

RETAINED COUNTY AUTHORITY (RCA) COMMITTEE OF LANGLADE, LINCOLN, AND MARATHON COUNTIES

AGENDA

Date & Time of Meeting: **Thursday, January 31, 2019 at 9:00 a.m.**

Meeting Location: Courthouse Assembly Room (B-105), 500 Forest St, Wausau WI 54403

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Marathon County Administration at 715-261-1400, 24 hours prior to the start time of the meeting for further instructions.

Committee Members: Lance Leonhard, Chair (Marathon County), Robin Stowe (Langlade County), Nancy Bergstrom (Lincoln County), Chad Billeb (Marathon County)

- 1. Call the Meeting of the Retained County Authority (RCA) Committee to Order**
- 2. Approval of the December 20, 2018 RCA Minutes**
- 3. Educational Presentations and Committee Discussion**
 - A. Update on Marathon County/NCHC Campus Facility Renovation Planning and next steps
 - B. Update on NCHC legal service evaluation and projected time frame
 - C. CEO Performance Appraisal Process – review of process and time frame
 - D. Update on Langlade County's evaluation of transitional and sober living environments
- 4. Policy Issue Discussion and Possible Committee Action**
 - A. Presentation of 2018 – Primary Dashboard Measure year-end results and discussion regarding 2019 – Primary Dashboard Measure targets
- 5. Next Meeting Time, Location and Agenda Items:**
 - A. Discussion of Future Agenda Items and Meeting Times
 1. North Central Health Care Board meeting on February 28, 2019 at 12:00 p.m.
 - B. Announcements
- 6. Adjournment of the RCA Committee meeting**

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Marathon County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.marathon.co.wi.us one business day before the meeting.

SIGNED /s/ Lance Leonhard _____
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages,
FAXED TO: and Other Media Groups
FAXED BY: _____
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: _____
DATE: _____
TIME: _____

**THE RETAINED COUNTY AUTHORITY (RCA) COMMITTEE OF
LANGLADE, LINCOLN, AND MARATHON COUNTIES
MINUTES**

Thursday, Thursday, December 20, 2018 at 10:00 a.m.

Marathon County Courthouse Assembly Room (B-105), 500 Forest St, Wausau WI 54403

Attendance:	Present	Absent
Nancy Bergstrom	X	
Chad Billeb	X	
Lance Leonhard	X	
Robin Stowe		X

Also Present: Jeffrey Zriny, Michael Loy, Laura Scudiere

1. Call Meeting to Order

The meeting was called to order at 10:05 a.m. by Chair Lance Leonhard.

2. Approval of the October 25, 2018 RCA Minutes

MOTION BY BERGSTROM TO APPROVE THE OCTOBER 25, 2018 RETAINED COUNTY AUTHORITY COMMITTEE MINUTES, SECOND BY BILLEB. MOTION CARRIED. MINUTES APPROVED.

3. Educational Presentations/Outcome Monitoring Reports

A. NCHC CEO update

1. Evaluation of viability of Aging Disability Resource Center of Central Wisconsin providing Adult Protective Services
2. Evaluation of viability of Marathon County Special Education providing Birth to Three services

Discussion

NCHC CEO Michael Loy provides a brief update relative to each of the two program evaluations. Loy provides a handout outlining the projected considerations when evaluating each of the service delivery changes and a draft decision-making framework to be followed.

Follow through:

Updates to be placed on future agendas and each RCA member should loop in their respective "home" committee. RCA Chair is to inform Robin Stowe of this discussion prior to next meeting.

4. Policy Issues Discussion and Possible Action

A. Proposal/Application for Program Creation: North Central Recovery Coaching Collaborative

Discussion:

NCHC Human Services Executive Laura Scudiere explains the nature of the recovery coaching model and the how that model was brought to Central Wisconsin. Scudiere reviews the program application and indicates that NCHC is interested in taking on a collaborative model that provides increased support and clinical oversight to the recovery coaches. Scudiere explains that this program does fit into the continuum of care that NCHC delivers and Loy explains that it has the added benefit of providing another avenue through which NCHC may be able to recruit skilled individuals for clinical positions within the organization.

Loy and Scudiere answer questions from committee members, further clarifying that each is confident that NCHC will be able to secure funding to offset the costs associated with the delivery of the program for at least three years, which would allow NCHC to assess the value and viability of the program.

Action:

Motion to approve the proposal for implementation of the North Central Health Care Recovery Coach Collaborative, contingent upon the approval of the collaborative by the NCCSP Board, by Billeb, second by Bergstrom. Motion carried.

