

OFFICIAL NOTICE AND AGENDA - AMENDED

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

Thursday, June 17, 2021 at 3:00 PM
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

AGENDA

1. **Call to Order**
2. **Public Comment (15 Minutes)**
3. **Approval of the May 20, 2021 Executive Committee Meeting Minutes**
4. **Review of Draft NCCSP Board Agenda for June 24, 2021**
5. **Policy Issues for Discussion and Possible Action**
 - A. Sober Living Program Expansion
 - B. Physician Recruitment Process
6. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. Action: Review of Compensation Provided for Interim CEO
7. **Educational Presentations/Outcome Monitoring Reports**
 - A. CEO Report
 - B. Organizational and Program Dashboards
 - C. May Financials
 - D. Board Work Plan
8. **Consider Motion to Convene in Closed Session**
 - A. Pursuant to Wis. Stat. sec. 19.85(1)(c) “considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility,” sec. 19.85(1)(e) “deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session,” and sec. 19.85(1)(g) “conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved;” to wit, to discuss implementation of Board direction regarding certain personnel and otherwise legal positions and alternatives.
9. **Reconvene in Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If any.**

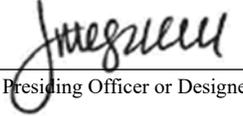
10. **Next Meeting Date & Time, Location, Future Agenda Items**
 - A. Board Agenda for July 29, 2021
 - B. Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board
 - C. Next Meeting: **Thursday, July 15, 2021, at 3:00 p.m.** in the North Central Health Care Board Room

11. **Announcements**

12. **Adjournment**

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.

NOTICE POSTED AT: North Central Health Care
COPY OF NOTICE DISTRIBUTED TO:
Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 06/15/2021 TIME: 2:00 PM BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

May 20, 2021

3:00 PM

NCHC – Wausau Board Room

Present: X Eric Anderson X Kurt Gibbs X Lance Leonhard
X Robin Stowe X Cate Wylie

Others Present: Michael Loy, Jarret Nickel, Dejan Adzic

Call to order

- A. Meeting was called to order at 3:00 p.m. by Chairman Gibbs.

Public Comment

- A. No public comments.

Approval of the April 23, 2021 Executive Committee Meeting Minutes

- A. **Motion**/second, Wylie/Leonhard, to approve the April 23, 2021 Executive Committee Meeting Minutes. Motion carried.

Review of Draft NCCSP Board Agenda for May 27, 2021

- A. May 27, 2021 NCCSP Board Agenda was reviewed.

Policy Issues for Discussion and Possible Action

- A. Recommendation of Board Priorities and Guidelines for 2022 Budget were reviewed.
- Committee agreed that expanding outpatient counseling and Targeted Case Management in each of the counties is a priority due to the high demand for these services.
 - Technology solution in vehicles of law enforcement officials may be challenging in rural areas due to minimal connectivity.
 - Loy will continue to develop proposals for each of these priorities and further discussion and consideration for inclusion in the 2022 budget.

Operational functions Required by Statute, ordinance, or Resolution

- A. Consideration of Program Modification of Day Treatment and Intensive Outpatient Programs in Langlade County
- Due to staffing vacancies and low census the programs have been suspended since September 2019. Referral flow does not match expressed need. Day Treatment services are accessible in Wausau. NCHC will work with the three counties to develop a referral process.
 - **Motion**/second, Leonhard/Wylie, to approve the program modification of Day Treatment and Intensive Outpatient in Langlade County. Motion carried.

- B. Consideration of the Request to Langlade, Lincoln, and Marathon Counties for Funds Available from the American Rescue Plan Act (ARPA)
- A report was included in the meeting packet providing a detailed summary of Covid-19 Relief Funding, Expenses, Lost Revenues, and the total Covid financial impact for 2020.
 - The State has ARPA money which we may be able to get back. WCA is looking at specific clarification for nursing homes and the utilization of ARPA funds across the State.
 - We continue to experience impacts of Covid and will continue to track this information through 2021 and provide an update for each of the counties in an annual report as agreed by the committee.

Educational Presentations/Outcome Monitoring Reports

A. CEO Report - Highlights

- Covid-19 continues to affect our organization. In an effort to minimize closing the nursing home to admissions on the two rehab units due to potential exposures, beginning the week of 5/24 we plan to make an operational change to allow only vaccinated staff to work the two rehab units; also, new admissions must have started the vaccination process. Because we have the ability to close each unit individually, we are requesting the State allow us to close single units rather than the entire building during potential exposure periods.
- CNA Recruitment has been extremely successful based on the Board's approval of the wage increase. There were 52 applications received in the first week, 13 hires and 5 offers pending. In addition, several staff rescinded their resignation. From an average of 20 terminations per month January thru April, there have been just 6 so far in May.
- This week we successfully moved into the Adult Crisis Stabilization facility; the tower is on target for completion in July; and we are targeting an open house in August.
- Governor Evers visited NCHC yesterday holding a press conference in relation to the state budget. During the press conference he announced that NCHC will be receiving a \$5 million grant for behavioral health services. He also toured the new Adult Crisis Stabilization Unit.
- Pending state approval, the Youth Crisis Stabilization is anticipated to open in 4-6 weeks.
- Invitations to the Hope House in Antigo were distributed; R. Stowe noted that Michael Loy and Toni Kellner gave a presentation to the Langlade County Board sharing what the goals are for the 5-year pilot program.
- Lincoln Industries PreVoc community-based program will stay in the community. A local church has graciously offered the use of their property for the program, practically free. The transition will begin this summer. Those needing sheltered work will be transported to Wausau.

B. Organizational and Program Dashboards

- Turnover is trending high, however, so far for May is substantially less.
- Readmission rate is also trending higher but expect it to trend down; mostly related to the Youth Hospital.
- Out of County placements had less than 100 days which we are extremely pleased to see.

C. April Financials

- We continue with census and overtime issues; last month there was a loss of \$350,000 which is lower than previous months. We will wait to see if there is any additional funding over the summer and discuss right sizing the nursing home.

Consider Motion to Convene in Closed Session

Motion by Stowe, Pursuant to Wis. Stat. sec. 19.85(1)(c) “considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility,” sec. 19.85(1)(e) “deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session,” and sec. 19.85(1)(g) “conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved; to wit, to receive, review, and discuss the receipt of independent counsel’s report on the organization and benefits granted certain employees of NCHC including, without limitation, the legal ramifications associated with the provision of benefits. Second by Leonhard. Roll call taken. All indicated Aye. Andy Phillips and Joe Roberts, von Briesen & Roper, S.C. joined the closed session meeting. Motion carried.

Reconvene in Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If Any

- A. **Motion**/second, XXX/XXX, to move into Open session at XXX. Roll call. All ayes. Motion carried.
- B. There were no announcements or actions.

