

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.

Wednesday, November 17, 2021 at 1:00 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:** 2499 932 0312 **Password:** 1234

AGENDA

1. **Call to Order**
2. **Public Comment (15 Minutes)**
3. **Approval of the October 21, 2021 and October 28, 2021 Executive Committee Meeting Minutes**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - a. None
5. **Educational Presentations/Outcome Monitoring Reports**
 - a. CEO Report
 - b. Organizational and Program Dashboards
 - c. September Financials
 - d. Board Work Plan
6. **Discussions of Potential Revisions to Tri-County Agreement.**
 - a. This item will include a motion to go into closed session, pursuant to Wis. Stat. Sections 19.85 (c), (e) and (f), for the purpose of considering performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, for conducting other specified public business, whenever competitive or bargaining reasons require a closed session, and for preliminary consideration of specific personnel problems which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person involved in such problems, to wit: consideration of specific NCHC employees and personnel data in the context of potential revisions to the Tri-County Agreement.
7. **Next Meeting Date & Time, Location, and Future Agenda Items**
 - a. NCCSP Board of Directors meeting December 15, 2021
 - b. Committee members are asked to bring ideas for future discussion and education presentations to the NCCSP Board
 - c. Next Meeting: **Tuesday, December 7, 2021** in the North Central Health Care Wausau Board Room
8. **Announcements**
9. **Adjournment**

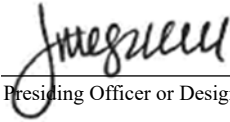
Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

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: 11/15/2021 TIME: 4:00 PM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

October 21, 2021

3:00 p.m.

Wausau Board Room

Present: X Kurt Gibbs X^(phone) Deb Hager X Lance Leonhard
X^(phone) Robin Stowe X^(phone) Cate Wylie

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

Others Present: Dejan Adzic, Deputy Corporation Counsel

Call to Order

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

Public Comment

- None

Approval of September 23, 2021 Executive Committee Meeting Minutes

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

Review of Draft NCCSP Board Agenda for October 28, 2021

- No changes to the October 28, 2021 Board Agenda.

Operational Functions Required by Statute, Ordinance, or Resolution

- Discussion and Possible Recommendation for Selection of 2021 Financial Audit Firm
 - The Board is required to approve the selection of the audit firm for the 2021 audit.
 - The last RFP for auditing services was conducted in 2017. Wipfli has done an exceptional job with the many transitions and challenges this year which would be beneficial in the 2021 annual audit process. The recommendation is for Wipfli to proceed with the 2021 audit and that an RFP for audit services be considered in the Spring of 2022.
 - **Motion**/second, Leonhard/Stowe, to recommend to the Board consistent with staff's recommendation, to send out an RFP for an audit firm for the 2022 year-end financial audit. **Motion**/second, Wylie/Leonhard, to amend the motion to include the recommendation to utilize Wipfli to conduct the 2021 audit. Motion carried.

- Discussion and Possible Recommendation for Community Corner Clubhouse
 - Currently there are approximately 2 dozen members who attend Community Corner Clubhouse (CCC) programming on a daily basis. Since Covid the number of members actively engaged has declined. Some members are involved in other services at NCHC. Clubhouse supplements the more formal services and is also a community resource. CCC provides basic needs such as lunch and connects members to resources like the Salvation Army and Neighbors Place. It is also a social aspect which is difficult to recreate and helps provide structure for these individuals. Employees of CCC are dedicated and provide excellent programming while running a lean program. Also, the CCC building is owned by NCHC.
 - CCC loses money annually and receives \$92,000 in levy support. In 2021, CCC is expected to lose \$65,000 in addition to the levy funding. With the finite resources of North Central Health Care (NCHC), are we best using these resources in maintaining CCC or are there other effective ways to serve these members in other areas at NCHC and the community?
 - Committee members expressed a desire for staff to continue to explore additional community support for CCC and work to develop a potential transition plan for next year.
- Discussion and Possible Recommendation for Location of Adult Day Services Program in Marathon County
 - Adult Day Services (ADS) in Marathon County currently operates at 1000 Lake View Drive which is on the NCHC Wausau Campus. The ADS space has been determined for other uses by Marathon County therefore, ADS needs to be relocated by January 2022.
 - There is potential for temporary space on the existing campus in the previous area of the Vent Unit of Mount View Care Center. However, a long-term solution is needed as it is very disruptive for the clients to move multiple times. Another option is the availability of property in Rothschild but is only available for purchase at a cost of \$300,000 plus minimal modifications.
 - Purchasing a building in the current financial situation would not be feasible.
- **Motion**/second, Leonhard/Stowe, to engage through 2021 and 2022 with community partners to either improve financial performance of CCC or identify alternative delivery models, and work with Marathon County Facilities to identify another location for ADS programming to be delivered on the NCHC campus. Motion carried.
- Discussion and Possible Recommendation for the Homelessness Initiative
 - In the Fall of 2020, the Board approved a trial program with other community partners to address the homelessness initiative. To date 12-14 individuals have been served and 5 currently live in the home.
 - Initially a \$10,000 grant was received for the initiative, but the actual cost has totaled about \$35,000 for 2021. The Wausau Police Department Officer has since moved to the CART team and the Peer Specialist has been split between the Homelessness Initiative and the Sober Living homes in Antigo and Wausau. The individuals who wanted help have been transitioned successfully, but the few that remain have not been willing to receive help.