Follow through: None Necessary

B. RCA Performance Expectations and Outcomes Implementation – update on progress and 2019 Target Setting

1. Referral Source Satisfaction Update

Discussion:

Loy reviews the 2018 Primary Dashboard Measure List provided within the packet. Loy explains that he and his team are in the process of setting preliminary 2019 targets and he anticipates coming back to the RCA with 2018 year-to-date results to assist in target setting. Loy addresses questions regarding the delay in getting the referral source satisfaction measure in place in 2018, explaining that NCHC has had to transition to a new vendor for its patient satisfaction data collection and that this has not made implementation of the referral source satisfaction measure feasible. Loy expresses that NCHC is now working with CCITC to develop a mechanism to survey referral sources one or two times per year. Following committee discussion, consensus emerges that a more frequent survey, upon every referral if possible, would be far more valuable; as committee members express concern that infrequent surveying may lead to increased focus on incidents that are highly memorable, as opposed to being indicative of day-to-day interaction.

Action: None

Follow through:

Loy to bring year end results to the next RCA meeting for purposes of setting targets. Loy is encouraged to work with CCITC to develop an incident-based referral survey system for referral sources.

RCA to consider developing a survey system for NCHC staff relative to services delivered by county departments and other non-NCHC partners (i.e., Social Services, law enforcement, corporation counsel).

C. Consideration of the CEO Compensation memorandum from NCHC Board

Discussion:

Leonhard provides committee members a copy of a memorandum that was reviewed by the NCCSP Board on October 25, 2018, explaining that the NCCSP Board forwarded the memorandum to this committee for consideration and potential approval. NCCSP Board Chair Zriny and Leonhard provide a brief explanation of the CEO appraisal process. Board Chair Zriny expresses that the memorandum is structured in a way that is more similar to that which is “standard” within private industry. Committee members briefly discuss the operations of the pay-for-performance compensation policy within Marathon County.

Action:

Acknowledgement of receipt of the memorandum and motion to place the document on file for consideration during the appraisal process by Leonhard, second by Billeb. Motion carried.

Follow through:

Leonhard to work with Board Chair Zriny to initiate CEO evaluation process as required by previously approved timeline.

5. Next Meeting Time, Location, Agenda Items and Reports to the County Board

A. Discussion of Future Agenda Items and Meeting Times: January 31, 2019, at 2:30 p.m.

1. In light of scheduling conflicts amongst committee members, Leonhard to seek input via an online poll for an alternative January meeting date.

6. Adjournment of the RCA Committee Meeting

MOTION BY BILLEB, SECOND BY BERGSTROM, TO ADJOURN THE MEETING. MOTION CARRIED. Meeting adjourned at 11:50 a.m.

Minutes Prepared by
Lance Leonhard on December 26, 2018.

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2019								
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2019 YTD	2018 YTD
PEOPLE																
Vacancy Rate	↓	5 - 7%														
Retention Rate	↑	80 - 82%														
SERVICE																
Patient Experience	↑	Mean Score = 5														
Referral Source Satisfaction	↑	80 - 90% Top Box														
CLINICAL																
Readmission Rate	↓	8 - 10%														
Nursing Home Star Rating	↑	4+ Stars														
Adverse Event Rate	↓	2.9 events per 1000 days														
Total Hospital Days	↓	735 or less per month														
COMMUNITY																
Access Rate	↑	90 - 95%														
FINANCE																
Direct Expense/Gross Patient Revenue	↓	60 - 64%														
Indirect Expense/Direct Expense	↓	36 - 38%														
Net Income	↑	2 - 3%														

