVICE	
Patient Experience: Satisfaction Percentile Ranking	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey. *Benchmark: HealthStream 2015 Top Box Percentile*
Community Partner Satisfaction Percent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.

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*
AODA Relapse Rate	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. *Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction*

COMMUNITY	
Crisis Treatment: Collaborative Decision Outcome Rate	Total number of positive responses(4 or 5 response on a 5 point scale) on the collaboration survey distributed to referring partners in each encounter in which a referral occurs.
NCHC Access	% 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 14 days of referral • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
Recidivism Rate for OWI	Percentage of people who receive there OWI services from NCHC and then reoffend. *Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit*

FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts. *Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.*

2016 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	⇩	6-8%	**6.0%**	N/A
		Employee Turnover Rate*	⇩	20-23%	**31.0%**	**28.9%**
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
		Community Partner Satisfaction	⇧	75-80%	**75.0%**	76%
	Clinical	Nursing Home Readmission Rate	⇩	11-13%	**11.3%**	13.7%
		Psychiatric Hospital Readmission Rate	⇩	9-11%	**10.6%**	10.8%
		AODA Relapse Rate	⇩	18-21%	**28.6%**	20.7%
	Community	Crisis Treatment: Collaborative Outcome Rate	⇧	90-97%	**93.7%**	N/A
		Access to Behavioral Health Services	⇧	90-95%	**80%**	73%
		Recidivism Rate for OWI	⇩	27-32%	**22.4%**	**26.4%**
	Finance	Direct Expense/Gross Patient Revenue	⇩	58-62%	**65.0%**	**63%**
		Days in Account Receivable	⇩	60-65	**53**	**68**

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ADULT DAY/ PREVOCATIONAL/RESI DENTIAL SERVICES	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	⇧	75-80th Percentile	\	64.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
		ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	⇧		**86.7% (143/165)**	86.3%
	Clinical	Community Living Employee's job competency proficiency Rate	⇧	75%-80%	\	N/A
	Community					
	Finance	ADS/Prevocational Direct Expense/Gross Patient Revenue	⇩	51-55%	**51.71%**	66.19%
		Residential Direct Expense/Gross Patient Revenue	⇩	74-78%	**69.20%**	76.33%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
AQUATIC SERVICES	People	Employee Engagement Aquatic Services Percentile Rank	⇧	75-80th Percentile	\	65.2
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
		Aquatic Services Patient Experience Percent 9/10 Responses	⇧		**93.1% (149/160)**	94.4%
	Clinical					
	Community	Access to Aquatic Services	⇧	90-95%	**98.8%**	92%
	Finance	Direct Expense/Gross Patient Revenue	⇩	38-42%	**41.11%**	40.61%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
BIRTH TO 3	People	Employee Engagement Birth to 3 Percentile Rank	⇧	75-80th Percentile	\	69.7
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
		Birth to 3 Patient Experience Percent 9/10 Responses	⇧		**90.2% (83/92)**	91.6%
	Clinical					
	Community	Access- From time of referral to time of treatment plan development. (45 days)	⇧	90-95%	**99%**	100%
	Finance	Direct Expense/Gross Patient Revenue	⇩	116-122%	**132.9%**	136.73%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNITY CORNER CLUBHOUSE	People	Employee Engagement Community Corner Clubhouse Percentile Rank	⇑	75-80th Percentile	\	0.0
	Service	Patient Experience: Satisfaction Percentile Ranking	⇑	70-84th Percentile	45th	51st
		Community Corner Clubhouse Patient Experience Percent 9/10 Responses	⇑		68.4% (65/95)	60.4%
	Clinical	Active Membership Daily Attendance	⇑	25-30%	29.0%	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇓	124-130%	77.8%	82.89%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNITY TREATMENT	People	Employee Engagement Community Treatment Percentile Rank	⇑	75-80th Percentile	\	67.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇑	70-84th Percentile	45th	51st
		Community Treatment Patient Experience Percent 9/10 Responses	⇑		79.6% (152/191)	72.9%
	Clinical					
	Community	Access to Community Treatment Services	⇑	90-95%	54%	80%
	Finance	Direct Expense/Gross Patient Revenue	⇓	88-92%	75.1%	83.34%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
CRISIS CBRF/ LAKESIDE RECOVERY (MMT)	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	⇑	75-80th Percentile	\	56.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇑	70-84th Percentile	45th	51st
		Crisis CBRF/Lakeside Recovery Patient Experience Percent 9/10 Responses	⇑		77.2% (112/145)	62.1%
	Clinical	At 7 day survey- patient kept their outpatient appointment	⇑	75%	62.70%	N/A
	Community					
	Finance	CBRF Direct Expense/Gross Patient Revenue	⇓	14-18%	16.48%	8.86%
		Lakeside Recovery Direct Expense/Gross Patient Revenue	⇓	287-293%	17.21%	N/A

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
CRISIS SERVICES	People	Employee Engagement Crisis Services Percentile Rank	⇑	75-80th Percentile	\	56.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇑	70-84th Percentile	45th	51st
		Crisis Services Patient Experience Percent 9/10 Responses	⇑		75.0% (39/52)	78.9%
	Clinical					
	Community	Community Partner Survey	⇑	80-85%	56%	63%
	Finance	Direct Expense/Gross Patient Revenue	⇓	362-368%	236.90%	339.22%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
INPATIENT BEHAVIORAL HEALTH	People	Employee Engagement Inpatient Behavioral Health Percentile Rank	⇑	75-80th Percentile	\	57.3
	Service	Patient Experience: Satisfaction Percentile Ranking	⇑	70-84th Percentile	45th	51st
		Inpatient BH Patient Experience Percent 9/10 Responses	⇑		44.6% (212/475)	46.6%
	Clinical	Medication Errors / Patient Days	⇓	0.15-0.3%	1.97%	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇓	47-51%	54.97%	60.66%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
OUTPATIENT SERVICES	People	Employee Engagement Outpatient Services Percentile Rank	⇑	75-80th Percentile	\	64.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇑	70-84th Percentile	45th	51st
		Outpatient Services Patient Experience Percent 9/10 Responses	⇑		60.8% (222/365)	64.4%
	Clinical					
	Community	Outpatient Services Access	⇑	90-95%	74%	64%
	Finance	Direct Expense/Gross Patient Revenue	⇓	68-72%	86.23%	75.34%

