

OFFICIAL NOTICE AND AMENDED AGENDA

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

Thursday, September 23, 2021 at 3:00 PM
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

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

Phone Number: 1-408-418-9388 **Access Code:** 2491 148 0189

AGENDA

1. **Call to Order**
2. **Public Comment (15 Minutes)**
3. **Approval of the September 10, 2021 Executive Committee Meeting Minutes**
4. **Review of Draft NCCSP Board Agenda for September 30, 2021**
5. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. Discussion and Possible Recommendation for Change in Bed Licenses held for Mount View Care Center and Pine Crest Nursing Home
 - B. Discussion and Possible Direction on the Nursing Home Operations Committee
 - C. Discussion on the Direction of the NCH Foundation
6. **Educational Presentations/Outcome Monitoring Reports**
 - A. CEO Report
 - B. Organizational and Program Dashboards
 - C. August Financials
 - D. Board Work Plan
7. **Discuss the NCHC 2022 Budget and Priorities from the Executive Committee and Possible Recommendations**
8. **Next Meeting Date & Time, Location, and Future Agenda Items**
 - A. NCCSP Board of Directors Meeting September 30, 2021
 - B. Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board
 - C. Next Meeting: **Thursday, October 21, 2021** in the North Central Health Care Board Room

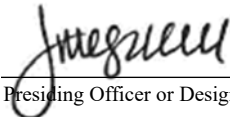
9. Announcements

10. 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

DATE: 09/22/2021 TIME: 9:00 AM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

September 10, 2021

3:00 p.m.

Wausau Board Room

Present: X Kurt Gibbs EXC Deb Hager X Lance Leonhard
X Robin Stowe X Cate Wylie

Staff Present: Jarret Nickel, Dr. Rob Gouthro, Janelle Hintz, Marne Schroeder, Jennifer Peaslee, Jessica Meadows

Staff Present via Phone: Tom Boutain, Bobby Splinter, Zach Ziesemer

Others Present via Phone: Mike Heilmann, WSAW Channel 7

Call to Order

- Meeting was called to order at 3:05 p.m. by Chair Gibbs.

Public Comment

- None

Approval of the August 19, 2021 Executive Committee Meeting Minutes

- **Motion**/second, Leonhard/Wylie, to approve the August 19, 2021 Executive Committee Meeting Minutes. Motion carried.

Review of 2020 Tri-County Agreement

- Discussion of organizational options
 - a. One of the 7 items identified by the Board in closed session in January was to have options to address. Mr. Phillips edited the Joint County Agreement and provided it to the Executive Committee for review and discussion. (The edited agreement will need Corporation Counsel review.) The original Agreement spoke in terms of having a governing body, board of directors, and delegated authority to the Executive Committee. It also identified certain retained county powers.

Option 1:

- The Executive Committee will exercise authority separate from the Board of Directors and be the superior body.
- The Executive Committee is apprised of the 3 counties and the Board chair.
- Statutes are not completely clear on what the governing body should do according to the law. The Executive Committee will have decision-making responsibility and the Board of Directors will have distinct 51.42 Board responsibilities.

Option 2:

- ♦ Continue with the NCCSP Board of Directors as the governing body and delegate responsibility to the Executive Committee.
- ♦ The issue is the accountability back to the counties with decisions that impact the counties.

Option 3:

- ♦ Needs clarification/approval from DHS regarding State Statutes 59.52(7) to create more of a multi-county department of community programs which would set up North Central Health Care (NCHC) like a single county administrative coordinator.

- b. Discussion included:
 - ♦ Continued statutory responsibility of the 51.42 Board composed of the three partner counties.
 - ♦ Option 1 makes the distinction between the Executive Committee as the governing body which is separate and distinct from the 51.42 Board.
 - ♦ Option 3, if approved by DHS, is a greater role at an administrative level in each of the three counties and the administrative positions would take the place of the governing body.
 - ♦ Marathon County indicated they do not want to run NCHC but to retain the three-county partnership.
 - ♦ Chair Gibbs, in discussions with Atty. Phillips, feels the three counties deserve an explanation of the last 6 months and in context can prepare recommendations to the respective county boards. They do not want this to happen again and to get back to business of NCHC.
 - ♦ To allow continued success of NCHC it will be important to identify clear delegation of authority and role clarity and remove the impossible task of answering to 4-5 governing authorities.
 - ♦ Options 1 or 3 are preferred; Option 3 cannot be considered until response is received from DHS.
- Provide direction to counsel on organizational options
 - a. Committee members concurred that Atty. Phillips will prepare an organizational chart and summary, to include why restructuring is being considered, by October 1 for review prior to presentations to County Boards.
 - b. Potential timing to present to County Boards:
 - ♦ Lincoln and Langlade Administrative Committees – October 6
 - ♦ Marathon County Health & Human Services Committee – October 6

Discussion and Possible Action on Hiring Process for Interim and/or Permanent Executive Officer

- Leonhard distributed a memo regarding possible options available relative to performance of Interim CEO duties during recruitment planning and execution.
- J. Meschke has expressed interest and willingness to continue in the additional capacity of Interim CEO. To help support the dual role, the addition of an Accounting and Grant Manager position is being requested. The new position would work with grant management and reporting, work with operational leaders to seek out new opportunities, and feels the position will pay for itself in seeking out new grants.

- External resources that could be explored in the search for an interim or permanent CEO are with the American College of Healthcare Executives (ACHE) that represent government health institutions, Wisconsin County Human Service Association (WCHSA) that also represents government health institutions, private consultant and staffing resources which would be more costly, and non-affiliated resources consisting of individuals who may be interested in providing consulting services.
- Committee members felt it important to have consistency moving forward. J. Meschke provides that consistency and stability to the organization. The committee expressed full confidence in her abilities and fully supports her in the Interim CEO role.
- Committee members expressed desire to resolve the Tri-County Agreement issue and shift to Executive Committee authority before moving forward on a hiring strategy. External recruiting assistance may help in understanding the needs of the organization during recruitment.
- The Committee agreed to recommend to the Board to continue to support J. Meschke in the Interim CEO role and the addition of the Accounting and Grant Manager position.

