

OFFICIAL NOTICE AND AGENDA of a meeting of the Board or Committee

A meeting of the **North Central Community Services Program Board** will be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room** at **12:00 PM** on **Thursday, December 17th, 2015**.

(In addition to attendance in person at the location described above, Committee 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.)

AGENDA

1. Call to order
 2. Roll Call
 3. Consent Agenda
 - a. November financial statements
 - b. 11/19/15 Finance, Personnel & Property Committee meeting minutes
 - c. 11/19/15 Board meeting minutes
 - d. CEO Report
 4. Chairperson's report: R. Nye
 - a. Action: approve report and minutes of the 12/8/15 Executive Committee meeting
 5. Quality Committee report: L. Scudiere
 - a. Organizational Quality Dashboard
 - b. Process Improvement updates
 6. Financial report: B. Glodowski
 7. Finance, Personnel & Property Committee report: L. Olkowski
 8. Human Services Operations Committee (HSOC) report: J. Robinson
 9. Nursing Home Operations Committee (NHOC) report: J. Burgener
 - a. Action: approve minutes of 11/19/15 NHOC meeting
 10. Update on hospital diversions follow-up
 11. 2016 Operation Plan – G. Bezucha
 12. Update on CEO recruitment – M. Loy
 13. Marathon County Performance Contract – G. Bezucha
 14. Receipt of resignation of Laura Scudiere – R. Nye
 15. Marathon County Task Force Update – J. Burgener
 16. Future agenda items for committee consideration
 17. Adjourn
- If time permits, beginning discussions may take place on future agenda items.
 - Action may be taken on any agenda item.
 - In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Lincoln & Marathon County Clerk Offices

THIS NOTICE POSTED AT:

North Central Health Care
DATE: 12/11/15 TIME: 4:00 PM
By: Debbie Osowski

DATE: 12/11/15 TIME: 4:00 PM
VIA: X FAX X MAIL
BY: D. Osowski

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.



MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: December 11, 2015
RE: Attached Financials

Attached please find a copy of the November Financial Statements for your review. To assist you in your review, the following information is provided:

BALANCE SHEET

The investments have increased due to the addition of another certificate of deposit. Accounts receivable has increased due to some billing delays with the implementation of ICD-10 coding, which was anticipated. This is being caught up in December.

STATEMENT OF REVENUE AND EXPENSES

The month of November shows a gain of \$83,701 compared to the budgeted loss of \$38,136 resulting in a positive variance of \$121,837.

The hospital census averaged 14 per day compared to the target of 13. This average census did decrease compared to the past few months but still exceeds target. The nursing home census averaged 207 per day compared to the target of 213. This is consistent with the prior month. The Medicare census improved again averaging 21 per day. This is still below the target of 26. Some outpatient areas are still catching up with the ICD-10 coding implementation but overall are improving. Overall revenues did exceed budget targets.

Overall expenses were below budget targets which is an improvement over the past several months. Overall salaries were a bit above target for the month while overall benefits were below targets. Some of the additional salaries are related to the additional staffing for the mental health services to the jail and crisis. Contracted services remain high due to contracted staff.

Through November, the organization shows an overall gain of \$406,027 compared to the targeted gain of \$81,994. This is a positive variance of \$324,033.

If you have questions, please feel free to contact me.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
NOVEMBER 2015**

	<u>51.42/.437 PROGRAM</u>	<u>NURSING HOME</u>	<u>TOTAL</u>	<u>TOTAL 30-Nov-14</u>
CURRENT ASSETS:				
CASH AND EQUIVALENTS	4,253,557	44,426	4,297,982	5,451,966
SHORT-TERM INVESTMENTS	9,800,000		9,800,000	7,255,162
CASH FOR APPROVED CAPITAL PURCHASES	1,674,892	351,516	2,026,408	1,544,838
DONATED FUNDS	155,702		155,702	166,544
ACCOUNTS RECEIVABLE:				
PATIENT (NET)	4,102,524	3,878,726	7,981,249	8,211,313
STATE GRANTS	214,101		214,101	231,902
OTHER	329,269		329,269	399,285
APPROPRIATIONS RECEIVABLE	0		0	0
AMOUNTS RECEIVABLE FROM				
THIRD-PARTY REIMBURSEMENT PROGRAMS	462,167	735,921	1,198,088	1,445,543
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>162,575</u>	<u>64,904</u>	<u>227,479</u>	<u>323,418</u>
TOTAL CURRENT ASSETS	<u>21,171,705</u>	<u>5,332,394</u>	<u>26,504,099</u>	<u>25,360,976</u>
CAPITAL ASSETS				
CAPITAL ASSETS	31,144,720	14,755,087	45,899,807	43,277,081
ACCUMULATED DEPRECIATION	<u>(22,872,312)</u>	<u>(10,939,202)</u>	<u>(33,811,514)</u>	<u>(32,151,331)</u>
CAPITAL ASSETS - NET	<u>8,272,408</u>	<u>3,815,885</u>	<u>12,088,293</u>	<u>11,125,750</u>
OTHER ASSETS - DEFERRED CHARGES	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RESTRICTED ASSETS - PATIENT TRUST FUNDS	<u>23,222</u>	<u>35,069</u>	<u>58,291</u>	<u>76,689</u>
TOTAL ASSETS	<u>29,467,335</u>	<u>9,183,348</u>	<u>38,650,682</u>	<u>36,563,414</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
NOVEMBER 2015**

	<u>51.42/.437</u> <u>PROGRAM</u>	<u>NURSING</u> <u>HOME</u>	<u>TOTAL</u>	<u>TOTAL</u> <u>30-Nov-14</u>
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	3,405,018	0	3,405,018	3,002,288
THIRD PARTY PAYABLE	495,214	0	495,214	638,860
APPROPRIATIONS ADVANCES	678,589	0	678,589	609,417
ACCRUED LIABILITIES:				
SALARIES & RETIREMENT	1,074,037	0	1,074,037	1,046,664
PAYROLL TAXES AND WITHHOLDING	155,258	0	155,258	408,969
COMPENSATED ABSENCES	1,529,613	0	1,529,613	1,548,291
OTHER PAYABLES	72,806	0	72,806	29,806
DEFERRED REVENUE - STATE GRANTS	<u>188,655</u>	<u>0</u>	<u>188,655</u>	<u>188,372</u>
TOTAL CURRENT LIABILITIES	<u>7,599,189</u>	<u>0</u>	<u>7,599,189</u>	<u>7,472,667</u>
PATIENT TRUST FUNDS	<u>23,222</u>	<u>35,069</u>	<u>58,291</u>	<u>76,470</u>
NET ASSETS:				
INVESTED IN CAPITAL ASSETS	8,272,408	3,815,885	12,088,293	11,125,750
UNRESTRICTED	12,588,449	5,910,435	18,498,884	17,570,241
OPERATING INCOME(LOSS)	<u>984,068</u>	<u>(578,041)</u>	<u>406,027</u>	<u>318,287</u>
TOTAL NET ASSETS	<u>21,844,925</u>	<u>9,148,279</u>	<u>30,993,204</u>	<u>29,014,278</u>
TOTAL LIABILITIES AND NET ASSETS	<u>29,467,335</u>	<u>9,183,348</u>	<u>38,650,682</u>	<u>36,563,414</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 30, 2015**

TOTAL	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$3,362,752</u>	<u>\$3,397,140</u>	<u>(\$34,388)</u>	<u>\$38,149,672</u>	<u>\$37,968,836</u>	<u>\$180,836</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	3,575,663	3,576,316	(654)
Grant Revenue	229,798	183,990	45,808	2,187,233	2,024,378	162,855
County Appropriations - Net	736,232	730,192	6,040	8,098,557	8,032,113	66,444
Departmental and Other Revenue	<u>189,377</u>	<u>180,658</u>	<u>8,719</u>	<u>1,844,896</u>	<u>1,987,242</u>	<u>(142,345)</u>
Total Other Revenue	<u>1,480,468</u>	<u>1,419,960</u>	<u>60,508</u>	<u>15,706,348</u>	<u>15,620,049</u>	<u>86,299</u>
TOTAL REVENUE	4,843,219	4,817,101	26,119	53,856,020	53,588,885	267,135
EXPENSES						
Direct Expenses	3,604,797	3,455,955	148,842	39,767,153	38,071,634	1,695,519
Indirect Expenses	<u>1,162,729</u>	<u>1,406,782</u>	<u>(244,052)</u>	<u>13,813,863</u>	<u>15,517,757</u>	<u>(1,703,895)</u>
Total Expenses	<u>4,767,526</u>	<u>4,862,736</u>	<u>(95,210)</u>	<u>53,581,015</u>	<u>53,589,391</u>	<u>(8,376)</u>
Operating Income (Loss)	<u>75,693</u>	<u>(45,636)</u>	<u>121,329</u>	<u>275,005</u>	<u>(506)</u>	<u>275,511</u>
Nonoperating Gains (Losses):						
Interest Income	5,685	7,500	(1,815)	70,088	82,500	(12,412)
Donations and Gifts	2,323	0	2,323	45,958	0	45,958
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>14,977</u>	<u>0</u>	<u>14,977</u>
Total Nonoperating Gains / (Losses)	<u>8,008</u>	<u>7,500</u>	<u>508</u>	<u>131,022</u>	<u>82,500</u>	<u>48,522</u>
Operating Income / (Loss)	<u>\$83,701</u>	<u>(\$38,136)</u>	<u>\$121,837</u>	<u>\$406,027</u>	<u>\$81,994</u>	<u>\$324,033</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 30, 2015**

