



## **OFFICIAL NOTICE AND AGENDA**

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

**Thursday, August 20, 2020 at 3:00 PM**  
North Central Health Care - Wausau Board Room  
1100 Lake View Drive, Wausau, WI 54403

*The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.*

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

***Phone Number: 1-408-418-9388 Access Code: 146 239 5368 Meeting Password: 1234***

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  
(Limited to 15 Minutes)
3. ACTION: APPROVAL OF JULY 16, 2020 EXECUTIVE COMMITTEE MINUTES
4. OVERVIEW OF DRAFT AUGUST 27, 2020 NCCSP BOARD AGENDA (5 Minutes)
5. REVIEW DASHBOARDS AND WORK PLAN (5 Minutes)
6. CEO REPORT (10 Minutes)
7. UPDATE ON COVID-19 RESPONSE AND FUTURE IMPLICATIONS (10 Minutes)
8. CONTINUED DISCUSSION ON PERFORMANCE EXPECTATIONS AND OUTCOMES  
FOR COMMUNITY PROGRAMS (20 Minutes)

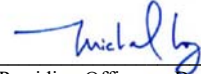
9. FUTURE AGENDA ITEMS FOR EXECUTIVE COMMITTEE OR BOARD  
CONSIDERATION

10. ADJOURN

**NOTICE POSTED AT:** North Central Health Care

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,  
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 08/14/2020 TIME: 2:00 PM BY: D. Osowski

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

**July 16, 2020**

**3:00 PM**

**NCHC – Wausau Board Room**

(Present via conference phone due to Covid19 and recommendation of social distancing)

Present:	X	Jeff Zriny	X	Jason Hake
	X	Lance Leonhard	X	Robin Stowe

Others Present: Michael Loy, Jarret Nickel

Call to Order

- Meeting was called to order at 3:00 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 6/18/2020 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Leonhard, to approve the 6/18/2020 Executive Committee meeting minutes. Motion carried.

Overview of Draft July 30, 2020 NCCSP Board Agenda

- The draft NCCSP Board Agenda for July 30, 2020 was reviewed.

Review Dashboard and Work Plan

- Dashboard was reviewed. Highlights included: retention rate is dipping below target affected particularly by higher turnover in those with less than one year of service; diversions for May exceed target in a positive way which also reflects positively in financials for the month; staff have been working to improve the no show rate with the implementation of an Open Access Clinic in the near future, and financials, with funding and reductions, are doing well relative to what it could be. A status of the referral source indicator will be provided at the next meeting of the Committee.
- There are no major updates. Closed items have been moved to the bottom of the report.
- It was recommended to delay the RFP for audit services until 2021 due to the onboarding of a new CFO in 2020. The Executive Committee agreed with this recommendation.

### CEO Report

- We have an accepted offer from a Child/Adolescent Psychiatrist who will be joining NCHC in the summer of 2021.
- An Adult Outpatient Psychiatrist is also being interviewed and could potentially join NCHC in the summer of 2021.
- The position for legal counsel is being negotiated.
- Jaime Bracken has been hired as Chief Nursing Officer and began at NCHC this week. She will be introduced at the July Board meeting and as part of the Executive Team will participate in future meetings.
- Renovations Update - J. Nickel
  - Aquatic Therapy had a soft opening in June and is now accepting physical therapy appointments; floor drains in the shower rooms are being fixed yet
  - Youth Hospital is scheduled for completion at the end of August; some equipment delays have occurred due to COVID
  - CBRF is also scheduled for completion at the end of August
  - Skilled nursing tower 3<sup>rd</sup> floor poured scheduled for 7/17 and on scheduled for the building to be enclosed before winter 2020
  - Retention pond had to be moved due to a WPS line which also delayed the parking lot renovation
  - Behavioral Health Services renovation design plans are in progress with renovation to begin this fall
  - Off campus renovations of Heather Street Group Home is complete and nearing completion for the Chadwick Street Group Home
- R. Stowe provided an update on the Sober Living facility in Langlade County. The project has been temporarily suspended due to funds available for remodeling the facility. A meeting is scheduled in August to continue to discuss the continuation of the project including the involvement and direction for the NCCSP Board.

