North Central Health Care
Person centered. Outcome focused.

# OFFICIAL NOTICE AND 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 and time as noted below:

**Wednesday, July 29, 2026, at 1:00 PM**
North Central Health Care – **Eagle Board Room**, 2400 Marshall Street, Suite A, 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:

**Meeting Link:** https://ccitc.webex.com/ccitc/j.php?MTID=me43e1783686345e58cc265fd3aeb87a1
**Meeting number:** 1-408-418-9388 **Access Code:** 2498 185 0681 **Password:** 1234

## AGENDA

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (Limited to 15 Minutes)
3. Approval of May 27, 2026 Executive Committee Meeting Minutes
4. Educational Presentations, Committee Discussion, and Organizational Updates
   a. 2025 Audit Presentation – Kim Heller, Wipfli
   b. Financial Update – J. Hake
   c. NCHC Lifeworks Employment Program Partnership – B. Thorne
   d. Strategic Vision for an Integrated Behavioral Health System – J. Hake
5. Discussion and Possible Action
   a. ACTION: Approval of 2025 Audit – J. Hake
   b. ACTION: Approval for 2027 Health Plan Renewal Strategy and Premium Increases – J. Hake
   c. ACTION: Request for Position Approval – Outpatient Clinical Manager – A. Dunne
   d. ACTION: Request for Position Approval – Acute Care Services Coordinator – W. Peterson
   e. ACTION: Request for Position Approval – Adult Protective Services Representative – M. Schroeder
   f. ACTION: Request for Position Approval – Chief Medical Officer – J. Hake
   g. ACTION: Approval to Submit Phase 1 Planning Grant Application – Rural Health Transformation Program – J. Hake
6. Closed Session
   a. Motion to go into Closed Session (roll call vote required) - It is anticipated that the Committee will consider a motion to convene in closed session pursuant to Wis. stat. s. 19.85(1)(g) "Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved," to wit: Marathon County Case No. 24 CV 495 - Emmerich & Associates, Inc. v. ProSelect Insurance Company, D/B/A/ Coverys, and North Central Community Services Program a.k.a. North Central Health Care
   b. Motion to return to Open Session (roll call vote not required) and possible announcements and/or action regarding Closed Session items
7. Next Meeting Date & Time, Location and Future Agenda Items
   a. Wednesday, August 26, 2026, 1:00 PM, Eagle Board Room
8. 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: 07/23/2026 TIME: 11:15 AM BY: K. Barbier

Presiding Officer or Designee

North Central Health Care
Person centered. Outcome focused.

# NORTH CENTRAL COMMUNITY SERVICES PROGRAM
# EXECUTIVE COMMITTEE MEETING MINUTES

**May 27, 2026** **1:00 p.m.** **North Central Health Care**

| | | | | | |
|---|---|---|---|---|---|
| Present: | X | Kurt Gibbs | X | Renee Krueger |
| | X | Lance Leonhard | X | Rachel Ramer |

Staff Present: Jason Hake, Brandy Thorne, Kyle Theiler

Others Present: Brian Desmond, Marathon County Corporation Counsel

Call to Order

- The meeting was called to order by Chair Gibbs at 1:00 p.m.

Public Comment for Matters Appearing on the Agenda

- None.

April 29, 2026 Executive Committee Minutes

- **Motion**/second, Ramer/Leonhard, to approve the April 29, 2026 Executive Committee meeting minutes. Motion carried.

Financial Update

- Mr. Hake provided an overview of preliminary financial results for April, reporting a monthly net income of just over $1.0 million. Health insurance reported net income of $170,000 for the same period. Year-to-date net income is $3.6 million. Health insurance has recognized net income of just under $666,000 year-to-date. Cash remains stable, with approximately 162 days cash on hand.

Human Resources Strategy Update

- Ms. Thorne provided an overview of strategic focus areas and highlighted key accomplishments achieved since January as outlined in the presentation provided in the packet.

2027 Budget Revenue and Expense Guidelines

- **Motion**/second, Krueger/Leonhard, to approve the 2027 Budget Revenue and Expense Guidelines as presented. Motion carried.

Closed Session

- Mr. Desmond explained the rationale for the closed session is that the discussion revolves around an employee misconduct investigation and should be kept confidential to protect the person's reputation while the matter is still pending and to protect witness information.
- **Motion**/second, Leonhard/Ramer to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1) (c), (f), and (g) for the purposes of "[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility," "[c]onsidering financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against specific persons," and

"[c]onferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved." to wit: Review and Update Regarding Human Resources Investigative Matters Involving an NCHC Employee, Including Consideration of Employment-Related Actions. Roll call taken; all indicating aye. Mr. Desmond, Mr. Hake, and Ms. Thorne remained in closed session. Meeting convened in closed session at 2:24 p.m. Motion carried.