51.42/.437 PROGRAMS	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$1,349,480</u>	<u>\$1,399,399</u>	<u>(\$49,919)</u>	<u>\$15,995,252</u>	<u>\$15,817,917</u>	<u>\$177,335</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	3,575,663	3,576,316	(654)
Grant Revenue	229,798	183,990	45,808	2,187,233	2,024,378	162,855
County Appropriations - Net	594,566	588,525	6,041	6,540,230	6,473,780	66,450
Departmental and Other Revenue	<u>115,439</u>	<u>145,825</u>	<u>(30,386)</u>	<u>1,369,181</u>	<u>1,604,076</u>	<u>(234,895)</u>
Total Other Revenue	<u>1,264,864</u>	<u>1,243,460</u>	<u>21,404</u>	<u>13,672,306</u>	<u>13,678,550</u>	<u>(6,244)</u>
TOTAL REVENUE	2,614,343	2,642,859	(28,515)	29,667,558	29,496,467	171,091
EXPENSES						
Direct Expenses	1,912,307	1,908,734	3,573	21,738,567	20,959,934	778,633
Indirect Expenses	<u>645,814</u>	<u>775,051</u>	<u>(129,236)</u>	<u>7,069,354</u>	<u>8,549,335</u>	<u>(1,479,981)</u>
Total Expenses	<u>2,558,121</u>	<u>2,683,785</u>	<u>(125,664)</u>	<u>28,807,921</u>	<u>29,509,269</u>	<u>(701,348)</u>
Operating Income (Loss)	<u>56,222</u>	<u>(40,927)</u>	<u>97,149</u>	<u>859,637</u>	<u>(12,802)</u>	<u>872,439</u>
Nonoperating Gains (Losses):						
Interest Income	5,685	7,500	(1,815)	70,088	82,500	(12,412)
Donations and Gifts	1,939	0	1,939	39,366	0	39,366
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>14,977</u>	<u>0</u>	<u>14,977</u>
Total Nonoperating Gains / (Losses)	<u>7,624</u>	<u>7,500</u>	<u>124</u>	<u>124,431</u>	<u>82,500</u>	<u>41,931</u>
Operating Income / (Loss)	<u>\$63,847</u>	<u>(\$33,427)</u>	<u>\$97,273</u>	<u>\$984,068</u>	<u>\$69,698</u>	<u>\$914,370</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 30, 2015**

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$2,013,272</u>	<u>\$1,997,741</u>	<u>\$15,531</u>	<u>\$22,154,420</u>	<u>\$22,150,919</u>	<u>\$3,501</u>
OTHER REVENUE						
County Appropriations - Net	141,666	141,667	(1)	1,558,327	1,558,333	(6)
Departmental and Other Revenue	<u>73,938</u>	<u>34,833</u>	<u>39,105</u>	<u>475,715</u>	<u>383,166</u>	<u>92,549</u>
Total Other Revenue	<u>215,604</u>	<u>176,500</u>	<u>39,104</u>	<u>2,034,042</u>	<u>1,941,499</u>	<u>92,543</u>
TOTAL REVENUE	2,228,875	2,174,241	54,635	24,188,462	24,092,418	96,044
EXPENSES						
Direct Expenses	1,692,490	1,547,220	145,270	18,028,586	17,111,700	916,886
Indirect Expenses	<u>516,915</u>	<u>631,731</u>	<u>(114,816)</u>	<u>6,744,508</u>	<u>6,968,422</u>	<u>(223,914)</u>
Total Expenses	<u>2,209,405</u>	<u>2,178,951</u>	<u>30,454</u>	<u>24,773,094</u>	<u>24,080,122</u>	<u>692,972</u>
Operating Income (Loss)	<u>19,470</u>	<u>(4,710)</u>	<u>24,181</u>	<u>(584,632)</u>	<u>12,296</u>	<u>(596,928)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	384	0	384	6,592	0	6,592
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>384</u>	<u>0</u>	<u>384</u>	<u>6,592</u>	<u>0</u>	<u>6,592</u>
Operating Income / (Loss)	<u>\$19,853</u>	<u>(\$4,710)</u>	<u>\$24,564</u>	<u>(\$578,041)</u>	<u>\$12,296</u>	<u>(\$590,337)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS

November 30, 2015

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
River Valley Bank	365 Days	12/27/2015	0.50%	\$500,000
CoVantage Credit Union	365 Days	12/28/2015	0.599%	\$300,000
Abby Bank	365 Days	12/30/2015	0.55%	\$500,000
Abby Bank	183 Days	01/05/2016	0.65%	\$500,000
People's State Bank	365 Days	02/28/2016	0.45%	\$250,000
Abby Bank	365 Days	03/15/2016	0.65%	\$400,000
People's State Bank	365 Days	04/29/2016	0.50%	\$350,000
People's State Bank	365 Days	04/30/2016	0.50%	\$500,000
Abby Bank	365 Days	05/03/2016	0.50%	\$500,000
BMO Harris	395 Days	05/28/2016	0.30%	\$500,000
Abby Bank	365 Days	07/19/2016	0.75%	\$500,000
People's State Bank	365 Days	08/21/2016	0.50%	\$500,000
BMO Harris	395 Days	08/26/2016	0.50%	\$500,000
Abby Bank	365 Days	08/29/2016	0.75%	\$500,000
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000
CoVantage Credit Union	456 Days	09/01/2016	1.00%	\$500,000
People's State Bank	365 Days	10/30/2016	0.55%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
CoVantage Credit Union	578 Days	05/07/2017	1.05%	\$500,000
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,800,000
WEIGHTED AVERAGE	453.42 Days		0.717% INTEREST	

NCHC-DONATED FUNDS

Balance Sheet

As of November 30, 2015

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	5,180.38
Adventure Camp	798.41
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	20,493.96
Community Services - M/H	1,271.09
CSP	-492.15
Fishing Without Boundries	2,663.00
General Donated Funds	70,427.66
Housing - DD Services	1,370.47
Langlade HCC	2,726.33
Legacies by the Lake	
Music in Memory	1,848.25
Legacies by the Lake - Other	4,417.11
Total Legacies by the Lake	6,265.36
Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	13,265.01
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	2,718.39
Outpatient Services - Marathon	101.08
Pool	11,728.31
Prevent Suicide Langlade Co.	1,543.55
Resident Council	111.05
United Way	354.98

Total CHECKING ACCOUNT 155,527.55

Total Checking/Savings 155,527.55

Accounts Receivable

Accounts Receivable 16.00

Total Accounts Receivable 16.00

Total Current Assets 155,543.55

TOTAL ASSETS 155,543.55

LIABILITIES & EQUITY

Equity

Opening Bal Equity 123,523.75

Retained Earnings 59,745.02

Net Income -27,725.22

Total Equity 155,543.55

TOTAL LIABILITIES & EQUITY 155,543.55

North Central Health Care Budget Revenue/Expense Report

Month Ending November 30, 2015

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
TOTAL NET REVENUE	4,843,219	4,817,101	53,856,020	53,588,885	267,135
<u>EXPENSES:</u>					
Salaries and Wages	2,411,838	2,408,771	25,468,850	26,584,477	(1,115,627)
Fringe Benefits	869,336	980,530	9,853,548	10,821,624	(968,076)
Departments Supplies	503,144	432,217	5,858,698	4,747,883	1,110,815
Purchased Services	382,684	273,725	3,715,451	3,051,975	663,477
Utilitites/Maintenance Agreements	263,587	318,644	3,675,709	3,446,086	229,623
Personal Development/Travel	38,929	40,350	393,194	443,850	(50,656)
Other Operating Expenses	125,927	172,988	1,410,255	1,902,872	(492,616)
Insurance	38,870	48,258	463,310	530,842	(67,531)
Depreciation & Amortization	132,276	137,253	1,549,780	1,509,783	39,997
Client Purchased Services	<u>935</u>	<u>50,000</u>	<u>1,192,220</u>	<u>550,000</u>	<u>642,220</u>
TOTAL EXPENSES	4,767,526	4,862,736	53,581,015	53,589,391	(8,376)
EXCESS REVENUE (EXPENSE)	75,693	(45,636)	275,005	(506)	275,511

**North Central Health Care
Write-Off Summary
November 2015**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$28,153	\$161,122	\$21,270
Bad Debt	\$840	\$2,558	\$4,195
<i>Outpatient:</i>			
Administrative Write-Off	\$13,998	\$144,839	\$73,437
Bad Debt	\$1,405	\$3,776	\$19,686
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$4,409	\$40,374	\$16,982
Bad Debt	(\$210)	\$25,310	\$12,760
Ancillary Services:			
Administrative Write-Off	\$6,752	\$62,605	\$14,408
Bad Debt	(\$161)	\$415	\$11,128
Pharmacy:			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$53,312.21	\$408,939.26	\$126,097.00
Total - Bad Debt	\$1,874.92	\$32,058.70	\$47,769.00