### Motion to Approve 2021 Performance Expectations and Outcomes for Community Programs

- The Executive Committee is to articulate the expectations and outcomes for community service programs. Expectations and outcomes then become part of the dashboards.
- The Executive Management Team discussed performance dashboards and measurements to verify what is being measured is important. The Team identified opportunities to get to a higher level by improving the quality indicator measurements by moving from process/structure measures to service expectation/outcome i.e. quality measures that are person-centered, and focus on high reliability and consistency.
- Committee agreed with the direction of the changes to more service expectation measures and asked for additional information to be reviewed next month with the goal to finalize the measures by the end of October. Committee would like the overall measures to be able to be broken down by county; and felt process measures have value in continuing to monitor as well.

### Discussion on Variable Pay Program Proposal

- NCHC has lost candidates given the structure of our management pay program. The proposed variable pay program would be for senior management only (about 20-25 individuals) in which they could earn variable pay each year based on dashboard measures set by the Board and would only be paid if there was a positive bottom line at year end. The program could engage and/or improve collaboration from the senior management team as well as achieve higher levels of outcomes set directly by the Board. We see this as a valuable tool in recruitment, retention, and engagement within the senior management team. This would not be a budgeted item and only available if funding was available.
- The Committee felt this was a program was worth further exploration.

### Preparation for Annual CEO Succession Plan Exercise

- Last year, through the survey of effectiveness of governance, the Board identified a gap in not having a CEO succession plan in place should the CEO leave the organization whether by a planned or unplanned departure.
- A CEO succession plan is important in how to immediately operate the organization, seek a replacement, and the process for succession.
- CEO succession planning exercise is slated to occur in October which could be facilitated in three levels of conversation: 1) with the Executive Management Team as part of the exercise, 2) with the CEO only, and 3) Board only; and would consist of three scenarios: 1) Unexpected temporary succession due to incapacitation, 2) Unexpected Immediate Succession, and 3) Succession upon 60 day notice by CEO.
- Committee liked this ‘playbook’ and that the Board should also review what competencies and the priorities of the competencies they want in a CEO. They also felt this discussion should be in-person and not via WebEx if at all possible.

### Future Agenda Items for Executive Committee or Board Consideration

- None noted.

### Adjourn

- **Motion**/second, Leonhard/Hake, to adjourn the meeting at 4:15 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2020								
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%	6.8%						8.0%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%						79.1%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%	89.8%						87.8%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%	4.9%						9.0%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%	15.8%						11.5%	11.4%
Nursing Home Star Rating - MVCC	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★						★★★★	★★★
Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★						★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02						0.79	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07						2.37	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267						292	320
Hospital Length of Stay - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22						5.72	5.86 Days
Hospital Length of Stay - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96						11.35	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%	18.8%						18.8%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%	1.37%						1.27%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%	75.4%						71.8%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%	38.8%						39.2%	33.5%
Average Cost Per Day	↘	\$67,000-\$70,000	\$81,197	\$82,542	\$73,304	\$94,807	\$79,437	\$75,220	\$97,104						\$97,031	\$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%						0.3%	-4.5%

↗ Higher rates are positive

↘ Lower rates are positive

## DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

### PEOPLE

Vacancy Rate

Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end.  
YTD calculation: Average of each monthly vacancy rate.

Retention Rate

Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end.  
YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

### SERVICE

Patient Experience

Press Ganey - Likelihood of your recommending this facility to others  
Mean Score

### QUALITY

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: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.  
*Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)*

Nursing Home Star Rating

Star rating as determined by CMS Standards for both Pine Crest and MVCC.

Zero Harm Patients

Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000

Zero Harm Employee

Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month.  
YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.

Out of County Placement

Number of involuntary days that patients spend in out of county placements who have discharged in month of report.

Hospitalization Length of Stay - NCHC

Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.

Hospitalization Length of Stay - Diversions

Average length of stay for patients on out-of-county placements that have discharged in month of report.

### COMMUNITY

No Show Rate

Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.

Hospitalization Rate

The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those 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.



Average Cost Per Day

Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.

Net Income

Net earnings after all expenses have been deducted from revenue.