- **Motion/**second, Leonhard/Krueger, to return to open session at 3:55 p.m. Motion carried.
- Possible announcements and/or action regarding closed session items
    - None

Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, June 24, 2026, at 1:00 p.m. in the NCHC Eagle Board Room.

Adjournment

- **Motion**/second, Krueger/Ramer, to adjourn the meeting at 3:56 p.m. Motion carried.

*Minutes prepared by Kristina Barbier, Executive Assistant*


**North Central Health Care**

**Audit For the Year Ended December 31, 2025**

WIPFLI

# Overview

# 01

## Required communications

# Required communications

**Auditor's Responsibility Under Generally Accepted and the Uniform Guidance**

- To express an opinion about whether the financial statements prepared by management, with your oversight, are fairly presented in all material respects in conformity with accounting principles generally accepted in the United States (GAAP).
- Our procedures are designed to obtain reasonable assurance, rather than absolute assurance, about whether the financial statements are free of material misstatements and fairly presented.
- We performed the audit in accordance with generally accepted auditing standards, governmental auditing standards, Uniform Guidance, and the Wisconsin Department of Health Services requirements applicable to Wisconsin nursing homes for Mount View Care Center.

# Required communications

### Audit Adjustments

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management.

| | | |
|---|---|---|
| Adjust WIMCR settlement | $ | (1,471,700) |
| Adjust Pine Crest allowance for uncollectible accounts | | (917,600) |
| Adjust self-funded health insurance liability | | 600,000 |
| Adjust investment in CCITC | | (322,000) |
| Accrue for Marathon County legal service | | (102,200) |
| Correct Pine Crest Medicaid rate adjustment | | 54,000 |
| Correct lease amortization | | 1,000 |
| Total | $ | (2,158,500) |

# Required communications

## Uncorrected Misstatements

The following items, which were not recorded in the financial statements, were determined by management to be immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

**Effect if entry is not made - Overstated (Understated)**

| Description | Assets | Liabilities & Deferred Inflows | Beginning Net Position | Income Before Contributed Capital | Ending Net Position |
|---|---|---|---|---|---|
| Overstatement of right of use assets and SBITA liabilities | $ 167,200 | $ 168,000 | $ - | $ (800) | $ (800) |
| Understatement of contingent liability and insurance receivable | 678,500 | 678,500 | | - | - |
| Prior year unadjusted differences | | | (493,000) | 493,000 | - |
| Totals | $ 845,700 | $ 846,500 | $ (493,000) | $ 492,200 | $ (800) |

# Required communications

### Significant Estimates in the Financial Statements

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates, including the following, are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

- Allocation of allowable direct and indirect costs for grant reporting and for allocating the net position by county
- Allowance for contractual adjustments and doubtful accounts
- Recognition of revenue under grant funded agreements
- Amounts payable to third-party reimbursement programs
- Liability for self-funded health and dental insurance
- Pension-related assets and liabilities associated with Wisconsin Retirement System and Life Insurance
- Fixed asset depreciation and assigned useful lives

Adjustments to estimates related to prior years resulting from retroactive adjustments under reimbursement agreements with third party and estimated allowances for contractual adjustments and uncollectible accounts decreased net patient service revenue by $1,559,658 in 2025 and increased net patient service by $6,230,463 in 2024. We evaluated the key factors and assumptions used to develop the above estimates in determining that the estimates are reasonable, after audit adjustment, in relation to the financial statements as of December 31, 2025, taken as a whole.

# Required communications

### Sensitive Financial Statement Disclosures

Certain financial statement disclosures are considered sensitive due to the significance to readers of the financial statements. Disclosures in Note 1 related to adjustments to estimates related to prior years resulting from retroactive adjustments under reimbursement agreements with third party payors and estimated allowances for contractual adjustments and the disclosure in Note 2 related to the sale of Pine Crest are considered sensitive.

### Required Communications Letter

Professional standards require that we provide certain other information related to our audit to those charged with governance. This information is provided in our required communications letter.

# Financial analysis

# Financial Analysis - Change in Net Position by Program Area

| | Change in Net Position Excluding GASB 68 & 75 | | | |
|---|---|---|---|---|
| | **2023** | **2024** | **2025** | **Change** |
| **51.42 Services:** | | | | |
| Langlade County Programs | $ 228,250 | $ 486,944 | $ 472,565 | $ (14,379) |
| Lincoln County Programs | 29,252 | 977,098 | 515,307 | (461,791) |
| Marathon County Specific | (424,453) | 2,631,957 | 671,307 | (1,960,650) |
| Shared Programs | 2,572,711 | 3,214,027 | 1,632,489 | (1,581,538) |
| **Nursing Home Services:** | | | | |
| Mount View Care Center | 3,730,681 | 2,536,758 | 3,648,779 | 1,112,021 |
| Pine Crest Nursing Home | 1,295,280 | 265,125 | (2,457,130) | (2,722,255) |
| Totals (Excludes GASB 68 & 75) | $ 7,431,721 | $ 10,111,908 | $ 4,483,317 | $ (5,628,591) |