2016 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
MOUNT VIEW CARE CENTER OVERALL	People	Employee Engagement MV Overall Percentile Rank	⇧	75-80th Percentile	\	71.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		MVCC Overall Patient Experience Percent 9/10 Responses	⇧		68.4% (182/266)	72.3%
	Clinical	Fall Rate	⇩	5.5-5.8	5.0	5.80
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	61.81%	57.88%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
POST-ACUTE CARE	People	Employee Engagement Post-Acute Care Percentile Rank	⇧	75-80th Percentile	\	66.2
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Post-Acute Care Patient Experience Percent 9/10 Responses	⇧		66.2% (51/77)	71.2%
	Clinical	Fall Rate	⇩	4.2 - 4.5	4.3	4.5
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	65-69%	72.2%	66.39%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
LONG TERM CARE	People	Employee Engagement Long Term Care Percentile Rank	⇧	75-80th Percentile	\	63.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Long Term Care Patient Experience Percent 9/10 Responses			53.4% (47/88)	55.9%
	Clinical	Fall Data	⇩	4.5 - 4.8	2.8	4.8
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	58.71%	59.27%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
GARDENSIDE - EVERGREEN	People	Employee Engagement Gardenside - Evergreen Care Percentile Rank	⇧	75-80th Percentile	\	72.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Legacies by the Lake Patient Experience Percent 9/10 Responses	⇧		83.5% (71/85)	88.2%
	Clinical	Fall Rate	⇩	4.4 - 4.7	5.7	4.7
	Community					
	Finance	Legacies Overall Direct Expense/Gross Patient Revenue	⇩	34-38%	56.51%	51.11%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
LAKEVIEW HEIGHTS	People	Employee Engagement Lakeview Heights Percentile Rank	⇧	75-80th Percentile	\	72.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical	Legacies by the Lake Patient Experience Percent 9/10 Responses	⇧		82.1% (32/39)	88.2%
	Community	Fall Rate	⇩	7.0 -7.3	6.8	7.3
	Finance	Legacies Overall Direct Expense/Gross Patient Revenue	⇩	34-38%	56.51%	51.11%

2016 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ADULT PROTECTIVE SERVICES	People	Employee Engagement Adult Protective Services Percentile Rank	⇧	75-80th Percentile	\	85.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	⇧		86.1% (118/137)	89.4%
	Clinical	% Of At Risk Investigations closed within 30 days.	⇧	70-80%	72% (309/427)	68%
	Community					
	Finance	Expense Budget	⇩	$432607 - $458564	$447,335	$442,711

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNICATION & MARKETING	People	Employee Engagement Administrative Support/ HR/Communication Percentile Rank	⇧	75-80th Percentile	\	78.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community	Facebook Ad Campaign Likes Total	⇧	50-75% Increase	164%	N/A
	Finance	Expense Budget	⇩	$177120 - $187747	$188,748	$187,945

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS-HOUSEKEEPING	People	Employee Engagement ESS-Housekeeping Percentile Rank	⇧	75-80th Percentile	\	78.7
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Service	Housekeeping Patient Experience Percent Excellent Responses	⇧		60.1% (163/271)	68.4%
	Service	Weekly room checks	⇧	70-80%	78%	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1143725 - $1203922	$1,046,828	$130,342

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - LAUNDRY	People	Employee Engagement ESS -Laundry Percentile Rank	⇧	75-80th Percentile	\	68.3
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Service	Laundry Patient Experience Percent Excellent Responses			42.0% (87/207)	39.9%
	Service	Reduce linen shortages (YTD Average calls)	⇩	10-12 calls	6	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$392803- $413477	$232,711	$358,188

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - MAINTENANCE - GROUNDS	People	Employee Engagement ESS-Maintenance Percentile Rank	⇧	75-80th Percentile	\	83.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Maintenance/Grounds Patient Experience Percent Excellent Responses			55.8% (145/260)	56.4%
		Preventative Maintenance Monthly Service	⇧	80-90%	100%	NA
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1755207 - $1847587	$1,521,865	$1,530,078

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - MAINTENANCE - GROUNDS	People	Employee Engagement ESS-Maintenance Percentile Rank	⇧	75-80th Percentile	\	83.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Maintenance/Grounds Patient Experience Percent Excellent Responses			55.8% (145/260)	56.4%
		Preventative Maintenance Monthly Service	⇧	80-90%	100%	NA
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1755207 - $1847587	$1,521,865	$1,530,078

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - TRANSPORTATION	People	Employee Engagement ESS- Transportation Percentile Rank	⇧	75-80th Percentile	\	72.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$70818 - $74546	$0	$41,125

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ENVIRONMENTAL SERVICES OVERALL	People	Employee Engagement ESS Overall Percentile Rank	⇧	75-80th Percentile	\	77.9
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Environmental Services Overall Patient Experience Percent Excellent Responses			54.4% (350/643)	49.0%
		Environmental rounds complete campus monthly	⇧	80-90%	93%	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$3497290- $3707128	$3,030,972	$3,001,938

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
HEALTH INFORMATION	People	Employee Engagement Health Information Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	⇧	70-75%	90.4%	N/A
	Community					
	Finance	Expense Budget	⇩	$352483 - $373632	$332,391	

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
HUMAN RESOURCES	People	Employee Engagement Administrative Support/HR/Quality Percentile Rank	⇧	75-80th Percentile	\	78.4
		Employee Vacancy Rate	⇩	6-8%	5.7%	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$935007- $991107	$938,784	$980,778

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
NUTRITIONAL SERVICES	People	Employee Engagement Nutritional Services Percentile Rank	⇧	75-80th Percentile	\	58.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Nutritional Services Patient Experience Percent Excellent Responses	⇧		44.7% (114/255)	45.5%
		Nutritional Services External Customer Satisfaction Survey (HealthStream)	⇧	90-95%	48.8%	45.5%
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$2510068 - $2660673	$2,696,409	$2,673,728

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PHARMACY	People	Employee Engagement Pharmacy Percentile Rank	⇧	75-80th Percentile	\	68.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical	Pharmacy Medication Error Rate	⇩	0.081%- 0.090%	0.02%	0.050%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	34-38%	42.46%	41.58%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
QUALITY	People	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	⇧	75-80th Percentile	\	78.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical	Percent Significant Events	⇩	2.25-2.5%	#REF!	N/A
	Community					
	Finance	Expense Budget	⇩	$690785 - $732232	$744,800	$569,842