Discussion and Possible Action on Internal and External Communication Strategies

- Desire of the committee is to provide a clear message to the Executive Management Team, NCHC employees, and community that we want to support and maintain the same level of service we have seen from NCHC as we transition to the next CEO or director.
- The message needs to be factual so there is no disruption in services, the mission remains important, staff know they are valued, and the organization remains strong.
- Members reinforced their commitment to the organization, taking their responsibilities seriously, and to put in correct procedures and barriers.
- Committee agreed that the Board Chair and Interim CEO will together, send a communication to include the commitment and relationship of the three counties remains strong, the Board has confidence in J. Meschke, the Executive Management Team and staff. A bi-weekly message as progress proceeds was recommended.
- Committee discussed the Executive Committee meeting with each of the 3 County Boards to provide clarity that the Tri-County Agreement will be revised to strengthen the partnership and commitment. Committee agreed they would like to do this in October with the additional documents being prepared by Atty. Phillips.

Discussion on B. Bliven Resignation

- Marathon County is the appointing authority for the vacancy on the Board. Any contacts you believe would serve well should be directed to complete the online application.

Announcements

- John Breske, appointed to the NCCSP Board as a Langlade County Board member, is moving out of district and will no longer be on the County Board. Therefore, Langlade County will be appointing another representative to serve on the NCCSP Board.
- Next meeting of the Executive Committee is scheduled for Sept. 23, 2021 at 3:00 p.m.

Adjourn

- **Motion**/second, Leonhard/Stowe, to adjourn the Executive Committee meeting at 4:23 p.m. Motion carried.

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, September 30, 2021 at 3:00 pm
Wausau Board Room, 1100 Lake View Drive, Wausau WI 54403

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

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

Meeting number: 1-408-418-9388 Access Code: XXX XXX XXX

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. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the August 26, 2021 NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the August 19, 2021 Executive Committee Meetings
 - B. Executive Operational Reports
 - C. Policy Governance Monitoring Reports
 - i. Recent State, Federal, and Accreditation Reports
5. BOARD EDUCATION
 - A. Annual Report from the Medical Staff and Review of Proposed Changes to Medical Staff Bylaws (30 Minutes) – R. Gouthro
 - B. Draft Policy for Physician Compensation (10 Minutes) – R. Gouthro
 - C. Overview of North Central Health Care's Financial Performance (15 Minutes) – J. Meschke
 - D. Update on Master Facility Plan Progress (10 Minutes) – J. Nickel

6. BOARD DISCUSSION AND ACTION

- A. CEO Report and Board Work Plan (5 Minutes) – J. Meschke
- B. ACTION: *Motion to Accept the Dashboards and Executive Summary* (5 Minutes) – J. Meschke
- C. ACTION: *Motion to Accept the August Financials* (5 Minutes) – J. Meschke
- D. ACTION: *Motion to Approve Capital Request for Laundry Services* (5 Minutes) – J. Meschke
- E. Conflict of Interest Disclosures (5 Minutes) – J. Meschke
- F. Discussion on the Direction of the NCH Foundation (5 Minutes) – J. Meschke
- G. ACTION: *Motion for Approval of Board Policy:*
 - i. Medical Staff Bylaws
 - ii. Employee Compensation Policy
 - iii. Compensation Administration Manual

7. MOTION TO MOVE INTO CLOSED SESSION

- A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* – J. Peaslee

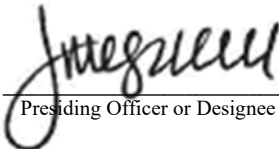
8. BOARD CALENDAR AND FUTURE AGENDA ITEMS

9. ADJOURN

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COPY OF NOTICE DISTRIBUTED TO:
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Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 09/24/2021 TIME: 12:00 PM BY: D. Osowski



Presiding Officer or Designee



North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: September 17, 2021
TO: North Central Community Services Program Board
FROM: Jarret Nickel, Operations Executive
Jaime Bracken, Chief Nursing Officer
RE: NCHC Skilled Nursing Bed Licensure Recommendation

NCHC Recommendation:

NCHC is recommending a bed license of 154 for Mount View Care Center. 154 beds will be the maximum number of beds available once all phases of master facility plan are completed. MVCC current license is 188 which would result in a proposed reduction of 34 beds which will yield a savings of \$69,360 annually.

MVCC occupancy target for 2022 is 136 due to allow for continued master facility plan renovations, Covid-19 recovery and, staffing stabilization. NCHC anticipates this number to increase in 2023 with the completion of the master facility plan.

NCHC is recommending a bed license of 120 for Pine Crest. 120 licensed beds would allow for continued Covid-19 recovery and census stabilization efforts. Pine Crest current license is 160 which would result in a proposed reduction of 40 beds which will yield a savings of \$81,600 annually.

Pine Crest occupancy target for 2022 is 99 due to continued Covid-19 admission restrictions, staffing concerns as well as fear of long-term care related to the pandemic. Pine Crest YTD avg census is 92 and we do not anticipate filling more than 30 beds post Covid-19 related to declining census.

NCHC Justification for Recommendation:

Overview:

- Need to continue to stabilize staffing about both facilities to reduce overtime and agency use.
- MVCC will max out of beds once the master facility plan is complete.
- Need to account for continued Covid-19 limitations with admissions and staff implications due to regulatory requirements.

The two snap shots below are competitive summaries for both MVCC & Pine Crest showing occupancy percentages in the region.