- The lease for the house ends 11/30/2021. Consideration could be given to transition the individuals, if interested, to a sobriety house, or contact Holster Management for a short lease to work through transitions through the winter months. If the program continues, the target demographic could change to women who were not served in the initial program and improve the structure of the living arrangement.
- **Motion**/second, Leonhard/ Wylie, to recommend pursuing a limited term renewal lease to allow time to evaluate whether to continue the operation, possibly engage community partners, and/or identify an exit strategy. Motion carried.

Educational Presentations/Outcome Monitoring Reports

- CEO Report
 - Highlights included an update on the successful transitions to Mount View Care Center Suite B (MVCC Tower). Many thanks for the help from Facilities Maintenance, CCITC, and NCHC Staff.
 - State Building Commission Meeting with NCHC occurred this week on the approved \$5 million grant to improve the psychiatric hospital expansion.
 - Design is close to completion for MVCC Suite A.
 - We will be applying for additional Covid Relief funding.
 - The State approved a Medicaid increase averaging 12%; with an increase of 4% Medicaid for Residential.
 - National worker shortage has had a major impact on us. We continue to experience staff shortages due to Covid, call-off's, early retirements, etc.
- Organizational and Program Dashboards
 - Highlights note strong vacancy rate performance. Have had turnovers in the hospitals, group homes, outpatient, Pine Crest, and Youth Community Treatment. Working to identify what barriers there are for staff to be engaged and successful. Exploring ways to share resources between programs to engage employees to stay with us. Also addressing burn out.
 - Covid is now an OSHA Reportable event.
 - Closely managing out-of-county placements. Leonhard noted that in talking with Sen. Petrowski, they are looking for the ability to have other means of funding the long term out of county placements. Data from NCHC will help conversations with county partners.
 - Pine Crest Nursing Home is over \$1 million in agency expense for 2021 while MVCC has over time and call time. Pine Crest uses agency staff as the employees are less willing to pick up shifts and work overtime where MVCC staff are willing to pick up overtime and call pay. Both nursing homes are hitting revenue targets.

September Financials

- Highlights include a \$4.1 million loss through September. Challenges continue to include staffing. Productivity information from Cerner is finally available which will help to see where there are gaps and fill accordingly. The acute behavioral health programs shortfalls are related to unpredictable census targets and it is not easy to flex staff in these areas.

- Cash position worsened in September due to the manner in which money inflows and outflows.
- Challenges with Cerner is creating problems in the ability to get bills out quickly. We meet with Cerner regularly to address the issues however, the time in Accounts Receivable is growing. May need action from the Board. Will keep Committee and Board apprised of situation.

Board Work Plan

- No questions/discussion.

Announcements

- Atty. Phillips has completed his review of the Joint County Agreement at the request of the Board.
- Executive Committee will meet on Thurs, October 28, 2021, at 1:00 to review the suggested revisions and recommendations with Atty. Phillips.

Adjournment

- **Motion**/second, Stowe/Leonhard, to adjourn the meeting at 4:18 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

October 28, 2021

1:00 p.m.

Wausau Board Room

Present: X Kurt Gibbs X^(phone) Deb Hager X Lance Leonhard
X Robin Stowe X Cate Wylie

Staff Present: Jill Meschke, Jaime Bracken, Jennifer Peaslee, Tom Boutain, Jarret Nickel, Kim Van Ermen, Bobby Splinter ^(phone)

Others Present: Atty. Andy Phillips ^(phone), Dejan Adzic, Deputy Corporation Counsel, Mike Puerner, Corporation Counsel ^(phone)

Call to Order

- Meeting was called to order at 1:12 p.m. by Chair Gibbs.

Public Comment

- None

Discussion of Organizational Structure Options for NCCSP

- In January 2021, Atty. Phillips was asked to identify recommendations on North Central Health Care's (NCHC) organizational structure after concerns, issues, and breakdowns had been encountered which was followed by the resignation of the CEO in May. Should the NCHC Board have a recommendation to change the structure of NCHC, the three member counties would make the final decision on how they would operate a community department.
- To consider options moving forward, we must understand the history of NCHC and the existence of the Retained County Authority (RCA) and Executive Committee, which are comprised of individuals to speak on behalf of each of the three counties, as well as a governance structure that the three counties and the NCHC Board have a clear understanding of its charge, missions and roles.
- The difference between a community department with a county executive/administrator (Marathon County) and those with a county administrative coordinator (Langlade and Lincoln Counties) was provided. Also, Wisc. Statutes 59.52(7) addresses joint cooperation between counties by entering into an intergovernmental contract to jointly carry out the responsibilities of the jointly maintained agency/department. This sub-chapter was not utilized in the Tri-County Agreement as it is new to the Statutes within the last 10 years.
- The administrator model with a single department of community programs is one that efficiently achieves enhanced accountability, governance, mission, and clarity on roles and responsibilities with the departments. This model identifies the Board as a policy-making board.