↑ Higher rates are positive
 ↓ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS	
PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Annualized number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience	Mean percentage of level 5 responses to the overall satisfaction rating question on the survey.
CLINICAL	
Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health
Nursing Home Star Rating	Star rating as determined by CMS Standards.
Adverse Event Rate	Adverse event rate for all NCHC programs including the Nursing Home and HSO programming
Total Hospital Days	Total days that all patients spend hospitalized for psychiatric stabilization or evaluation either in the inpatient unit or at external diversion sites
COMMUNITY	
Access Rate	<ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> - within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, - within 4 days following discharge for counseling/post-discharge check, and - 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral • Post Acute Care % of eligible referred residents admitted within 48 hours • Long Term Care % of eligible referred residents admitted within 2 weeks
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate		↓	5-7%	9.5%	9.8%
		Retention Rate		↑	78-82%	82.0%	75.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
		Referral Source Experience: % Top Box Rate		↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate		↓	10-12%	9.7%	10.2%
		Psychiatric Hospital Readmission Rate		↓	8-10%	13.0%	12.6%
	Community	Access to Behavioral Health Services		↑	90-95%	88.3%	75%
		No-Show Rate for Community Behavioral Health Services		↓	TBD	7.7%	\
	Finance	Direct Expense/Gross Patient Revenue		↓	60-64%	68.2%	62.0%
		Indirect Expense/Direct Expense		↓	36-38%	35.5%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	ADS/Prevoc - 2018 Employee Engagement Department Target		↑	33.6 - 35.2%	40.9%	28.0%
		Residential - 2018 Employee Engagement Department Target		↑	20.9 - 23.7%	54.2%	\
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
		Community Living Program Employee Vacancy Rate		↑	75-80%	75.0%	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs		↓	17 or less monthly Average	18	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Community based Billable Hours vs Shelter Based by Dec 2018)		↑	50%-60%	43.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,252	\$33,013	\
		Residential Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$272,788	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Aquatic - 2018 Employee Engagement Department Target		↑	52.5 - 55%	80.0%	50%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	% Of Clients Meeting Treatment Goals		↑	89-95%	93.4%	\
	Community	Physical Therapy Access		↑	90-95%	96.4%	97.1%
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$1,055,479	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
BIRTH TO 3	People	Birth to 3 - 2018 Employee Engagement Department Target		↑	34.6 - 36.3%	75.0%	33%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	Total Number of Early Intervention Visits/Month		↑	375 - 400	399	241
	Community	Eligible clients are admitted within 45 days of referral	RCA	↑	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	12.9%	\
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	11.6 days	\
Finance	Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$155,621	\	

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Clubhouse - 2018 Employee Engagement Department Target		↑	90-100%	100.0%	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses		↑	77-82%	70.3%	77.2%
	Clinical	Increase Member Retention		↑	51%-55%	86%	\
	Community	Increase Evening of Jazz Revenue by 10%		↑	\$ 15,758-\$17,000	\$16,878.00	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$202,415	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNITY TREATMENT	People	Community Treatment - 2018 Employee Engagement Department Target		↑	50-52.8%	68.5%	48%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	% of Treatment Plans completed within 30 days of admission	RCA	↑	90-95%	79.5%	84.4%
		% Treatment Plans reviewed every 6 months	RCA	↑	2018 Baseline Year	91.4%	\
		Employment rate of Individual Placement and Support (IPS) clients	RCA	↑	2018 Baseline Year	47.6%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral	RCA	↑	90-95%	36.6% (159/435)	24.0%
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	91 days	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$202,415	\
		Community Tx -Adult Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$155,621	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
CRISIS CBRF	People	CBRF - 2018 Employee Engagement Department Target		↑	82.9 - 86.9%	80.0%	80%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	Patient kept their outpatient appointment, if applicable	RCA	↑	2018 Baseline Year	96.8%	\
		% of clients connected to a PCP within 7 days of admission		↑	2018 Baseline Year	99.1%	\
	Community	% of eligible patients are admitted within 24 hours	RCA	↑	2018 Baseline Year	82.3%	\
Finance	Crisis CBRF Financial Task Force 4 Positive Variance		↑	\$247,354-\$371,301	-\$155,621	\	

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	MMT - 2018 Employee Engagement Department Target		↑	82.9 - 86.9%	100.0%	80%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	MMT Successful completion rate	RCA	↑	2018 Baseline Year	74.5%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge	RCA	↑	2018 Baseline Year	64.7%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$146,730	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Crisis Services - 2018 Employee Engagement Department Target		↑	82.9 - 86.9%	75.0%	79.0%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	RCA	↓	2018 Baseline Year	113 Diversions / 5.6 days ALOS	\
		Youth Crisis: avoid diversions of less than 72 hours	RCA	↓	2018 Baseline Year	21.8%	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	RCA	↑	2018 Baseline Year	74.6%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments	RCA	↑	2018 Baseline Year	1.7 to 1	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	RCA	↑	2018 Baseline Year	1,199 encounters / 300 follow-ups within 24 hours (25%)	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service	RCA	↑	2018 Baseline Year	377 encounters / 147 follow-ups within 72 hours (39%)	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	↑	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy	RCA	↑	2018 Baseline Year	94.1%	\
	Community	Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	RCA	↑	2018 Baseline Year	88.5% (23/26)	\
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$1,055,479	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INPATIENT BEHAVIORAL HEALTH	People	Inpatient - 2018 Employee Engagement Department Target		↑	63.4 - 66.4%	50.0%	40%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	88.6%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	94.6%	\
		Detox: Length since previous admission	RCA	↑	2018 Baseline Year	21.8 Readmissions / 265.9 Days	\
	Clinical	Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge	RCA	↑	2018 Baseline Year	36.7%	\
	Community	Ratio of patient days served at NCHC vs. Out of County placements	RCA	↑	2018 Baseline Year	2.1 to 1	\
Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$202,415	\	