## 2020 - Primary Dashboard Measure List

-  Higher rates are positive  
 Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD
North Central Health Care	People	Vacancy Rate	↘	9.6%		7-9%	8.0%
		Retention Rate	↗	85.1%		82-84%	79.1%
	Service	Patient Experience	↗	81.0		81-83%	87.8%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	9.0%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	11.5%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.79
		Zero Harm - Employees	↘	3.60		Monitoring	2.37
		Out of County Placements	↘	320	/	220 per month	292
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	5.72
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	11.35
	Community	No Show Rate	↘	12.9%		8-10%	18.8%
		Hospitalization Rate	↘	/	/	Monitoring	1.27%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	71.8%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.2%
		Average Cost Per Day	↘	\$76,395	/	\$67,000-\$70,000	\$97,031
		Net Income	↗	-4.5%	/	2-3%	0.3%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	57.1%
	Service	Patient Experience	↗	81-83%	94.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$652 - \$978 per month	(\$2,770)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Community Treatment	People	Vacancy Rate	↘	7-9%	2.1%
		Retention Rate	↗	82-84%	80.1%
	Service	Patient Experience	↗	81-83%	90.6%
	Quality	Zero Harm - Patients	↘	Patients	0.09
		Zero Harm - Employees	↘	Employees	2.37
	Community	Hospitalization Rate	↘	Monitoring	1.52%
	Finance	Net Income	↗	\$21,802 - \$32,703 per month	\$86,071

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Crisis & CBRF	People	Vacancy Rate	↘	7-9%	5.6%
		Retention Rate	↗	82-84%	61.9%
	Service	Patient Experience	↗	81-83%	80.7%
	Quality	Zero Harm - Patients	↘	Patients	13.76
		Zero Harm - Employees	↘	Employees	2.37
	Community	Hospitalization Rate	↘	Monitoring	2.66%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	\$901



Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Hospital	People	Vacancy Rate	↘	7-9%	20.9%
		Retention Rate	↗	82-84%	52.3%
	Service	Patient Experience	↗	81-83%	82.7%
	Quality	Hospital Readmission Rate	↘	10-12%	9.0%
		Zero Harm - Patients	↘	Monitoring	4.94
		Zero Harm - Employees	↘	Monitoring	2.37
		Out of County Placements	↘	220 per month	296
		Hospital Length of Stay - NCHC	↘	Monitoring	5.72
		Hospital Length of Stay - Diversions	↘	Monitoring	11.92
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	(\$167,363)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MMT	People	Vacancy Rate	↘	5-7%	9.6%
		Retention Rate	↗	82-84%	69.8%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.37
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	(\$41,810)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Outpatient	People	Vacancy Rate	↘	7-9%	8.3%
		Retention Rate	↗	82-84%	67.4%
	Service	Patient Experience	↗	81-83%	95.5%
	Quality	Zero Harm - Patients	↘	Monitoring	0.11
		Zero Harm - Employees	↘	Monitoring	2.37
	Community	No Show Rate	↘	8-10%	20.7%
		Hospitalization Rate	↘	Monitoring	0.80%
	Finance	Net Income	↗	\$5,774 - \$8,661 per month	(\$13,874)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Psychiatry	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	72.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.37
	Community	No Show Rate	↘	8-10%	16.5%
		Hospitalization Rate	↘	Monitoring	1.18%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	(\$36,673)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.7%
		Retention Rate	↗	82-84%	83.5%
	Service	Patient Experience	↗	81-83%	99.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.26
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	(\$43,306)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Group Homes	People	Vacancy Rate	↘	7-9%	11.3%
		Retention Rate	↗	82-84%	93.7%
	Service	Patient Experience	↗	81-83%	95.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.83
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	\$26,657

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Services	People	Vacancy Rate	↘	7-9%	13.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	95.6%
	Quality	Zero Harm - Patients	↘	Monitoring	1.20
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	(\$5,257)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	84.4%
	Service	Patient Experience	↗	81-83%	98.3%
	Quality	Zero Harm - Patients	↘	Monitoring	0.22
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	(\$4,145)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MVCC	People	Vacancy Rate	↘	7-9%	12.3%
		Retention Rate	↗	82-84%	78.4%
	Service	Patient Experience	↗	81-83%	87.8%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	8.7%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.55
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	\$150,691

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pine Crest	People	Vacancy Rate	↘	7-9%	8.0%
		Retention Rate	↗	82-84%	85.3%
	Service	Patient Experience	↗	81-83%	82.3%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	12.4%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	1.68
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	\$8,002

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Housekeeping and Laundry	People	Vacancy Rate	↘	7-9%	7.3%
		Retention Rate	↗	82-84%	68.1%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	\$353,467