- Atty. Phillips has reached out to the Department of Health Services (DHS) for additional clarification on the desire to utilize Chapter 59 to implement the administrator model. Will provide updated after receiving a response.
- Discussion included:
 - Need feedback from DHS on use of Chapter 59 to achieve the features referenced prior to final decision.
 - Any modifications to the tri-county agreement will need to be proposed to the three county boards who are charged under Statutes to make those determinations.
 - Under the Administrator model, the real administrator is the Executive Committee comprised of the three county designees.
 - A process needs to be crafted to take the recommendation to the three county boards, the NCHC Board, and NCHC staff.
 - Mission of NCHC will not change.
 - Who makes decisions and provides direction will be clarified.
- Next steps:
 - Decide on organizational model.
 - Prepare packet of information for each county board including background and why the recommendation is being made.
 - Present to the NCHC Board of Directors the model the Executive Committee is recommending to the three counties and why, make clear that the role of the NCHC Board is in policymaking, and providing strategic direction for and on behalf of the organization.
 - Authorize Atty. Phillips to reach out to the Wisconsin Counties Association and DHS indicating a resolve on the part of three counties looking at the administrator model and if there are any concerns to move forward with the change.
 - Provide information to the NCHC staff i.e., no significant change to mission of NCHC, provide clarity on who makes decisions, and who NCHC takes direction from.
- **Motion**/second, Wylie/Stowe, to adopt the administrator model and reach out to DHS.
 - Following discussion, the motion was restated as follows:
 - The Executive Committee is recommending to the three counties the adoption of the administrator/executive model for NCHC governance and will work to finalize the intergovernmental agreement and bring to each member County Boards in due time, and, authorize Atty. Phillip to reach out to DHS relative to the potential move. Motion carried.

Announcements

- No announcements.

Adjournment

- **Motion**/second, Stowe/Leonhard, to adjourn the Executive Committee meeting at 1:52 p.m. Motion carried.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

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

Below are updates since our last meeting.

Moment of Excellence

Monday, November 15 the Wausau campus lost power for approximately three hours unexpectedly. Teams across campus worked together to handle the event. An incident command group was formed within 30 minutes and tasks were delegated to areas affected. Marathon County's Facilities team worked to identify the cause of the issue while NCHC employees worked to determine mitigation plans had the situation become worse. The same afternoon the teams met to debrief and determine next steps for remediation.

Since Our Last Meeting

Implementation of Cerner as the electronic medical record for NCHC's behavioral health programs had some initial challenges due to the learning curve for users and significant issues in the billing process. In conjunction with the Marathon County Corporation Counselor's office, NCHC sent a letter to Cerner's management requesting action on five primary pain points: (1) billing features unable to support Wisconsin Medicaid requirements, (2) inability to produce accurate and timely reports, (3) lack of compliance-related safeguards, (4) failure to assist with the general ledger data export, and (5) lack of other features and functionality as represented in the RFP bid and Cerner's demo team.

Last week Danny Gladden, Cerner's Director of Behavioral Health and General Manager, responded to the letter maintaining a high-level of optimism that the issues will be resolved. Cerner's internal teams have met and are looking to respond to our five points. A call is scheduled for Thursday, November 18 between NCHC management and Cerner management to discuss working toward a resolution.

Industry News

November 4 the Centers for Medicare and Medicaid Services (CMS) issued an interim final rule requiring COVID-19 vaccinations for workers in most health care settings that participate in the Medicare and Medicaid programs. The same day, the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard requiring employees at private businesses with 100 or more workers be vaccinated by January 4 or get tested weekly. CMS asserts its rule takes priority above other federal vaccination requirements.

The CMS interim final rule establishes a Condition of Participation that applies to most health care settings, including hospitals, critical access hospitals, ambulatory surgery centers, comprehensive outpatient rehabilitation facilities, home health agencies, rural health clinics, federally qualified health centers and long-term care facilities. The vaccination requirement applies to all eligible staff working at a facility that participates in the Medicare and Medicaid programs, regardless of clinical responsibility or patient care, including staff who work in offsite locations, such as homes, clinics, or administrative offices. Under the vaccination requirement, staff at health care facilities must be fully vaccinated.

The rule requires health care facilities to allow for exemptions to staff with recognized medical conditions or religious beliefs, observances, or practices. Facilities must establish a process for staff to request either exemption and ensure that the requests are appropriately documented and evaluated. In instances of medical exemption requests, providers must ensure that all documentation confirming recognized clinical contraindications are signed and dated by a licensed practitioner other than the individual requesting the exemption.

In instances where a staff member meets the requirements for an exemption and is therefore unvaccinated, the facility must develop a process for implementing additional precautions to mitigate transmission and spread of COVID-19. This could include reassigning the non-vaccinated staff to non-patient care settings. Further, when granting an exemption or accommodation, providers must take steps to minimize the risk of COVID-19 transmission to at-risk individuals. While the regulation does not require testing for unvaccinated staff, the agency indicates it is considering such a requirement in the future. For now, providers may voluntarily institute testing alongside other infection prevention measures to mitigate any risk of COVID-19 transmission.