**North Central Health Care
2015 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,603	6,500	(103)	88.75%	87.37%
	Hospital	403	403	0	81.25%	81.25%
February	Nursing Home	5,964	6,007	43	88.75%	89.39%
	Hospital	364	446	82	81.25%	99.55%
March	Nursing Home	6,603	6,607	4	88.75%	88.80%
	Hospital	403	439	36	81.25%	88.51%
April	Nursing Home	6,390	6,162	(228)	88.75%	85.58%
	Hospital	390	403	13	81.25%	83.96%
May	Nursing Home	6,603	6,301	(302)	88.75%	84.69%
	Hospital	403	440	37	81.25%	88.71%
June	Nursing Home	6,390	6,115	(275)	88.75%	84.93%
	Hospital	390	420	30	81.25%	87.50%
July	Nursing Home	6,603	6,380	(223)	88.75%	85.75%
	Hospital	403	428	25	81.25%	86.29%
August	Nursing Home	6,603	6,604	1	88.75%	88.76%
	Hospital	403	436	33	81.25%	87.90%
September	Nursing Home	6,390	6,257	(133)	88.75%	86.90%
	Hospital	390	455	65	81.25%	94.79%
October	Nursing Home	6,603	6,415	(188)	88.75%	86.22%
	Hospital	403	497	94	81.25%	100.20%
November	Nursing Home	6,390	6,227	(163)	88.75%	86.49%
	Hospital	390	439	49	81.25%	91.46%
December	Nursing Home Hospital					

**North Central Health Care
Finance Committee-Analysis
Calendar Year: 2015**

	Target	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Days Cash On Hand:														
Invested	70	61	62	62	60	61	62	60	58	53	54	62		61
Operating		48	36	33	47	46	46	40	31	41	43	31		31
Total		109	98	95	107	107	108	100	89	94	97	93		92
Average Daily Census:														
Nursing Home	213	210	215	213	205	203	204	206	213	209	207	207		208
Hospital	13	13	16	14	13	14	14	14	14	15	16	14		14
Days in Accounts Receivable:**	55-60 days	80	79	75	72	71	67	67	66	63	65	66		66
Direct Expense/Gross Patient Revenue**	55%-59%	61%	51%	59%	62%	65%	60%	65%	69%	65%	61%	65%		62%
Write Offs**	.5%-.6%	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%	1.30%	1.90%	2.10%		0.62%
Excess Revenue (Expense):														
Actual		\$10,895	\$590,281	\$28,969	\$107,200	\$287,468	\$550,567	(\$427,189)	(\$385,697)	(\$188,447)	(\$251,721)	\$83,701		\$406,027
Budget		\$56,970	\$117,322	(\$12,015)	\$57,582	(\$82,358)	\$62,582	(\$9,938)	(\$46,385)	(\$687)	(\$22,938)	(\$38,136)		\$81,994
Prior Year-Actual		\$124,183	\$12,296	\$31,615	(\$294,589)	(\$17,820)	\$258,622	(\$46,087)	\$41,912	\$236,191	(\$256,783)	\$228,748		\$318,288

**Dash Board Outcomes

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
FINANCE, PERSONNEL & PROPERTY COMMITTEE
MEETING MINUTES**

November 19, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

X	Ron Nye	X	Jeff Zriny	X	Lee Olkowski
X	Bob Weaver	X	via John Robinson		
			phone		

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Kim Gochanour, Debbie Osowski

The meeting was called to order 11:00 AM, roll call taken, and a quorum noted.

Minutes

Motion/second, Nye/Weaver, to approve the minutes of the 10/29/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- Overall the month of October showed a loss of just under \$252,000.
- Revenue volumes were not too bad; volumes were still down.
- Nursing Home Medicare bounced up to 20 which is a significant improvement from previous months; target is 23 per day.
- Hospital has been averaging 15.
- Overall revenues are above target.
- Overall payer mix was better than targets.
- Expenses have an overage of \$396,000.
 - As noted in prior months, the overage is due to contract and interim salaries in the nursing home.
 - High expenses are also related to state institutes and other organizations such as Trempealeau County.
 - High recruitment expenses in October.
 - Drugs costs related to flu shots.
- There is an overall gain of \$322,000 through October.
- Discussion included:
 - Individuals do not choose rehab care based on potential for long term stays.
 - Individuals may be transitioned to the Legacies program if appropriate for dementia services.
 - Individuals may choose an alternative location for services when we have no private rooms available.
 - Significant amount of expenses relates to providing additional services to jail; no reimbursement mechanism at this point. In 2016 Marathon County has identified \$475,000 in contingency funds for enhanced mental health services for the jail.

- To help track expenses related to these services, a separate 'program' will be identified in 2016 for jail services.
- **Motion**/second, Zriny/Weaver, to approve the October financial statements as presented. Motion carried.

Write-offs

- Slightly higher amount of write-offs in October which relates to the continuing clean up from system conversions.
- Year to date we are at target.
- Impact of ICD-10 may be seen in 3-6 months.

CFO report

- Met with Marathon County to establish a capital policy. Brad Karger will be drafting a document for review. Policy is being developed to provide more clarity on how we designate capital funding from NCHC.
 - Committee felt it would be beneficial to develop a capital policy for each county.
- NetSmart is on site working on making changes/improvements to our billing system i.e. billing directly to Medicaid rather than through a clearinghouse which will improve turnaround for payment and save us \$3,000-4,000/month just in Medicaid billing.
- IT consultant also on site this week and will be making recommendations. It is a priority to have our IT systems running effectively and efficiently. Updates will be provided.
- In preparing for audit, we will work with Wipfli to modify our reporting system to minimize confusion over the term 'intrafund transfer' noted on the balance sheet.
- Marathon County has approved \$45,000 to fund the pool study.
- The cost of enhanced mental health services to the jail in the amount of \$475,000 has not been released to NCHC. Marathon County is waiting for the performance agreement before releasing funds.

NCHC authorized bank signers

- Associated Bank has requested a formalized document of authorized signers.
- Committee felt Associated Bank should be providing a document that would be completed by the Board.

Future agenda items

- Development of a 5-year capital plan.
- Drill down on state institutions including options, expenses, underlying reasons, economic impact of transfers, etc.

Motion/second, Zriny/Weaver, to adjourn the Finance, Personnel & Property Committee meeting at 11:45 a.m. Motion carried.

dka

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES**

November 19, 2015

12:00 p.m.

Lincoln County Administrative
Office Building - Merrill

Present:

X	Jean Burgener	X	Joanne Kelly	EXC	Holly Matucheski
X	Bill Metter	X	Bill Miller	X	Ron Nye
X	Lee Olkowski	EXC	Dr. Eric Penniman	X ^{via}	John Robinson
EXC	Greta Rusch	EXC	Laura Scudiere	EXC ^{phone}	Dr. David Tange
X	Bob Weaver	X	Jeff Zriny		

Also Present: Gary Bezucha, Brenda Glodowski, Kim Gochanour, Michael Loy, Becky Schultz, Randy Scholz, Debbie Osowski

Meeting was called to order at 12:07 p.m.

Consent Agenda

- **Motion**/second, Metter/Kelly, to approve the consent agenda with the following correction: Minutes of 10/29/15 NCCSP meeting should indicate '2016 Budget Presentation (joint with Finance, Personnel & Property Committee)'. Motion carried.

Chairperson's Report

- Nominations for chair were called for three times; no additional nominations were received.
- Nominations for vice chair were called for three times; no additional nominations were received.
- Nominations for secretary/treasurer were called for three times; no additional nominations were received.
- **Motion**/second, Zriny/Metter, to approve the 2016 slate of officers as presented: Jeff Zriny, Chair; Jean Burgener, Vice Chair; Bob Weaver, Secretary/Treasurer. Motion carried.
- Written ballots were submitted resulting in a unanimous vote for the presented slate of officers.
- The following individuals have also expressed interest in being reappointed to another term: Laura Scudiere, Jeff Zriny, David Tange, and Joanne Kelly. Lee Olkowski has indicated he will not accept reappointment.
- **Motion**/second, Olkowski/Burgener, to make the above recommendations for reappointment to the Marathon County Board. Motion carried with one vote in opposition.
- **Motion**/second, Nye/Weaver, to approve the minutes of the 11/10/15 Executive committee meeting. Motion carried.

Quality Committee

- Organizational Quality Dashboard was reviewed.
 - Satisfaction scores are below target range. Action plans for each of these areas were distributed and reviewed.

- **Motion**/second, Kelly/Burgener, to approve the Organizational Quality Dashboard. Motion carried.
- Crisis services process improvement plan was reviewed.

Financial Report

- October showed a loss of just under \$252,000. Loss is due more to expense related items such as salaries and state institutes.
- Revenues are close to targets.
- Year to date shows a gain just over \$322,000.
- **Motion**/second, Weaver/Kelly, to accept the CFO report. Motion carried.

Finance, Personnel & Property Committee report

- Committee met prior to Board meeting and reviewed nursing home expenses. Request made for follow-up statistics for individuals placed outside of the county.
- 5-year capital plan is being developed.
- Discussed changing the data presentation of the nursing home and non-nursing home information in the audit reports.
- IT consultant will review our systems and provide recommendations, from a health care perspective, that will keep us moving forward with the changing payment structures and data collection.
- No action necessary on the funding for the pool study as Marathon County has approved funding.

Human Services Operations Committee report

- Committee has not met due to quorum issues. May need to revisit meeting schedule and/or membership.
- Marathon County has sent out Request for Proposals to identify Marathon County's future Human Services needs and service delivery structure. Final recommendations due by 8/15/16.

Nursing Home Operations Committee

- Catalyst Health will provide assistance on a quarterly basis (approximately 1 day/quarter).
- Catalyst Health had identified 11 focus areas and presented to the committee last month.
- **Motion**/second, Burgener/Metter to approve the report and the minutes of the 10/29/15 meeting. Motion carried.

Update on hospital diversions

- Hospital diversions contribute to cost overruns.
- Expensive to utilize and inconvenient for law enforcement to transport.
- Handouts provided and reviewed.
 - 83% of diversions due to unavailable beds.
 - Admissions from other counties are less than 4%; utilized only when ample empty beds are available and have a payer source.