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
OUTPATIENT SERVICES	People	Outpatient - 2018 Employee Engagement Department Target		↑	67.3 - 70.5%	68.8%	65%
	Service	Outpatient Services Patient Experience Percent 9/10 Responses		↑	77-82%	70.3%	77.2%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	88.5%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	97.2%	\
		OWI Recidivism Rate	RCA	↓	27-32%	23.9%	23.6%
	Clinical	Day Treatment: Successful completion rate	RCA	↑	2018 Baseline Year	41.5% (17/41)	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator	RCA	↑	90-95%	97.3%	\
		Hospitalization rate of active patients	RCA	↓	2018 Baseline Year	2.3%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	12.5%	\
		Criminal Justice Post-Jail Release Access Rate	RCA	↑	2018 Baseline Year	95.4%	\
Community	Average number of days from referral to starting day treatment	RCA	↑	2018 Baseline Year	18 days	\	
Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$489,199	\	

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Nursing Home - 2018 Employee Engagement Department Target		↑	45.2 - 47.3%	61.4%	41%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
		Activities - Patient Experience % Top Box		↑	64 -67%	62.5%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate		↑	11 - 13 %	10.7%	12.4%
		Long Term Care Decreased Number of Falls by 10%		↓	36 -38	83	42
		Legacies by the Lake 10% Decreased Number of Falls		↓	275 -280	274	308.0
		Adverse Event Rate / 1000 pt days		↓	12-12.3	13.0	14.3
	Community						
	Finance	Medicare ADC		↑	17	20	\
		Nursing Home Patient Accounts Write-Off - % of gross changes		↓	0.15% - 0.21%	0.26%	\
Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance			↑	\$249,472 -\$374,207	-\$451,091	\	
PAC / LTC Financial Task Force 3 Positive Variance			↑	\$248,903 -\$373,354	-\$875,259	\	
Legacies by the Lake Financial Task Force 5 Positive Variance			↑	\$247,354 - \$371,301	\$272,788	\	

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Housekeeping - 2018 Employee Engagement Department Target		↑	54.07 - 57.3%	56.3%	46%
	Service	Patient Experience: % Top Box Rate		↑	67-70%	70.3%	77.2%
	Clinical	Weekly room checks pass/fail		↑	90-95%	92.9%	86.0%
	Community						
	Finance	Financial Task Force 5 Positive Variance		↑	\$249,472 -\$374,207	\$146,730	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Laundry - 2018 Employee Engagement Department Target		↑	52.5 - 55%	50.0%	50%
	Service	Patient Experience: % Top Box Rate		↑	51-54%	70.3%	77.2%
	Clinical	Personal items missing per month		↓	70-75 per month	34	97
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$489,199	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Nutrition - 2018 Employee Engagement Department Target		↑	52.5 - 55%	58.8%	50%
	Service	Nutritional Services Overall Patient Experience Percent 9/10 Responses		↑	67-70%	70.3%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		↑	90-95%	94.9%	\
	Community						
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$1,055,479	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PHARMACY	People	Pharmacy - 2018 Employee Engagement Department Target		↑	74.5 -78.1%	88.9%	71%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)		↑	95-97%	99.2%	\
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$489,199	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Adult Protective Service - 2018 Employee Engagement Department Target		↑	70 - 73.7%	100.0%	67%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	% Of At Risk Investigations closed within 30 days	RCA	↑	70-80%	65.3% (316/484)	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	↑	75-85%	93.2% (96/103)	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	↓	5% or below	3.5% (17/484)	4%
	Community						
Finance	Finanical Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	\$0	\	

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNICATION & MARKETING	People	Communication and Marketing - 2018 Employee Engagement Department Target		↑	90 - 100%	100.0%	100%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical						
	Community	Increase in social media followers to Facebook and Twitter		↑	50%	70.3%	\
	Finance	Finanical Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$1,055,479	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Health Information - 2018 Employee Engagement Department Target		↑	66- 69.3%	100.0%	63%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)		↑	50-55	58	\
		Scanning Accuracy (25% audit, percent complete without error)		↑	95-98%	97.5%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)		↑	2-4	2.8	\
		Community					
	Finance	Finanical Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$146,730	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Human Resources - 2018 Employee Engagement Department Target		↑	90 - 100%	83.3%	100%
		Vacancy Rate for 2018		↓	5-7%	9.5%	9.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$146,730	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
QUALITY	People	Quality - 2018 Employee Engagement Department Target		↑	70 - 73.7%	100.0%	67%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$489,199	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Volunteer Services - 2018 Employee Engagement Department Target		↑	90-100%	100.0%	100%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical						
	Community	Increase volunteers between the ages of 50-65 over current number of 50		↑	5-10%	10.0%	\
	Finance	Finanical Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$202,415	\