# Financial Analysis - Schedule of Net Position by County, Net of GASB 68 & 75

| | Marathon County | | | Lincoln County | | | Langlade | |
|---|---|---|---|---|---|---|---|---|
| | 51.42/.437 | MVCC | Total | 51.42/.437 | Pine Crest | Total | County | Total |
| Net position at December 31, 2025 | 30,207,576 | 17,303,744 | 47,511,320 | 5,480,871 | - | 5,480,871 | 2,587,708 | 55,579,899 |
| Less - Capital assets net of depreciation | (35,551,050) | (37,360,327) | (72,911,377) | (284,851) | - | (284,851) | (9,866) | (73,206,094) |
| Add: | | | | | | | | |
| ROU lease obligations to Marathon County | 20,975,333 | 41,519,553 | 62,494,886 | - | - | - | - | 62,494,886 |
| ROU lease obligation - other | 102,415 | - | 102,415 | 821 | - | 821 | 28 | 103,264 |
| Software based information technology agreement obligation | 406,313 | - | 406,313 | 3,256 | - | 3,256 | 113 | 409,682 |
| Net GASB 68/75 balance sheet amounts | (1,691,064) | (1,096,721) | (2,787,785) | (331,261) | (375,082) | (706,343) | (252,258) | (3,746,386) |
| **Net position - Net of capital assets and GASB 68/75 amounts - 12/31/2025** | **14,449,523** | **20,366,249** | **34,815,772** | **4,868,836** | **(375,082)** | **4,493,754** | **2,325,725** | **41,635,251** |
| Net position - Net of capital assets and GASB 68/75 amounts - 12/31/2024 | 10,603,758 | 15,833,835 | 26,437,593 | 4,481,642 | 944,683 | 5,426,325 | 2,042,796 | 33,906,714 |
| Change | 3,845,765 | 4,532,414 | 8,378,179 | 387,194 | (1,319,765) | (932,571) | 282,929 | 7,728,537 |

# Financial Analysis - Combined Statements of Net Position

| | (In Thousands) | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | Change | |
| Current assets: | | | | | | | |
| Cash and cash equivalents | $2,786 | $8,298 | $14,053 | $ 27,752 | $ 30,003 | $ 2,251 | 8% |
| Accounts receivable: | | | | | | | |
| Patient - Net | 7,649 | 6,759 | 8,358 | 8,898 | 11,877 | 2,979 | 33% |
| Other | 3,937 | 7,058 | 4,046 | 5,029 | 4,871 | (158) | -3% |
| Inventory and other | 891 | 988 | 888 | 771 | 390 | (381) | -49% |
| Total current assets (excluding investments) | 15,263 | 23,103 | 27,345 | 42,450 | 47,141 | 4,691 | 11% |
| Investments, ALATU, and patient trust funds | 7,902 | 2,879 | 1,040 | 1,039 | 1,026 | (13) | -1% |
| Net pension asset | 14,388 | 17,454 | - | - | - | - | 0% |
| Capital assets | 70,680 | 81,037 | 90,594 | 85,454 | 73,206 | (12,248) | -14% |
| Deferred outflows of resources | 25,609 | 35,384 | 45,067 | 28,967 | 19,581 | (9,386) | -32% |
| TOTAL ASSETS AND DEFERRED OUTFLOWS | $ 133,842 | $ 159,857 | $ 164,046 | $ 157,910 | $ 140,954 | $ (16,956) | -11% |