- Have re-opened ambulatory detox program to help with available beds; looking to increase psychiatry in the community mental health program which should help with available beds on inpatient unit.
- Currently investigating reasons for longer length of stays on inpatient unit.
- It was suggested that we take 'other county admissions' before our own. We have contracts with 22 other counties. In reviewing the 29 admissions from other counties, no diversions were made to accommodate those admissions.
- Considerations: provide a lower level of care, aggressively work to reconfigure our facility to allow for more single rooms.

Strategic discussion on prioritization of resources to serve the most critical needs of the three counties

- A joint meeting of the Marathon County Public Safety and Health & Human Services Committees will be held Dec. 9.
- Several discussions questions were reviewed.
- NCHC Board members met with Marathon County Board, Judges, District Attorney, and Assistance County Administrator which resulted in establishing performance measures.
- Critical staff shortage prevents us from meeting these performance measures. Diverting dollars to criminal justice system takes away from other areas and those who suffer are the people of this community. Getting the staff to meet the needs of the community is priority not that one service is priority over another.

Wisconsin's Task Force on Alzheimer's and Dementia

- Task Force met at NCHC and were notably impressed by the dementia program of NCHC by commenting that this program should be the standard for all nursing homes in the U.S.
- An inspirational presentation was provided by the Legacies by the Lake program and it was suggested the presentation be made to the entire Board.

Closed session

- **Motion/second**, Zriny/Metter, to move into closed session as allowed by Wisc. Stats. 19.85(1)(c) for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercised responsibility. Roll call taken, Yes – 7, No – 1, Robinson indicated not allowed to participate in closed session via phone and disconnected call. Motion carried.
- **Motion/second**, Miller/Olkowski, to return to open session. Motion carried.

Report out and any possible action from closed session

- Discussion regarding retirement and recruitment of CEO utilizing an external search firm.
- **Motion/second**, Olkowski/Burgener, to support the recommendation of utilizing the Witt Kieffer search firm for the CEO recruitment process. Motion carried.

Motion/second, Burgener/Miller, to adjourn the meeting at 2:10 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

CEO Report: December, 2015

Psychiatry Residency Program: The application for the North Central Wisconsin Psychiatry Residency Program operated by the Medical College of Wisconsin has been submitted to the American College of Graduate Medical Education. The final list of partners in the application included: NCHC, Wood County, Portage County, Bridge Community Clinic, Ministry Health (both St Michael's in Stevens Point and St. Mary's in Rhinelander), Potawatomi Health Service, and the Veteran's Administration. We hope to undergo a site visit in early 2016 and still be available for the match in 2016 for 2017.

Leadership Transitions: We are continuing to undergo several leadership transitions in our Behavioral Health Services. Laura Scudiere will start as the new Senior Executive of Human Services Operations on January 4. Sheila Weix, Inpatient Behavioral Health Director left to go to the Marshfield Clinic and we have secured interim leadership for that service while we recruit for that position. Aekta Dassow, Outpatient Services Director has provided notice that she will be leaving in January. We have posted that position already and are hopeful that we will not need to secure interim leadership.

Voyages of Growth: Our Voyages of Growth program completed its third year. Sixty-five of our group home residents (over 75%) were able to participate in the program this year. Once again, these residents were able to experience life-changing opportunities. They traveled to a Civil War reenactment in Greenbush, a dinner show in Coloma, Memphis, Mall of America, and the Grand Canyon. These opportunities are possible because of the support of the NCH Foundation who has voted to once again support this program in 2016. The program organizers were able to keep the costs under the \$50,000 budget by almost \$10,000 by taking on much of the work that had been done by paid travel agents.

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

December 8, 2015

10:30 AM

NCHC – Wausau Campus

PRESENT: Ron Nye, Lee Olkowski, Laura Scudiere

ALSO PRESENT: Jeff Zriny, Jean Burgener, Gary Bezucha, Michael Loy

ABSENT: Bob Weaver

AGENDA:

1. Call to order: The meeting was called to order by Ron Nye at 10:34 AM and a quorum was noted.
2. Minutes of 11/10/15 meeting: Moved for approval by Laura Scudiere, seconded by Lee Olkowski and approved unanimously without changes.
3. CEO Search Update: Michael Loy provided an update of the search process for a new CEO. Initial meetings are scheduled for 12/10/15. Additional provisions have been made to allow input from leadership of each of the three counties.
4. Recommendations for board appointments:
 - a. The following board members whose terms expire at the end of 2015 have requested to be reappointed to another term:
 - i. Joanne Kelly
 - ii. David Tange, MD
 - iii. Jeff Zriny
 - b. The following board members whose terms expire at the end of 2015 will need to be replaced:
 - i. Lee Olkowski
 - ii. Laura Scudiere
 - c. Recommendation was made for replacement of Lee Olkowski and the proposed appointee (Rick Nevers) was forwarded to Brad Karger for action. No response has been received.
5. CEO Report:
 - a. Proposed performance contract between NCHC and Marathon County for provision of mental health services to the criminal justice system was proposed. Recommendation was to place the draft on the agenda for next board meeting.

- b. Joint meeting of Marathon County Public Safety and Health and Human Services Committees scheduled for 12/9/15. Jeff Zriny to make a presentation on NCHC Board response to criminal justice mental health needs of Marathon County.
 - c. Update provided on board member response to committee assignment preferences for 2016. This will be finalized before next week's board meeting.
6. Items to be included on board agenda for 12/17/15 NCHC board meeting:
- a. 2016 Operational plan and dashboard
 - b. Proposed performance contract from Marathon County
 - c. Receipt of resignation of Laura Scudiere from board
 - d. Update on Marathon County Oversight Task Force
 - e. Update on CEO recruitment
7. Adjournment: Moved for adjournment by Lee Olkowski, seconded by Ron Nye and the meeting was adjourned by Ron Nye at 11:35 AM.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2015

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	24.2%	13.8%	9.1%	11.1%	16.1%	18.5%	0.0%	8.3%	20.0%	18.5%	9.7%		13.7%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	11.0%	9.3%	12.7%	7.1%	17.2%	10.7%	12.8%	14.8%	3.8%	11.0%	3.1%		10.5%	10.0%
AODA Relapse Rate	18-21%	40-60%	↓	17.9%	25.0%	26.7%	15.4%	30.0%	20.8%	26.3%	25.8%	4.5%	20.0%	18.2%		21.0%	20.8%
NCHC Adverse Event Rate	3.8-4.0	4.1	↓	3.5	4.1	4.3	4.0	3.8	3.7	4.8	4.5	5.7	5.2	4.5		4.4	4.1
PEOPLE																	
Injury Claims*	50-60	78.95	↓	24	18	24	24	22	20	22	24	25	30	31		31	n/a
Employee Turnover Rate*	20-23%	17%	↓	21.0%	20.2%	18.4%	19.4%	20.3%	22.6%	23.4%	24.6%	24.5%	25.2%	27.2%		27.2%	25.5%
SERVICE																	
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	58-66 Percentile	↑	66th	70th	39th	41st	67th	44th	65th	47th	29th	52nd	54th		52nd	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	N/A	↑	\	68%	\	\	79%	\	\	73%	\	\	90%	\	76%	71%
COMMUNITY																	
Community Employment Rate	15.8-18%	17.8%	↑	27.2%	25.2%	22.9%	24.7%	24.4%	23.6%	26.3%	21.1%	21.8%	23.4%	24.2%		24.2%	n/a
NCHC Access Measure	90-95%	NA	↑	98%	98%	91%	83%	70%	59%	59%	65%	58%	66%	65%		72%	n/a
Recidivism Rate for OWI	27-32%	44.7%	↓	31.4%	26.3%	24.4%	36.6%	23.5%	20.0%	12.8%	39.4%	21.3%	25.0%	25.8%		26.4%	31.30%
FINANCE																	
Direct Expense/Gross Patient Revenue	55-59%	N/A	↓	61%	51%	59%	62%	65%	60%	65%	69%	65%	61%	65%		62%	59.7%
Days in Account Receivable	55-60	54	↓	80	79	75	72	71	67	67	66	63	65	66		66	79
Write-Off Percent of Gross Revenue	.5-.6%	N/A	↓	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%	1.30%	1.90%	2.10%		0.62%	n/a

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

CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assisive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital. <i>Benchark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
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. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
NCHC Adverse Event Rate	Rate of client/patient/resident occurrences that are considered adverse events per 1000 patient days/visits. Adverse events are occurrences with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors. <i>Benchmark: Improvement from 2014 NCHC Rate</i>
PEOPLE	
Injury Claims	The number of employee injuries with associated worker's compensation claims. Monthly figures represent an annualized rate. <i>Benchmark: U.S. Bureau of Labor Statistics, U.S. Department of Labor 2013</i>
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. <i>Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.</i>
SERVICE	
Client/Patient/Resident Satisfaction Percentile Rank	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. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
Community Partner Satisfaction Percent Good/Excellent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
COMMUNITY	
Community Employment Rate	Percent of Community Treatment, Prevocational, and Community Corner Clubhouse clients receiving vocational support/services who are employed. <i>Benchmark: National Alliance on Mental Illness (NAMI)</i>
NCHC Access Measure	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of refferal 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 AODA clients who receive treatment at NCHC that have 2 or more OWI convictions. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit</i>
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. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>
Write-Off percent	Write-offs as a percent of gross revenue

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES**

November 19, 2015

9:30 AM

Lincoln County Administrative Offices - Merrill

Present:	X Jean Burgener X Bill Metter	X Lee Olkowski X John Bandow	via X phone John Robinson X Bill Miller
Also Present:	X Brenda Glodowski X Kim Gochanour	X Gary Bezucha X Debbie Osowski	X Michael Loy

The meeting was called to order at 9:30 a.m.