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Nutrition Services	People	Vacancy Rate	↘	7-9%	9.1%
		Retention Rate	↗	82-84%	60.2%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	\$267,071

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Business Operations	People	Vacancy Rate	↘	5-7%	1.3%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	\$74,121

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Human Resources	People	Vacancy Rate	↘	5-7%	2.4%
		Retention Rate	↗	82-84%	65.7%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	\$52,074

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Informatics	People	Vacancy Rate	↘	5-7%	4.6%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	\$219,080

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Marketing & Communication	People	Vacancy Rate	↘	5-7%	2.9%
		Retention Rate	↗	82-84%	71.4%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	\$28,657

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Organizational Development	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	\$35,171

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Access Services	People	Vacancy Rate	↘	5-7%	0.7%
		Retention Rate	↗	82-84%	78.6%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	\$51,752

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Financial Services	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	\$66,678

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pharmacy	People	Vacancy Rate	↘	5-7%	1.4%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	\$38,313

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Transportation	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$720 - \$1,080 per month	\$9,563

Department	Domain	Outcome Measure	2019 YTD	↑↓	Jan	Feb	Mar	Apr	May	Jun	Jul
Community Treatment	QUALITY	% of treatment plans completed within required timelines	93.2%	↗	95.9% (116/121)	98.9% (95/96)	94.0% (94/100)	94.0% (80/85)	96.1% (99/103)	98.8% (79/80)	98.4% (122/124)
Community Treatment	COMMUNITY	Average days from referral to initial appointment	65.7 days	↘	69.8 days (1953/28)	79.5 days (1589/20)	92.2 days (1291/14)	68.8 days (1582/23)	53.4 days (962/18)	51.1 days (3680/72)	142.4 days (3132/22)
Community Treatment	COMMUNITY	Hospitalization rate of active patients	/	↘	1.45%	1.86%	1.27%	1.97%	1.54%	1.50%	1.10%
Community Treatment	QUALITY	Employment rate of Individual Placement and Support (IPS) Clients	53.2%	↗	49.0%	44.0%	42.0%	37.0%	39.0%	42.0%	42.0%
Community Treatment	COMMUNITY	% of eligible CCS and CSP clients admitted within 60 days of referral	42.2%	↗	15.5% (9/58)	25.0% (10/40)	35.1% (13/37)	36.7% (11/30)	63.2% (12/19)	45.5% (15/33)	32.3% (10/31)
Crisis & CBRF	QUALITY	Youth Crisis: Number and average length of stay for out of county placements of adolescents (13-17 years old)	12.8 diversions (7.2 days)	↗	12 diversions (10.0 days)	7 diversions (8.4 days)	5 diversions (6.5 days)	11 diversions (8.1 days)	6 diversions (5.6 days)	5 diversions (5.8 days)	16 diversions (7.3 days)
Crisis & CBRF	QUALITY	Youth Crisis: Avoid youth diversions with a length of stay of less than 72 hours	10.2%	↗	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis & CBRF	COMMUNITY	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of discharge	52.4%	↗	57.8%	55.9%	52.2%	56.8%	64.0%	64.1%	62.0%
Crisis & CBRF	COMMUNITY	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of discharge	56.5%	↗	61.8%	74.7%	62.9%	66.7%	74.4%	88.2%	71.2%
Crisis & CBRF	QUALITY	Court Liaison: % of settlement agreements and commitments extended	78.8%	↗	75.0%	90.0%	69.0%	81.8%	88.9%	82.8%	83.3%