SNFs in the Market Area	Profit or Nonprofit	Year Opened	# of beds in Service	Current Occ.	Average Daily Rate	5 Star Quality Rating ⁽¹⁾
Pine Crest Nursing Home 2100 E Sixth St Merrill, WI North Central Health Care/Lincoln County	Government	1953-2017	160	64.4%	\$287	3
Riverview Health Services 428 N 6th St Tomahawk, WI North Shore Healthcare	Profit	1967	61	47.5%	\$283	5
Tomahawk Health Services 720 E Kings Rd Tomahawk, WI North Shore Healthcare	Profit	1968	83	41.0%	\$280	3
TOTAL/OCCUPANCY			304	54.6%		

SNFs in the Market Area	Profit or Nonprofit	Year Opened	# of beds in Service	Current Occ.	Average Daily Rate	5 Star Quality Rating ⁽¹⁾
Mount View Care Center 1100 Lake View Drive Wausau, WI North Central Health Care/Marathon County	Government	1986	165	75.8%	*	2
Benedictine Living Community of Wausau 1821 N 4th Avenue Wausau, WI Benedictine Living	Nonprofit	1981-2010	82	68.3%	\$285	4
Marshfield Clinic Comfort and Recovery - Wausau 2727 Plaza Drive Wausau, WI Marshfield Clinic	Nonprofit	1980s	12	41.7%	*	4
Pride TLC Therapy and Living 7805 Birch Street Weston, WI Pride TLC	Profit	2013	25	64.0%	\$498	5
Rennes Health and Rehab Center - Weston 4810 Barbican Avenue Weston, WI Rennes Group	Profit	2009-2014	84	67.9%	\$340	4



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: September 19, 2021
TO: North Central Community Services Program Board Executive Committee
FROM: Jill S. Meschke, Interim Chief Executive Officer
RE: CEO Report – September 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 September 17, we have 3 staff out with symptoms and 11 staff out with exposures related to COVID-19. There are currently 2 positive cases. As COVID-19 rates in the Counties are now between 7-12 percent we have resumed additional testing in the nursing homes. Additional protective measures have resumed with the rising positivity rates in the three counties.

We continue to follow 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.

The need to use enhanced precautions for units at Mount View and Pine Crest is being actively managed. The changing circumstances can affect admissions and visitation. The Communications department provides information to families of residents both via automated phone call and by updating the status on the NCHC website (<https://www.norcen.org/about-us/covid-19/>). Regular testing at Mount View and Pine Crest continues.

Campus Renovations

The Campus Renovations continue to move forward but have experienced several delays due to existing structural elements needing mitigation and due to the affects of COVID. NCHC personnel continue to work with Marathon County Facilities to move progress forward and address issues as they arise.

Planning for 2022

Planning for 2022 is in progress including the following initiatives: (1) budget reviews are complete and a draft is being prepared to discuss in October with the Board, (2) the operational plan for 2022 is underway to ensure sufficient resources are dedicated to critical projects, and (3) program and department leaders are contributing items for consideration for the compliance and risk management work plan.

Dashboard Executive Summary September 2021

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The vacancy rate target range for 2021 is 7.0-9.0%. August continued our success of exceeding our vacancy target with a rate of 6.1% and a year-to-date average of 6.9%. We anticipate with the recent wage changes that vacancy rate will continue to trend in the right direction as application flow has increased significantly and turnover has slowed down.

❖ **Turnover**

Our target for 2021 is 20-23% annualized. In August, we experienced a rate of 1.4% marking our first month of at or exceeding target. Our projected annual rate has reduced to 32.2%. We have implemented multiple tools to help managers increase engagement with employees which has resulted in improved turnover rates amongst tenured staff.

❖ **Organization Diversity Composite Index**

Due to a change in staffing we do not have an accurate index for August this will be populated in September. For July we experienced a rate of .67 which is calculated as a weighted composite of the diversity of NCHC's workforce, management, and Board, relative to the demographics of Marathon County. An index score of 1.0 indicates that our workforce matches the community demographics, an index score below 1.0 indicates that there is a gap.

Service

❖ **Patient Experience (Net Promotor Score)**

For 2021, we are measuring patient experience using net promotor score or NPS. Net promotor score is used in the industry to measure and predict customer loyalty based on one survey question, "Likelihood to Recommend." Our target for 2021 is set at 55-61. For the month September we saw an increase and exceeded our target at 61.2. Programs have developed and implemented PDSAs and corresponding action plans which so far are proving to positively impact this measure.

Quality

❖ **Hospital Readmission Rate**

The Readmission Rate is the percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. We are continuing to refine our data which comes from our new medical record to make sure it is accurate and hope to have this measure updated next month.

❖ **Nursing Home Readmission Rate**

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for July between the two facilities was a readmission rate of 10% which exceeds our target of 10 to 12%. Our annual trending rate is 12.5% which is lower than that of 2019 at 13.5%.

❖ **Nursing Home Star Rating**

We have a target of 4 stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current quality star rating for MVCC is 4 stars and Pine Crest is 3 stars. Both facilities are meeting target for short-term stays at 4 stars but under target for long-term at 3 stars. A direct focus on long-term care residents is occurring with top target areas including psychotropic medications, falls, and readmission rate.

❖ **Zero Harm – Patient**

The Zero Harm indicators are a monitoring measure for the organization meaning that we do not set a target, instead we monitor trending data. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. This month's rate was at 1.65 which is the highest recorded month so far this year. Given the transition with Cerner, additional digging into this measure is necessary to ensure accuracy as overall, we've seen adverse events decline.

❖ **Zero Harm – Employees**

Zero Harm remains a monitoring metric with an experience rate of 1.14 for the month of July. Continued efforts remain for reducing employee injury with the most recent events being related to transferring or individuals served.

Community

❖ **Out of County Placements**

For 2021, the target for this measure is 230-250. For the month of August, we were within target at 105 days. Please see the Adult & Youth Inpatient Psychiatric program section for more detailed information on this measure.

❖ **Consumer Diversity Composite Index**

The Consumer Diversity Composite Index is a new metric and does not have a target as it is a monitoring metric. A score of 1.0 would mean that the consumers we serve reflect the demographics of our community, a score below 1.0 indicates we have a gap to close to become more diverse.

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is a productivity/efficiency measure. The 2021 target is 64-67%. This measure for August is 82.1%. This outcome is not within target range. The primary driver for the unfavorable result is gross revenue being under budget further than direct expense which strains how much we capture per each dollar of revenue.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses. The 2021 target is 44-47%. The outcome for August is 31.0%, which is favorable to the target. Support areas are below budget expense targets and are helping to alleviate operating losses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2021 is 2-3%. In August, the result is (4.0%). Net patient revenue unfavorability from budget is driving overall shortfalls from budget.