Minutes

- **Motion**/second, Metter/Bandow, to approve the 10/29/15 minutes of the Nursing Home Operating Committee meeting. Motion carried.

Financial Report

- Nursing Home showed a loss in October of just over \$210,000.
- The census improved slightly over the prior month and is improving again in November with an average census of 209.
- Medicare census improved in October averaging 20; average so far in November is 21.
- Revenues are within range although expenses are still high in October.
- We are about \$772,000 over target on the direct expenses and about \$109,000 under budget with indirect costs.
- Comparing salaries to PPD (per patient per day) we are over about \$400,000. The CNA restructuring cost is included in this figure as well as orientation costs.
 - Committee requested a break out of these costs until they stabilize i.e. productive vs non-productive costs, light duty, contract/consulting costs, training, etc.
- Discussed current budget status and steps to reduce the deficit before end of year:
 - Finances are highly contingent on attracting and retaining patients on Medicare.
 - Medicare revenue is triple that of Medicaid; Medicare census dropped from 30 to 20.
 - Projections provided earlier in the year by Wipfli identified the consequences of not proceeding with the renovation, loss of revenue, payer mix reduction, etc. We are experiencing these consequences.
 - Losing key leadership positions and bringing in quality consultants and contract staff were not budgeted. While we are in regulatory compliance after a great survey we still must provide mandatory education.
 - Must be able to attract the Medicare and other payer options to balance the fact that the County will always be responsible for caring for difficult patients with complex medical conditions that other facilities refuse to care for.
 - Maintaining high Medicare census and Vent Unit is vital.
 - Continue to work with staff and leaders on cost containment.
 - Renovation will attract people but quality of care is the most important factor.
 - Bundling program in 2016 was discussed and the affect it may have on NCHC.

- Report requested to look at what county levy would look like if we did not have income from Medicare.
- In discussions with rehab provider and more clearly defining expectations, reviewing contracts, etc.

Nursing Home Consultant's Update

- Contract with Catalyst Health has ended however there will be a contract for consultation on a quarterly basis in 2016 i.e. 1-2 days per quarter.

Charter

- Charter for the Nursing Home Operations Committee was reviewed.
- The following changes were recommended; updated charter document will be reviewed and considered for approval at the committee meeting next month:
 - Members:
 - Add: Committee members will be Marathon County residents.
 - Add: Committee members will be approved by the Marathon County Board of Supervisors.
 - Add: Non-voting committee members will be encouraged to participate.
 - Terms:
 - Add: Annual appointments
 - Purpose:
 - Revise first sentence as follows: The Nursing Home Operations Committee is appointed by the North Central Community Services Program Board and approved by the Marathon County Board of Supervisors to oversee the operations of the Marathon County nursing home, Mount View Care Center.
- Outcomes will be added to monthly agenda

Regulations

- Discussion regarding:
 - Staying informed on changes in long term care environment.
 - How patients choose MVCC i.e. quality care vs surroundings/building.
 - Being an effective committee.
 - Providing county board representatives with appropriate updates to relay to the county boards.

Future agenda items

- Presentation on dementia care that was provided to the State Task Force on 11/18/15.

Motion/second, Bandow/Metter to adjourn at 10:55 a.m. Motion carried.

dko

2016 Operational Plan

SERVICE EXCELLENCE

Align all employees and supporting human resource systems to overall patient service excellence results with specific leadership focus on the evaluation and development of front-line staff service excellence by:

- 1) Strengthening role clarity and job design.
- 2) Improving employee sourcing and development.
- 3) Enhancing recognition programs.
- 4) Providing the tools and resources for serving patients directly.

Intended outcome: Increased patient satisfaction.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

Continue to develop the availability and diverse expertise of behavioral health services by:

- 1) Providing leadership in the delivery of the Psychiatry Residency program with the Medical College of Wisconsin.
- 2) Sourcing appropriate mental health and substance abuse professionals to meet community needs.
- 3) Strengthening NCHC's comprehensive crisis services care delivery model.
- 4) Advancing practitioner development and competency.
- 5) Continued development of innovative services to address community mental health and substance abuse needs.
- 6) Deploy an internal Accountable Care Organization (ACO) model within the mental health and substance abuse services continuum of care by:
 - a. Enhancing clinical coordination between programs to ensure effective transitions of care.
 - b. Creating individual patient cost and outcome tracking mechanisms.

Intended outcome: Ensure our patients get the right care at the right time by the right professional, while avoiding unnecessary duplication of services and avoiding gaps in care that lead to higher costs and lower outcomes.

ELECTRONIC MEDICAL RECORD INTEROPERABILITY

Heightened focus on electronic medical record (EMR) systems functioning with the following outcomes:

- 1) High clinical satisfaction with the interaction and functioning within EMR applications.
- 2) Staff proficiency is further developed and validated.
- 3) Systems communicate effectively to inform clinical decision-making and patient care coordination.
- 4) Data is interfaced, processed, managed, and easily accessed for evaluation and outcome reporting.
- 5) Ability to exchange data with patients and other healthcare partners.

Intended outcome: Our electronic medical records will be seen as an internal strength where our work now will prepare NCHC for external interoperability with partner health systems in the near term.

OPERATIONAL PLAN – KEY ACTIONS AND RESOURCES

SERVICE EXCELLENCE

Resource Commitments

- Staff Development Coordinator
- Additional resources for employee sourcing
- Customer service training

- 1) Strengthening role clarity and job design.
 - a. Improved employee partnership and patient scores.
 - b. Updated performance management system and leadership accountabilities
- 2) Improving employee sourcing and development.
 - a. Clearly articulated workforce planning strategy with key action plans and deliverables
- 3) Enhancing recognition programs.
 - a. Improved recognition at the program level.
 - b. Service and Operational Excellence Awards.
- 4) Providing the tools and resources for serving patients directly.
 - a. Improved employee partnership and patient satisfaction scores.

BEHAVIORAL HEALTH CENTER OF EXCELLENCE

Resources Commitments

- Resources as indicated through redesign of Crisis and other specific services.

- 1) Providing leadership in the delivery of the Psychiatry Residency program with the Medical College of Wisconsin.
 - a. Achievement of program accreditation
 - b. Participate in successful match process
- 2) Sourcing appropriate mental health and substance abuse professionals to meet community needs.
 - a. Evaluate staffing MODEL
 - b. Develop detailed sourcing strategy
 - c. <10% vacancy rate in mental health staffing
- 3) Strengthening NCHC's comprehensive crisis services care delivery model.
 - a. Update community partner survey and achieve improved partner satisfaction
 - b. Reduction in out of county diversions
 - c. Follow-up service referral process for Crisis
 - d. Crisis services referrals to inpatient will be reduced
- 4) Advancing practitioner development and competency.
 - a. Staff training plan developed and validation outcomes met.
- 5) Continued development of innovative services to address community mental health and substance abuse needs.
 - a. Community partner satisfaction improvement
 - b. Strategic discussion and plan for enhanced customer relationship management-organized outreach
- 6) Deploy an internal Accountable Care Organization (ACO) model within the mental health and substance abuse services continuum of care by:
 - a. Enhancing clinical coordination between programs to ensure effective transitions of care.
 - b. Creating individual patient cost and outcome tracking mechanisms.
 - i. Reduction in inpatient readmissions.

- ii. Develop population health outcome measures.
- iii. Recidivism rates will continue to decline.
- iv. PI team deliverables.
- v. Develop internal behavior health “RUG” system.

ELECTRONIC MEDICAL RECORD INTEROPERABILITY

Resource Commitments

- *Training position specific to EMR and computer applications*
- *Resources necessary to fix the product(s) – Tier and ECS*
- *Evaluate single sign-on technologies*
- *Creation of IT Governance committee*

- 1) High clinical satisfaction with the interaction and functioning within EMR applications.
 - a. We will establish a clinical satisfaction survey process and efficiency targets with system “list” resolution
- 2) Staff proficiency is further developed and validated.
 - a. Training hour targets met and successful competency validation of clinical staff
 - b. Contract provider onboarding process developed
- 3) Systems communicate effectively to inform clinical decision making and patient care coordination.
 - a. An inventory of all paper processes and documentation will be created. Eliminate 75% of identified paper documents that should be integrated into the EMR.
- 4) Data is interfaced, processed, managed and easily accessed for evaluation and outcome reporting.
 - a. Auditing process will be developed with associated performance measures.
- 5) Ability to exchange data with patients and other healthcare partners.
 - a. Clear action plan and successful completion on meaningful use deliverables.

AGREEMENT FOR MENTAL HEALTH SERVICES TO MARATHON COUNTY OFFENDERS

AUTHORITY: This agreement is entered into pursuant to sec. 51.42(5)(a)12, Stats., which requires that the 51.42 Board “[d]etermine, subject to the approval of the . . . county boards of supervisors in counties with a multicounty department of community programs and with the advice of the county community programs director appointed under [sec. 51.42(4), Stats.], whether services are to be provided directly by the county department of community programs or contracted for with other providers and make such contracts . . . [T]he county boards of supervisors in counties with a multicounty department of community programs may elect to require the approval of any such contract by the . . . county boards of supervisors in counties with a multicounty department of community programs.