Next Meeting Date & Time, Location, future Agenda Items

- A. Board Agenda for June 24, 2021
- B. Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP board
- C. Next Meeting: Thursday, June 17, 2021, at 3:00 p.m. in the North Central Health Care Board Room

Announcements

- A. None

Adjournment

- A. **Motion**/second, XXX/XXX, to adjourn the meeting at XXX p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

OFFICIAL NOTICE AND AGENDA

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

Thursday, June 24, 2021 at 12:00 pm
Northcentral Technical College, 1000 W Campus Drive, Wausau WI 54401,
Professional Conference Center, Room 1004B

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

Our Mission

Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.

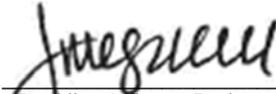
AGENDA

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
4. ELECTIONS
 - A. Election of Officers
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the April 29, 2021 NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the April 23, 2021 and May 20, 2021 Executive Committee Meetings and March 23, 2021 Nursing Home Operations Committee Meeting
 - iii. ACTION: *Motion to Approve the Recommendations of the Medical Executive Committee to reappointment of Brigitte Espinoza Ugaz MD, Ed Krall MD, and appointment of Daniel Hoppe MD, Waqas Yasin MD, and Jessica Dotson MD*
 - iv. Executive Operational Reports
6. BOARD DISCUSSION AND ACTION
 - A. Presentation of the 2020 Audit (30 Minutes) – Kim Heller and Josh Boyle, WIPFLI
 - i. ACTION: *Motion to Accept the 2020 Audit*
 - ii. ACTION: *Motion to Accept the 2020 Fund Balance Statement*
 - B. CEO Report and Board Work Plan (5 Minutes) – J. Meschke

- C. ACTION: *Motion to Accept the Dashboards and Executive Summary (5 Minutes)* – J. Meschke
 - D. ACTION: *Motion to Accept the April and May Financials (5 Minutes)* – J. Meschke
 - E. ACTION: *Motion to Approve City-County Information Technology Commission Intergovernmental Agreement (5 Minutes)* – G. Klein, CCIT Director
 - F. ACTION: *Motion to Approve City-County Information Technology Commission Operating Agreement (5 Minutes)* – G. Klein, CCIT Director
 - G. ACTION: *Motion to Appoint Dr. Chet Strebe to the City-County Information Technology Commission (5 Minutes)* – G. Klein, CCIT Director
 - H. ACTION: *Motion to Approve the Mission, Vision, End Statements (20 Minutes)* – J. Meschke
 - I. ACTION: *Motion to Approve the Strategic Plan (30 Minutes)* – J. Meschke
 - J. ACTION: *Review and Accept the 10-Year Financial Forecast (30 Minutes)* – J. Meschke
 - K. PRESENTATION (2:00 PM): *Market Assessment and Benchmarking Report for Mount View Care Center and Pine Crest Nursing Homes (60 Minutes)* – Michael Peer, CLA
 - L. ACTION: *Motion to Approve the Comprehensive Community Services Contracted Provider Agreements (30 Minutes)* – D. Adzic
 - M. ACTION: *Motion to Recommend 2022 Capital Improvement Budget (10 Minutes)* – J. Meschke
 - N. ACTION: *Motion to Recommend the 2022 Budget Priorities and Guidelines (30 Minutes)* – J. Meschke
- 7. BOARD CALENDAR AND FUTURE AGENDA ITEMS
 - 8. BOARD EXPERIENCE OPTIMIZER
 - 9. ADJOURN

NOTICE POSTED AT: North Central Health Care
COPY OF NOTICE DISTRIBUTED TO:
Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 06/18/2021 TIME: 10:00 AM BY: D. Osowski



Presiding Officer or Designee



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: June 15, 2021
TO: North Central Community Services Program Board Executive Committee
FROM: Jill S. Meschke, Interim Chief Executive Officer
RE: CEO Report – June 2021

The following items are general updates and communications to support the Executive Committee on key activities and/or updates since our last meeting.

COVID-19 Response

As of June 15, we have 12 staff out with symptoms or exposures related to COVID-19. There is currently 1 positive case, and 9 tests pending. We are following CDC guidelines where individuals do not have to quarantine in situations where they have been vaccinated and subsequently exposed to an individual with a known COVID case. There are employees out on leave who did not vaccinate who are still required to quarantine. We continue to require masks of all staff and visitors regardless of their vaccination status.

Currently there are no units at either Mount View or Pine Crest on Enhanced Precautions. Both nursing homes are open for admissions and visitation. Testing will occur next at Mount View on June 28 and June 29 and at Pine Crest July 5 through July 9.

The State did not approve our request to operate our nursing home units as separate and distinct. We would not be able to continue admissions on our rehab units if in outbreak status on another unit, so we will not be proceeding with limiting admissions and staff to only those vaccinated.

CNA Recruitment Efforts

This week NCHC welcomed 36 new hires to orientation. Of these employees, 27 of the positions are related to the wage increases approved by the Board. 20 additional new employees are planned for the June 28 orientation. In speaking with the Director of Nursing at each Mount View and Pine Crest, they are being selective on CNAs offered positions and have a waiting list of interested candidates.

Campus Renovations

The Campus Renovations continue to move forward on schedule. The Nursing Tower is on track for completion July 23. Furniture is anticipated to be in place by the end of August.

There is a high amount of interest by companies looking to bid for the D wing renovation. Demolition is slated to begin June 28. Completion for D Wing is 12 months from start date.