Program-Specific Dashboard Outcomes - *items not addressed in analysis above.*

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2021 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Behavioral Health Services Programs

- ❖ **Adult Community Treatment:** All dashboard measures were either within or exceeding the target for the month of August.
- ❖ **Adult Crisis Stabilization CBRF:**
Patient Experience: This rating was below target at 33.3% with low survey returns. The management team will look at the August survey to determine what factors contributed to the low patient experience rating.

Direct Expense/Gross Patient Revenue: This measure was 51.8% for August, with revenue failing to balance operational costs based on the budget being based on greater than the current 8-bed unit availability. This was a high month for PLT, which contributed to a deficit of \$10,475, however call time and overtime were close to target. The billing targets did appear to improve the overall Net Income, with Net Income in the positive for a second month this year.

Net Income: August Net Income was \$1500, just a couple hundred dollars shy of the Net Income target range. This is a positive change from most of the prior month's YTD, and the work of the managers to improve the Cerner workflow and billing targets is evident in this improved number.

- ❖ **Adult Inpatient Psychiatric Hospital:**
Out of County Placements: This was within target at 105 days; however, it is important to note that we saw examples of the typical case scenarios that cause lengthy stays. One female, requiring geropsychiatry care and placement, is currently at a Length of Stay (LOS) of 70 days; she was first at WMHI and is currently at Mendota. Placing her falls upon the efforts, collaboration, and agreement between her family care agency and her guardian—this generally takes anywhere from 45 days to 3-4 months, despite regulation requiring placement in 30 days or less, and is billed to NCHC until the client is placed. One male is attending the Gemini program and is currently at a 36-day LOS; this client has Medicaid, and the cost should be reimbursed. One female youth has been attending the Anchorage program for 30 days and has Medicaid. This cost should be showing up in the Youth Hospital budget, but appears to be in the adult budget, as the Youth budget is only showing \$1222 in charges under Diversions for August. One male client has been at the Tomah VA hospital for 25 days; we have never gotten bills for these stays. Finally, one individual from our tri-county was detained in Sauk County directly to WMHI and stayed from 8/31-9/14.

Direct Expense/Gross Patient Revenue: This measure was reported as 173.6% for August, a month during which average census saw challenges again, with dips down to between 3-8 patients several times. Staffing was adjusted per the staffing grid. With diversion costs reflecting high for August, and the deficit in revenue (\$192,040), this measure was far out of desired range.

Net Income: Net income was (\$494,740) in August due to (\$250,000) in Diversions costs reflecting and an under-target revenue of (\$192,040). We had a high month for Paid Leave Time (\$26,845), affecting Call Time (\$10,587) however with under-budget Overtime due to low census staff adjustments.

❖ **Aquatic Services**

Vacancy: For the month of August Aquatics experienced a vacancy rate of 9.1% which exceeds target by 2.1%. The vacancy is a lifeguard opening that occurred in July and has been filled.

Net Income: August showed a loss of (\$4,878) which continues our three-month trend in positive movement for financials. The recovery is in large part due to increased revenue with several members and patients returning. We anticipate September to continue this trend even though the pandemic continues to impact new referrals.

❖ **Clubhouse:**

Patient Experience: There were no surveys returned this month. Surveys have been ordered and received and this should increase for next month.

Average Attendance Per Workday: The result for August was 19 with a YTD result of 19. Even with weekly reach out and offered mobile reach out our numbers continue to decrease each month. Members are declining mobile reach out reporting they are doing well, or we can't reach any members and leave messages with no return calls.

Percentage of Members Working 15 or more Hours Per Month: The result for August was 32.0% with a YTD result of 23.8%. We continue to receive referrals for members that have employment goals and work together with DVR to help secure members employment.

Active Members per month: The result for August was 78 with a YTD result of 89. Similar reasons exist for this result as described in the average attendance per workday.

Direct Expense/Gross Patient Revenue: The result for August is 83.0%% and YTD result is 83.5%. Expenses are being managed and are under budget. Revenue is lower than target. Actions to increase attendance and active members per month have been unsuccessful.

Net Income: The result for August is (\$32,686) and YTD result is (\$8,614). Expenses are being managed and are under budget. Revenue is lower than target. Actions to increase attendance and active members per month have been unsuccessful.

❖ **Crisis & Emergency Services**

Direct Expense/Gross Patient Revenue: This measure was 235.3% with the over-projection in monthly revenue and the deficits from open position overtime and PLT causing this to be far outside of target range.

Net Income: Net Income for Crisis was (\$24,494) in August with revenue targets again not meeting projected revenue—this was looked at closely for 2022 budgeting to determine why/how the 2021 projections were so over, given Crisis volume tends to remain steady with minor month-to-month fluctuations and all billable services are consistently billed. August was, as with the other programs, a heavy PLT usage month, with PLT at (\$17,000), and PLT and open positions resulting in an overage of \$6308 in Overtime. The Drugs supply expense was over by \$1374, and this will be investigated to determine what resulted in this charge, given Drugs isn't budgeted for Crisis and is over by \$6000 YTD.

❖ **Adult Day Services**

No variances.

❖ **Group Homes**

Turnover Rate: Group homes experienced a turnover rate of 3.4% which is above our target of 1.9%. The turnover was due to two employees seeking new opportunities, one was a competitor and the other left for out of area employment. Our system wide engagement survey launches in November which we will utilize to evaluate engagement and stay opportunities.

❖ **MVCC**

Nursing Home Readmission Rate: The month of August showed three hospitalizations within 30 days of admission which brought our rate up to a 20.0% with a target goal of 10-12%. One resident had chest pains and low oxygen levels. Another resident had her PEG tube fall out. The final hospitalization was related to a resident that had a GI bleed and critical hemoglobin levels. All three hospitalizations were unavoidable.

Net Income: MVCC showed a loss of (\$196,632) for the month of August in large part due to missed revenue. The pandemic continues to impact our ability to recover census through admissions as well as reduce expenses due to staff being out with exposure or positivity. We have implemented new policies to admit while under enhanced precautions which we believe will reverse our revenue trend.