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
Volunteer Services	People	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	⇧	75-80th Percentile	\	78.4
		Net New Volunteers	⇧	24-37	25	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$89,215-$94,568	$96,261	$89,520

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
BUSINESS OPERATIONS	People	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget (Annualized)	⇩	$763782 - $809609	$786,903	$706,943.0
		Days in Accounts Receivable	⇩	60-65	53	68

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
DEMAND TRANSPORTATION	People	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical	Double Occupancy Pick-up (YTD Average)	⇧	11-13	8	10/month Average
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	355-361%	231.74%	205.83%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
INFORMATION SERVICES	People	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$2232150 - $2366080	$2,217,112	$2,308,637
		Days in Account Receivable	⇩	60-65	53	68

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$830109 - $879916	$800,099	$798,791
		Days in Account Receivable	⇩	60-65	53	68

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PURCHASING	People	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		All Packages are delivered the same day as they arrive	⇧	97-99%	98%	96%
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$212536 - $225289	$224,960	$222,456
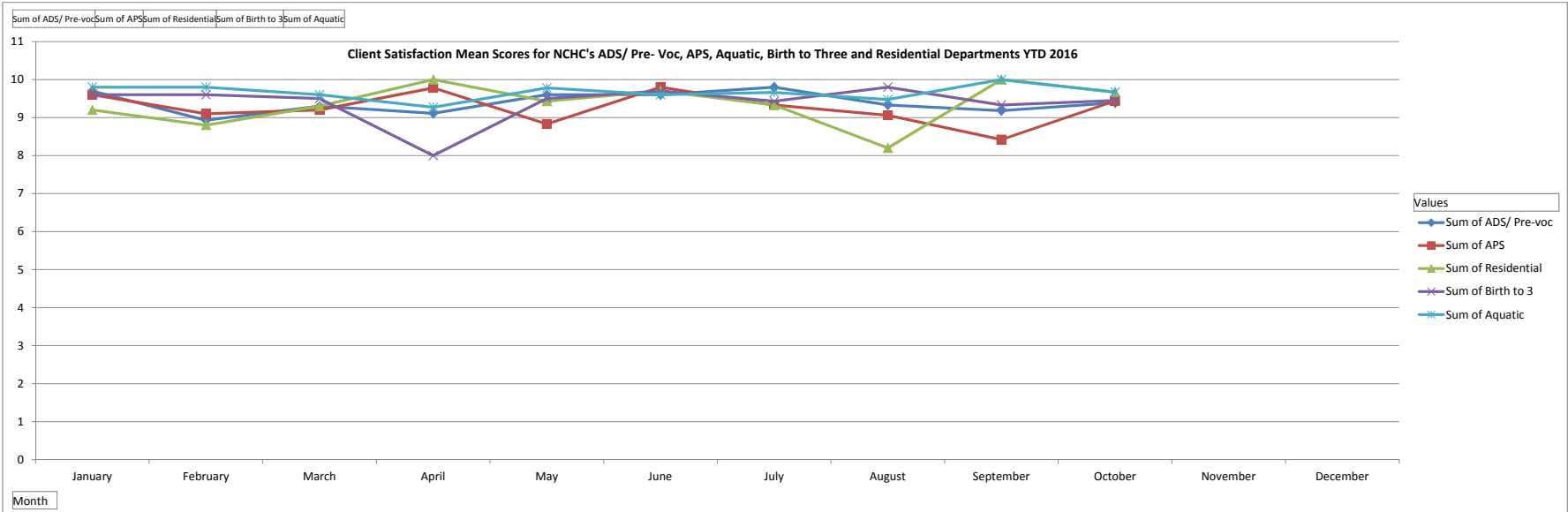
Client Satisfaction Mean Scores for NCHC's ADS/ Pre- Voc, APS, Aquatic, Birth to Three and Residential Departments YTD 2016

Values
- Sum of ADS/ Pre-voc
- Sum of APS
- Sum of Residential
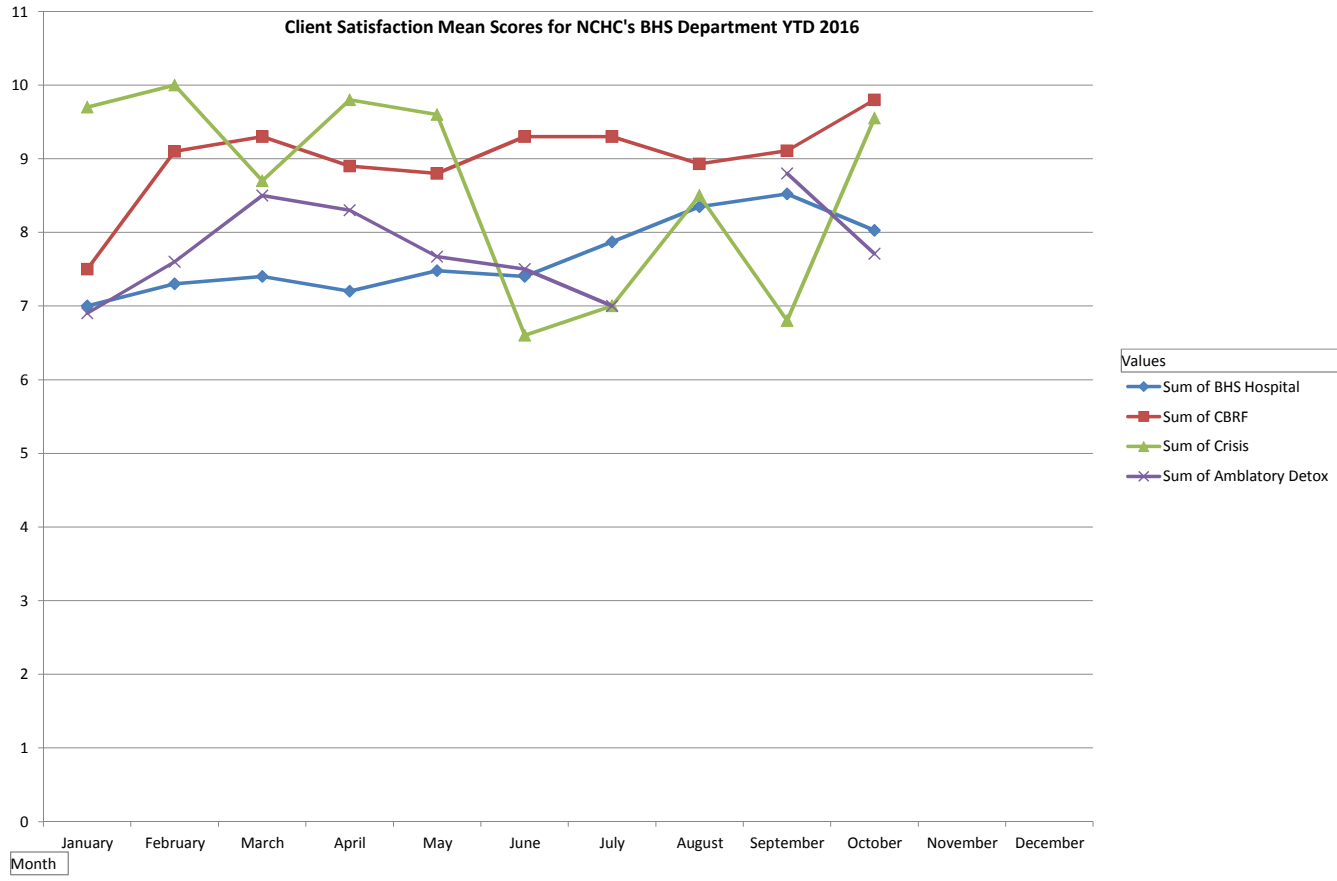- Sum of Birth to 3
- Sum of Aquatic