2018 - FINANCIAL DIVISION

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Business Operations - 2018 Employee Engagement Department Target		↑	58.8-61.6%	44.4%	56%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical						
	Community						
	Finance		Financial Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$489,199
		Financial Statements Deadline (9 out of 11 months)		↑	by 8th of month	MET	MET

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD	
DEMAND TRANSPORTATION	People	Demand Transportation - 2018 Employee Engagement Department Target		↑	78.7-82.5%	100.0%	75%	
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%	
	Clinical		Performing at least 2 Special Request duties a day		↑	40- 44 per month	35.2	\
			Number of trips		↑	1000-1100 per month	907.6	\
	Finance		Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$202,415	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Information Services - 2018 Employee Engagement Department Target		↑	66- 69.3%	20.0%	50%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical	Provide 2,400 hours of IMS training		↑	200 hours per month	61.8	\
	Community						
	Finance		Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$155,621

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Patient Accounts and Enrollment - 2018 Employee Engagement Department Target		↑	21-22%	92.3%	20%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	70.3%	77.2%
	Clinical						
	Community						
	Finance		Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$202,415
		Days in Accounts Receivable		↓	30-35 days	32.0	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PURCHASING	People	Purchasing - 2018 Employee Engagement Department Target		↑	58.8-61.6%	44.4%	100%
	Service			↑	77-82%	70.3%	77.2%
			Accurate paperwork from storekeepers		↑	95-97%	96.8%
	Clinical						
	Finance		Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$155,621
		Reduction of Budgeted Supplies and Nursing Supplies		↑	8-15%: \$57,339 - \$107,510	-\$130,211	\