Crisis & CBRF	COMMUNITY	Court Liaison: Compliance rate with court liaison policy	96.2%	↗	81.7%	97.3%	98.7%	96.9%	98.8%	93.6%	100.0%
Crisis & CBRF	COMMUNITY	Court Liaison: % of individuals with commitment and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	73.0%	↗	33.3% (3/9)	50.0% (3/6)	40.0% (2/5)	75.0% (3/4)	0.0% (0/1)	100.0% (3/3)	100.0% (4/4)
Crisis & CBRF	QUALITY	CBRF: % of patients who kept their follow-up outpatient appointment, if applicable	93.9%	↘	80.0% (12/15)	76.9% (10/13)	61.1% (11/18)	87.5% (21/24)	87.0% (20/23)	97.5% (33/34)	93.3% (28/30)
Crisis & CBRF	QUALITY	CBRF: % of patients connected to a Primary Care Provider within 7 days of admission	100.0%	↘	100.0% (15/15)	100.0% (15/15)	95.5% (20/21)	100.0% (24/24)	100.0% (20/20)	97.5% (33/34)	100.0% (30/30)
Crisis & CBRF	COMMUNITY	CBRF: % of patients admitted within 24 hours of referral	95.9%	↗	100.0% (15/15)	100.0% (16/16)	100.0% (24/24)	100.0% (24/24)	100.0% (20/20)	100.0% (34/34)	100.0% (30/30)
Crisis & CBRF	COMMUNITY	Mobile Crisis: Ratio of voluntary to involuntary commitments	1.67 to 1	↗	1.72 to 1	2.00 to 1	2.16 to 1	2.22 to 1	2.26 to 1	1.55 to 1	1.76 to 1
Hospital	QUALITY	Average days for initial counseling appointment post-hospital discharge <i>(Shared with OP)</i>	65.7%	↘	4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days
Hospital	QUALITY	Average days for initial psychiatry appointment post-hospital discharge <i>(Shared with OP)</i>	86.9%	↘	1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days
Hospital	QUALITY	Detox: Average length since previous admission	266.4 days	↗	325.4 days	268.7 days	390.6 days	277.9 days	506.7 days	307.3 days	372.1 days
Hospital	QUALITY	Detox: % of Detox patients admitted to substance abuse programming after discharge	65.3%	↘	50.0% (5/10)	27.3% (3/11)	0.0% (0/7)	11.1% (1/9)	0.0% (0/5)	25.0% (3/12)	00.0% (0/5)
Hospital	COMMUNITY	Ratio of adult patient days at NCHC vs Out of County Placements	1.17 to 1	↗	1.18 to 1	1.08 to 1	1.67 to 1	1.33 to 1	1.04 to 1	1.74 to 1	1.28 to 1
MMT	QUALITY	MMT: Successful program completion rate	69.9%	↗	87.5% (14/16)	76.2% (16/21)	75.0% (12/16)	75.0% (3/4)	N/A	N/A	N/A
MMT	QUALITY	MMT: Compliance rate with discharge plan 60 days post-discharge	58.1%	↗	11.1% (1/9)	42.9% (9/21)	42.9% (9/21)	0.0% (0/0)	N/A	N/A	N/A
Outpatient	QUALITY	Average days for initial counseling appointment post-hospital discharge <i>(Shared with IP)</i>	65.7%	↘	4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days
Outpatient	QUALITY	Average days for initial psychiatry appointment post-hospital discharge <i>(Shared with IP)</i>	86.9%	↘	1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days
Outpatient	COMMUNITY	% of patients offered an appointment within 4 days of screening by a referral coordinator	66.5%	↗	8.0%	6.0%	3.5%	17.0%	5.7%	9.8%	3.1%
Outpatient	COMMUNITY	Criminal Justice Post-Jail Release Access Rate (within 4 days of release)	73.4%	↗	0.0%	4.5%	0.1%	44.0%	28.0%	7.1%	21.7%
Outpatient	QUALITY	Day Treatment: Successful Program completion rate	62.8%	↗	33.3% (2/6)	0.0% (0/3)	33.3% (1/3)	N/A	N/A	N/A	N/A
Outpatient	COMMUNITY	Day Treatment: Average number of days from referral to start of day treatment	8.9 days	↘	55 days (331/6)	8 days (38/5)	11 days (/)	N/A	N/A	N/A	N/A
Outpatient	COMMUNITY	Hospitalization rate of active patients	1.90%	↘	0.93%	0.56%	0.57%	0.52%	1.16%	1.07%	0.77%
Outpatient	COMMUNITY	Same day cancellation and no-show rate	12.5%	↘	20.1%	18.1%	18.1%	24.0%	21.4%	22.5%	21.5%
Outpatient	QUALITY	OWI - 5 Year Recidivism Rate	18.6%	↘	23.5%	9.7%	6.5%	9.5%	18.8%	25.0%	12.5%