Month

Scores are calculated by taking the number of responses with each value, multiple, add all total scores together and divide by total survey responses.
For example:

Received back 5-10's= 50 4-8's= 32, (50+32)/9= 9.1

Row Labels	Sum of ADS/ Pre-voc	Sum of APS	Sum of Residential	Sum of Birth to 3	Sum of Aquatic
January	9.7	9.6	9.2	9.6	9.8
February	8.93	9.1	8.8	9.6	9.8
March	9.3	9.2	9.3	9.5	9.6
April	9.11	9.78	10	8	9.27
May	9.6	8.83	9.43	9.5	9.78
June	9.6	9.8	9.7	9.7	9.6
July	9.8	9.33	9.33	9.43	9.66
August	9.33	9.06	8.2	9.8	9.476
September	9.18	8.42	10	9.33	10
October	9.39	9.44	9.67	9.45	9.67
November					
December					
Grand Total	**93.94**	**92.56**	**93.63**	**93.91**	**96.656**

Client Satisfaction Mean Scores for NCHC's BHS Department YTD 2016
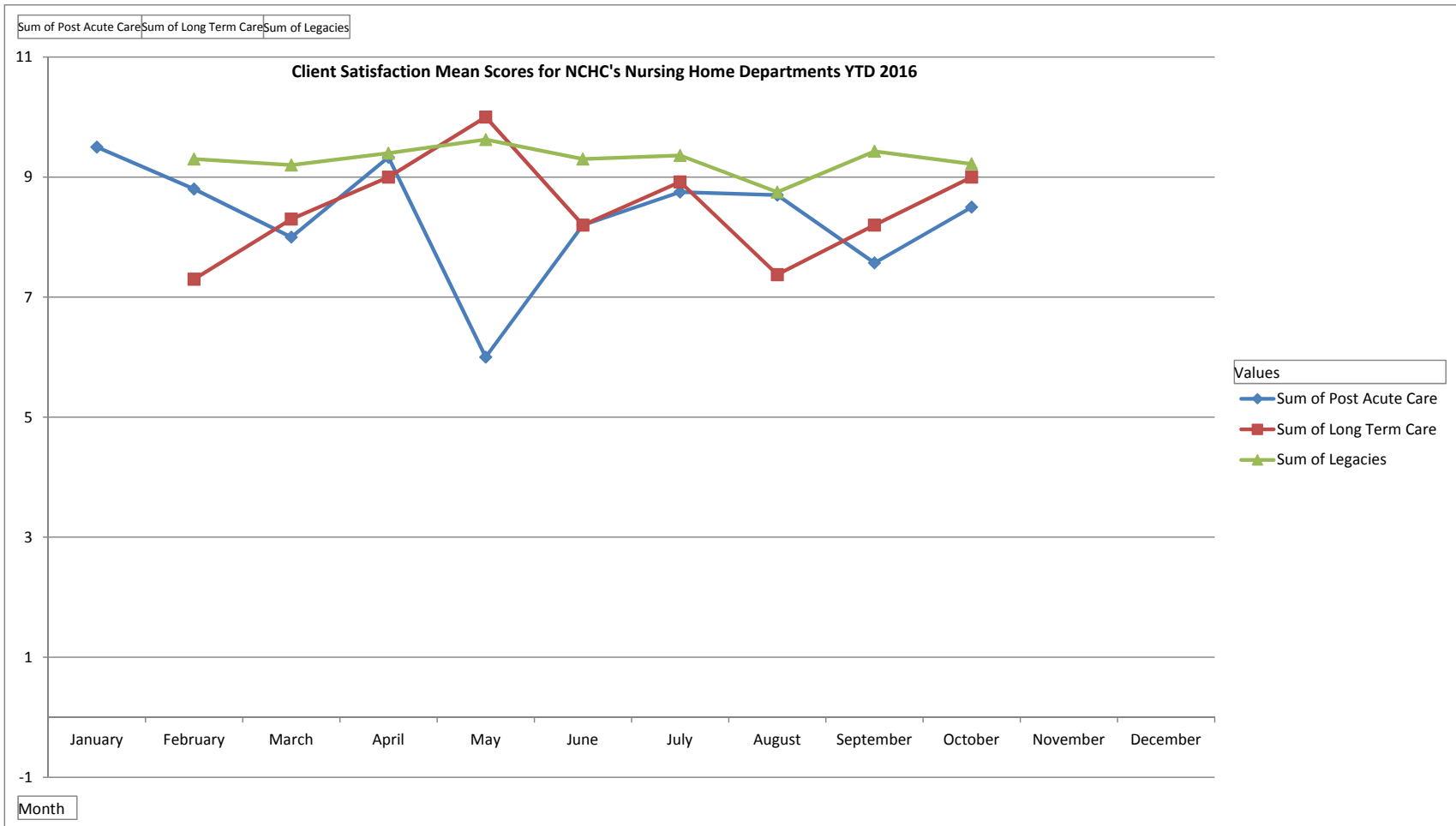
Values
- Sum of BHS Hospital
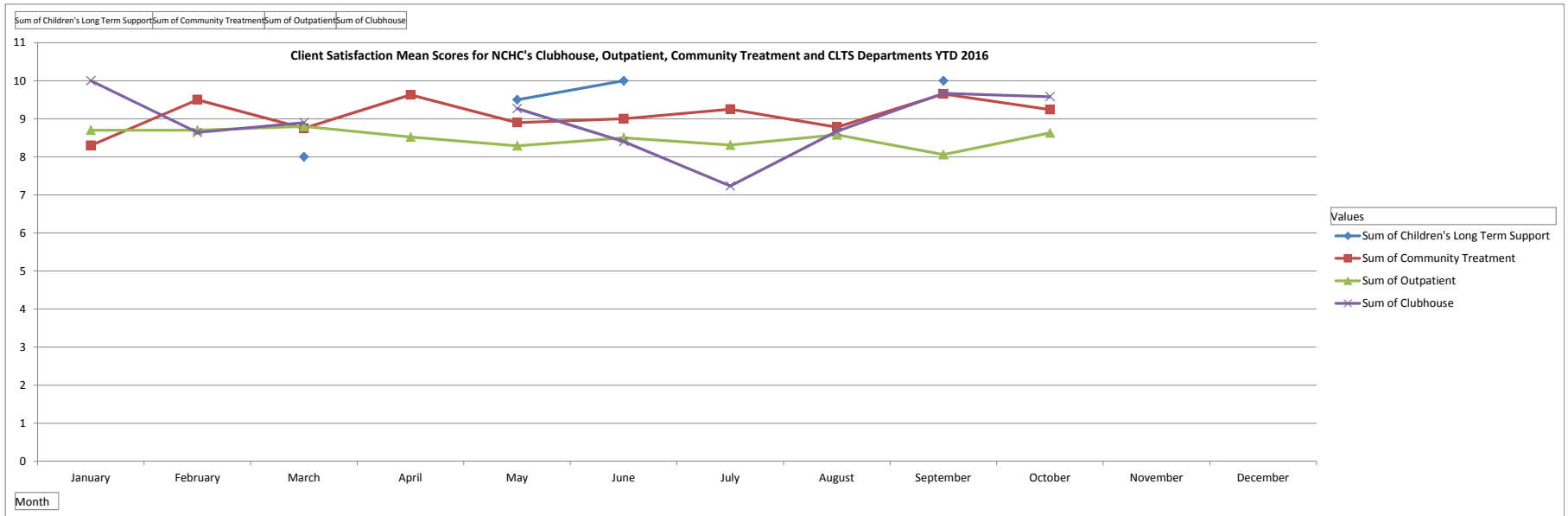- Sum of CBRF
- Sum of Crisis
- Sum of Amblatory Detox