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2021

| PRIMARY OUTCOME GOAL | ↑↓ | TARGET | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | 2021 YTD | 2020 |
|---|----|------------------------|--------|-------|-------|-------|-------|-----|-----|-----|-----|-----|-----|-----|----------|-------|
| PEOPLE | | | | | | | | | | | | | | | | |
| Vacancy Rate | ↘ | 7-9% | 6.1% | 6.1% | 8.6% | 10.1% | 6.9% | | | | | | | | 7.6% | 7.8% |
| Turnover Rate | ↘ | 20-23% (1.7%-1.95%) | 2.8% | 2.4% | 3.3% | 2.9% | 2.1% | | | | | | | | 32.5% | N/A |
| Organization Diversity Composite Index | ↗ | Monitoring | 0.69 | 0.66 | 0.67 | 0.63 | 0.65 | | | | | | | | 0.66 | N/A |
| SERVICE | | | | | | | | | | | | | | | | |
| Patient Experience (Net Promoter Score) | ↗ | 55-61 | 52.2 | 73.8 | 65.6 | 59.6 | 60.4 | | | | | | | | 63.1 | 61.0 |
| QUALITY | | | | | | | | | | | | | | | | |
| Hospital Readmission Rate | ↘ | 10-12% | 10.8% | 14.3% | 14.4% | 14.4% | 9.1% | | | | | | | | 12.6% | 11.8% |
| Nursing Home Readmission Rate | ↘ | 10-12% | 10.5% | 17.8% | 12.8% | 10.3% | 12.5% | | | | | | | | 13.1% | 13.5% |
| Nursing Home Star Rating | ↗ | ★★★★ | ★★★ | ★★★ | ★★★ | ★★★ | ★★★ | | | | | | | | ★★★ | ★★★★ |
| Zero Harm - Patients | ↘ | Monitoring | 0.84 | 1.06 | 0.84 | 0.85 | 1.19 | | | | | | | | 0.96 | 0.74 |
| Zero Harm - Employees | ↘ | Monitoring | 2.26 | 2.97 | 5.94 | 3.08 | 3.18 | | | | | | | | 3.49 | 2.84 |
| COMMUNITY | | | | | | | | | | | | | | | | |
| Out of County Placements | ↘ | 230-250 | 236 | 140 | 169 | 96 | 143 | | | | | | | | 157 | 269 |
| Client Diversity Composite Index | ↗ | Monitoring | 0.31 | 0.46 | 0.47 | 0.45 | 0.43 | | | | | | | | 0.42 | N/A |
| FINANCE | | | | | | | | | | | | | | | | |
| Direct Expense/Gross Patient Revenue | ↘ | 64-67% | 76.8% | 70.2% | 70.0% | 72.0% | 73.8% | | | | | | | | 72.6% | 72.4% |
| Indirect Expense/Direct Expense | ↘ | 44-47% | 41.3% | 34.7% | 38.6% | 36.9% | 37.2% | | | | | | | | 37.7% | 39.0% |
| Net Income | ↗ | 2-3% | -15.7% | 0.1% | -6.9% | -5.1% | -7.6% | | | | | | | | -6.5% | 0.4% |

↗ Higher rates are positive
 ↘ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

| | |
|---------------------------|---|
| Vacancy Rate | Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end. YTD calculation: Average of each monthly vacancy rate. |
| Turnover Rate | The monthly rate is determined by the number of separations divided by the average number of employees multiplied by 100. The YTD is the sum of the monthly percentages. |
| Diversity Composite Index | Monthly calculation: A weighted composite of the diversity of NCHC's workforce, management and Board, relative to the demographics of Marathon County. YTD calculation: Weighted average of each month's Diversity Composite Index rate. |

SERVICE

| | |
|---|--|
| Patient Experience (Net Promoter Score) | Monthly calculation: A weighted average of Net Promoter Score. YTD calculation: Weighted average of each month's Net Promoter Score. |
|---|--|

QUALITY

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|-------------------------------|---|
| Hospital Readmission Rate | Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i> |
| Nursing Home Readmission Rate | Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)</i> |
| Nursing Home Star Rating | Star rating as determined by CMS Standards for both Pine Crest and MVCC. |
| Zero Harm Patients | Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000 |
| Zero Harm Employee | Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD. |

COMMUNITY

| | |
|--|---|
| Out of County Placement | Number of involuntary days that patients spend in out of county placements who have discharged in month of report. |
| Diversity, Equity, and Inclusion Access Equity Gap | Identify number of consumers served and index their demographics against the demographics of service area. An access equity gap will be established based on the variability in matching the community to our service population. |

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. |
| Net Income | Net earnings after all expenses have been deducted from revenue. |