## 2020 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Review of Board Policy	Board	Jan-20	Board reviews and approves all Board Policies by December 31	Ongoing. Policies have been dispersed equally and timely throughout the year.	Open												
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The report completion and presentation to the Board is on hold until travel from Boston is permitted.	Pending												
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending												
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	The written evaluation has been completed but the in-person review of the evaluation has not been completed.	Pending												
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open												
Recommend Annual Budget to Counties	Board	Apr-20	Budget recommendation to the Counties by October 1st	The first draft of the Budget is being reviewed the week of August 17th. On target for September Board meeting presentation.	Open												
Develop a Board Recruitment Plan	Governance Committee	Jun-20	Board Recruitment Plan reviewed and approved by the NCCSP Board	The Governance Committee meets on Wednesday August 19th.	Open												
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	The Executive Committee is working on reviewing and proposing new performance standards for 2021. This work will likely continue through October.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	Initial presentation made at June Board meeting. Subsequent Board presentations will continue as the Board works to articulate a Diversity, Equity, and Inclusion strategy for the organization. An internal team is also working on developing supporting structure to these initiatives.	Open												
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	Performed annually at the September NCCSP Board meeting. Governance Committee is reviewing the survey for this year's exercise prior to sending it out to the Board following August's meeting.	Pending												
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Board will review current plan performance and approve the plan for the upcoming year in December.	Pending												
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	Review of the current manual will occur in August with the Governance Committee.	Pending												
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	The Executive Committee is working to prepare the Annual CEO Succession Exercise for the Board's October meeting.	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in November.	Pending												
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Board will review current plan performance and approve the Utilization Review Plan for the upcoming year in December.	Pending												
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Following the Board Self-Evaluation in September, a development plan and calendar for 2021 will be developed for the December Board meeting.	Pending												
Provide Monthly Program and Service Report	Executive Committee	Monthly	CEO provides a monthly Programs and Services report to the Executive Committee	Ongoing.	Open												



# North Central Health Care

Person centered. Outcome focused.

DATE: August 14, 2020  
TO: NCCSP Executive Committee  
FROM: Michael Loy, Chief Executive Officer  
RE: Performance Expectations and Outcomes

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## **PURPOSE**

The Executive Committee is charged with fulfilling the Retained County Authority functions on behalf of each County's respective Board of Supervisors. We are embarking on the fourth iteration of these expectations and outcomes. The performance expectations and outcomes become the basis for performance dashboards and evaluation activities. There are two elements to creating performance expectations:

*Program Standards:* General expectations of performance for each program that are either not easily measurable or the measurement of performance would be administratively burdensome. Program Standards are still of great importance in NCHC's accountability to our County partners when we do not meet these expectations on a consistent basis.

*Outcomes:* Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness.

## **BACKGROUND AND DISCUSSION**

### **Expectations**

The Executive Committee will need to review the current list of Expectations to determine whether expectations should be added, modified, or eliminated.

### **Behavioral Health Services Program Expectations**

All BHS staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. This training will also include building awareness about NCHC's organizational impact on current involvement of the criminal justice and social service systems.

NCHC will seek to obtain a release of information for any individual referred from law enforcement, school districts or social services departments.

### **Program/Function Specific Expectations**

*Crisis & Suicide Prevention Hotline* –All callers to the hotline will be offered face to face evaluation and/or intervention with the expectation to link the caller with services within 72 hours; 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 the State of Wisconsin;
- Offer each patient resource literature during every Crisis assessment; and
- If applicable, provide patients the 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* – Adhere to a policy approved by Corporation Counsels that outlines clear expectations for communication between NCHC and Corporation Counsels, with respect to:

- Probable Cause Hearings, Settlement Agreements, Commitments, etc.;
- Standards for notification of admission to Corporate Counsels;
- Managing admissions to other facilities;
- Managing transition of care to outpatient providers;
- Case management of patients under settlement agreements;
- Managing timelines and requisite paperwork to proactively initiate recommitments; and
- Training requirements 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 will continue to be completed prior to discharge per best practice guidelines.

### **Community Behavioral Health Services Program Expectations**

All staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. This training will also include building awareness about NCHC's organizational impact on current involvement of the criminal justice and social service systems.

NCHC will seek to obtain a release of information for any individual referred from law enforcement, school districts or social services departments.

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.

Enhanced community engagement through ongoing outreach activities to increase knowledge of referral process.

### **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.



## Outcomes

North Central Health Care's organizational and program dashboards are aligned with the Board's End Statement which are categorized in five pillars for performance excellence: *People, Service, Quality, Community, and Financial*. At North Central Health Care (NCHC), excellence means simultaneously achieving high employee engagement, high patient satisfaction, unequalled quality of care, a strong community reputation, and positive net income. The following is an overview of the current state of these pillars of excellence.