Month

Scores are calculated by taking the number of responses with each value, multiple, add all total scores together and divide by total survey responses.
For example:

Received back 5-10's= 50 4-8's= 32, (50+32)/9= 9.1

Row Labels	Sum of BHS Hospital	Sum of CBRF	Sum of Crisis	Sum of Amblatory Detox
January	7	7.5	9.7	6.9
February	7.3	9.1	10	7.6
March	7.4	9.3	8.7	8.5
April	7.2	8.9	9.8	8.3
May	7.48	8.8	9.6	7.67
June	7.4	9.3	6.6	7.5
July	7.87	9.3	7	7
August	8.35	8.93	8.5	
September				
October				
November				
December				
Grand Total	60	71.13	69.9	53.47

Client Satisfaction Mean Scores for NCHC's Nursing Home Departments YTD 2016

Values
- Sum of Post Acute Care
- Sum of Long Term Care
- Sum of Legacies

Month

Scores are calculated by taking the number of responses with each value, multiple, add all total scores together and divide by total survey responses.
For example:
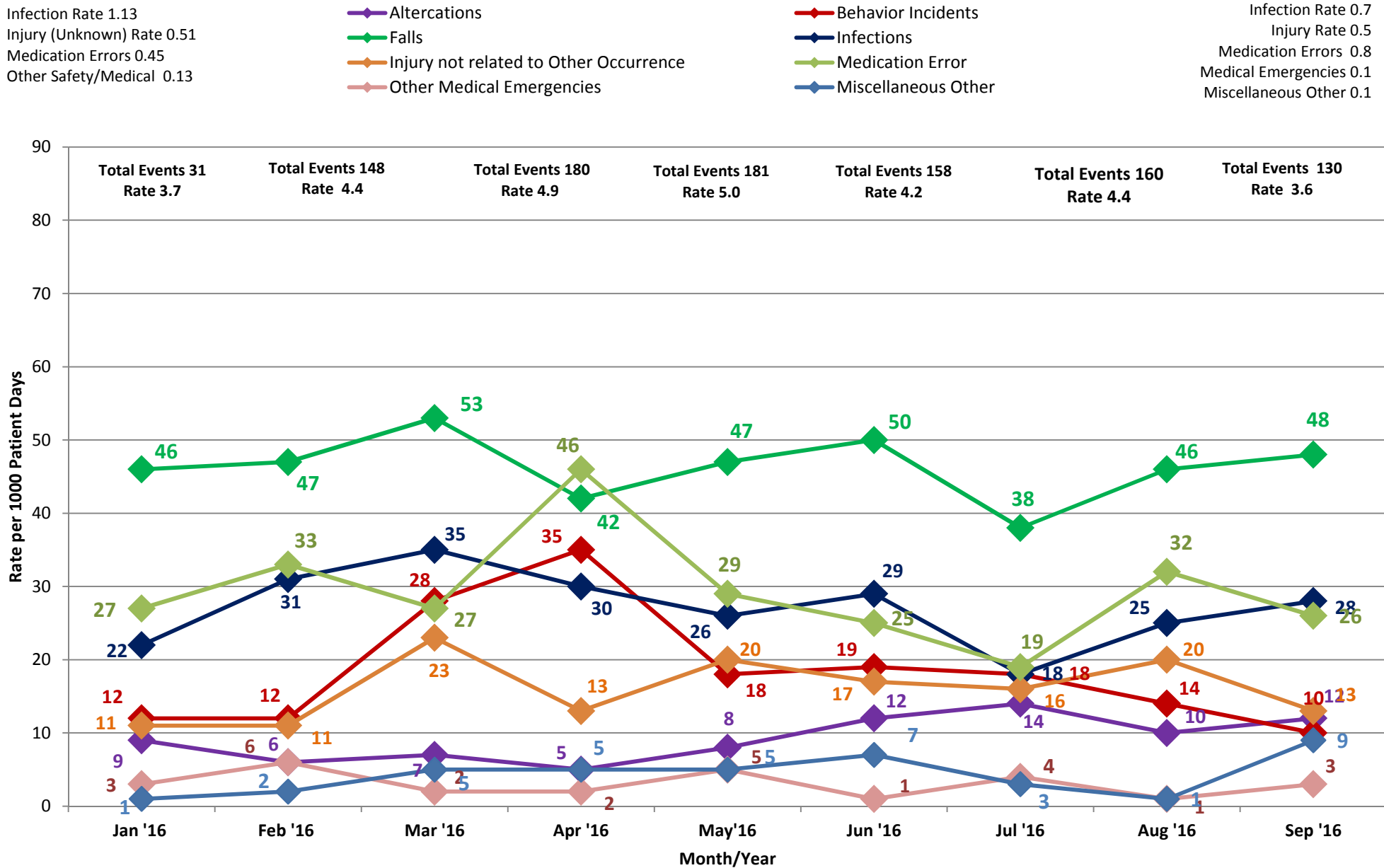
Received back 5-10's= 50 4-8's= 32, (50+32)/9= 9.1