❖ **Outpatient Services**

Turnover: The result for August was 2.7% with the YTD result of 12.3%. We had one therapist who left NCHC for a position that would be a better fit personally. The YTD result continues to exceed the target.

OVI Recidivism Rate: The result for August was 15.2% with the YTD result of 14.7%, which is within target. Based on previous data there tends to be an increase in summer months. This measure will continue to be monitored.

Direct Expense/Gross Patient Revenue: The result for August was 129.9% with a YTD result of 120.5%. Expenses remain under budget, but there was a significant increase in allocated employee benefits in August 2021. Productivity is not meeting target, however August patient gross revenues increased by \$25,926 compared to July 2021.

Net Income: The result for August was (\$36,973) with a YTD result of (\$14,917). Expenses remain under budget, but there was a significant increase in allocated employee benefits in August 2021. Productivity is not meeting target, however August patient gross revenues increased by \$25,926 compared to July 2021.

❖ **Pine Crest**

Nursing Home Quality Star Rating: The quality star rating remained unchanged month over month, being at a 3 star. Long-term quality measures continue to bring this component of our star rating down. Continued focus will be on quality assurance work processes that are not meeting appropriate benchmarks. Rating will next be updated in late October.

Net Income: Pine Crest experienced a loss of (\$40,337) due to continued agency expense. Staffing continues to be a challenge due to pandemic regulations requiring employees to be out for extended period. For example, one day in August we had 10 staff for Pine Crest out in one day which results in needing agency or overtime staffing. We continue to evaluate new testing options and precautions.

❖ **River View Terrace (RCAC):** Met all targets for the month of August.

❖ **Supported Apartments**

No variances.

❖ **Youth Community Treatment:**

Turnover Rate: The result for August was 2.9% with the YTD result of 31.2%. We had one employee resign to return to school and further their education.

❖ **Youth Crisis Stabilization Facility:** DHS issued certification as of 9/9/21. The YCSF officially opened as an 8-bed program on September 15, 2021. Therefore, we will begin to be able to produce revenue, once Tammy's billing team is able to get Medicaid/other funding sources in place since receiving the license information this week that is necessary for this process. The hope is to be able to begin billing within the next month.

❖ **Youth Psychiatric Hospital:**

Vacancy: August vacancy was 11.85%, with one .9 RN position coming open and an existing .3 FTE RN position open. The Youth Hospital team has struggled with RN staff becoming acclimated to psychiatric care and is seeing some turnover. There is an accepted offer for the .9 position currently.

Turnover: August turnover rate was 6.1% with one full-time RN resigning citing disagreement and discomfort with patients admitted particularly with patients who present with agitation, anxiety, etc.

Out of County Placements: This measure was within target. One female youth has been attending the Anchorage program for 30 days and has Medicaid. As stated in the Adult Hospital section, this cost should be showing up in the Youth Hospital budget, but appears to be in the adult budget, as the Youth budget is only showing \$1222 in charges under Diversions for August.

Direct Expense to Gross Patient Revenue: This measure was reported as 138.3% for August, a month during which average census remained low at an approximate 3 patient average. Staffing down occurred, but this 8-bed unit is at minimum staffing at most times and staffing down typically means placing only one floor staff on call. The Portage County contract is now in place, with the northern tri-county contract in process (awaiting information from their leadership with which to finalize the contract).

Net Income: Net income was (\$146,588) in August due to the disparity in revenue to cost of operations at minimum staffing, with low census. This was a heavy month for PLT in this program as well (\$13,000), affecting Call Time (\$2471), and this program does not have Overtime budgeted for 2021 (\$3367).

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
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PEOPLE

Vacancy Rate	↘	7-9%	6.1%	6.1%	8.6%	10.1%	6.9%	5.8%	5.3%	6.1%					6.9%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%	2.9%	2.3%	3.0%	3.3%	1.4%					32.2%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66	0.67	0.63	0.65	0.68	0.67						0.66	N/A

SERVICE

Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8	65.6	59.6	60.4	59.6	56.7	61.2					61.8	61.0
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QUALITY

Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%	14.4%	9.1%	2.1%	4.8%						10.0%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%	12.5%	10.0%	12.5%	10.0%					12.5%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★					★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85	1.19			1.64					1.07	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08	3.18	1.21	1.98	1.14					2.72	2.84

COMMUNITY

Out of County Placements	↘	230-250	236	140	169	96	143	192	109	126					155	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46	0.47	0.45	0.43	0.00							0.45	N/A

FINANCE

Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%	70.0%	72.0%	73.8%	80.5%	73.7%	82.1%					74.9%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%	37.2%	40.5%	44.7%	31.0%					37.8%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%	-7.6%	1.1%	-15.5%	-4.0%					-6.1%	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 Count
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

Hospital Readmission Rate

Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.
Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative

Nursing Home Readmission Rate

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

Nursing Home Star Rating

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

Zero Harm Patients

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

Zero Harm Employee

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

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 base 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%	6.1%	6.9%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	1.4%	32.2%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.00	0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	61.2	61.8	61.0
	Quality	Hospital Readmission Rate	↘	10-12%		10.0%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	10.0%	12.5%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	1.64	1.07	0.74
		Zero Harm - Employees	↘	Monitoring	1.14	2.72	2.84
	Community	Out of County Placements	↘	230-250	126	155	269
		Client Diversity Composite Index	↗	Monitoring			/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	82.1%	74.9%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	31.0%	37.8%	39.0%
Net Income		↗	2-3%	-4.0%	-6.1%	0.4%	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	2.1%	4.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	21.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	71.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.44	0.24
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		92.7%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%		54.5%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%		35.6%
		Average Days from Referral to Initial Appointment	↘	55-60 days		69.9 days
		Hospitalization Rate of Active Patients	↘	Monitoring	0.00%	2.95%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	75.0%	77.4%
Net Income		↗	\$10,457-\$15,686 Per Month	\$77,020	\$71,585	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	0.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	24.8%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	33.3*	45.9%
	Quality	Zero Harm - Patients	↘	Monitoring	3.85	10.19
		% of Patients who kept their Follow-up Appointment	↗	90-95%	100.0%(2/2)	92.7%
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%	100.0%(25/25)	100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	51.8%	55.6%
		Net Income	↗	\$1,747-\$2,620 Per Month	\$1,500	(\$9,112)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	8.3%	6.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	33.7%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	50.0	40.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	3.99
		Hospital Readmission Rate	↘	10-12%		9.9%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		24.2 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		16.7 days
		Average Days since previous Detox Admission	↗	330-360 days		571.8 days
	Community	Out of County Placements	↘	150-170	105	125
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	173.6%	100.7%
Net Income		↗	\$13,382-\$20,073 Per Month	(\$494,740)	(\$164,902)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	9.1%	5.5%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	43.7%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	85.7*	85.9
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	7.25
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	56.9%	67.6%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$4,878)	(\$15,212)