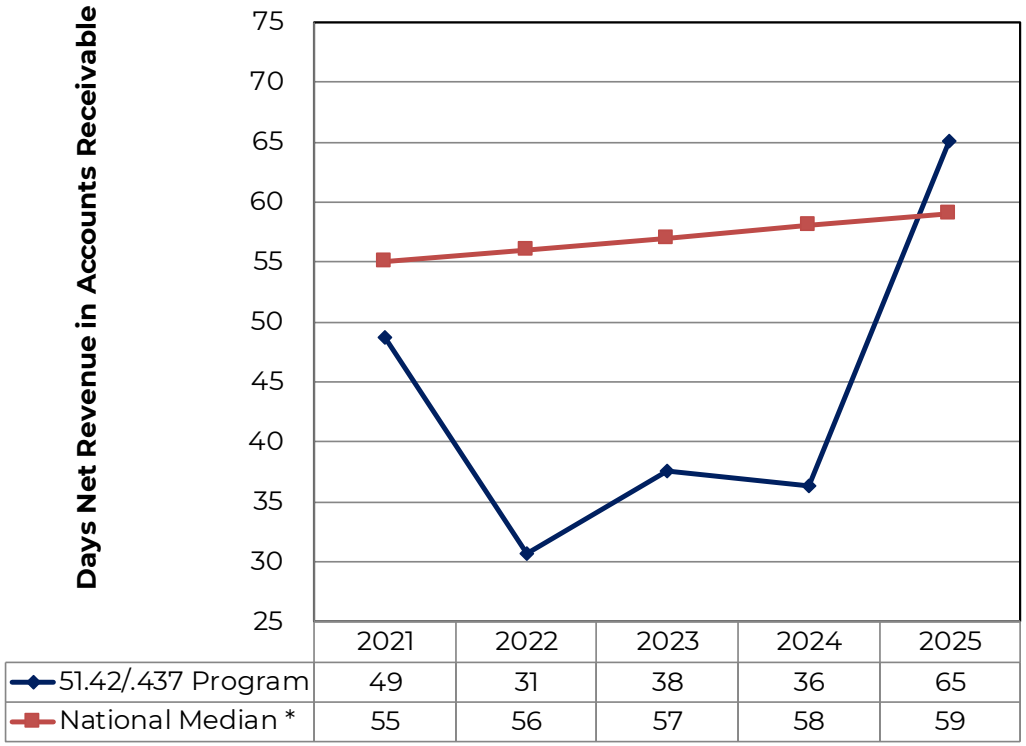
# Financial Analysis - Combined Statements of Net Position (Continued)

| | (In Thousands) | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 | Change | |
| Current liabilities: | | | | | | | |
| Current portion of right-of-use lease obligation | $1,262 | $426 | $764 | $ 2,075 | $ 1,473 | $ (602) | -29% |
| Current portion of SBITA | - | - | 555 | 251 | 410 | 159 | 63% |
| Accounts payable | 2,324 | 1,664 | 2,495 | 2,171 | 1,840 | (331) | -15% |
| Accrued liabilities and other | 5,884 | 6,395 | 6,686 | 7,366 | 4,660 | (2,706) | -37% |
| Deferred revenue - Government grants | 31 | 22 | 9 | 6 | 6 | - | 0% |
| Total current liabilities | $9,501 | $8,507 | $10,509 | $11,869 | $8,389 | (3,480) | -29% |
| Long-term liabilities: | | | | | | | |
| Net pension liability | 3,028 | 2,657 | 13,466 | 4,979 | 4,765 | (214) | -4% |
| Right-of-use lease obligation | 54,099 | 68,597 | 70,936 | 69,681 | 61,125 | (8,556) | -12% |
| Software based IT agreement obligation | - | - | 255 | 4 | - | (4) | -100% |
| Related-party note payable and other | 100 | 69 | 40 | 39 | 25 | (14) | -36% |
| Total liabilities | 66,728 | 79,830 | 95,206 | 86,572 | 74,304 | (12,268) | -14% |
| Deferred inflows of resources | 32,104 | 41,502 | 26,442 | 18,417 | 11,070 | (7,347) | -40% |
| Net position | 35,010 | 38,525 | 42,398 | 52,921 | 55,580 | 2,659 | 5% |
| TOTAL LIABILITIES AND NET POSITION | $ 133,842 | $ 159,857 | $ 164,046 | $ 157,910 | $ 140,954 | $ (16,956) | -11% |