2021 - Primary Dashboard Measure List

↗ Higher rates are positive

↘ Lower rates are positive

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD | 2020 |
|---------------------------|-----------|---|------|-----------------------|---------------|-------------|-------|
| North Central Health Care | People | Vacancy Rate | ↘ | 7-9% | 6.9% | 7.6% | 7.8% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 2.1% | 32.5% | N/A |
| | | Organization Diversity Composite Index | ↗ | Monitoring | 0.65 | 0.66 | N/A |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 60.4 | 63.1 | 61.0 |
| | Quality | Hospital Readmission Rate | ↘ | 10-12% | 9.1% | 12.6% | 11.8% |
| | | Nursing Home Readmission Rate | ↘ | 10-12% | 12.5% | 13.1% | 13.5% |
| | | Nursing Home Star Rating | ↗ | ★★★★ | ★★★ | ★★★ | ★★★ |
| | | Zero Harm - Patients | ↘ | Monitoring | 1.19 | 0.96 | 0.74 |
| | | Zero Harm - Employees | ↘ | Monitoring | 3.18 | 3.49 | 2.84 |
| | Community | Out of County Placements | ↘ | 230-250 | 143 | 157 | 269 |
| | | Client Diversity Composite Index | ↗ | Monitoring | 0.43 | 0.42 | / |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 64-67% | 73.8% | 72.6% | 72.4% |
| | | Indirect Expense/Direct Expense | ↘ | 44-47% | 37.2% | 37.7% | 39.0% |
| Net Income | | ↗ | 2-3% | -7.6% | -6.5% | 0.4% | |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|---------------------------|-----------|---|--------------------------------|-----------------------|-----------------------|-------------|
| Adult Community Treatment | People | Vacancy Rate | ↘ | 7-9% | 6.8% | 5.3% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 2.4% | 22.3% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 50.0* | 64.0 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 0.25 | 0.21 |
| | | % of Treatment Plans Completed within Required Timelines | ↗ | 96-98% | 89.5% (51/57) | 91.9% |
| | | Employment rate of Individual Placement and Support (IPS) Clients | ↗ | 46-50% | 61.4% (43/70) | 52.8% |
| | Community | % of Eligible CCS and CSP Clients Admitted within 60 Days of Referral | ↗ | 60-70% | 31.8% (7/22) | 35.4% |
| | | Average Days from Referral to Initial Appointment | ↘ | 55-60 days | 63.3 days (696/11) | 69.4 days |
| | | Hospitalization Rate of Active Patients | ↘ | Monitoring | 4.59% | 3.67% |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 86.7-90.2% | 77.2% | 73.5% |
| Net Income | | ↗ | \$10,457-\$15,686 Per Month | \$89,608 | \$98,913 | |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|---------------------------------|---------|--|---|------------------------------|-------------------|-------------|
| Adult Crisis Stabilization CBRF | People | Vacancy Rate | ↘ | 5-7% | 6.7% | 1.2% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.0% | 39.7% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 42-47 | 40.0* | 51.2 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 13.39 | 7.46 |
| | | % of Patients who kept their Follow-up Appointment | ↗ | 90-95% | 100.0% (1/1) | 87.1% |
| | | % of Patients Admitted within 24 hours of Referral | ↗ | 90-95% | 100.0% (26/26) | 100.00% |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 30.9-32.2% | 65.9% | 58.3% |
| | | Net Income | ↗ | \$1,747-\$2,620 Per Month | (\$14,986) | (\$11,887) |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|--------------------------------------|-----------|---|--------------------------------|-----------------------|---------------|-------------|
| Adult Inpatient Psychiatric Hospital | People | Vacancy Rate | ↘ | 7-9% | 4.7% | 5.6% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 2.4% | 42.3% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 42-47 | 39.6 | 43.3 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 14.93 | 4.79 |
| | | Hospital Readmission Rate | ↘ | 10-12% | 10.8% | 12.2% |
| | | Average Days for Initial Counseling Appointment Post-Hospital Discharge | ↘ | 8-10 days | 21.6 days | 24.0 days |
| | | Average Days for Initial Psychiatry Appointment Post-Hospital Discharge | ↘ | 8-10 days | 19.3 days | 16.3 days |
| | | Average Days since previous Detox Admission | ↗ | 330-360 days | 353.7 days | 338.8 days |
| | Community | Out of County Placements | ↘ | 150-170 | 127 | 128 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 78.2-81.4% | 129.1% | 94.4% |
| Net Income | | ↗ | \$13,382-\$20,073 Per Month | (\$116,546) | (\$125,663) | |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|------------|---------|---|---|------------------------------|---------------|-------------|
| Aquatic | People | Vacancy Rate | ↘ | 5-7% | 9.1% | 5.3% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 9.5% | 44.7% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 83-87 | 100.0* | 83.6 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 0.00 | 8.70 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 43.8-45.6% | 61.2% | 69.7% |
| | | Net Income | ↗ | \$2,174-\$3,261 Per Month | (\$11,310) | (\$15,122) |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|------------|-----------|---|---|--------------------------|------------------|-------------|
| Clubhouse | People | Vacancy Rate | ↘ | 5-7% | 0.0% | 0.0% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.0% | 0.0% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 86.7* | 87.9 |
| | Quality | Average Attendance Per Work Day | ↗ | 20-25 | 18 | 18 |
| | | % of Members Working 15 or More Hours Per Month | ↗ | 80-85% | 25.8% (17/66) | 16.3% |
| | Community | Active Members Per Month | ↗ | 110-120 | 66 | 97 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 58.6-61.0% | 74.8% | 71.8% |
| | | Net Income | ↗ | \$536-\$804 Per Month | (\$3,282) | (\$2,320) |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|-------------------------------|-----------|--|---|------------------------------|----------------|-------------|
| Crisis and Emergency Services | People | Vacancy Rate | ↘ | 7-9% | 3.8% | 5.8% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.0% | 18.7% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 42-47 | 50.0* | 28.6 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 19.42 | 12.33 |
| | | % of Crisis Assessments with Documented Linkage and Follow-up within 24 hours | ↗ | 70-75% | 63.1% | 59.9% |
| | | Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours | ↘ | 5-10% | 11.1% | 2.2% |
| | Community | Out of County Placements Days | ↘ | 230-250 | 143 | 157 |
| | | Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP within 60 days | ↗ | 80-85% | 50.0% (1/2) | 60.0% |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 167.6-174.4% | 298.0% | 301.0% |
| | | Net Income | ↗ | \$5,370-\$8,055 Per Month | (\$16,310) | (\$12,669) |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|--------------|---------|---|---|------------------------------|---------------|-------------|
| Day Services | People | Vacancy Rate | ↘ | 7-9% | 3.7% | 1.4% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.0% | 17.5% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 100.0* | 95.8 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 0.96 | 0.73 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 89.3-92.9% | 96.2% | 107.0% |
| | | Net Income | ↗ | \$5,103-\$7,654 Per Month | (\$29,794) | (\$54,373) |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|-------------|---------|---|---|------------------------------|---------------|-------------|
| Group Homes | People | Vacancy Rate | ↘ | 7-9% | 10.0% | 5.2% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 3.6% | 50.0% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 100.0* | 66.7 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 1.07 | 1.80 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 66.3-69.0% | 67.2% | 73.2% |
| | | Net Income | ↗ | \$2,939-\$4,408 Per Month | \$40,397 | \$26,531 |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|------------------------|-----------|---|--------------------------------|-----------------------|---------------|-------------|
| Mount View Care Center | People | Vacancy Rate | ↘ | 7-9% | 13.6% | 14.4% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 2.5% | 37.1% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 52.9* | 58.1 |
| | Quality | Nursing Home Readmission Rate | ↘ | 10-12% | 15.4% | 9.1% |
| | | Zero Harm - Residents | ↘ | Monitoring | 3.93 | 2.96 |
| | | Nursing Home Quality Star Rating | ↗ | ★★★★ | ★★★ | ★★★ |
| | Community | Referral Conversion Rate | ↗ | N/A | N/A | N/A |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 55.5-57.7% | 67.6% | 64.1% |
| Net Income | | ↗ | \$30,636-\$45,954 Per Month | (\$282,863) | (\$139,647) | |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|---------------------|-----------|---|---|--------------------------------|---------------|-------------|
| Outpatient Services | People | Vacancy Rate | ↘ | 7-9% | 0.0% | 3.9% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 2.8% | 6.7% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 73.3 | 59.3 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 1.00 | 1.33 |
| | | Average Days for Initial Counseling Appointment Post-Hospital Discharge | ↘ | 8-10 days | 18.7 days | 21.6 days |
| | | Average Days for Initial Psychiatry Appointment Post-Hospital Discharge | ↘ | 8-10 days | 19.0 days | 15.6 days |
| | | Day Treatment Program Completion Rate | ↗ | 40-50% | N/A | N/A |
| | | OWI - 5 Year Recidivism Rate | ↘ | 13-15% | 16.7% | 10.9% |
| | | Same Day Cancellation and No-Show Rate | ↘ | 15-18% | 24.4% | 17.2% |
| | Community | % of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator | ↗ | 20-25% | 14.7% | 16.6% |
| | | Post-Jail Release Access Rate (Within 4 Days of Release) | ↗ | 20-25% | 22.0% | 18.5% |
| | | Average Number of Days from Referral to Start of Day Treatment | ↘ | 16-20 days | N/A | N/A |
| | | Hospitalization Rate of Active Patients | ↘ | Monitoring | 1.16% | 1.08% |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 93.4-97.2% | 111.7% | 124.0% |
| | | Net Income | ↗ | \$12,534-\$18,802 Per Month | \$53,700 | \$786 |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|-------------------------|-----------|---|--------------------------------|-----------------------|---------------|-------------|
| Pine Crest Nursing Home | People | Vacancy Rate | ↘ | 7-9% | 2.5% | 12.8% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.8% | 46.5% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 50.0* | 41.2 |
| | Quality | Zero Harm - Residents | ↘ | Monitoring | 1.40 | 4.01 |
| | | Nursing Home Readmission Rate | ↘ | 10-12% | 9.1% | 17.2% |
| | | Nursing Home Quality Star Rating | ↗ | ★★★★ | ★★★ | ★★★ |
| | Community | Referral Conversion Rate | ↗ | N/A | N/A | N/A |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 57.0-59.3% | 63.3% | 63.5% |
| Net Income | | ↗ | \$20,559-\$30,839 Per Month | (\$149,246) | (\$155,802) | |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|--------------------------|---------|--------------------------------------|---|--------------------------|---------------|-------------|
| Riverview Terrace (RCAC) | People | Vacancy Rate | ↘ | 7-9% | 14.3% | 4.9% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 16.7% | 40.8% |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 0.00 | 0.00 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | N/A | 0.0% | 0.0% |
| | | Net Income | ↗ | \$582-\$873 Per Month | \$4,844 | \$6,503 |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|----------------------|---------|---|---|------------------------------|---------------|-------------|
| Supported Apartments | People | Vacancy Rate | ↘ | 7-9% | 10.0% | 7.9% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.0% | 12.3% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 100.0* | 81.8 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 1.28 | 0.89 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 38.5-41.0% | 40.8% | 42.2% |
| | | Net Income | ↗ | \$3,364-\$5,046 Per Month | (\$12,589) | (\$35,041) |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|---------------------------|-----------|---|---|--------------------------------|----------------------|-------------|
| Youth Community Treatment | People | Vacancy Rate | ↘ | 7-9% | 5.3% | 3.2% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 0.0% | 22.9% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 55-61 | 100.0* | 93.3 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 0.08 | 0.07 |
| | | % of Treatment Plans Completed within Required Timelines | ↗ | 96-98% | 96.9% (31/32) | 96.3% |
| | | % of Eligible CCS and CSP Clients Admitted within 60 Days of Referral | ↗ | 60-70% | 0.0% (0/7) | 43.1% |
| | Community | Average Days from Referral to Initial Appointment | ↘ | 55-60 days | 81.4 days (407/5) | 101.1 days |
| | | Hospitalization Rate of Active Patients | ↘ | Monitoring | 0.00% | 0.16% |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 77.2-80.4% | 71.4% | 69.3% |
| | | Net Income | ↗ | \$14,139-\$21,208 Per Month | \$68,851 | \$102,754 |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|-------------------------------------|---------|---|---|------------------------------|---------------|-------------|
| Youth Crisis Stabilization Facility | People | Vacancy Rate | ↘ | 5-7% | N/A | N/A |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | N/A | N/A |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 42-47 | N/A | N/A |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | N/A | N/A |
| | | % of Patients who kept their Follow-up Outpatient Appointment | ↗ | 90-95% | N/A | N/A |
| | | % of Patients Admitted within 24 hours of Referral | ↗ | 90-95% | N/A | N/A |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 127-130% | N/A | N/A |
| | | Net Income | ↗ | \$1,692-\$2,538 Per Month | N/A | N/A |