Row Labels	Sum of Post Acute Care	Sum of Long Term Care	Sum of Legacies
January	9.5		
February	8.8	7.3	9.3
March	8	8.3	9.2
April	9.33	9	9.4
May	6	10	9.625
June	8.2	8.2	9.3
July	8.75	8.92	9.36
August	8.7	7.375	8.75
September	7.57	8.2	9.43
October	8.5	9	9.22
November			
December			
Grand Total	83.35	76.295	83.585

Client Satisfaction Mean Scores for NCHC's Clubhouse, Outpatient, Community Treatment and CLTS Departments YTD 2016

Values
- Sum of Children's Long Term Support
- Sum of Community Treatment
- Sum of Outpatient
- Sum of Clubhouse

Month

Row Labels	Sum of Children's Long Term Support	Sum of Community Treatment	Sum of Outpatient	Sum of Clubhouse
January		8.3	8.7	10
February		9.5	8.7	8.64
March	8	8.75	8.8	8.9
April		9.63	8.52	
May	9.5	8.9	8.29	9.27
June	10	9	8.5	8.4
July		9.25	8.31	7.235
August		8.78	8.58	8.67
September	10	9.65	8.06	9.67
October		9.24	8.63	9.58
November				
December				
Grand Total	37.5	91	85.09	80.365

Scores are calculated by taking the number of responses with each value, multiple, add all total scores together and divide by total survey responses.
For example:

Received back 5-10's= 50 4-8's= 32, (50+32)/9= 9.1

Program Mean Scores

Month	BHS Hospital	CBRF	Amblatory Detox	Crisis	Outpatient	Clubhouse	Community Treatment	Children's Long Term Support	ADS/ Pre-voc	APS	Aquatic	Birth to 3	Residential	Post Acute Care	Long Term Care	Legacies
January	7.0	7.5	6.9	9.7	8.7	10.0	8.3	■	9.7	9.6	9.8	9.6	9.2	9.5	■	■
February	7.3	9.1	7.6	10	8.7	8.64	9.5	■	8.93	9.1	9.8	9.6	8.8	8.8	7.3	9.3
March	7.4	9.3	8.5	8.7	8.8	8.9	8.75	8	9.3	9.2	9.6	9.5	9.3	8	8.3	9.2
April	7.2	8.9	8.3	9.8	8.52	■	9.63	■	9.11	9.78	9.27	8	10	9.33	9	9.4
May	7.5	8.8	7.67	9.6	8.29	9.27	8.9	9.5	9.6	8.83	9.78	9.5	9.43	6	10	9.625
June	7.4	9.3	7.5	6.6	8.5	8.4	9	10	9.6	9.8	9.6	9.7	9.7	8.2	8.2	9.3
July	7.9	9.3	7	7	8.31	7.235	9.25	■	9.8	9.33	9.66	9.43	9.33	8.75	8.92	9.36
August	8.4	8.93	■	8.5	8.58	8.67	8.78	■	9.33	9.06	9.476	9.8	8.2	8.7	7.375	8.75
September	8.5	9.11	8.8	6.8	8.06	9.67	9.65	10	9.18	8.42	10	9.33	10	7.57	8.2	9.43
October	8.0	9.8	7.71	9.55	8.63	9.58	9.24	■	9.39	9.44	9.67	9.45	9.67	8.5	9	9.22
November																
December																

NORTH CENTRAL HEALTH CARE
CLIENT/PATIENT/RESIDENTS ADVERSE EVENT DATA

2014 Cummulative Rate 4.1
Altercation Rate 0.23
Behavior Rate 0.18
Fall Rate 1.49
Infection Rate 1.13
Injury (Unknown) Rate 0.51
Medication Errors 0.45
Other Safety/Medical 0.13

2016 Cummulative Rate 4.3
Altercation Rate 0.2
Behavior Rate 0.5
Fall Rate 1.3
Infection Rate 0.7
Injury Rate 0.5
Medication Errors 0.8
Medical Emergencies 0.1
Miscellaneous Other 0.1

Legend:
- Altercations
- Behavior Incidents
- Falls
- Infections
- Injury not related to Other Occurrence
- Medication Error
- Other Medical Emergencies
- Miscellaneous Other

Total Events 31 Rate 3.7
Total Events 148 Rate 4.4
Total Events 180 Rate 4.9
Total Events 181 Rate 5.0
Total Events 158 Rate 4.2
Total Events 160 Rate 4.4
Total Events 130 Rate 3.6

Y-axis: Rate per 1000 Patient Days
X-axis: Month/Year (Jan '16 – Sep '16)

NCHC EMPLOYEE ADVERSE EVENTS

Legend:
- Altercation
- Falls
- Direct Patient Care Injury
- Struck by/Against/Caught between Object
- Other Work Activity Injuries
- Lost/Theft/Damaged Items
- Motor Vehicle
- OTHER

| Total Events 8 Rate 0.07 | Total Events 12 Rate 0.11 | Total Events 14 Rate 0.12 | Total Events 11 Rate 0.10 | Total Events 15 Rate 0.14 | Total Events 14 Rate 0.12 | Total Events 9 Rate 0.09 | Total Events 9 Rate 0.8 | Total Events 12 Rate 0.12 | Total Events 13 Rate |