# Financial Analysis - Statements of Revenue, Expenses, and Changes in Net Position

| | 2021 | 2022 | 2023 | 2024 | 2025 | Change | |
|---|---|---|---|---|---|---|---|
| Net patient service revenue | $60,848 | $68,787 | $69,123 | $ 82,464 | $ 77,859 | $ (4,605) | -6% |
| Other revenue: | | | | | | | |
| Counties' appropriations | 8,163 | 8,454 | 9,489 | 10,207 | 10,453 | 246 | 2% |
| State grant-in-aid, match, and other | 10,862 | 10,995 | 10,412 | 9,440 | 9,216 | (224) | -2% |
| Departmental and other revenue | 2,668 | 3,293 | 2,062 | 1,225 | 662 | (563) | -46% |
| Total other revenue | 21,693 | 22,742 | 21,963 | 20,872 | 20,331 | (541) | -3% |
| Total revenue | 82,541 | 91,529 | 91,086 | 103,336 | 98,190 | (5,146) | -5% |
| Expenses: | | | | | | | |
| Salaries | 36,781 | 42,478 | 41,765 | 41,803 | 40,744 | (1,059) | -3% |
| Fringe benefits: | | | | | | | |
| GASB 68 and GASB 75 | (4,055) | (3,814) | 3,520 | (411) | 1,824 | 2,235 | -544% |
| Other | 18,948 | 15,200 | 13,398 | 13,794 | 11,154 | (2,640) | -19% |
| Supplies and other | 29,506 | 28,540 | 30,752 | 30,862 | 32,181 | 1,319 | 4% |
| Depreciation and interest | 3,278 | 4,255 | 4,895 | 5,842 | 5,991 | 149 | 3% |
| Care of patients at other facilities | 1,513 | 577 | 1,560 | 1,640 | 1,897 | 257 | 16% |
| Total expenses | 85,971 | 87,236 | 95,890 | 93,530 | 93,791 | 261 | 0% |
| Operating income (loss) | (3,430) | 4,293 | (4,804) | 9,806 | 4,399 | (5,407) | -55% |
| Nonoperating income (loss) | (703) | (738) | (916) | (30) | (897) | (867) | 2890% |
| Income (loss) before contributed capital | (4,133) | 3,555 | (5,720) | 9,776 | 3,502 | (6,274) | -64% |
| Contributions and grants restricted for capital | - | - | 8,115 | 747 | 89 | (658) | -88% |
| Contributed capital from (to) Marathon County | (51) | (40) | 1,518 | - | - | - | 0% |
| Cumulative effect of accounting change | - | - | (40) | - | - | - | 0% |
| Net position returned to Lincoln County - Pinecrest | - | - | - | - | (932) | (932) | 0% |
| Change in net position | $ (4,184) | $ 3,515 | $ 3,873 | $ 10,523 | $ 2,659 | $ (7,864) | -75% |

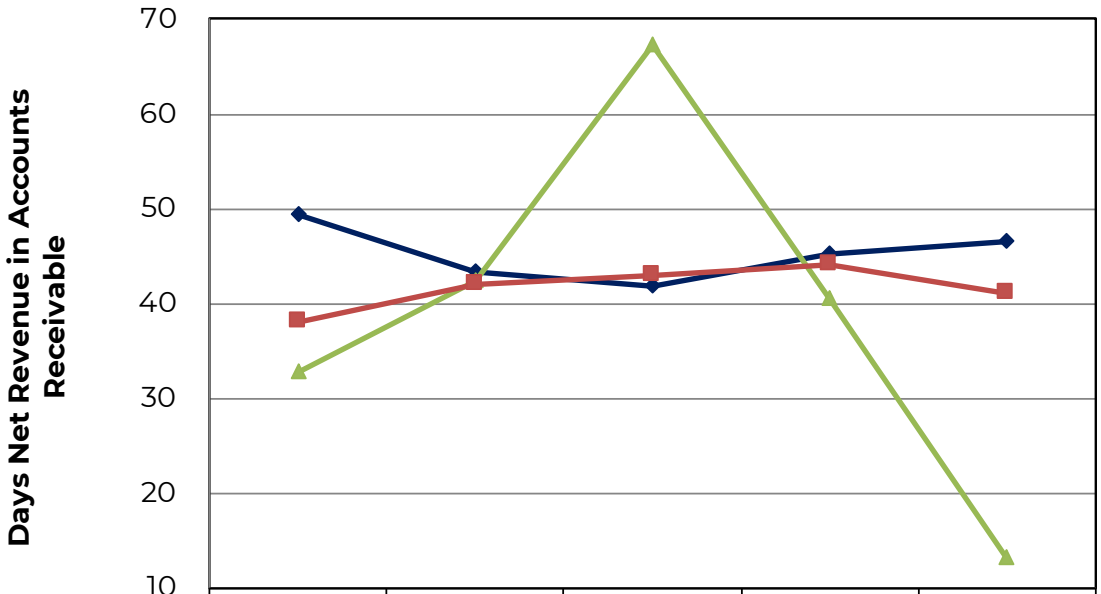
# Financial Ratios – Days Net Revenue in Accounts Receivable 51.42/.437




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| 51.42/.437 Program | 49 | 31 | 38 | 36 | 65 |
| National Median * | 55 | 56 | 57 | 58 | 59 |

* Source: 2025 Almanac of Hospital Financial and Operating Indicators published by Optum360 – Psychiatric Hospitals, 2024 data