| Department | Domain | Outcome Measure | ↕ | Target Level | Current Month | Current YTD |
|----------------------------|-----------|---|---|------------------------------|---------------|-------------|
| Youth Psychiatric Hospital | People | Vacancy Rate | ↘ | 7-9% | 10.0% | 2.9% |
| | | Turnover Rate | ↘ | 20-23% (1.7%-1.9%) | 5.4% | 37.0% |
| | Service | Patient Experience (Net Promoter Score) | ↗ | 42-47 | / | 75.0 |
| | Quality | Zero Harm - Patients | ↘ | Monitoring | 8.20 | 9.98 |
| | | Hospital Readmission Rate | ↘ | 10-12% | 4.0% | 13.9% |
| | | Average Days for Initial Counseling Appointment Post-Hospital Discharge | ↘ | 8-10 days | 15.7 days | 15.8 days |
| | | Average Days for Initial Psychiatry Appointment Post-Hospital Discharge | ↘ | 8-10 days | 17.5 days | 12.6 days |
| | Community | Out of County Placements | ↘ | 50-60 | 16 | 29 |
| | Finance | Direct Expense/Gross Patient Revenue | ↘ | 61.8-64.4% | 97.6% | 81.8% |
| | | Net Income | ↗ | \$4,973-\$7,459 Per Month | (\$104,662) | (\$64,980) |