A group of 10 states has sued President Joe Biden and his administration challenging the CMS interim final rule. However, legal experts agree that employers subject to the mandate should not wait to enforce it. NCHC has established a policy to comply with the vaccination mandate that follows EEOC guidance to review exemption requests on a case-by-case basis.

Dashboards

In October, NCHC experienced a slight increase in vacancy rate to 7.0%, which is still within target range, but is being monitored closely. Increases to vacancy rate occurred in Pine Crest Nursing Home, Supported Apartments, and Youth Community Treatment. Turnover rate is consistent with prior months.

Improvements to Patient Experience scores were seen in October. Hospital readmission rates increased in October, however nursing home readmission rates decreased. Out of county placements increased due to staffing shortages and high patient acuity.

Financial Highlights

NCHC experienced a loss of (\$383,000) in October bringing the year-to-date loss to (\$4,500,000). The key drivers affecting the losses are as follows and are addressed in greater detail in the CFO financial memo.

- Net patient revenue is behind plan (\$580,000) or (10.7%) for October and (\$8,100,000) or (15.1%) year-to-date. Total revenue is short by (\$407,000) or (5.4%) in October and (\$6,200,000) or (8.2%) year-to-date. Overall, Mount View Care Center and Pine Crest Nursing Home are exceeding revenue targets \$782,000 year-to-date while Behavioral Health Services lag by (\$5,500,000) and Community Living and other services are behind revenue targets (\$1,200,000).

- Staffing remains an area of concern in many NCHC programs. Mount View Care Center has staffing costs exceeding plan by (\$1,100,000) year-to-date. Pine Crest Nursing Home has agency staff expenses in excess of (\$1,000,000) year-to-date. In total, all other programs are favorable to plan by \$3,300,000.
- Favorable benefits expenses early in the year have begun to change, which is a common expectation. Year-to-date, benefits expenses are unfavorable to budget.
- Diversions expenses are (\$28,000) over plan for October and (\$524,000) over plan year-to-date. Management of diversions continues in both the adult and youth hospitals.
- Cash returned to a more normal position in October after prioritizing challenging collections.

Current Challenges

Supply chain concerns continue to affect construction timelines at NCHC and daily operations. Though the timeline is volatile, the current estimate for the master facility plan construction schedule includes D wing phase one (hospital) delayed to April 2022, D wing phase two (crisis) to be completed October 2022, and C wing demolition at the end of November 2022.

In dietary, NCHC is being shorted an average of 15 to 20 items in every delivery with minimal substitutions, but they are doing an excellent job of maintaining and finding alternatives. Currently they can keep the menu stable managing inventory and substitutions, but that may change. Robbie Deede, North Central Wisconsin Healthcare Emergency Readiness Coalition (HERC) Coordinator, reached out to NCHC due to reports of food supply chain concerns for hospitals and nursing homes.

Considerations and Decisions

During the December meeting of the NCCSP Board of Directors, I will be asking the members for their consideration of several items, namely (1) the compensation administration manual and pay grades, (2) the physician compensation policy, and (3) the 2022 budget. Additional details related to the budget will be made available to the Board to consider prior to the meeting.

Conclusion

Progress continues for a variety of initiatives at NCHC. We appreciate the time and commitment of the Board of Directors. Thank you.

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%	6.5%	7.0%			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%	2.5%	2.6%			31.9%	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	57.0	71.9			64.2%	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%		5.0%	13.2%			9.8%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%	12.5%	10.0%	12.5%	12.0%	7.7%	10.4%			11.7%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★			★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85	1.19			0.62	0.57	0.73			0.84	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08	3.18	1.21	1.98	1.14	6.97	0.00			2.87	2.84

COMMUNITY

Out of County Placements	↘	230-250	236	140	169	96	143	192	109	126	127	256			159	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%	81.0%	83.5%			76.3%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%	37.2%	40.5%	44.7%	31.0%	34.6%	36.4%			37.3%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%	-7.6%	1.1%	-15.5%	-4.0%	-11.0%	-5.4%			-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 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%	7.0%	6.9%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.6%	31.9%	N/A
		Organization Diversity Composite Index	↗	Monitoring		0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	71.9	64.2%	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	13.2%	9.8%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	10.4%	11.7%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.73	0.84	0.74
		Zero Harm - Employees	↘	Monitoring	0.00	2.87	2.84
	Community	Out of County Placements	↘	230-250	256	159	269
		Client Diversity Composite Index	↗	Monitoring		0.45	/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	83.5%	76.3%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	36.4%	37%	39.0%
Net Income		↗	2-3%	-5.4%	-6.5%	0.4%	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	2.1%	3.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	16.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	80.0*	75.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.09	0.16
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		92.7%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%	58.0%(47/81)	56.4%
	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	3.02%	3.21%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	84.5%	78.8%
Net Income		↗	\$10,457-\$15,686 Per Month	\$12,473	\$60,387	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	0.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	19.9%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	50.0*	46.4%
	Quality	Zero Harm - Patients	↘	Monitoring	20.27	9.01
		% of Patients who kept their Follow-up Appointment	↗	90-95%		92.7%
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%		100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	42.1%	59.9%
		Net Income	↗	\$1,747-\$2,620 Per Month	\$7,694	(\$14,946)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	6.5%	6.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.4%	38.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	(20.0)	39.9%
	Quality	Zero Harm - Patients	↘	Monitoring	6.85	3.85
		Hospital Readmission Rate	↘	10-12%	14.7%	9.7%
		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	140	121
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	105.1%	102.3%
Net Income		↗	\$13,382-\$20,073 Per Month	(\$145,260)	(\$164,293)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	10.0%	6.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	10.5%	47.6%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	100.0*	86.3%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	5.44
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	57.6%	66.2%
		Net Income	↗	\$2,174-\$3,261 Per Month	\$3,125	(\$14,266)