### **People**

#### *End Statement:*

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

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

#### *Organizational Dashboard Outcomes:*

PEOPLE	
Vacancy Rate	Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end. YTD calculation: Average of each monthly vacancy rate.
Retention Rate	Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end. YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

#### *Strengths:*

We have long track records on vacancy and retention rates. The ability to establish an effective workforce planning system and operate an effective recruitment programs determines the vacancy rate. Managing vacancy rates also impacts overtime management and employee engagement outcomes.

#### *Opportunities for Improvement:*

Retention rates miss turnover that occurs within the year (people who are hired after January 1, but leave before December 31, are not included in this measure as currently constituted. Retention is an important indicator as we believe tenure drives quality.

### Service

#### *End Statement:*

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

#### *Organizational Dashboard Outcomes:*

SERVICE	
Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score

*Strengths:* “Net Promoter” scores are commonly used and offers a range of benchmarking options. The response encompasses all the elements of an individual’s experience creating shared purpose. The question is transferable to most other survey products.

*Opportunities for Improvement:* We have yet to identify a reliable method for referral source feedback loops with sufficient sample sizes.

## Quality

### *End Statement:*

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

### *Organizational Dashboard Outcomes:*

QUALITY	
Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/Centers for Medicare &amp; Medicaid Services (AHCA/CMS)</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards for both Pine Crest and MVCC.
Zero Harm Patients	Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000
Zero Harm Employee	Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.
Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Hospitalization Length of Stay - NCHC	Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.
Hospitalization Length of Stay - Diversions	Average length of stay for patients on out-of-county placements that have discharged in month of report.

*Strengths:* The Readmission Rates are strong indicators, as are Out of County Placement days. Zero Harm measures have really drove the safety culture we’re busy strengthening.

*Opportunities for Improvement:* The Hospitalization Length of Stay indicators are interesting but not as strong of a quality indicator for continued overall dashboard inclusion. Outliers have a profound impact on this indicator. Nursing Home Star Ratings are not ideal because of the time horizon to improve ratings. Ratings can drop quickly, but it takes years to build them back up. We are recommending that we look at the Quality Start Rating within the Overall Rating System, because that is the most controllable and dynamic indicator of Nursing Home quality. We propose moving to this indicator as opposed to the current total star ranking.

After numerous internal discussions, we feel that the Quality End Statement needs significant revision. It is not aspirational or differentiating if achieved. We propose a complete rewrite that better articulates:

- How culture drives quality and safety
- Quality is safe, effective, person-centered, timely, efficient, equitable, and ethical
- Quality is reliable: predictable, repeatable, dependable
- There are three types of quality measures to consider: structure, process, and outcome
- People expect a quality outcome – different by being focused on life functioning as an outcome

We believe that the organization should move to identify and establish life functioning or quality of life indicators for our programs.

## Community

### *End Statement:*

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

### *Organizational Dashboard Outcomes:*

COMMUNITY	
No Show Rate	Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.
Hospitalization Rate	The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

*Strengths:* There has been cultural and process improvements because of the importance of these two indicators.

*Opportunities for Improvement:* No Show Rate is not really a Community Indicator but could be a Quality Indicator. The Hospitalization Rate has not yet derived any process improvement other than being interesting.

There is an opportunity to examine the each County's Strategic Plans for alignment. Also, the Marathon County Life Report is a document to identify relevant Community indicators for NCHC.

## Financial

### *End Statement:*

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

### *Organizational Dashboard Outcomes:*

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.
Average Cost Per Day	Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.
Net Income	Net earnings after all expenses have been deducted from revenue.

*Strengths:* The Direct Expense/Gross Patient Revenue, Indirect Expense/Direct Revenue, and Net Income indicators are connected to our long-range financial plan and are easily cascaded throughout the organization.

*Opportunities for Improvement:* The Average Cost Per Day does not shed new insights relative to the other measures. In the future, with more advanced time-based activity costing, we can develop a new measure that is more effective at what this indicator was trying to accomplish.

## Other Considerations

Executive Management is proposing the cessation of program dashboard for support programs to ensure alignment to operational success.

Lack of benchmark data.

Retained County Performance Dashboard indicators.

**Recommendation**

TBD

DRAFT