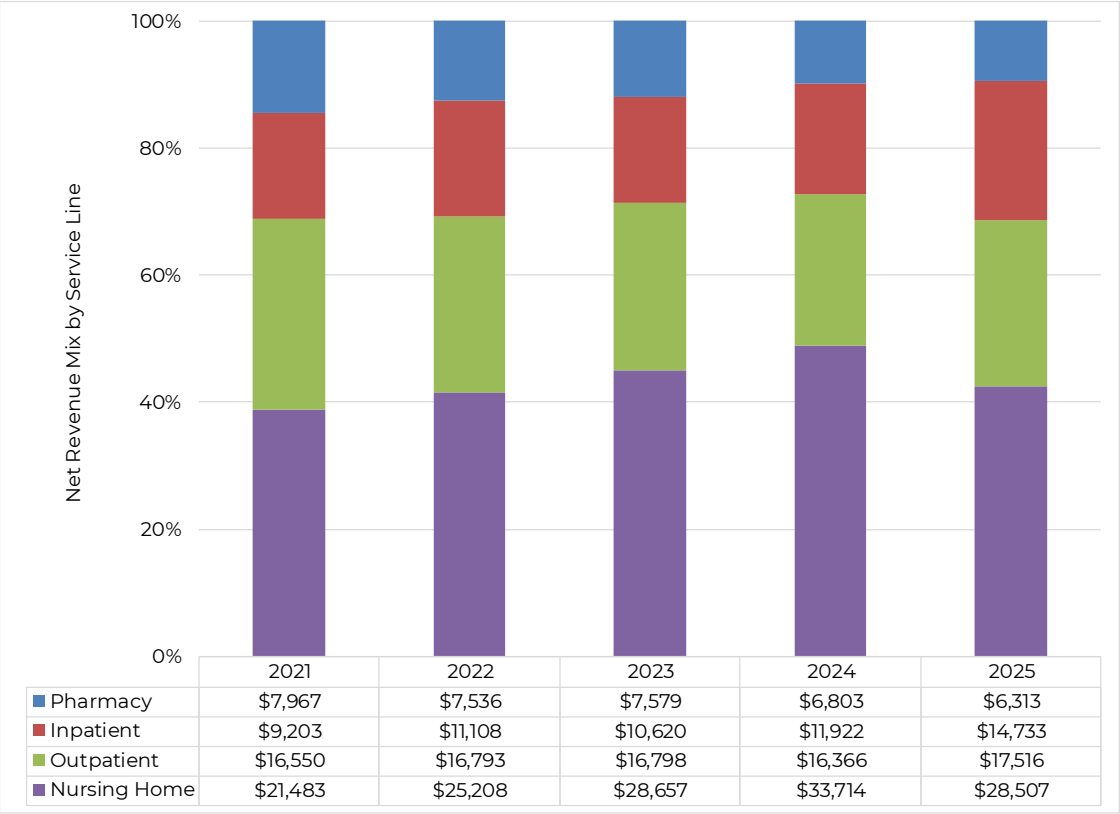
# Financial Ratios – Days Net Revenue in Accounts Receivable Nursing Home




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| MVCC | 49 | 43 | 42 | 45 | 47 |
| Pine Crest | 33 | 42 | 67 | 41 | 13 |
| Wipfli Median ** | 38 | 42 | 43 | 44 | 41 |

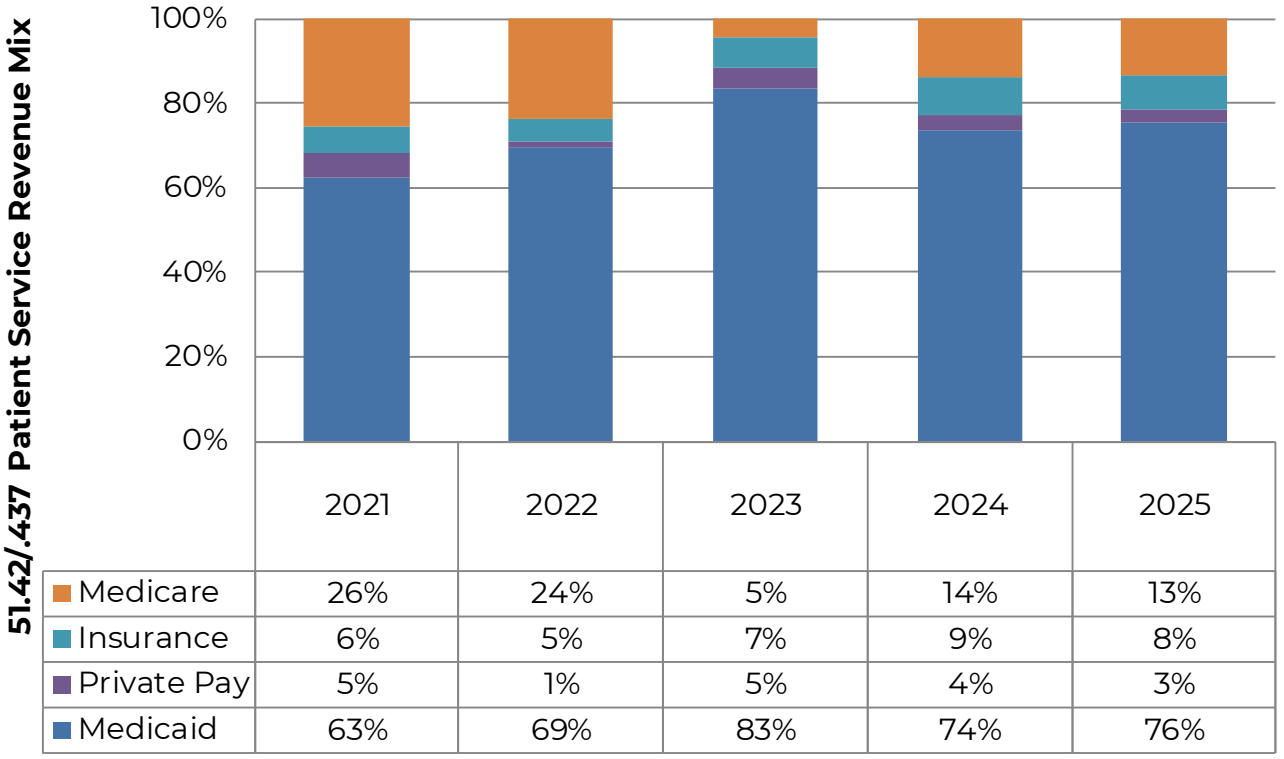
** 50th percentile of Wipfli Nursing Home database