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	81.8*	79.3%
	Quality	Average Attendance Per Work Day	↗	20-25	18	19
		% of Members Working 15 or More Hours Per Month	↗	80-85%	39%(30/76)	26.8%
	Community	Active Members Per Month	↗	110-120	76	86
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	91.4%	88.4%
		Net Income	↗	\$536-\$804 Per Month	(\$13,544)	(\$10,541)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	3.1%	5.5%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	32.8%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	(25.0)*	20.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	8.27
		% 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%	13.3%	5.3%
	Community	Out of County Placements Days	↘	230-250	256	159
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%		47.3%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	531.9%	269.0%
		Net Income	↗	\$5,370-\$8,055 Per Month	\$11,426	(\$21,393)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.0%	2.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	7.8%	18.1%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	90.9*	92.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.44	0.64
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	93.4%	98.4%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$32,450)	(\$29,135)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	10.0%	5.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.6%	42.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	87.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.05	1.65
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	81.0%	77.1%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$15,394	\$25,332

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	6.0%	10.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.9%	31.9%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	66.7*	50.0%
	Quality	Nursing Home Readmission Rate	↘	10-12%	8.6%	9.4%
		Zero Harm - Residents	↘	Monitoring	3.74	3.31
		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%	79.0%	71.1%
Net Income		↗	\$30,636-\$45,954 Per Month	(\$215,689)	(\$107,497)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	5.4%	3.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	13.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	59.8%
	Quality	Zero Harm - Patients	↘	Monitoring	0.56	1.02
		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%	13.6%	13.9%
		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	1.11%	1.07%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	134.9%	123.2%
		Net Income	↗	\$12,534-\$18,802 Per Month	\$51,246	(\$18,276)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	12.8%	10.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.3%	37.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	40.0*	47.1%
	Quality	Zero Harm - Residents	↘	Monitoring	1.81	3.23
		Nursing Home Readmission Rate	↘	10-12%	15.4%	14.5%
		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%	82.1%	71.1%
Net Income		↗	\$20,559-\$30,839 Per Month	\$59,498	(\$134,423)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	0.0%	4.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	82.1%
	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	\$6,388	\$5,729

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	10.5%	8.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	5.7%	23.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	87.5*	80.0%
	Quality	Zero Harm - Patients	↘	Monitoring	2.06	0.87
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	56.3%	46.4%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$39,871)	(\$30,229)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	10.8%	4.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	6.1%	39.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	88.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.04
		% 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	2.54%	0.76%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	82.6%	75.2%
		Net Income	↗	\$14,139-\$21,208 Per Month	(\$15,850)	\$37,849

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	5-7%	0.0%	5.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	15.2%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	N/A	N/A
	Quality	Zero Harm - Patients	↘	Monitoring	20.41	10.20
		% of Patients who kept their Follow-up Outpatient Appointment	↗	90-95%		
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%		
	Finance	Direct Expense/Gross Patient Revenue	↘	127-130%	84.72%	385.8%
		Net Income	↗	\$1,692-\$2,538 Per Month	(\$18,068)	(\$12,824)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	5.9%	7.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	34.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	80.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	8.05
		Hospital Readmission Rate	↘	10-12%	10.5%	12.2%
		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	116	38
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	105.9%	93.4%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$144,462)	(\$90,677)