North Central Health Care
Income Statement
For the Period Ending May 31, 2021

| | <u>MTD Actual</u> | <u>MTD Budget</u> | <u>\$ Variance</u> | <u>% Variance</u> | <u>YTD Actual</u> | <u>YTD Budget</u> | <u>\$ Variance</u> | <u>% Variance</u> |
|--------------------------------------|-------------------|-------------------|--------------------|-------------------|-------------------|-------------------|--------------------|-------------------|
| Direct Revenues | | | | | | | | |
| Patient Gross Revenues | 7,038,786 | 8,428,699 | (1,389,913) | -16.5% | 35,312,903 | 41,324,814 | (6,011,912) | -14.5% |
| Patient Contractual Adjustments | (2,565,678) | (2,954,503) | 388,825 | -13.2% | (12,565,333) | (14,502,757) | 1,937,423 | -13.4% |
| Net Patient Revenue | 4,473,108 | 5,474,196 | (1,001,088) | -18.3% | 22,747,569 | 26,822,058 | (4,074,488) | -15.2% |
| County Revenue | 427,764 | 427,764 | - | 0.0% | 2,138,821 | 2,138,821 | - | 0.0% |
| Contracted Service Revenue | 115,418 | 102,490 | 12,927 | 12.6% | 531,311 | 515,376 | 15,935 | 3.1% |
| Grant Revenues and Contractuals | 360,732 | 334,369 | 26,363 | 7.9% | 1,478,875 | 1,668,910 | (190,035) | -11.4% |
| Appropriations | 502,687 | 502,687 | - | 0.0% | 2,513,435 | 2,513,435 | - | 0.0% |
| COVID-19 Relief Funding | - | - | - | 0.0% | 26,750 | - | 26,750 | 0.0% |
| Other Revenue | 499,289 | 552,481 | (53,192) | -9.6% | 2,553,728 | 2,763,907 | (210,180) | -7.6% |
| Total Direct Revenue | 6,378,998 | 7,393,988 | (1,014,989) | -13.7% | 31,990,488 | 36,422,506 | (4,432,018) | -12.2% |
| Indirect Revenues | | | | | | | | |
| County Revenue | 170,209 | 171,802 | (1,593) | -0.9% | 851,043 | 859,010 | (7,966) | -0.9% |
| Contracted Service Revenue | 2,250 | 3,000 | (750) | -25.0% | 11,250 | 15,000 | (3,750) | -25.0% |
| Grant Revenues and Contractuals | - | - | - | 0.0% | 31,900 | - | 31,900 | 0.0% |
| Appropriations | - | - | - | 0.0% | - | - | - | 0.0% |
| Other Revenue | 55,927 | 56,767 | (840) | -1.5% | 184,368 | 233,853 | (49,485) | -21.2% |
| Allocated Revenue | - | - | - | 0.0% | - | - | - | 0.0% |
| Total Indirect Revenue | 229,005 | 231,569 | (2,563) | -1.1% | 1,075,661 | 1,107,863 | (32,202) | -2.9% |
| Total Operating Revenue | 6,608,004 | 7,625,556 | (1,017,553) | -13.3% | 33,066,149 | 37,530,369 | (4,464,220) | -11.9% |
| Direct Expenses | | | | | | | | |
| Personnel Expenses | 3,244,180 | 3,595,192 | 351,012 | 9.8% | 16,076,470 | 17,062,457 | 985,987 | 5.8% |
| Contracted Services Expenses | 772,328 | 905,972 | 133,644 | 14.8% | 4,122,676 | 4,483,225 | 360,549 | 8.0% |
| Supplies Expenses | 97,480 | 57,736 | (39,744) | -68.8% | 354,665 | 291,624 | (63,040) | -21.6% |
| Drugs Expenses | 495,184 | 504,040 | 8,856 | 1.8% | 2,561,999 | 2,661,044 | 99,045 | 3.7% |
| Program Expenses | 48,391 | 72,200 | 23,809 | 33.0% | 344,278 | 363,298 | 19,019 | 5.2% |
| Land & Facility Expenses | 67,043 | 69,708 | 2,665 | 3.8% | 332,785 | 350,613 | 17,828 | 5.1% |
| Equipment & Vehicle Expenses | 54,929 | 70,033 | 15,104 | 21.6% | 250,226 | 347,476 | 97,250 | 28.0% |
| Diversions Expenses | 310,571 | 79,500 | (231,071) | -290.7% | 790,967 | 397,500 | (393,467) | -99.0% |
| Other Operating Expenses | 107,597 | 171,576 | 63,979 | 37.3% | 788,729 | 871,662 | 82,934 | 9.5% |
| Total Direct Expenses | 5,197,701 | 5,525,956 | 328,255 | 5.9% | 25,622,795 | 26,828,900 | 1,206,104 | 4.5% |
| Indirect Expenses | | | | | | | | |
| Personnel Expenses | 1,085,722 | 1,198,970 | 113,248 | 9.4% | 5,355,898 | 5,681,840 | 325,942 | 5.7% |
| Contracted Services Expenses | 15,531 | 3,500 | (12,031) | -343.7% | 49,628 | 17,500 | (32,128) | -183.6% |
| Supplies Expenses | 65,017 | 98,040 | 33,023 | 33.7% | 351,647 | 413,652 | 62,005 | 15.0% |
| Drugs Expenses | - | - | - | 0.0% | 1,804 | - | (1,804) | 0.0% |
| Program Expenses | 29,438 | 19,728 | (9,711) | -49.2% | 119,064 | 112,593 | (6,471) | -5.7% |
| Land & Facility Expenses | 432,901 | 270,298 | (162,603) | -60.2% | 1,683,979 | 1,352,992 | (330,987) | -24.5% |
| Equipment & Vehicle Expenses | 105,656 | 85,377 | (20,279) | -23.8% | 538,428 | 462,470 | (75,958) | -16.4% |
| Diversions Expenses | - | - | - | 0.0% | - | - | - | 0.0% |
| Other Operating Expenses | 249,227 | 481,317 | 232,090 | 48.2% | 1,552,366 | 2,538,111 | 985,744 | 38.8% |
| Allocated Expense | (48,000) | - | 48,000 | 0.0% | - | - | - | 0.0% |
| Total Indirect Expenses | 1,935,492 | 2,157,230 | 221,738 | 10.3% | 9,652,814 | 10,579,157 | 926,343 | 8.8% |
| Total Operating Expenses | 7,133,193 | 7,683,186 | 549,992 | 7.2% | 35,275,610 | 37,408,057 | 2,132,447 | 5.7% |
| Metrics | | | | | | | | |
| Indirect Expenses/Direct Expenses | 37.2% | 39.0% | | | 37.7% | 39.4% | | |
| Direct Expense/Gross Patient Revenue | 73.8% | 65.6% | | | 72.6% | 64.9% | | |
| Non-Operating Income/Expense | | | | | | | | |
| Interest Income/Expense | (9,196) | (30,833) | 21,637 | -70.2% | (24,886) | (154,167) | 129,281 | -83.9% |
| Donations Income | (16,241) | - | (16,241) | 0.0% | (26,577) | - | (26,577) | 0.0% |
| Other Non-Operating | - | - | - | 0.0% | (20,091) | - | (20,091) | 0.0% |
| Total Non-Operating | (25,438) | (30,833) | 5,396 | -17.5% | (71,554) | (154,167) | 82,613 | -53.6% |
| Net Income (Loss) | (499,752) | (26,796) | (472,956) | 1765.0% | (2,137,907) | 276,479 | (2,414,386) | -873.3% |
| Net Income | -7.6% | -0.4% | | | -6.5% | 0.7% | | |

North Central Health Care
Programs by Service Line
For the Period Ending May 31, 2021