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	/	82.6
	Quality	Average Attendance Per Work Day	↗	20-25	19	19
		% of Members Working 15 or More Hours Per Month	↗	80-85%	32.0%	23.8%
	Community	Active Members Per Month	↗	110-120	78	89
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	83.0%	83.5%
		Net Income	↗	\$536-\$804 Per Month	(\$32,686)	(\$8,614)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	0.0%	6.5%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	35.7%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	100.0*	36.4
	Quality	Zero Harm - Patients	↘	Monitoring	4.48	10.27
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%		59.4%
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	5-10%	0.0%	1.6%
	Community	Out of County Placements Days	↘	230-250	126	163
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP within 60 days	↗	80-85%		47.3%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	235.3%	234.4%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$23,494)	(\$22,194)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	3.6%	2.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	10.9%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	92.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.68
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	102.0%	100.0%
		Net Income	↗	\$5,103-\$7,654 Per Month	\$98,565	(\$29,987)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	6.5%	4.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.4%	42.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	85.0
	Quality	Zero Harm - Patients	↘	Monitoring	1.04	1.50
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	83.7%	75.2%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$68,531	\$28,893

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	8.1%	11.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	1.2%	33.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	60.0*	52.2
	Quality	Nursing Home Readmission Rate	↘	10-12%	18.8%	9.4%
		Zero Harm - Residents	↘	Monitoring	3.72	2.51
		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%	93.5%	69.5%
Net Income		↗	\$30,636-\$45,954 Per Month	(\$196,632)	(\$94,552)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	2.7%	3.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.7%	12.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	71.5*	60.8
	Quality	Zero Harm - Patients	↘	Monitoring	0.96	1.11
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		21.8 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		16.1 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	15.2%	14.7%
		Same Day Cancellation and No-Show Rate	↘	15-18%		17.3%
	Community	% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%		16.2%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%		19.7%
		Average Number of Days from Referral to Start of Day Treatment	↘	16-20 days	N/A	N/A
		Hospitalization Rate of Active Patients	↘	Monitoring	0.00%	0.93%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	129.9%	120.5%
		Net Income	↗	\$12,534-\$18,802 Per Month	(\$36,973)	(\$14,917)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	5.8%	10.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.8%	37.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	85.2*	40.4
	Quality	Zero Harm - Residents	↘	Monitoring	1.76	3.40
		Nursing Home Readmission Rate	↘	10-12%	0.0%	16.3%
		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%	71.8%	68.8%
Net Income		↗	\$20,559-\$30,839 Per Month	(\$40,337)	(\$146,697)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	0.0%	5.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	102.6%
	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	\$6,657	\$5,694

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	5.3%	8.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	20.4%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	84.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	1.07
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	41.9%	43.8%
		Net Income	↗	\$3,364-\$5,046 Per Month	\$82,368	(\$24,464)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	5.6%	8.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.9%	31.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	89.5
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.06
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		96.3%
		% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%		27.4%
	Community	Average Days from Referral to Initial Appointment	↘	55-60 days		97.6 days
		Hospitalization Rate of Active Patients	↘	Monitoring		0.13%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	72.5%	74.1%
		Net Income	↗	\$14,139-\$21,208 Per Month	\$81,999	\$45,763

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	5-7%	7.7%	7.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	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%	11.8%	6.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	6.1%	32.2%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	100.0*	76.9
	Quality	Zero Harm - Patients	↘	Monitoring	14.49	8.32
		Hospital Readmission Rate	↘	10-12%	0.0%	10.3%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		16.2 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		12.9 days
	Community	Out of County Placements	↘	50-60	21	26
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	138.3%	92.4%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$146,588)	(\$85,039)