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

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	6,633,361	8,317,425	(1,684,064)	-20.2%	70,087,254	82,611,487	(12,524,233)	-15.2%
Patient Contractual Adjustments	(1,809,647)	(2,913,679)	1,104,032	-37.9%	(24,578,594)	(28,978,413)	4,399,819	-15.2%
Net Patient Revenue	4,823,714	5,403,746	(580,032)	-10.7%	45,508,660	53,633,074	(8,124,414)	-15.1%
County Revenue	409,215	427,764	(18,549)	-4.3%	4,240,543	4,277,641	(37,098)	-0.9%
Contracted Service Revenue	105,200	122,214	(17,014)	-13.9%	910,999	1,040,420	(129,421)	-12.4%
Grant Revenues and Contractuals	318,405	334,369	(15,964)	-4.8%	2,982,310	3,339,286	(356,976)	-10.7%
Appropriations	510,045	502,687	7,358	1.5%	5,100,451	5,026,870	73,581	1.5%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	780,650	552,481	228,168	41.3%	7,984,431	5,526,314	2,458,117	44.5%
Total Direct Revenue	6,947,229	7,343,261	(396,033)	-5.4%	66,754,144	72,843,605	(6,089,462)	-8.4%
Indirect Revenues								
County Revenue	170,209	171,802	(1,593)	-0.9%	1,702,087	1,718,019	(15,932)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	22,540	30,000	(7,460)	-24.9%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	28,705	37,477	(8,771)	-23.4%	337,790	435,507	(97,716)	-22.4%
Allocated Revenue	-	-	-	0.0%	-	(1)	1	-100.0%
Total Indirect Revenue	201,745	212,279	(10,534)	-5.0%	2,085,481	2,183,525	(98,044)	-4.5%
Total Operating Revenue	7,148,974	7,555,540	(406,566)	-5.4%	68,839,624	75,027,130	(6,187,506)	-8.2%
Direct Expenses								
Personnel Expenses	3,744,155	3,659,234	(84,921)	-2.3%	34,296,541	34,750,133	453,591	1.3%
Contracted Services Expenses	774,743	799,807	25,063	3.1%	8,303,345	8,743,853	440,509	5.0%
Supplies Expenses	87,915	53,419	(34,496)	-64.6%	809,992	566,168	(243,824)	-43.1%
Drugs Expenses	473,533	545,095	71,562	13.1%	5,152,888	5,133,800	(19,088)	-0.4%
Program Expenses	84,718	70,647	(14,071)	-19.9%	767,493	724,785	(42,708)	-5.9%
Land & Facility Expenses	66,353	69,247	2,894	4.2%	666,565	702,715	36,150	5.1%
Equipment & Vehicle Expenses	32,856	61,821	28,965	46.9%	482,991	663,892	180,901	27.2%
Diversions Expenses	108,127	79,500	(28,627)	-36.0%	1,318,599	795,000	(523,599)	-65.9%
Other Operating Expenses	163,810	168,690	4,879	2.9%	1,695,144	1,721,189	26,045	1.5%
Total Direct Expenses	5,536,211	5,507,460	(28,751)	-0.5%	53,493,560	53,801,536	307,976	0.6%
Indirect Expenses								
Personnel Expenses	1,167,345	1,196,627	29,282	2.4%	11,062,321	11,497,926	435,606	3.8%
Contracted Services Expenses	9,044	3,500	(5,544)	-158.4%	83,045	35,000	(48,045)	-137.3%
Supplies Expenses	81,781	70,515	(11,266)	-16.0%	780,422	797,878	17,456	2.2%
Drugs Expenses	2,304	20,000	17,696	88.5%	22,724	20,000	(2,724)	-13.6%
Program Expenses	18,487	16,321	(2,166)	-13.3%	212,939	196,881	(16,057)	-8.2%
Land & Facility Expenses	287,184	351,097	63,914	18.2%	3,159,113	3,027,627	(131,486)	-4.3%
Equipment & Vehicle Expenses	106,929	84,971	(21,958)	-25.8%	1,055,162	891,103	(164,059)	-18.4%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	342,048	477,457	135,409	28.4%	3,595,017	5,093,452	1,498,436	29.4%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	2,015,122	2,220,488	205,366	9.2%	19,970,742	21,559,868	1,589,126	7.4%
Total Operating Expenses	7,551,333	7,727,947	176,614	2.3%	73,464,301	75,361,403	1,897,102	2.5%
Metrics								
Indirect Expenses/Direct Expenses	36.4%	40.3%			37.3%	40.1%		
Direct Expense/Gross Patient Revenue	83.5%	66.2%			76.3%	65.1%		
Non-Operating Income/Expense								
Interest Income/Expense	(3,693)	(30,833)	27,140	-88.0%	(56,901)	(308,333)	251,433	-81.5%
Donations Income	(15,632)	-	(15,632)	0.0%	(70,899)	-	(70,899)	0.0%
Other Non-Operating	-	-	-	0.0%	(4,095)	-	(4,095)	0.0%
Total Non-Operating	(19,325)	(30,833)	11,508	-37.3%	(131,895)	(308,333)	176,438	-57.2%
Net Income (Loss)	(383,034)	(141,574)	(241,460)	170.6%	(4,492,782)	(25,940)	(4,466,842)	17219.9%
Net Income	-5.4%	-1.9%			-6.5%	0.0%		