Department	Domain	RCA	Outcome Measure	Area	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
1	NCHC Overall	SERVICE	RCA	Referral Source Experience: % Top Box Rate	↑	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	20/20 - 100.0%	20/20 - 100.0%	17/17 - 100.0%	21/21 - 100.0%	25/25 - 100.0%	25/25 - 100.0%	18/18 - 100.0%	15/15 - 100.0%	20/20 - 100.0%	23/23 - 100.0%	24/24 - 100.0%	21/21 - 100.0%	
4	BIRTH TO 3	COMMUNITY	RCA	Eligible clients are admitted within 45 days of referral	↑	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	N/A	N/A	N/A	N/A	12.6%	11.2%	11.3%	15.0%	12.4%	13.1%	13.8%	14.0%	
4	BIRTH TO 3	COMMUNITY	RCA	Same day cancellation and no-show rate	↔	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	N/A	N/A	N/A	N/A	11.3%	11.3%	15.0%	12.4%	13.1%	13.8%	14.0%		
4	BIRTH TO 3	COMMUNITY	RCA	Average days from referral to initial appointment	↔	2018 Baseline	110	110	130	120	110	120	140	120	100	90	140	100	
						2018 Baseline Year	N/A	N/A	N/A	N/A	11.3%	11.3%	15.0%	12.4%	13.1%	13.8%	14.0%		
6	COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans completed within 30 days of admission	↑	2018 Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
						2018 Baseline Year	N/A	N/A	N/A	N/A	11.3%	11.3%	15.0%	12.4%	13.1%	13.8%	14.0%		
6	COMMUNITY TREATMENT	CLINICAL	RCA	% of Treatment Plans reviewed every 6 months	↑	2018 Baseline	63/68 - 92.6%	49/54 - 90.7%	35/38 - 92.1%	92/94 - 97.9%	110/121 - 91.7%	99/106 - 93.4%	55/63 - 87.3%	80/103 - 85.4%	57/61 - 93.4%	42/44 - 95.5%	82/94 - 87.2%	77/84 - 91.7%	
						2018 Baseline Year	44.0%	42.0%	41.0%	39.0%	35.0%	43.0%	56.0%	54.0%	48.0%	62.0%	55.0%	52.0%	
6	COMMUNITY TREATMENT	CLINICAL	RCA	Employment rate of individual placement and support (IPS) clients	↑	2018 Baseline	44.0%	42.0%	41.0%	39.0%	35.0%	43.0%	56.0%	54.0%	48.0%	62.0%	55.0%	52.0%	
						2018 Baseline Year	44.0%	42.0%	41.0%	39.0%	35.0%	43.0%	56.0%	54.0%	48.0%	62.0%	55.0%	52.0%	
6	COMMUNITY TREATMENT	COMMUNITY	RCA	Eligible CCS and CSP clients are admitted within 60 days of referral	↑	2018 Baseline	90 - 95%	90/40 - 25.0%	7/22 - 31.8%	7/35 - 20.0%	9/42 - 21.4%	8/41 - 19.5%	13/44 - 29.5%	17/33 - 51.5%	12/33 - 36.4%	19/35 - 54.3%	19/25 - 76.0%	16/37 - 43.2%	22/49 - 44.9%
						2018 Baseline Year	N/A	N/A	N/A	N/A	1.8%	3.5%	5.1%	5.4%	3.4%	3.0%	3.4%	3.5%	
6	COMMUNITY TREATMENT	COMMUNITY	RCA	Same day cancellation and no-show rate	↔	2018 Baseline	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
						2018 Baseline Year	N/A	N/A	N/A	N/A	1.8%	3.5%	5.1%	5.4%	3.4%	3.0%	3.4%	3.5%	
6	COMMUNITY TREATMENT	COMMUNITY	RCA	Average days from referral to initial appointment	↔	2018 Baseline	160 days	215 days	111 days	99 days	80 days	101 days	40 days	35 days	93 days	95 days	78 days	35 days	
						2018 Baseline Year	100.0%	100.0%	11/13 - 84.6%	8/9 - 88.9%	3/4 - 75.0%	18/18 - 100.0%	25/25 - 100.0%	10/10 - 100.0%	10/10 - 100.0%	22/22 - 100.0%	23/23 - 100.0%	21/21 - 100.0%	19/19 - 100.0%
7	CERF	CLINICAL	RCA	Patient kept their outpatient appointment, if applicable	↑	2018 Baseline	100.0%	100.0%	11/13 - 84.6%	8/9 - 88.9%	3/4 - 75.0%	18/18 - 100.0%	25/25 - 100.0%	10/10 - 100.0%	10/10 - 100.0%	22/22 - 100.0%	23/23 - 100.0%	21/21 - 100.0%	
						2018 Baseline Year	100.0%	100.0%	11/13 - 84.6%	8/9 - 88.9%	3/4 - 75.0%	18/18 - 100.0%	25/25 - 100.0%	10/10 - 100.0%	10/10 - 100.0%	22/22 - 100.0%	23/23 - 100.0%	21/21 - 100.0%	
7	CERF	COMMUNITY	RCA	% of eligible patients are admitted within 24 hours	↑	2018 Baseline	100.0%	100.0%	100.0%	100.0%	3/7 - 42.9%	18/19 - 94.7%	25/25 - 100.0%	11/11 - 100.0%	13/22 - 59.1%	23/29 - 79.3%	21/29 - 72.4%	21/23 - 91.3%	
						2018 Baseline Year	50.0%	85.7%	72.0%	7/11 - 63.6%	6/10 - 60.0%	8/10 - 80.0%	8/9 - 88.9%	15/22 - 68.2%	16/22 - 72.7%	20/24 - 83.3%	17/20 - 85.0%	17/20 - 85.0%	