| | Revenue | | | Expense | | | Net Income/ (Loss) | Variance From Budget |
|--------------------------------------|-------------------|-------------------|--------------------|-------------------|-------------------|------------------|-----------------------|-------------------------|
| | Actual | Budget | Variance | Actual | Budget | Variance | | |
| BEHAVIORAL HEALTH SERVICES | | | | | | | | |
| Adult Behavioral Health Hospital | 2,631,130 | 2,857,567 | (226,436) | 3,259,294 | 3,382,561 | 123,267 | (628,164) | (103,169) |
| Adult Crisis Stabilization Facility | 428,230 | 615,023 | (186,793) | 487,664 | 432,789 | (54,876) | (59,434) | (241,669) |
| Lakeside Recovery MMT | 57,210 | 422,402 | (365,191) | 60,487 | 440,202 | 379,715 | (3,277) | 14,524 |
| Youth Behavioral Health Hospital | 694,195 | 894,512 | (200,317) | 1,019,096 | 1,244,315 | 225,219 | (324,901) | 24,902 |
| Youth Crisis Stabilization Facility | 181,735 | 317,485 | (135,750) | 203,241 | 419,021 | 215,780 | (21,505) | 80,030 |
| Crisis Services | 1,181,566 | 1,269,228 | (87,663) | 1,244,912 | 1,334,348 | 89,435 | (63,347) | 1,773 |
| Psychiatry Residency | 115,935 | 189,140 | (73,205) | 171,879 | 116,636 | (55,243) | (55,944) | (128,448) |
| | <u>5,290,002</u> | <u>6,565,357</u> | <u>(1,275,355)</u> | <u>6,446,573</u> | <u>7,369,871</u> | <u>923,298</u> | <u>(1,156,572)</u> | <u>(352,058)</u> |
| COMMUNITY SERVICES | | | | | | | | |
| Outpatient Services (Marathon) | 1,863,308 | 1,750,747 | 112,561 | 2,031,572 | 1,153,099 | (878,473) | (168,264) | (765,912) |
| Outpatient Services (Lincoln) | 453,986 | 549,396 | (95,410) | 333,905 | 452,399 | 118,494 | 120,081 | 23,084 |
| Outpatient Services (Langlade) | 349,181 | 787,476 | (438,295) | 297,067 | 1,516,110 | 1,219,044 | 52,114 | 780,749 |
| Community Treatment Adult (Marathon) | 2,094,140 | 2,199,462 | (105,322) | 1,779,017 | 2,025,511 | 246,494 | 315,123 | 141,171 |
| Community Treatment Adult (Lincoln) | 433,081 | 430,380 | 2,701 | 306,488 | 337,208 | 30,720 | 126,593 | 33,421 |
| Community Treatment Adult (Langlade) | 248,110 | 281,271 | (33,160) | 195,260 | 234,250 | 38,990 | 52,850 | 5,830 |
| Community Treatment Youth (Marathon) | 2,322,989 | 2,364,912 | (41,923) | 2,115,781 | 2,170,075 | 54,295 | 207,208 | 12,372 |
| Community Treatment Youth (Lincoln) | 740,504 | 1,086,978 | (346,474) | 583,751 | 780,596 | 196,846 | 156,753 | (149,629) |
| Community Treatment Youth (Langlade) | 647,421 | 732,731 | (85,310) | 497,610 | 573,808 | 76,197 | 149,810 | (9,113) |
| Community Corner Clubhouse | 108,394 | 124,285 | (15,891) | 119,996 | 133,120 | 13,124 | (11,602) | (2,767) |
| | <u>9,261,114</u> | <u>10,307,638</u> | <u>(1,046,523)</u> | <u>8,260,447</u> | <u>9,376,177</u> | <u>1,115,730</u> | <u>1,000,667</u> | <u>69,206</u> |
| COMMUNITY LIVING | | | | | | | | |
| Adult Day Services (Marathon) | 229,124 | 332,551 | (103,427) | 223,027 | 246,585 | 23,559 | 6,097 | (79,868) |
| Prevocational Services (Marathon) | 187,984 | 221,852 | (33,867) | 268,656 | 336,281 | 67,625 | (80,672) | 33,758 |
| Lincoln Industries | 240,129 | 530,435 | (290,306) | 396,284 | 557,042 | 160,758 | (156,155) | (129,548) |
| Day Services (Langlade) | 98,982 | 123,585 | (24,603) | 140,115 | 130,803 | (9,311) | (41,133) | (33,914) |
| Prevocational Services (Langlade) | - | - | - | - | - | - | - | - |
| Andrea St Group Home | 212,051 | 216,927 | (4,875) | 179,504 | 171,303 | (8,201) | 32,547 | (13,077) |
| Chadwick Group Home | 227,394 | 266,179 | (38,784) | 192,862 | 201,018 | 8,156 | 34,532 | (30,629) |
| Bissell Street Group Home | 240,622 | 234,771 | 5,851 | 169,768 | 188,888 | 19,120 | 70,854 | 24,971 |
| Heather Street Group Home | 175,922 | 189,870 | (13,947) | 181,201 | 172,669 | (8,532) | (5,279) | (22,479) |
| Jelinek Apartments | 285,087 | 325,891 | (40,804) | 287,945 | 295,781 | 7,836 | (2,858) | (32,968) |
| River View Apartments | 281,828 | 275,565 | 6,263 | 255,754 | 227,356 | (28,398) | 26,074 | (22,135) |
| Forest Street Apartments | 49,748 | 146,207 | (96,459) | 182,655 | 196,471 | 13,817 | (132,907) | (82,642) |
| Fulton Street Apartments | 89,103 | 104,814 | (15,711) | 154,618 | 118,475 | (36,143) | (65,515) | (51,854) |
| Riverview Terrace | 148,407 | 149,406 | (999) | 117,734 | 144,192 | 26,459 | 30,674 | 25,460 |
| Hope House (Sober Living Marathon) | 2,440 | 2,625 | (185) | 25,138 | 21,291 | (3,847) | (22,698) | (4,033) |
| Homelessness Initiative | 10,203 | 243 | 9,960 | 5,242 | 2,749 | (2,493) | 4,961 | 7,468 |
| Sober Living (Langlade) | 28,935 | 21,577 | 7,358 | 39,279 | 53,340 | 14,061 | (10,344) | 21,420 |
| | <u>2,507,960</u> | <u>3,142,495</u> | <u>(634,535)</u> | <u>2,819,782</u> | <u>3,064,246</u> | <u>244,464</u> | <u>(311,822)</u> | <u>(390,070)</u> |
| NURSING HOMES | | | | | | | | |
| Mount View Care Center | 7,118,203 | 7,903,853 | (785,650) | 7,816,437 | 7,516,286 | (300,150) | (698,234) | (1,085,801) |
| Pine Crest Nursing Home | 4,546,780 | 4,648,948 | (102,168) | 5,325,702 | 5,105,728 | (219,974) | (778,922) | (322,142) |
| | <u>11,664,983</u> | <u>12,552,801</u> | <u>(887,818)</u> | <u>13,142,139</u> | <u>12,622,014</u> | <u>520,125</u> | <u>(1,477,156)</u> | <u>(367,693)</u> |
| Pharmacy | 3,236,324 | 3,631,527 | (395,203) | 3,359,500 | 3,567,747 | 208,247 | (123,176) | (186,955) |
| OTHER PROGRAMS | | | | | | | | |
| Aquatic Services | 416,878 | 629,617 | (212,739) | 492,488 | 509,292 | 16,804 | (75,610) | (195,934) |
| Birth To Three | 245,682 | 320,287 | (74,606) | 245,682 | 320,287 | 74,605 | - | - |
| Adult Protective Services | 337,134 | 335,982 | 1,153 | 374,663 | 419,132 | 44,470 | (37,528) | 45,622 |
| Demand Transportation | 157,534 | 198,832 | (41,298) | 114,245 | 159,290 | 45,045 | 43,289 | 3,747 |
| | <u>1,157,228</u> | <u>1,484,718</u> | <u>(327,490)</u> | <u>1,227,077</u> | <u>1,408,001</u> | <u>180,924</u> | <u>(69,849)</u> | <u>(146,566)</u> |
| Total NCHC Service Programs | 33,117,611 | 37,684,536 | (4,566,924) | 35,255,519 | 37,408,057 | 2,152,538 | (2,137,907) | (2,414,386) |