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

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	5,187,579	5,736,502	(548,923)	6,830,508	6,793,280	(37,228)	(1,642,929)	(586,152)
Adult Crisis Stabilization Facility	764,146	1,236,887	(472,741)	913,605	875,352	(38,254)	(149,459)	(510,994)
Lakeside Recovery MMT	136,542	849,450	(712,908)	142,520	889,834	747,314	(5,978)	34,406
Youth Behavioral Health Hospital	1,297,032	1,805,927	(508,895)	2,204,162	2,512,379	308,217	(907,130)	(200,678)
Youth Crisis Stabilization Facility	347,154	636,824	(289,670)	468,014	848,331	380,317	(120,860)	90,647
Crisis Services	2,483,778	2,541,370	(57,592)	2,697,708	2,696,039	(1,668)	(213,929)	(59,260)
Psychiatry Residency	250,509	378,250	(127,741)	295,190	233,321	(61,869)	(44,681)	(189,610)
	<u>10,466,740</u>	<u>13,185,210</u>	<u>(2,718,470)</u>	<u>13,551,707</u>	<u>14,848,536</u>	<u>1,296,829</u>	<u>(3,084,967)</u>	<u>(1,421,640)</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	3,628,794	3,546,067	82,728	4,139,200	3,953,047	(186,153)	(510,406)	(103,426)
Outpatient Services (Lincoln)	874,696	1,100,101	(225,405)	634,664	1,106,714	472,050	240,032	246,645
Outpatient Services (Langlade)	681,646	1,544,010	(862,364)	594,030	1,283,880	689,851	87,616	(172,514)
Community Treatment Adult (Marathon)	4,139,668	4,409,454	(269,785)	3,835,098	4,082,572	247,475	304,571	(22,311)
Community Treatment Adult (Lincoln)	849,656	863,571	(13,915)	678,221	680,664	2,443	171,436	(11,471)
Community Treatment Adult (Langlade)	491,966	563,973	(72,007)	364,098	474,045	109,946	127,868	37,939
Community Treatment Youth (Marathon)	4,413,327	4,728,879	(315,551)	4,419,822	4,359,001	(60,821)	(6,495)	(376,372)
Community Treatment Youth (Lincoln)	1,411,017	2,178,208	(767,191)	1,247,482	1,568,913	321,431	163,535	(445,760)
Community Treatment Youth (Langlade)	1,250,053	1,468,022	(217,969)	1,028,599	1,153,584	124,984	221,453	(92,985)
Community Corner Clubhouse	136,243	249,345	(113,102)	241,651	268,725	27,074	(105,408)	(86,028)
	<u>17,877,069</u>	<u>20,651,630</u>	<u>(2,774,561)</u>	<u>17,182,865</u>	<u>18,931,145</u>	<u>1,748,280</u>	<u>694,203</u>	<u>(1,026,282)</u>
COMMUNITY LIVING								
Adult Day Services (Marathon)	583,644	668,806	(85,162)	465,171	498,736	33,566	118,474	(51,596)
Prevocational Services (Marathon)	436,759	445,633	(8,873)	509,588	674,673	165,085	(72,829)	156,211
Lincoln Industries	610,138	1,063,624	(453,486)	913,415	1,117,632	204,217	(303,277)	(249,269)
Day Services (Langlade)	281,837	248,271	33,566	315,550	263,076	(52,475)	(33,713)	(18,909)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	452,508	436,653	15,855	399,161	343,116	(56,046)	53,347	(40,191)
Chadwick Group Home	490,348	535,807	(45,460)	407,093	402,728	(4,365)	83,255	(49,825)
Bissell Street Group Home	484,526	472,596	11,931	357,934	381,089	23,155	126,593	35,086
Heather Street Group Home	395,259	382,180	13,079	405,131	345,755	(59,376)	(9,872)	(46,296)
Jelinek Apartments	632,084	655,958	(23,874)	598,714	595,144	(3,570)	33,370	(27,444)
River View Apartments	607,539	554,623	52,917	545,068	456,146	(88,922)	62,471	(36,005)
Forest Street Apartments	123,342	294,215	(170,873)	385,725	395,303	9,578	(262,383)	(161,295)
Fulton Street Apartments	195,253	210,885	(15,632)	331,002	238,578	(92,425)	(135,750)	(108,057)
Riverview Terrace	293,903	298,780	(4,877)	236,607	291,277	54,670	57,296	49,793
Hope House (Sober Living Marathon)	5,269	5,175	94	57,743	39,380	(18,363)	(52,474)	(18,269)
Homelessness Initiative	10,404	437	9,967	24,504	5,556	(18,948)	(14,100)	(8,981)
Sober Living (Langlade)	37,576	43,037	(5,461)	74,529	107,543	33,013	(36,954)	27,552
	<u>5,640,390</u>	<u>6,316,680</u>	<u>(676,290)</u>	<u>6,026,937</u>	<u>6,155,732</u>	<u>128,795</u>	<u>(386,547)</u>	<u>(547,495)</u>
NURSING HOMES								
Mount View Care Center	15,729,081	15,588,745	140,336	16,804,048	15,317,846	(1,486,201)	(1,074,967)	(1,345,866)
Pine Crest Nursing Home	9,989,769	9,347,303	642,465	11,333,998	10,290,286	(1,043,712)	(1,344,229)	(401,246)
	<u>25,718,849</u>	<u>24,936,048</u>	<u>782,801</u>	<u>28,138,045</u>	<u>25,608,132</u>	<u>2,529,913</u>	<u>(2,419,196)</u>	<u>3,312,714</u>
Pharmacy	6,843,972	7,270,193	(426,221)	6,092,098	6,932,228	840,129	751,873	413,908
OTHER PROGRAMS								
Aquatic Services	897,542	1,264,566	(367,024)	1,040,199	1,077,730	37,531	(142,657)	(329,493)
Birth To Three	538,120	642,042	(103,922)	538,120	642,042	103,922	-	-
Adult Protective Services	663,309	671,923	(8,614)	639,966	844,785	204,819	23,342	196,204
Demand Transportation	321,434	397,172	(75,739)	250,268	321,075	70,807	71,165	(4,932)
	<u>2,420,404</u>	<u>2,975,703</u>	<u>(555,299)</u>	<u>2,468,554</u>	<u>2,885,632</u>	<u>417,078</u>	<u>(48,149)</u>	<u>(138,221)</u>
Total NCHC Service Programs	68,967,424	75,335,463	(6,368,039)	73,460,206	75,361,403	1,901,197	(4,492,782)	(4,466,842)