8	MMT	CLINICAL	RCA	MMT Successful completion rate	↑	2018 Baseline	50.0%	85.7%	72.0%	7/11 - 63.6%	6/10 - 60.0%	8/10 - 80.0%	8/9 - 88.9%	15/22 - 68.2%	16/22 - 72.7%	20/24 - 83.3%	17/20 - 85.0%	17/20 - 85.0%	
						2018 Baseline Year	50.0%	85.7%	72.0%	7/11 - 63.6%	6/10 - 60.0%	8/10 - 80.0%	8/9 - 88.9%	15/22 - 68.2%	16/22 - 72.7%	20/24 - 83.3%	17/20 - 85.0%	17/20 - 85.0%	
8	MMT	COMMUNITY	RCA	MMT - compliance rate with discharge plan 60 days post-discharge	↑	2018 Baseline	50.0%	85.7%	72.0%	7/11 - 63.6%	6/10 - 60.0%	8/10 - 80.0%	8/9 - 88.9%	15/22 - 68.2%	16/22 - 72.7%	20/24 - 83.3%	17/20 - 85.0%	17/20 - 85.0%	
						2018 Baseline Year	50.0%	85.7%	72.0%	7/11 - 63.6%	6/10 - 60.0%	8/10 - 80.0%	8/9 - 88.9%	15/22 - 68.2%	16/22 - 72.7%	20/24 - 83.3%	17/20 - 85.0%	17/20 - 85.0%	
9	CRISIS SERVICES	CLINICAL	RCA	Court Liaison Linkage & Follow-up: % of settlement agreements and commitments extended	↑	2018 Baseline	78.0%	80.0%	75.0%	89.0%	71.0%	68.0%	85.0%	70.0%	83.0%	57.0%	65.0%	76.5%	
						2018 Baseline Year	1.9 to 1	1.4 to 1	2.0 to 1	1.7 to 1	1.2 to 1	1.4 to 1	1.6 to 1	2.1 to 1	1.7 to 1	1.6 to 1	2.1 to 1	1 to 1.1	
9	CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: Ratio of voluntary to involuntary commitments	↑	2018 Baseline	1.9 to 1	1.4 to 1	2.0 to 1	1.7 to 1	1.2 to 1	1.4 to 1	1.6 to 1	2.1 to 1	1.7 to 1	1.6 to 1	2.1 to 1	1 to 1.1	
						2018 Baseline Year	1.9 to 1	1.4 to 1	2.0 to 1	1.7 to 1	1.2 to 1	1.4 to 1	1.6 to 1	2.1 to 1	1.7 to 1	1.6 to 1	2.1 to 1	1 to 1.1	
9	CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of service	↑	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
9	CRISIS SERVICES	COMMUNITY	RCA	Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	↑	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
9	CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of service	↑	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
9	CRISIS SERVICES	COMMUNITY	RCA	Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	↑	2018 Baseline	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
						2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
9	CRISIS SERVICES	COMMUNITY	RCA	Court Liaison Linkage & Follow-up: Compliance rate with court liaison policy	↑	2018 Baseline	89.0%	98.0%	96.0%	95.0%	97.0%	91.0%	94.0%	91.0%	90.0%	89.0%	99.0%	100.0%	
						2018 Baseline Year	89.0%	98.0%	96.0%	95.0%	97.0%	91.0%	94.0%	91.0%	90.0%	89.0%	99.0%	100.0%	
9	CRISIS SERVICES	COMMUNITY	RCA	Court Liaison Linkage & Follow-up: % of individuals with commitments and settlement agreements entered in CCS or CSP programs for eligible individuals within 60 days of referral	↑	2018 Baseline	N/A	N/A	V1 - 100.0%	2/2 - 100.0%	5/5 - 100.0%	V1 - 100.0%	7/7 - 100.0%	V1 - 100.0%	2/3 - 66.7%	0/0 - N/A	3/4 - 75.0%	V2 - 50.0%	
						2018 Baseline Year	N/A	N/A	V1 - 100.0%	2/2 - 100.0%	5/5 - 100.0%	V1 - 100.0%	7/7 - 100.0%	V1 - 100.0%	2/3 - 66.7%	0/0 - N/A	3/4 - 75.0%	V2 - 50.0%	
9	CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	↑	2018 Baseline	12 Diversions / 33 days ALOS	13 Diversions / 35 days ALOS	17 Diversions / 56 days ALOS	15 Diversions / 79 days ALOS	13 Diversions / 65 days ALOS	15 Diversions / 64 days ALOS	12 Diversions / 65 days ALOS	16 Diversions / 5.8 days ALOS	12 Diversions / 9.5 days ALOS	17 Diversion / 7.1 Days ALOS	18 Diversions / 7.2 Days ALOS	LAG	
						2018 Baseline Year	23.0%	21.0%	23.0%	22.7%	25.0%	N/A	33.0%	26.0%	16.6%	27.2%	22.7%	LAG	
9	CRISIS SERVICES	CLINICAL	RCA	Youth Crisis: avoid diversions of less than 72 hours.	↑	2018 Baseline	23.0%	21.0%	23.0%	22.7%	25.0%	N/A	33.0%	26.0%	16.6%	27.2%	22.7%	LAG	
						2018 Baseline Year	23.0%	21.0%	23.0%	22.7%	25.0%	N/A	33.0%	26.0%	16.6%	27.2%	22.7%	LAG	