PURPOSE: The purpose of this agreement is to provide effective treatment to offenders involved in all phases of the Marathon County Criminal Justice System in order to reduce recidivism due to Mental Health or Alcohol or Other Drug Dependence (AODA) issues that result in an unchecked cycle of offenders from Jail to North Central Health Care (NCHC) to private sector care providers back to Jail.

OBJECTIVES/GOALS:

- To extend the period of time between incarceration for offenders.
- No further incarceration for the same or similar crime.
- First time offenders never reoffend.
- Reduce and/or lessen harm to victims and the community
- Reduce the number of offenders who commit crimes due to historical trauma.
- An offender has no further contact with any part of the criminal justice system as a defendant.
- Reduce utilization of medication for behavioral management during incarceration

APPLICATION: This Agreement applies to Offenders, Courts, Prosecutors, Probation and Parole, Sheriff’s Dept., and NCHC

POLICY GUIDELINES:

1. All parties recognize that treatment to an offender population presents more challenges than treatment to voluntary motivated patients. Degree of cooperation with treatment is often dependent on the status of the offender within the Criminal Justice System. Outcome expectations must be tailored to the level of motivation for treatment displayed by each individual offender.
2. Not all offenders require treatment for mental illness or AODA issues. This highlights the absolute need for prompt and effective assessment.
3. It shall be the policy of all partners to craft Release of Information forms that will facilitate the exchange of mental health and AODA records to greatest extent permitted by law.

4. It is understood and agreed that data exchanged during 2016 shall form a baseline for definition of further performance measures during the second year of this agreement.
5. The parties hereto agree that they shall jointly establish "satisfactory levels of services," as that term is used below, no later than 1-1-2017.
- ~~3-6.~~ It is understood that the Reporting Requirements set forth below are to contain only census, demographic or aggregate data for the purpose of understanding the volume of services required and supplied and to help the parties identify and define satisfactory levels of services as well as opportunities for improvement and service gaps. Said reports under this agreement are to contain no personally identifiable health information.

OFFENDER STATUS:

1. Pretrial offenders-are in absolute agreement to avoid further prosecution. There is actual consent by offender to enter voluntary treatment as an alternative to potential penalties
2. Post-disposition offenders
 - a) Plea Agreement-Although entered into by mutual agreement of prosecutor and defendant, there is less motivation to cooperate with treatment. Sanction and revocation are the remedy for failure to cooperate with treatment.
 - b) Contested Sentence-Least amount of motivation for treatment. Possible increased time of incarceration is the consequence for failure to cooperate with treatment.

TERM: January 1, 2016-December 31, 2017.

EFFECT ON CURRENT SERVICES:

It is understood and agreed by the parties that the services provided by NCHC not specifically identified and made subject to this Agreement for Mental Health Services to Marathon County Offenders shall be continued at current levels and that all other agreements between Marathon County and Lincoln and Langlade Counties, NCHC and the North Central; Community Services Board, not specifically modified herein, shall remain in full force and effect. Services defined and supplied pursuant to this agreement shall not supplant other community supports or affect in any manner maintenance of effort with respect to different service groups in the non-offender population.

DEFINITIONS:

1. "Aftercare" means a treatment plan after discharge/release from a service insuring a continuum of care.
2. "Assessment" means a structured process for gathering information to understand the offender's issues, concerns, how and why problems developed and for the foundation for a treatment plan.
3. "Compliant with treatment" means
 - Attends sessions

- Interacts adequately with the therapist
 - Maintains sobriety
 - Cooperates with testing
 - Compliance does not mean disclosure of content of discussion with therapist
4. "Forensic therapy" means both AODA and Mental Health treatment for offenders involved in the Marathon County Criminal Justice System, including:
 - Assessment results
 - Diagnosis
 - Treatment Plan
 - Updated Progress-including timely notification that the subject is not compliant with treatment
 - Discharge Plan
 - Aftercare Plan
 5. "Offender" means a person who has been charged with or convicted of committing a crime.

GENERAL EXPECTATIONS:

For services identified as part of this agreement North Central Health Care will provide the following to Marathon County:

1. Documents that specify the State of Wisconsin's expectations regarding services identified services by NCHC as: North Central Health Care Programs, hereinafter referred to as "identified services," including State Statutes and State of Wisconsin Administrative Code that direct provision of these services.
2. Copies of all contracts and MOUs that North Central Health Care has entered into regarding the identified services executed at any time from January 1, 2016 through December 31, 2017.
3. Copies of North Central Health Care's administrative policies and procedures related to the identified services. Any changes to the administrative policies and procedures must be submitted to Marathon County at least within 310 calendar days before the effective date of the change.
4. Copies of the Community Services Program Board's policies related to the identified services. Any changes in the Community Services Program Board's policies must be submitted to Marathon County at least within 310 calendar days before the effective date of change.
- 4.5. The term: "Changes" includes changes in wording as well as alterations in levels of service or termination of service. NCHC shall distinguish between changes in policy or service made in response to regulatory requirements as opposed to discretionary changes.
- 5.6. Quarterly reports as set forth below to Marathon County Administration due no later than the 30th of the month following the close of each quarter (e.g. April 30th, July 30th, October

~~3015 and January 3015). After the close of the calendar year quarter report the number of dedicated staff to each of the identified services not later than the 15th of month.~~

~~6.7.~~ Report annual cost per unit of service for each identified services no later than March 31st.

SERVICES:

1. Crisis – Specialized assistance with urgent mental health, developmental disability or substance abuse needs to alleviate the crisis
2. Detoxification
 - Medically monitored
 - Ambulatory – an outpatient service for individuals requiring detoxification from drugs and alcohol including assessment, patient observation, monitoring of vital signs, treatment of withdrawal symptoms, substance abuse consultation and referral for ongoing addiction and substance abuse treatment.
3. Psychiatric Services
 - Medication Management – Assessment and evaluation of medications for mental health.
4. Forensic Mental Health Services – Assessment and behavior management planning for offenders during incarceration including assessment of crisis needs, medication management and care planning upon release from the jail. [See Attachment C.](#)
5. Inpatient Treatment – Behavioral health services in an inpatient setting for persons with severe psychiatric and detoxification needs including assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of acute mental health crisis.
6. Residential Treatment – Provides support and structure in a group home setting or other form of community-based residential care for mental illness and addiction issues.
7. Outpatient Treatment
 - Day Treatment – a structured and intensive multi-disciplinary recovery program for individuals who are obtaining substance abuse treatment to aid in recovery including:
 - Group therapy
 - Individual therapy
 - Rational emotive behavioral therapy
 - Cognitive behavioral therapy
 - Substance abuse education (alcohol and other drugs)
 - Co-occurring education
 - 12 step recovery philosophy
 - Music therapy
 - Art therapy
 - Counseling/Mental Health Services/Substance Abuse & Addiction Services - Non-residential services for evaluation, diagnosis, and treatment of mental, emotional, and substance abuse challenges. Including but not limited to:

- Anxiety
 - Depression & Mood Disorders
 - Addiction
 - Schizophrenia
 - Personality Disorders
 - Behavioral Disorders
 - Abuse/Trauma
 - Stress
 - Relationship challenges
 - Grief & loss
 - Major life changes
 - Conflict resolution
- Driving with Care – an evidence based educational and therapeutic program to reduce the frequency of drinking and driving, and break the chemical dependence of offenders who have had four or more OWI convictions or OWI convictions involving serious accident or injury. See Attachment A for specific service delivery requirements and reporting.
8. OWI Assessment – See Attachment B for specific service delivery requirements and reporting.
 9. Comprehensive Community Services – Services for adults with substance abuse, mental health issues or co-occurring disorders including treatment, rehabilitation and support services. Including:
 - a. Assessment
 - b. Recovery planning
 - c. Service coordination
 - d. Communication and interpersonal skills training
 - e. Community skills development and enhancement
 - f. Employment related skill training
 - g. Medication management and assistance
 - h. Physical health assistance and monitoring
 - i. Psycho-education
 - j. Recovery education and illness management
 - k. Counseling
 - l. Groups to aid in skill building and quality of life enhancement
 - m. Peer specialist services, includes counseling
 10. Community Support Program - Services for adults with severe and persistent mental illnesses including support, treatment and rehabilitation. This population includes persons with substance abuse, mental health issues or co-occurring disorders. Includes:
 - a. Initial and in-depth assessments to help determine the best course of treatment for the individual

- b. Recovery planning that integrates vocational training services, psychosocial rehabilitation, psychiatric and psychological counseling, psychotherapy and supportive services
- c. Medication prescription, administration and monitoring
- d. Assistance in managing symptoms.
- e. Daily living, social and recreational skill training.
- f. Health, nutrition and wellness management
- g. Crisis intervention.