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

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	7,517,391	8,317,425	(800,035)	-9.6%	56,368,699	66,180,673	(9,811,974)	-14.8%
Patient Contractual Adjustments	(2,542,772)	(2,913,679)	370,907	-12.7%	(20,321,698)	(23,217,178)	2,895,480	-12.5%
Net Patient Revenue	4,974,619	5,403,746	(429,128)	-7.9%	36,047,001	42,963,495	(6,916,494)	-16.1%
County Revenue	427,764	427,764	-	0.0%	3,422,113	3,422,113	-	0.0%
Contracted Service Revenue	9,787	98,872	(89,085)	-90.1%	726,557	818,318	(91,762)	-11.2%
Grant Revenues and Contractuals	253,107	334,369	(81,262)	-24.3%	2,392,275	2,671,282	(279,007)	-10.4%
Appropriations	502,687	502,687	-	0.0%	4,021,496	4,021,496	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	1,385,462	552,481	832,981	150.8%	6,420,938	4,421,351	1,999,587	45.2%
Total Direct Revenue	7,553,425	7,319,919	233,506	3.2%	53,057,130	58,318,056	(5,260,926)	-9.0%
Indirect Revenues								
County Revenue	170,209	171,802	(1,593)	-0.9%	1,361,669	1,374,415	(12,746)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	18,000	24,000	(6,000)	-25.0%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	51,917	52,067	(149)	-0.3%	273,640	359,063	(85,423)	-23.8%
Allocated Revenue	-	-	-	0.0%	-	(1)	1	-100.0%
Total Indirect Revenue	231,320	226,869	4,451	2.0%	1,675,792	1,757,478	(81,685)	-4.6%
Total Operating Revenue	7,784,745	7,546,788	237,957	3.2%	54,732,923	60,075,534	(5,342,611)	-8.9%
Direct Expenses								
Personnel Expenses	3,826,423	3,666,685	(159,738)	-4.4%	26,729,152	27,730,829	1,001,677	3.6%
Contracted Services Expenses	1,002,967	851,274	(151,693)	-17.8%	6,709,273	7,093,231	383,958	5.4%
Supplies Expenses	83,254	52,878	(30,376)	-57.4%	593,701	456,599	(137,102)	-30.0%
Drugs Expenses	523,299	477,127	(46,172)	-9.7%	4,170,875	4,109,398	(61,476)	-1.5%
Program Expenses	97,548	70,647	(26,901)	-38.1%	566,515	583,291	16,776	2.9%
Land & Facility Expenses	66,536	69,708	3,172	4.6%	531,455	561,810	30,355	5.4%
Equipment & Vehicle Expenses	56,608	62,771	6,163	9.8%	390,897	540,092	149,195	27.6%
Diversions Expenses	306,882	79,500	(227,382)	-286.0%	1,158,604	636,000	(522,604)	-82.2%
Other Operating Expenses	209,525	170,960	(38,565)	-22.6%	1,366,665	1,383,159	16,494	1.2%
Total Direct Expenses	6,173,040	5,501,548	(671,492)	-12.2%	42,217,137	43,094,410	877,273	2.0%
Indirect Expenses								
Personnel Expenses	1,029,885	1,201,532	171,647	14.3%	8,753,611	9,202,454	448,843	4.9%
Contracted Services Expenses	4,000	3,500	(500)	-14.3%	67,396	28,000	(39,396)	-140.7%
Supplies Expenses	119,433	73,140	(46,293)	-63.3%	623,564	655,922	32,359	4.9%
Drugs Expenses	7,558	-	(7,558)	0.0%	11,211	-	(11,211)	0.0%
Program Expenses	15,716	15,371	(345)	-2.2%	182,551	164,897	(17,654)	-10.7%
Land & Facility Expenses	291,089	351,110	60,021	17.1%	2,582,311	2,325,420	(256,891)	-11.0%
Equipment & Vehicle Expenses	94,621	85,043	(9,578)	-11.3%	845,963	720,819	(125,144)	-17.4%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	348,479	468,819	120,340	25.7%	2,902,929	4,044,610	1,141,682	28.2%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	1,910,782	2,198,515	287,733	13.1%	15,969,536	17,142,123	1,172,587	6.8%
Total Operating Expenses	8,083,822	7,700,063	(383,759)	-5.0%	58,186,673	60,236,533	2,049,860	3.4%
Metrics								
Indirect Expenses/Direct Expenses	31.0%	40.0%			37.8%	39.8%		
Direct Expense/Gross Patient Revenue	82.1%	66.1%			74.9%	65.1%		
Non-Operating Income/Expense								
Interest Income/Expense	(4,574)	(30,833)	26,259	-85.2%	(49,556)	(246,667)	197,111	-79.9%
Donations Income	(665)	-	(665)	0.0%	(54,177)	-	(54,177)	0.0%
Other Non-Operating	15,996	-	15,996	0.0%	(4,095)	-	(4,095)	0.0%
Total Non-Operating	10,757	(30,833)	41,590	-134.9%	(107,828)	(246,667)	138,838	-56.3%
Net Income (Loss)	(309,833)	(122,442)	(187,392)	153.0%	(3,345,922)	85,668	(3,431,589)	-4005.7%
Net Income	-4.0%	-1.6%			-6.1%	0.1%		