RATE PER HOURS WORKED

MONTH/YEAR
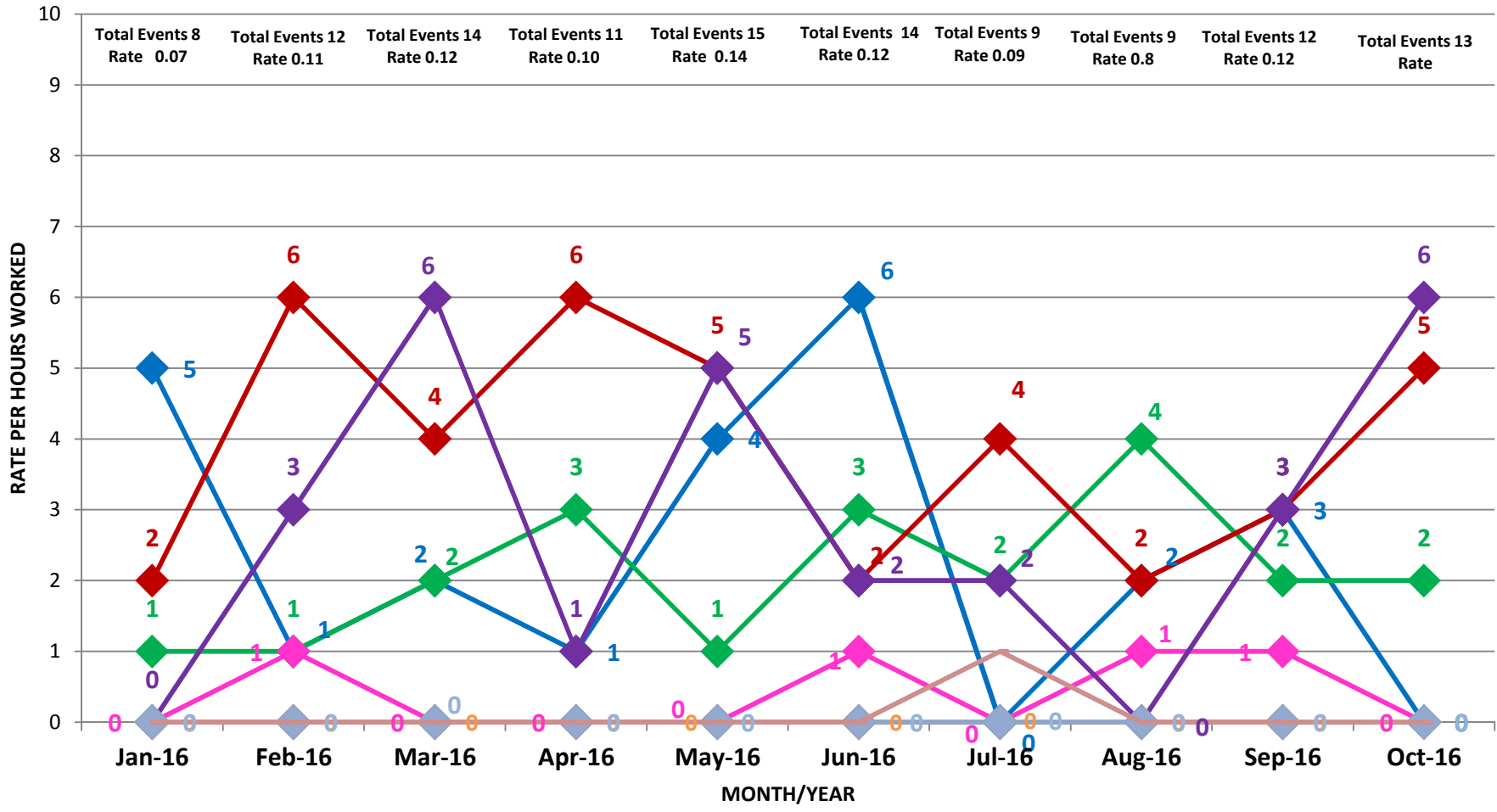
Crisis Process Improvement Team- Action Plan

ACTION CATEGORY	SPECIFIC ACTIONS	1st Quarter 2016	2nd Quarter 2016	3rd Quarter 2016	4th Quarter 2016	2017	Progress made
Improved NCHC Care Collaboration and Competency Leads: Pat, and Laura	Formal collaboration process established	-Define process -Train staff -Establish immediate feedback card, establish drop box in crisis	-Develop law enforcement position	Monitor process	Monitor process	Monitor process	-Initial training complete -Feedback form implemented -Internal organizational structures established to improve communication with staff and improved care communication
	Staff Training on care collaboration	-see above	-see above	-see above	-see above	-see above	Training complete and immediate feedback form implemented.
	Minimum education requirement in Crisis positions	-Update Job requirements updated. -Hire additional staff	-Establish RN case manager and Crisis Rn positions to ensure clinical oversight				-Job requirements updated -Positions filled -RN case manager position descriptions developed
	Additional competency training for Crisis staff	-Evaluate processes and skill -Action plan on communication -Initiated stand ups -Evaluating and developing onboarding process -Training on consistent documentation -Identify training needs -Begin training	-Continue Training -Establish competency validation -Begin validation	Ongoing validation	Ongoing validation	Ongoing validation	-Process Consultant hired. -Process and skill evaluation initiated -Training plan in place -standardization of all process with written procedures being developed -shift supervisors established to ensure consistency of process -orientation process revised -calls being audited by senior staff to provide coaching
Crisis Training for all Partners Leads: Laura, Heidi	Orientations to partner programs/services and roles	-Ride-alongs for crisis staff	-Nurses from Aspirus coming to shadow crisis -Wausau PD to shadow crisis center -Other partner visits to each others' sites to better understand each other's role/process				Ride-alongs initiated
	Crisis Intervention training (CIP and CIT)	Scheduled CIP Training	CIP Training -More sessions -Schedule Reoccurring classes (2 x a year) Train PI group on CIT model		-Roll out CIT Training -		-CIP training scheduled: 6 sessions start in March and through May, bumped classes up to 50 (300 currently enrolled)
	Trauma-informed care and least restrictive care requirements	-1 hour of CIP training	-1 hour of CIP training	-TIC session at NTC			
	Document current process and steps and re-train all partners with statutory changes effective July 1st.				-NCHC staff to develop training materials to re-train and on changes that went into effect July 1st related to detentions for all partners.		