AGREEMENT:

NCHC agrees to provide and Marathon County agrees to pay for the foregoing services to offenders. In order to monitor compliance and verify level of services provided, NCHC shall provide quarterly reports as follows:

1. Daily census data for inpatients served, including:
 - a. Number of inpatient beds filled on unit at NCHC
 - b. Number of inpatients held on locked psychiatric units at other facilities
 - c. County of residence of each inpatient
 - d. Number of consecutive days each inpatient has been held
 - e. Insurance status of each inpatient, including
 - 1) MA/Badger Care or other income-based public insurance
 - 2) Medicare
 - a) With supplement
 - b) Without supplement
 - 3) Private Insurance
 - 4) Other Insurance
 - 5) No insurance
 - f. Legal Status of each inpatient
 - g. Number of days since last admission of each inpatient to a locked psychiatric care unit

2. Crisis data, including
 - a. Number of calls/contacts per day
 - b. Source of call/contact, including identification of referral, to the extent permitted by law
 - c. Time of Day of each call/contact
 - ~~b-d.~~ Day of Week of each call /contact
 - ~~e-e.~~ Disposition of each call/contact, including:
 - 1) Whether ~~call~~ resulted in Crisis Team assessment ~~for admission~~
 - 2) Whether ~~call~~ resulted in referral to:
 - a) Emergency Room Services
 - b) Private provider
 - c) Internal NCHC provider

d) Other, specify:

~~d.f.~~ Number of all Crisis Team assessments per day regardless of whether assessment performed by phone or in person:

- 1) Whether assessment resulted in admission
 - a) Voluntary
 - b) Involuntarily
- 2) If assessment did not result in admission, what observable behavior, or other circumstances, was noted by staff as reason to decline admission

3. Number of staff dedicated to each of the SERVICES identified above

4. Number of OWI assessments performed each day

5. Number of inmates served each day, for each inmate state

- a. Whether Release of Information (ROI) has been signed
- b. What SERVICES were/was provided from list 1-10 set forth above
- c. Identity and dosage of each psychotropic medication administered to inmate in jail under supervision of NCHC staff
- d. Supplemental Services provided, not included in list above
- ~~e.e.~~ Additional or Supplemental Services recommended.

6. Number of offenders, other than jail inmates, served each day, for each offender state

- a. Whether ROI has been signed
- b. What SERVICES were/was provided from list 1-10 set forth above
- c. Whether offender was compliant with treatment, including how offender failed to comply pursuant to DEFINITION set forth above.
- d. Supplemental Services provided, not included in list above
- ~~e.e.~~ Additional or Supplemental Services Recommended

Marathon County agrees to provide NCHC with the following information on a quarterly basis as set forth above:

1. Number of offenders referred to NCHC for services
2. Number of jail inmates referred for services, for each inmate
 - a. Time spent on suicide watch (Days/Hours)
 - b. Use of restraints (Hours/Min)
 - c. Time spent in Administrative segregation/seclusion (Days)
3. Number of out-of-county transports of patients to other locked psychiatric care facilities

ENFORCEMENT

1. Marathon County agrees to pay budgeted tax levy in quarterly installments ~~plus an additional \$118,750~~ to NCHC for the provision of satisfactory levels of services set forth above and upon compliance with the above reporting requirements.
2. In the event NCHC fails to act in good faith to jointly establish performance measures for satisfactory levels of services by 1-1-2017, or to provide satisfactory levels of services, once established, set forth above to offenders or fails to comply with reporting requirements, Marathon County may withhold payment
3. Marathon County shall withhold \$1000 from the agreed payment for each out-of-county transport reported quarterly by Marathon County to NCHC pursuant to this agreement, except that the penalty set forth herein shall not apply to transports of juveniles 12 years of age or less to and from Wisconsin State Mental Health Institutes

ADMINISTRATION

Marathon County's contact for this agreement is the County Administrator or his designee. All correspondence should be addressed to:

Brad Karger

County Administrator

Marathon County Courthouse

500 Forest St

Wausau WI 54403

CHANGE ORDERS: The scope of services to be performed under this Agreement may be amended or supplemented by written agreement of the parties.

Non-Appropriation of Funds: Notwithstanding anything contained in this Agreement to the contrary, no event of default shall be deemed to have occurred under this Agreement if adequate funds are not appropriated during a subsequent fiscal period during the term of this contract so as to enable the County to meet its obligations hereunder, and at least thirty (30) days written notice of the non-appropriation is given to North Central Health Care.

Dispute Resolution: If a dispute related to this Agreement arises, all parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the parties, and if all parties agree, it may be submitted to either mediation or arbitration. If the matter

is arbitrated, the procedures of Chapter 788 of the Wisconsin Statutes or any successor statute shall be followed. If the parties cannot agree to either mediation or arbitration, any party may commence an action in any court of competent jurisdiction. If a lawsuit is commenced, the parties agree that the dispute shall be submitted to alternate dispute resolution pursuant to s802.12, Wis. Stats., or any successor statute.

Unless otherwise provided in this contract, the parties shall continue to perform according to the terms and conditions of the contract during the pendency of any litigation or other dispute resolution proceedings

AGREEMENT BETWEEN MARATHON COUNTY and NORTH CENTRAL HEALTH CARE FOR PROVISION OF DRIVING WITH CARE SERVICES

THIS AGREEMENT between North Central Health Care (NCHC), a Wisconsin organization headquartered in Wausau, WI and County of Marathon (hereinafter "County") with its County Seat in Wausau, WI, shall establish the terms and conditions for provision of Driving with Care

I. Terms and Conditions

1. **Provider Status:** The parties agree that NCHC shall be the sole vendor providing Driving with Care programming for the County.
2. **Services Provided:** NCHC will provide the Driving With Care curriculum without deviation. At least one facilitator will be trained in the Driving With Care curriculum per group. NCHC will conduct up to eight (8) cycles consisting of thirty-three (33) two hour sessions over eighteen (18) weeks. At least two (2) of the eight (8) cycles will be begin after 5:00 p.m. to increase access for employed offenders. Each group (cycle) will have a minimum of ten (10) participants per group. NCHC will provide twelve (12) months of aftercare upon successful completion of Driving With Care.
3. **Quality:** NCHC will provide at minimum one (1) certified AODA staff as facilitator for Driving With Care cycle. NCHC will ensure that additional AODA certified staff is available to meet participant/facilitator ratios consistent with NCHC licensure.
4. **Wait List:** NCHC will establish a wait list to ensure a minimum of ten (10) people per group. The wait list cannot exceed six (6) weeks. NCHC must notify the County as to the reason for the wait list and seek a waiver either to the wait list time or minimum number of group participants requirement.
5. **Compliance with NCHC Smoke Free Environment Policy.** Driving with Care participants will comply with NCHC Smoke Free Environment policy. The Driving with Care facilitator will inform all participants of NCHC smoke free policy and indicate that failure to comply with smoke free policy may result in the participant being expelled from the program. Marathon County expects that at the first violation of the smoke free policy the facilitator will immediately address the issue with the participant and inform the participant that any future violations will result in expulsion. The facilitator will document this conversation and send the documentation to the County's Justice Systems Coordinator. Prior to expulsion the facilitator will inform the County's Justice Systems Coordinator of the second infraction and intent to expel the participant for non-compliance with NCHC smoke free policy.
6. **Reporting Requirements:** In addition to the notice specified in Section 4, NCHC must provide the following:
 - a. notice as to when a cycle begins and ends;
 - b. completion rates and reasons for failure to complete;
 - c. track referrals and reason why referral did not enter Driving With Care program;

- d. monthly status report of participant progress; discharge and reason why; and successful completion;
 - e. discharge report to Division of Community Corrections Probation & Parole agent;
 - f. aftercare reporting including number of inactive and why; number successfully completed, number of relapses, and number of new OWI offenses.
7. **Release of Information:** NCHC will obtain appropriate releases of information such that information regarding referral, reasons for non-acceptances or discharge, progress, completion and aftercare results can be shared with the County and Department of Corrections.
 8. **Coordination:** the County's Justice Systems Coordinator (currently Laura Yarie) shall be the program administrator for the County and NCHC shall work efficiently with him/her to address problems which may arise, to jointly plan administrative policies which are needed to clarify expectations and implement this Agreement, and to continuously improve the quality of service provided under this agreement.
 9. **Agreed Upon Charges for Driving With Care:** NCHC and the County have agreed to charges for the period of January 1, 2015 to December 31, 2015, of \$6,765 per cycle (33 sessions per cycle, \$205 per session). NCHC will provide an invoice of the number of sessions conducted on a monthly basis.

II. Expected Outcomes

NCHC will provide Driving With Care services and produce the following results:

1. Wait List will not exceed six (6) weeks for referrals.
2. NCHC will maximize efficiency by having no less than ten (10) participants per group.
3. Successful completion rate for Driving With Care including aftercare of 94%.
4. Less than 10% of participants who successfully complete Driving With Care have a new OWI charge within two (2) years of completion.
5. Maintain fidelity in provision of Driving With Care program.

III. Standard County Contract Language

1. **Change Orders:** The scope of services to be performed under this Agreement is not expected to change. However, should something unexpected occur and/or the County desires an expansion of the services provided, this Agreement may be amended or supplemented by mutual written agreement between the parties to this Agreement.
2. **Gratuities and Kickbacks:** It shall be unethical for any person to offer, give, or agree to give any elected official, employee or former employee, or for any elected official, employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer for employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or a purchase request, influencing the contents of any specification or procurement standard, rendering of advice investigation, auditing, or in any other advisory capacity in any

proceedings or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore.

It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or a higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract, or order.