# Financial Ratios – Net Revenue By Service Line



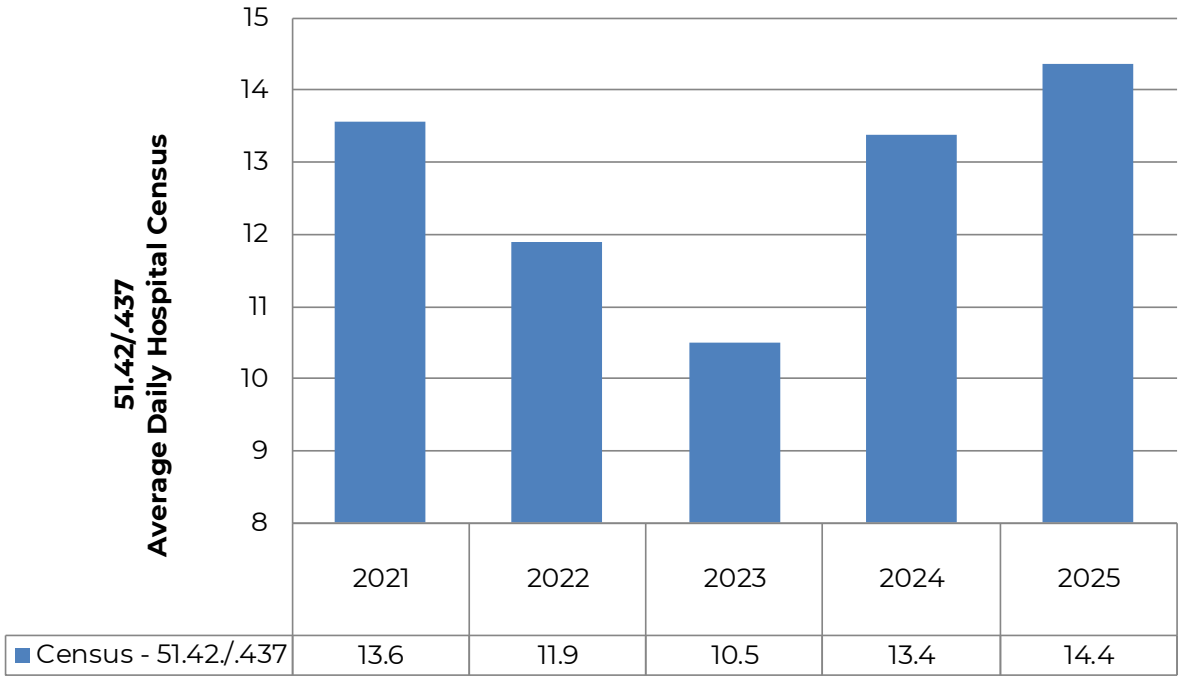

| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Pharmacy | $7,967 | $7,536 | $7,579 | $6,803 | $6,313 |
| Inpatient | $9,203 | $11,108 | $10,620 | $11,922 | $14,733 |
| Outpatient | $16,550 | $16,793 | $16,798 | $16,366 | $17,516 |
| Nursing Home | $21,483 | $25,208 | $28,657 | $33,714 | $28,507 |