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

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	4,169,172	4,587,472	(418,299)	5,488,392	5,452,694	(35,698)	(1,319,220)	(453,997)
Adult Crisis Stabilization Facility	666,038	988,956	(322,918)	738,936	700,316	(38,620)	(72,898)	(361,537)
Lakeside Recovery MMT	79,275	679,095	(599,820)	77,780	711,913	634,133	1,495	34,313
Youth Behavioral Health Hospital	974,121	1,443,719	(469,598)	1,654,796	2,009,625	354,829	(680,675)	(114,769)
Youth Crisis Stabilization Facility	283,300	509,294	(225,994)	378,513	678,727	300,214	(95,213)	74,220
Crisis Services	1,901,676	2,032,880	(131,204)	2,079,224	2,156,876	77,652	(177,548)	(53,552)
Psychiatry Residency	204,404	302,607	(98,202)	239,125	186,551	(52,574)	(34,721)	(150,777)
	<u>8,277,987</u>	<u>10,544,023</u>	<u>(2,266,036)</u>	<u>10,656,766</u>	<u>11,896,703</u>	<u>1,239,937</u>	<u>(2,378,779)</u>	<u>(1,026,099)</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	2,904,122	2,836,311	67,810	3,298,217	3,158,210	(140,007)	(394,096)	(72,197)
Outpatient Services (Lincoln)	710,713	880,123	(169,410)	516,559	884,478	367,919	194,153	198,508
Outpatient Services (Langlade)	544,163	1,234,467	(690,303)	463,554	1,024,311	560,758	80,610	(129,546)
Community Treatment Adult (Marathon)	3,305,238	3,527,590	(222,352)	2,990,909	3,264,114	273,205	314,329	50,853
Community Treatment Adult (Lincoln)	685,047	690,600	(5,553)	533,269	543,705	10,435	151,778	4,883
Community Treatment Adult (Langlade)	405,392	451,061	(45,668)	298,819	378,487	79,667	106,573	33,999
Community Treatment Youth (Marathon)	3,541,948	3,786,229	(244,281)	3,525,707	3,485,863	(39,844)	16,242	(284,125)
Community Treatment Youth (Lincoln)	1,152,593	1,742,161	(589,568)	982,480	1,254,441	271,961	170,113	(317,607)
Community Treatment Youth (Langlade)	996,008	1,174,184	(178,175)	816,262	922,286	106,024	179,746	(72,151)
Community Corner Clubhouse	122,161	199,423	(77,261)	191,072	214,918	23,846	(68,911)	(53,416)
	<u>14,367,386</u>	<u>16,522,148</u>	<u>(2,154,762)</u>	<u>13,616,847</u>	<u>15,130,812</u>	<u>1,513,965</u>	<u>750,539</u>	<u>(640,798)</u>
COMMUNITY LIVING								
Adult Day Services (Marathon)	445,764	534,714	(88,949)	367,662	399,201	31,539	78,102	(57,411)
Prevocational Services (Marathon)	348,594	356,388	(7,795)	408,395	540,361	131,966	(59,801)	124,171
Lincoln Industries	452,461	850,652	(398,191)	693,501	894,482	200,981	(241,040)	(197,211)
Day Services (Langlade)	237,321	198,538	38,783	254,481	210,718	(43,763)	(17,160)	(4,981)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	356,905	349,053	7,853	307,885	274,483	(33,403)	49,020	(25,550)
Chadwick Group Home	390,108	428,312	(38,204)	318,867	322,291	3,424	71,241	(34,780)
Bissell Street Group Home	394,243	377,777	16,466	278,137	304,035	25,898	116,106	42,364
Heather Street Group Home	308,908	305,511	3,397	314,127	276,739	(37,388)	(5,219)	(33,991)
Jelinek Apartments	499,242	524,382	(25,139)	461,472	476,578	15,106	37,770	(10,033)
River View Apartments	486,497	443,382	43,115	417,139	365,513	(51,626)	69,358	(8,511)
Forest Street Apartments	106,748	235,224	(128,476)	306,017	316,594	10,577	(199,269)	(117,900)
Fulton Street Apartments	154,632	168,613	(13,981)	258,206	190,991	(67,215)	(103,574)	(81,196)
Riverview Terrace	236,420	239,039	(2,619)	190,861	232,957	42,096	45,559	39,477
Hope House (Sober Living Marathon)	3,435	4,187	(752)	45,136	35,266	(9,870)	(41,701)	(10,622)
Homelessness Initiative	10,317	367	9,950	17,015	4,445	(12,570)	(6,698)	(2,620)
Sober Living (Langlade)	34,207	34,472	(264)	60,656	86,029	25,372	(26,449)	25,108
	<u>4,465,804</u>	<u>5,050,611</u>	<u>(584,807)</u>	<u>4,699,558</u>	<u>4,930,680</u>	<u>231,122</u>	<u>(233,754)</u>	<u>(353,685)</u>
NURSING HOMES								
Mount View Care Center	12,593,164	12,551,223	41,941	13,349,580	12,204,549	(1,145,031)	(756,416)	(1,103,090)
Pine Crest Nursing Home	7,812,851	7,471,744	341,107	8,986,338	8,233,160	(753,178)	(1,173,487)	(412,070)
	<u>20,406,016</u>	<u>20,022,967</u>	<u>383,049</u>	<u>22,335,918</u>	<u>20,437,709</u>	<u>1,898,209</u>	<u>(1,929,902)</u>	<u>2,281,257</u>
Pharmacy	5,416,777	5,802,390	(385,613)	4,903,056	5,547,549	644,493	513,721	258,880
OTHER PROGRAMS								
Aquatic Services	700,353	1,011,103	(310,750)	822,050	847,227	25,178	(121,697)	(285,573)
Birth To Three	433,713	513,487	(79,773)	391,912	513,487	121,574	41,801	41,801
Adult Protective Services	530,674	537,558	(6,884)	568,394	675,611	107,217	(37,721)	100,333
Demand Transportation	237,947	317,914	(79,968)	188,076	256,755	68,679	49,871	(11,288)
	<u>1,902,686</u>	<u>2,380,062</u>	<u>(477,376)</u>	<u>1,970,432</u>	<u>2,293,081</u>	<u>322,648</u>	<u>(67,746)</u>	<u>(154,727)</u>
Total NCHC Service Programs	54,836,656	60,322,200	(5,485,545)	58,182,577	60,236,533	2,053,955	(3,345,922)	(3,431,589)

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 are in place. The updated base Lease Agreement for Marathon County is near finalization. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute report completion and community engagement will continue to be on hold into 2021 due to COVID-19.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted Diversity, Equity, and Inclusion Plan	An internal employee directed committee will be formed to develop recommendations and a plan to the Board in 2021.	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	CEO is working to setup quarterly stakeholder meetings with each of the three county partners to provide program updates and seek feedback on service needs.	Open												
CEO Appraisal	Executive Committee	Jan-21	Executive Committee reviews appraisal with CEO		Closed												
Annual Report	Board	Mar-21	Annual Report released and presentations made to County Boards		Open												
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April	Completed June 24	Closed												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board	Completed June 24	Closed												
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	Completed June 24	Closed												
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	Completed June 24	Closed												
Recommend Annual Budget to Counties	Board	May-21	Budget recommendation to the Counties by October 1st	The draft budget will be presented to the NCHC Board at the October 28 meeting. Recommendations to Counties to occur following that meeting.	Open												
Annual Review of Board End Statements	Board	May-21	Adoption of End Statements with any modifications by June 1st	Completed June 24	Closed												
Selection of Independent Certified Public Accounting Firm	Executive Committee	May-21	Engagement Letter approved by Executive Committee by October 1st		Open												
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	Scheduled for the October 28 Board meeting	Open												
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September Board meeting	Scheduled for the October 28 Board meeting	Open												
Review and Approve Board Development and Recruitment Plan	Governance Committee	Aug-21	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	Scheduled for the October 28 Board meeting	Open												

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
Review and Approve Performance Standards	Executive Committee	Sep-21	Adopt Annual Performance Standards		Open												
Approve Annual Quality and Safety Plan	Board	Oct-21	Approve plan in December	Scheduled for the December 16 meeting	Open												
Review CEO Succession Plan	Board	Oct-21	Review and update CEO succession plan	Scheduled for the December 16 meeting	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-21	Approve CEO Compensation Plan for the upcoming year by December		Open												
Approve Utilization Review Plan	Board	Nov-21	Approve plan in December	Scheduled for the December 16 meeting	Open												
Board Development Plan and Calendar	Governance Committee	Nov-21	Approve Board Development Plan and Calendar for the upcoming year at the December meeting		Open												