Crisis Process Improvement Team- Action Plan

Category / Leads	Action						
Medical Clearance Leads: Robin, Dr. Radke, and Becky S.	Physician-to-physician communication to discuss medical clearance on specific cases	-Define and implement process -Determined that we can't set medical clearance process (b/c need to do only what is med necessary), but need to establish guidance -NCHC to train physicians on this	Audit process effectiveness and make necessary adjustments -Determining labs for admission vs. labs for med clearance -Commit/hardwire physician to physician communication from both parties, provide training on this	Monitor process -Meet with Winnebago to discuss medical clearance requirements	Monitor process	Monitor process	-Ministry, Aspirus, and NCHC have met several times to establish process. Process established and communicated to physicians -Visit to Winnebago completed.
	Continue provider meetings to establish consistent criteria	-Meetings scheduled. Invite Ministry to meetings					
	Establish medical clearance capabilities at NCHC	-Determined equipment needed -Determined staffing requirements. -Determined certification requirements	-Implementation in early fall -Model financial impact -Board approval on impact	Complete and submit proposal	Implement medical clearance at NCHC		-resources identified -proposal in draft
Transportation of clients Leads: Laura and Pat	Establish transportation capability at NCHC	-Establish program and supervisor established -Identify process -Secure vehicle -Identify staff needs -Speak to Rock County that do these transports	-Hire staff -Train staff -Begin process -Van	-Evaluate process and make necessary adjustments	Targeting August 1st implementation of peak volume time coverage and move to 24 hour coverage		-proposal for Board approval at May meeting-approved -position description for transportation and is posted -pilot transportation program initiated August 1st, data shows a low volumes of opportunity to transport but data is not sufficient to determine best times of the day to staff the program.
Care Model Transition Comprehensive Treatment-Based model that provides immediate intervention and direct hand-off to appropriate follow-up service and/or facility. Leads: Laura, Becky S., Robin, and Pat	Clients brought to NCHC and care provided within the Crisis Service Unit	-Identify team from NCHC		Define model and identify needed resource and implementation timeline.			-rooms are being equipped to allow clients to remain in the Crisis Center comfortably for longer periods
	Expansion of advance care practitioners in the Crisis Service Unit			Define model and identify needed resources and implementation timeline.			
Expand Crisis Care Capacity Leads: Laura S., Becky S. Dawn P/ Vicki T	Adjust staffing to accommodate peak volume times	-Hire and orient staff. -Changed schedules, shifts for high volume times (peak time in PM)					Staffing adjusted
	Increase capacity in Youth (under 18) Crisis and Crisis Stabilization units		Research on best models		Complete a thorough needs assessment for this population.		
	Upgrade facility to increase capacity of the Inpatient		Research				

Crisis Process Improvement Team- Action Plan

	Psychiatric Hospital					
	Establish dementia psychiatric care unit	NCHC established dementia psych workgroup	Research			
Ongoing Communication Between Partners Leads: Lee and Heidi	Information sharing on process changes	-NCHC staff member develops a list of partner agencies. -Designate a person from NCHC that will be responsible for managing/monitoring a community crisis process list serve.	-Crisis P&I review partner communication list -Develop a letter to mail to partner agencies to ask for contacts to be put on a list serve that will be used for changes on any agency's part in the crisis process or procedures. -Initiate Crisis Team website	-Develop proposed website content. -Develop process manual to describe all partner's roles and steps in process		-Team evaluated website possibility and to have a customized site is cost prohibitive. Team is re-evaluating options.
	Contact information sharing		Develop a list from the information received from the letters sent out (above) for agencies to know who the contact person is at all agencies.			
	Clear and consistent issue resolution process	Develop a written feedback form that all agencies involved in the crisis process/procedures have access to for communicating issues between any of the agencies. Feedback form to come back to a group.	-Outline a clear expectation to all partner agencies that there will be written documentation after a telephone call of what was said and done to resolve the issue. -Develop and identify committee members to review any grievances from issues that are still unresolved.			
	Feedback mechanisms		Develop a list of staff members @ NCHC for partner agencies to call who will be responsible for the feedback that's provided. -Develop a form			
	Crisis Plan Integration and Communication (involve crisis workers and law officers)	-NCHCF staff member develops a list of partner agencies. -Designate a person from NCHCF that will be responsible for managing/monitoring a community crisis process list serve.	Develop a letter to mail to partner agencies to ask for contacts to be put on a list serve that will be used for changes on any agency's part in the crisis process or procedures.			
Community Awareness Leads: All	*Marshfield Clinic: Susan *Aspirus: Robin *Independent Clinics: Lee *Ministry: Becky S. *Optimist Club: Chad and Laura *Rotary: Chad and Becky *Greater Wausau Christian Services: Chad and Heidi		Complete presentations.			-Marshfield Clinic- Primary Care meeting-done -Rotary Done -United Way- Done -Area Chief -Optimists

	*CCCW: Becky K. *United Way: Lee, Laura, Becky, Matt *Chiefs of Police: Chad, John, and Matt *School Districts: Mary Jo, Laura						
Governing Body Education Leads: All	*Marathon Co. Board and Committees: Chad and Laura *Langlade Co. Board and Committees: John *Lincoln Co. Board and Committees: Laura *NCHC Board: Laura and Becky S. *Marathon Co. Social Services Board: Laura and Chad *Marathon Co. Health Department Board: Laura and Chad	Schedule presentations.	Complete presentations.				-MC Public Safety and Health and Human Services done -Langlade Co. scheduled -NCHC Board done -SS Board
Explore alternative youth intervention strategies	Emilee Sesing, Mary Jo Lechner, Jen Zynda, Laura Scudiere, Dawn Perez, Jeff Lindell/Andy Grimm and invite others				-benchmark and pilot project for crisis presence and crisis prevention strategies in the schools	-Hold focus group on youth crisis and ongoing treatment -Evaluate a coordinated approach to therapists to school	-In process of evaluating model for increased presence in schools. -Pilot program with schools and NCHC Crisis to address needs more proactively for high risk children
Investigate possibility of a "behavioral team" to respond with designated law enforcement, crisis staff	Matt Barnes, Laura Scudiere, Dawn Perez, Mary Jo Lechner				Benchmark with communities that have this in place		