3. **Insurance Requirements:** NCHC shall not commence work under this contract until all insurance required under this paragraph is obtained, and such insurance has been approved by the County, nor shall NCHC allow any subcontractor to commence work on their subcontract until all similar insurance requirements have been obtained and approved.
 - A. **Worker's Compensation Insurance.** NCHC shall obtain and maintain throughout the duration of this contract statutory Worker's Compensation insurance for all of its employees employed at the site or while working on this project. In case any work is sublet, NCHC shall require the subcontractor similarly to provide statutory Workers' Compensation insurance for all of the latter's employees, unless such employees are covered by the protection afforded by NCHC.
 - B. **General Liability, Professional Liability and Property Damage Insurance.** NCHC shall secure and maintain in force throughout the duration of this contract such General Liability and Professional Liability Insurance as shall protect him/her and any subcontractor performing work covered by this contract from claims for damages for personal injuries including accidental death, as well as from claims for property damage, which may arise from operations under this contract, whether such operations be by NCHC, or by an subcontractor or by anyone directly or indirectly employed by either of them; and the amount of such insurance shall be as follows:
 - Comprehensive General Liability \$1,000,000 per occurrence and in aggregate
 - Professional Liability Coverage, \$1,000,000 per occurrence and in aggregate.
 - Automobile Liability \$1,000,000 per occurrence and in aggregate
 - Excess Liability Coverage, \$1,000,000 over the general liability and automobile liability coverage.
4. **Hold Harmless:** NCHC hereby agrees to release, indemnify, defend, and hold harmless the County, their officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type of nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, resulting from or arising out of the performance of contractor, its officers, officials, employees, agent or assigns. County does not waive, and specifically reserves, it's right to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

5. **Americans with Disabilities Act Compliance:** In connection with the performance of work under this Agreement, NCHC agrees that no qualified individual with a disability, as defined by the Americans with Disabilities Act, shall, by reason of such disability, be excluded from participation and the benefits of services, programs, or activities, including employment, or be subjected to discrimination. NCHC is specifically notified that it is subject to all employment requirements listed under Title I of the Americans with Disabilities Act by virtue of its contract with the County, a public entity. NCHC is specifically notified that it is subject to federal requirements to assure participation and access to public facilities, programs, and activities under Title II of the Americans with Disabilities Act by virtue of its contract with the County, a public entity. These requirements mandate separate or special programs or reasonable modification of existing programs, services, and activities without surcharge to disabled individuals as long as safety is not compromised. NCHC shall provide a similar notice to all its subcontractors.

6. **Dispute Resolution:** If a dispute related to this agreement arises, all parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the parties, and if all parties agree, it may be submitted to either mediation or arbitration. If the matter is arbitrated, the procedures of Chapter 788 of the Wisconsin Statutes or any successor statute shall be followed. If the parties cannot agree to either mediation or arbitration, any party may commence an action in any court of competent jurisdiction. If a lawsuit is commenced, the parties agree that the dispute shall be submitted to alternate dispute resolution pursuant to s802.12, Wis. Stats., or any successor statute.

Unless otherwise provided in this contract, the parties shall continue to perform according to the terms and conditions of the contract during the pendency of any litigation or other dispute resolution proceedings.

The parties further agree that all parties necessary to the resolution of a dispute (as the concept of necessary parties is contained in Chapter 803, Wisconsin Statutes, or its successor chapter) shall be joined in the same litigation or other dispute resolution proceeding. This language relating to dispute resolution shall be included in all contracts pertaining to this project so as to provide the expedient dispute resolution.

7. **Non-Debarment Clause:** NCHC hereby certifies that neither it nor any of its principal officers or officials have ever been suspended or debarred, for any reason whatsoever, from doing business or entering into contractual relationships with any governmental entity. NCHC further agrees and certifies that this clause shall be included in any subcontract of this contract.

8. **Statement of Compliance:** NCHC has carefully reviewed the County's required contract language, pertaining to termination of contract, change orders, gratuities and kickbacks, hold harmless/indemnification, ADA compliance, insurance requirements/proof of insurance, dispute resolutions, and non-debarment, and is in full compliance with all statements and requirements. This contract language is incorporated herein by specific reference as if set forth in full. Any statements set forth in this contract document that conflict with the County's contract language are superseded by the County's required contract language.

9. **Entire Agreement:** This Agreement set forth the entire Agreement between the parties and stands in place of any previous Agreement, whether oral or written.

IN WITNESS WHEREOF this Agreement has been executed by the parties.

North Central Health Care

County

BY: _____

By: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

North Central Commitment to Providing Quality OWI Assessments

Purpose:

The North Central Community Services Program Board has designated North Central Health Care (NCHC) as the intoxicated driver assessment facility. NCHC will ensure services are provided efficiently and effectively, as well as being in compliance with DHS 62. The desired outcomes are: 1.) To implement best practice in determining appropriate treatment and education for offenders. 2.) To increase overall compliance with successful completion of the Driver Safety Plan. 3.) To increase the affordability and access to assessment and treatment. 4.) Reduce jail beds. 5.) Reduce recidivism rates among OWI offenders.

This document has been established to provide clarity of expectations and reporting.

Process:

- NCHC will maintain adequate trained staff to ensure completion of OWI Assessments within designated time frames.
- Pre-trial OWI assessments (criminal offense) will be completed by NCHC within 5 working days from referral.
- Traffic violation assessments will be completed by NCHC within 10 working days of the referral.
- Marathon County or ATTIC, Marathon County's designated case management provider, will notify NCHC of potential clients needing a pre-trial assessment.
- NCHC will develop of process for notification of pre-trial clients needing an OWI assessment.
- NCHC will prioritize scheduling of assessments to schedule pre-trial assessments first.
- Per DHS 62.11 of the WI Administrative Code, a client is required to pay a reasonable fee for an assessment. The client may be allowed to pay the assessment fee in 1, 2, 3 or 4 equal installments before an assessment is conducted. NCHC will provide the option of installment payments prior to the assessment, up to 4 equal payments.
- NCHC may provide an option to help clients who do not have the funds to pay for the assessment.
- NCHC will notify ATTIC if payment has not been made.
- NCHC will notify ATTIC of failure to attend a scheduled OWI assessment
- Establish an audit process

Communication:

- Each organization will designate a staff to be the central communication contact.
- NCHC will provide to Marathon County the number of assessments completed and the average length of time from the time of referral to completion of the assessment based on agreement of process and reporting.
- A committee will meet regularly or as needed, but no less than 4 times per year, to review the process and identify any potential improvements, proposed changes and policies associated with the OWI Assessment Program prior to implementation. The committee will be led by the Marathon County and NCHC contacts. Meeting notes distribution will be determined by committee leads.
- Major policy shifts regarding the OWI assessment process will be discussed by the committee and not be implemented until the Public Safety Committee of County Board has been informed and understands the impact of changes. Committee leads will be responsible for presentation.

Categories:

1st OWI regardless of which court system is a traffic violation and should have "2015TR" in front of their case number. These individuals do not have criminal cases and do not participate in the pre-trial program. They would seek assessment upon conviction. They may or may not have the fee on their fine at conviction depending if they went through County Circuit court or Municipal Court. Municipal courts do not follow the practice of adding the fee on the fine at conviction. Clients should show court paperwork to prove the fee was added on.

2nd-4th OWI's that are misdemeanor criminal offenses would all come through Marathon County Circuit Court as they are criminal. The case numbers for these offenses would start with "2015CM" These individuals are eligible for the pre-trial program and jail reductions. They would be seeking assessment prior to conviction in order to participate. Not all chose to participate and some may seek assessment following conviction, at which point their fee should have been included on their fine. Those waiting until conviction should show court paperwork as proof the fee was added to their fine.

Some 4th offenses (if committed within 5 years of 3rd offense) and all 5th and above offenses are felony crimes. The case numbers for these start with 2015CF. These individuals are not eligible for pretrial and will most likely be seeking assessment following conviction and should have the assessment fee added on to their fine. They should have court paperwork to verify this as well.



Behavioral Health Jail Services

Psychiatrist (approx. 0.2 FTE = 8 hours per week) \$83,000.00

- Telepsychiatrist

Forensic Counselor (1.0 FTE = 40 hours per week)

- Dual licensed (Mental Health & Substance Abuse) with Forensic Counseling specialty designated in Master's Degree Program. Two 0.5 FTE positions to ensure adequate coverage.

- 0.5 FTE
- 0.5 FTE

\$86,000.00
(includes benefits)

Crisis Services Professional (2.0 FTE = 80 hours per week) * This component of the proposed service is being explored to determine the actual need within the jail services – proration to be applied based on actual usage.

- Bachelors level Crisis Professionals \$70,000.00 each (includes benefits) x 2 \$140,000.00
(includes benefits)

ESTIMATED TOTAL

\$309,000.00
ANNUALLY

*Amount will likely be less based on proration of Crisis Services

June 17, 2015

12/7/15

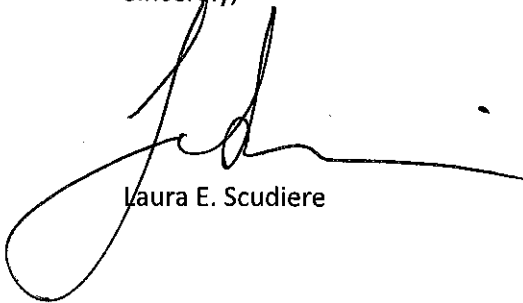
Dear North Central Health Care Board of Directors,

I am announcing my resignation as North Central Health Care Board Member, effective immediately. I have accepted the position of Senior Executive-Human Services Operations at North Central Health Care, and as such, can no longer serve on the Board.

I have truly enjoyed working with the Board and am excited to serve the agency through the role of one of NCHC's passionate staff members.

While there's quite a bit of change occurring for the agency presently, I would encourage the board to keep a singular focus on those who we are trying to serve and for whom North Central is a beacon of hope and support. Thank you for letting me serve the organization through the Board of Directors and I'm looking forward to the days ahead.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Scudiere', with a long horizontal flourish extending to the right.

Laura E. Scudiere