North Central Health Care
Fund Balance Review
For the Period Ending May 31, 2021

| | <u>Marathon</u> | <u>Langlade</u> | <u>Lincoln</u> | <u>Total</u> |
|---|-----------------|-----------------|----------------|--------------|
| Total Operating Expenses, Year-to-Date | 25,258,357 | 1,990,862 | 8,006,300 | 35,255,519 |
| General Fund Balance Targets | | | | |
| Minimum (20% Operating Expenses) | 5,051,671 | 398,172 | 1,601,260 | 7,051,104 |
| Maximum (35% Operating Expenses) | 8,840,425 | 696,802 | 2,802,205 | 12,339,432 |
| Risk Reserve Fund | 250,000 | 250,000 | 250,000 | |
| Total Fund Balance | | | | |
| Minimum Target | 5,301,671 | 648,172 | 1,851,260 | 7,801,104 |
| Maximum Target | 9,090,425 | 946,802 | 3,052,205 | 13,089,432 |
| Total Net Position at Period End | 23,818,937 | 1,981,537 | 7,316,965 | 33,117,439 |
| Fund Balance Above/(Below) | | | | |
| Minimum Target | 18,517,266 | 1,333,365 | 5,465,705 | 25,316,335 |
| Maximum Target | 14,728,512 | 1,034,736 | 4,264,760 | 20,028,008 |
| <i>County Percent of Total Net Position</i> | <i>71.9%</i> | <i>6.0%</i> | <i>22.1%</i> | |
| Share of Invested Cash Reserves | 7,284,001 | 605,968 | 2,237,580 | 10,127,549 |
| <i>Days Invested Cash on Hand</i> | <i>44</i> | <i>46</i> | <i>43</i> | <i>44</i> |
| <i>Targeted Days Invested Cash on Hand</i> | <i>90</i> | <i>90</i> | <i>90</i> | <i>90</i> |
| Required Invested Cash to Meet Target | 14,947,411 | 1,178,154 | 4,737,975 | 20,863,540 |
| Invested Cash Reserves Above/(Below) Target | (7,663,410) | (572,186) | (2,500,395) | (10,735,991) |

2021 Board Work Plan

| Objective | Accountability | Start Date | Measure(s) of Success | Interim Updates | Status | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---------------------|------------|--|--|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Establish Facility Use Agreements | Board | Jan-20 | Signed Facility Use and/or Lease Agreements with each of the three counties | Legacy agreements remain in place. The main agreement is finalized. Work on the Exhibits remains outstanding but we anticipate completing the task by the end of May. | Open | | | | | | | | | | | | |
| Prepare Local Plan | Board | Jan-20 | Adopt a 3 Year Local Plan at the Annual Board Retreat | The Human Services Research Institute is sending a draft report by the end of the week of May 17th. A presentation to the Board is anticipated in June. | Open | | | | | | | | | | | | |
| Facilitated Discussion on Diversity and Inclusion | Board | Jul-20 | Adopted Diversity, Equity, and Inclusion Plan | An internal employee directed committee is being formed to develop recommendations and a plan to the Board in 2021. We continue to focus on improving the quality of the Dashboard data capture for the DEI monitoring outcomes. | Open | | | | | | | | | | | | |
| Annual Review of Board Policies | Board | Jan-21 | Board reviews and approves all Board Policies by December 31 | Ongoing, policies are distributed across the 2021 calendar. | Open | | | | | | | | | | | | |
| Approve Training Plan for Counties | Board | Jan-21 | Conduct quarterly stakeholder meetings with each of the three county partners | Pending. | Open | | | | | | | | | | | | |
| CEO Appraisal | Executive Committee | Jan-21 | Executive Committee reviews appraisal with CEO | The 2020 CEO evaluation process has not been initiated. | Open | | | | | | | | | | | | |
| Annual Report | Board | Mar-21 | Annual Report released and presentations made to County Boards | Initial report production has begun but has been delayed due to recent demands on the Communication and Marketing team. | | | | | | | | | | | | | |
| Accept the Annual Audit | Board | Apr-21 | Acceptance of the annual audit by the NCCSP Board in April | The audit presentation is scheduled for the May Board meeting. | Open | | | | | | | | | | | | |
| County Fund Balance Reconciliation | Board | Apr-21 | Fund balance presentation and Adoption by NCCSP Board | The fund balance statements will be up for consideration at the May Board meeting. | Open | | | | | | | | | | | | |
| Determine Budget Guidelines and Priorities | Executive Committee | Apr-21 | Budget guidelines and priorities of the member Counties are communicated to the Board by June 1st | The Executive Committee and NCCSP Board will discuss these recommendations at their May meetings. | Open | | | | | | | | | | | | |
| Nomination and Election of Board Officers | Board | Apr-21 | The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May | This item is slated for the May Board meeting. | Open | | | | | | | | | | | | |
| Recommend Annual Budget to Counties | Board | May-21 | Budget recommendation to the Counties by October 1st | | | | | | | | | | | | | | |
| Annual Review of Board End Statements | Board | May-21 | Adoption of End Statements with any modifications by June 1st | | | | | | | | | | | | | | |
| Selection of Independent Certified Public Accounting Firm | Executive Committee | May-21 | Engagement Letter approved by Executive Committee by October 1st | | | | | | | | | | | | | | |
| Evaluate NCCSP Board Effectiveness | Board | Aug-21 | Conduct annual review of the effectiveness of Board's Policy Governance Model and provide recommendations to the Board | | | | | | | | | | | | | | |
| Review and Approve Policy Governance Manual | Board | Aug-21 | Approve Policy Governance manual at the September Board meeting | | | | | | | | | | | | | | |

2021 Board Work Plan

| <u>Objective</u> | <u>Accountability</u> | <u>Start Date</u> | <u>Measure(s) of Success</u> | <u>Interim Updates</u> | <u>Status</u> | <u>Jan</u> | <u>Feb</u> | <u>Mar</u> | <u>Apr</u> | <u>May</u> | <u>Jun</u> | <u>Jul</u> | <u>Aug</u> | <u>Sep</u> | <u>Oct</u> | <u>Nov</u> | <u>Dec</u> |
|---|-----------------------|-------------------|---|------------------------|---------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Review and Approve Board Development and Recruitment Plan | Governance Committee | Aug-21 | Board Development and Recruitment Plan reviewed and approved by the NCCSP Board | | | | | | | | | | | | | | |
| Review and Approve Performance Standards | Executive Committee | Sep-21 | Adopt Annual Performance Standards | | | | | | | | | | | | | | |
| Approve Annual Quality and Safety Plan | Board | Oct-21 | Approve plan in December | | | | | | | | | | | | | | |
| Review CEO Succession Plan | Board | Oct-21 | Review and update CEO succession plan | | | | | | | | | | | | | | |
| Review and Approve CEO Compensation Plan | Executive Committee | Nov-21 | Approve CEO Compensation Plan for the upcoming year by December | | | | | | | | | | | | | | |
| Approve Utilization Review Plan | Board | Nov-21 | Approve plan in December | | | | | | | | | | | | | | |
| Board Development Plan and Calendar | Governance Committee | Nov-21 | Approve Board Development Plan and Calendar for the upcoming year at the December meeting | | | | | | | | | | | | | | |