North Central Health Care
Balance Sheet
For the Period Ending October 31, 2021

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	811,918	3,838,996
Accounts Receivable		
Net Patient Receivable	8,025,702	4,064,208
Outpatient WIMCR & CCS	4,022,899	4,657,500
Nursing Home Supplemental Payment	1,192,645	532,650
County Appropriations Receivable	(759,955)	79,998
Net State Receivable	448,930	510,861
Other Accounts Receivable	400,598	936,633
Inventory	429,333	446,283
Prepaid Expenses	398,676	634,411
Total Current Assets	<u>14,970,746</u>	<u>15,701,540</u>
Noncurrent Assets		
Investments	7,544,192	12,093,552
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	99,201	93,139
Pool Project Receivable	-	1,732,590
Net Pension Assets	7,280,177	-
Nondepreciable Capital Assets	37,818,942	23,221,446
Net Depreciable Capital Assets	28,153,457	20,052,169
Total Noncurrent Assets	<u>81,895,969</u>	<u>58,192,896</u>
Deferred Outflows of Resources (Pensions)	<u>18,262,408</u>	<u>22,152,585</u>
TOTAL ASSETS	<u><u>115,129,123</u></u>	<u><u>96,047,021</u></u>

	<u>Current YTD</u>	<u>Prior YTD</u>
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	27,987	29,249
Trade Accounts Payable	297,133	286,652
Accrued Liabilities		
Salaries and Retirement	2,507,027	2,625,262
Compensated Absences	2,288,122	2,818,267
Health and Dental Insurance	503,000	670,000
Bonds	-	360,000
Interest Payable	109,188	231,751
Other Payables and Accruals	726,015	1,884,653
Payable to Reimbursement Programs	100,000	220,000
Unearned Revenue	(1,706,693)	(63,427)
Total Current Liabilities	<u>4,851,778</u>	<u>9,062,407</u>
Noncurrent Liabilities		
Net Pension Liability	2,506,809	9,445,451
Long-Term Portion of Capital Lease Liability	24,622	51,253
Long-Term Projects in Progress	42,157,837	20,662,942
Long-Term Debt and Bond Premiums	9,112,532	9,145,603
Patient Trust Funds	50,330	63,421
Total Noncurrent Liabilities	<u>53,852,129</u>	<u>39,368,670</u>
Deferred Inflows of Resources (Pensions)	<u>22,225,906</u>	<u>11,508,078</u>
TOTAL LIABILITIES	80,929,813	59,939,155
NET POSITION		
Net Investment in Capital Assets	65,972,399	43,273,616
Pool Project Restricted Capital Assets	-	1,732,590
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	-	1,121,708
Undesignated	(28,280,307)	(10,630,356)
Net Income / (Loss)	<u>(4,492,782)</u>	<u>(389,692)</u>
TOTAL NET POSITION	34,199,310	36,107,866
TOTAL LIABILITIES AND NET POSITION	<u><u>115,129,123</u></u>	<u><u>96,047,021</u></u>

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

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	52,384,298	4,018,131	17,057,777	73,460,206
General Fund Balance Targets				
Minimum (20% Operating Expenses)	10,476,860	803,626	3,411,555	14,692,041
Maximum (35% Operating Expenses)	18,334,504	1,406,346	5,970,222	25,711,072
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	10,726,860	1,053,626	3,661,555	15,442,041
Maximum Target	18,584,504	1,656,346	6,220,222	26,461,072
Total Net Position at Period End	49,517,092	3,909,974	15,540,359	68,967,424
Fund Balance Above/(Below)				
Minimum Target	38,790,232	2,856,347	11,878,803	53,525,383
Maximum Target	30,932,587	2,253,628	9,320,137	42,506,352
<i>County Percent of Total Net Position</i>	<i>71.8%</i>	<i>5.7%</i>	<i>22.5%</i>	
Share of Cash Reserves and Investments	6,717,482	530,426	2,108,203	9,356,111
<i>Days Invested Cash on Hand</i>	<i>39</i>	<i>40</i>	<i>38</i>	<i>39</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	15,500,012	1,188,926	5,047,233	21,736,171
Invested Cash Reserves Above/(Below) Target	(8,782,530)	(658,500)	(2,939,030)	(12,380,060)

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	For review in October.	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		Open												
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September 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		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		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												