10	INPATIENT BHS	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge counseling appointment within 4 days of discharge	↑	90 - 95%	97.0%	93.1%	73.7%	89.5%	94.6%	90.0%	85.3%	77.8%	96.0%	88.9%	82.0%	96.2%
10	INPATIENT BHS	CLINICAL	RCA	% of NCHC Hospital patients with a post discharge psychiatric appointment within 14 days of discharge	↑	90 - 95%	97.6%	100.0%	93.8%	97.2%	71.4%	97.2%	98.1%	92.1%	88.5%	100.0%	98.0%	100.0%
10	INPATIENT BHS	CLINICAL	RCA	Detox: Length since previous admission	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	23 Readmissions / 237.5 Days	27 Readmissions / 250.2 Days	12 Readmissions / 353.7 Days	26 Readmissions / 287.4 Days	18 Readmissions / 293.1 Days	21 Discharge / 248.0 Days
10	INPATIENT BHS	CLINICAL	RCA	DETOX: % of Detox patients admitted to substance abuse programming within 4 days of discharge	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	40 discharge / 13 admitted within 4 days (33%)	30 discharge / 16 admitted within 4 days (53%)	20 Discharge / 8 admitted within 4 days (40%)	30 Discharge / 17 admitted within 4 days (57%)	29 Discharge / 11 admitted within 4 days (88%)	21 Discharge / 11 admitted within 4 days (52%)
10	INPATIENT BHS	COMMUNITY	RCA	Ratio of patient days served at NCHC vs. Out of County placements	↑	2018 Baseline Year	3.0 to 1	2.2 to 1	4.2 to 1	1.9 to 1	2.2 to 1	1.8 to 1	1.4 to 1	1.8 to 1	1.7 to 1	1.5 to 1	1.5 to 1	1.6
11	OUTPATIENT SERVICES	CLINICAL	RCA	% of patients that have a post-discharge psychiatric appointment within 14 days of discharge	↑	90 - 95%	97.9%	100.0%	93.8%	97.8%	71.4%	97.9%	98.1%	92.1%	88.5%	100.0%	98.0%	100.0%
11	OUTPATIENT SERVICES	CLINICAL	RCA	Day Treatment: Successful completion rate	↑	2018 Baseline Year	1/4 - 35.0%	4/6 - 66.7%	2/7 - 28.6%	1/2 - 50.0%	2/4 - 50.0%	3/3 - 100.0%	4/4 - 100%	2/6 - 33.3%	7/12 - 58.3%	3/9 - 33.3%	5/10 - 50.0%	0/4 - 0.0%
11	OUTPATIENT SERVICES	CLINICAL	RCA	OMI Bedchurn Rate	↑	27 - 32%	28.6%	27.6%	20.0%	27.6%	33.3%	18.2%	11.5%	29.4%	34.6%	15.9%	23.3%	18.8%
11	OUTPATIENT SERVICES	CLINICAL	RCA	% of NCHC BHS Hospital patients with counseling post-discharge check with established within 4 days following discharge	↑	90 - 95%	97.0%	91.1%	71.7%	89.2%	94.6%	90.0%	85.1%	77.8%	96.0%	88.9%	82.0%	96.2%
11	OUTPATIENT SERVICES	COMMUNITY	RCA	% of patients offered an appointment within 4 days of screening by a referral coordinator	↑	90 - 95%	97.0%	96.0%	98.0%	99.0%	98.0%	99.0%	97.0%	90.4%	98.0%	96.3%	99.0%	99.4%
11	OUTPATIENT SERVICES	COMMUNITY	RCA	Criminal Justice Post-Jail Release Access Rate	↑	90 - 95%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	91.9%	83.9%	95.2%	97.2%	97.2%	100.0%
11	OUTPATIENT SERVICES	COMMUNITY	RCA	Average number of days from referral to starting day treatment	↑	2018 Baseline Year	TBD	TBD	TBD	TBD	TBD	TBD	5.0 days	10.6 days	20.8 days	6.2 days	19.8 days	47.7 days
11	OUTPATIENT SERVICES	COMMUNITY	RCA	Hospitalization rate of active patients	↑	2018 Baseline Year	2.4%	2.0%	2.8%	2.3%	2.0%	2.3%	2.3%	2.6%	1.6%	2.3%	2.0%	2.0%
11	OUTPATIENT SERVICES	COMMUNITY	RCA	Some day cancellations and no-show rate	↑	2018 Baseline Year	N/A	N/A	N/A	N/A	16.4%	14.0%	15.8%	13.4%	11.2%	9.3%	8.7%	
16	ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% of At Risk Investigations closed within 30 days	↑	70 - 75%	71/13 53.8%	28/43 62.2%	33/46 71.7%	37/53 69.8%	26/36 72.2%	22/30 73.3%	24/30 80.0%	18/22 81.8%	30/48 62.5%	27/43 62.8%	23/45 51.1%	26/53 47.2%
16	ADULT PROTECTIVE SERVICES	CLINICAL	RCA	% of Risk Care Opened within 1 month of closure	↑	5% or below	0/48 - 0.0%	0/35 - 0.0%	3/51 - 5.9%	2/26 - 5.8%	4/49 - 8.2%	1/41 - 2.4%	2/49 - 4.1%	0/46 - 0.0%	0/35 - 0.0%	1/38 - 2.6%	4/50 - 8.0%	0/33 - 0.0%