# Financial Ratios – 51.42/.437 Patient Service Revenue Mix

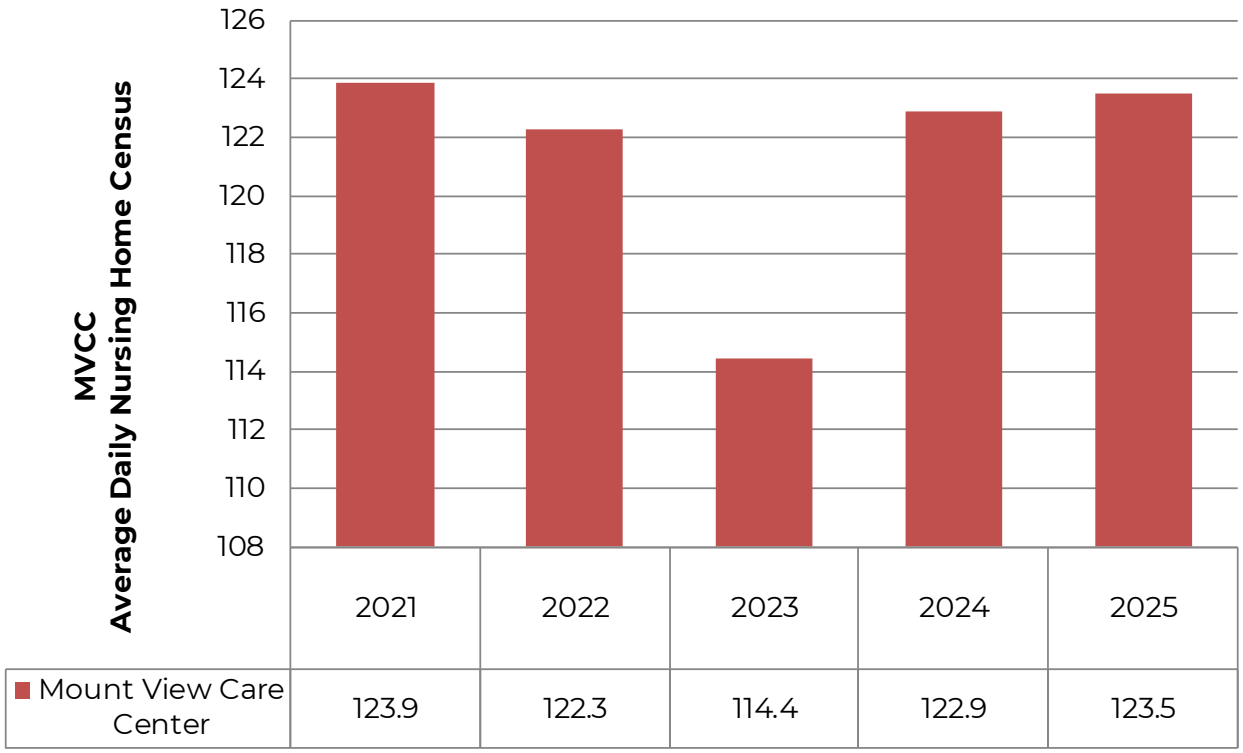



| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Medicare | 26% | 24% | 5% | 14% | 13% |
| Insurance | 6% | 5% | 7% | 9% | 8% |
| Private Pay | 5% | 1% | 5% | 4% | 3% |
| Medicaid | 63% | 69% | 83% | 74% | 76% |

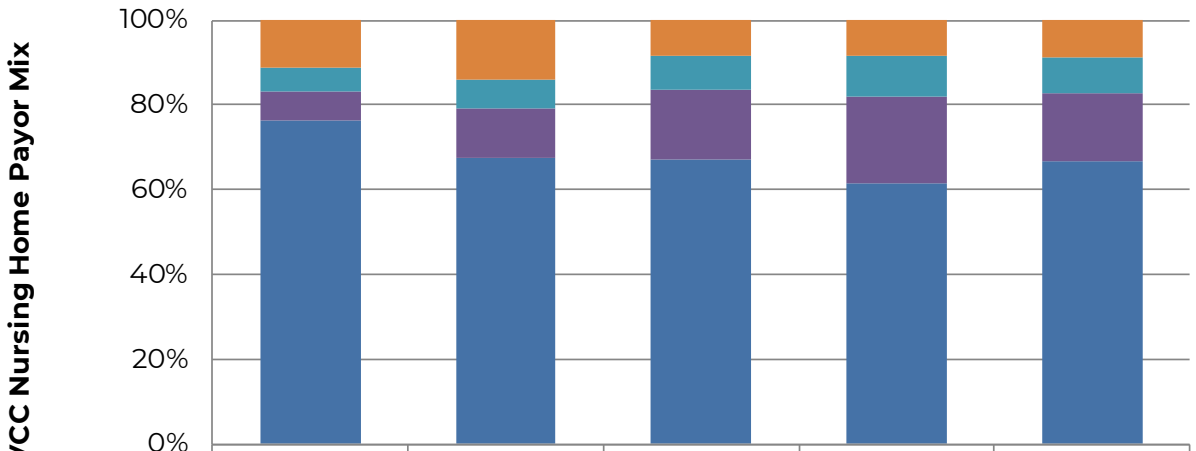
# Financial Ratios – 51.42/.437 Average Daily Hospital Census



# Financial Ratios – MVCC Average Daily Nursing Home Census

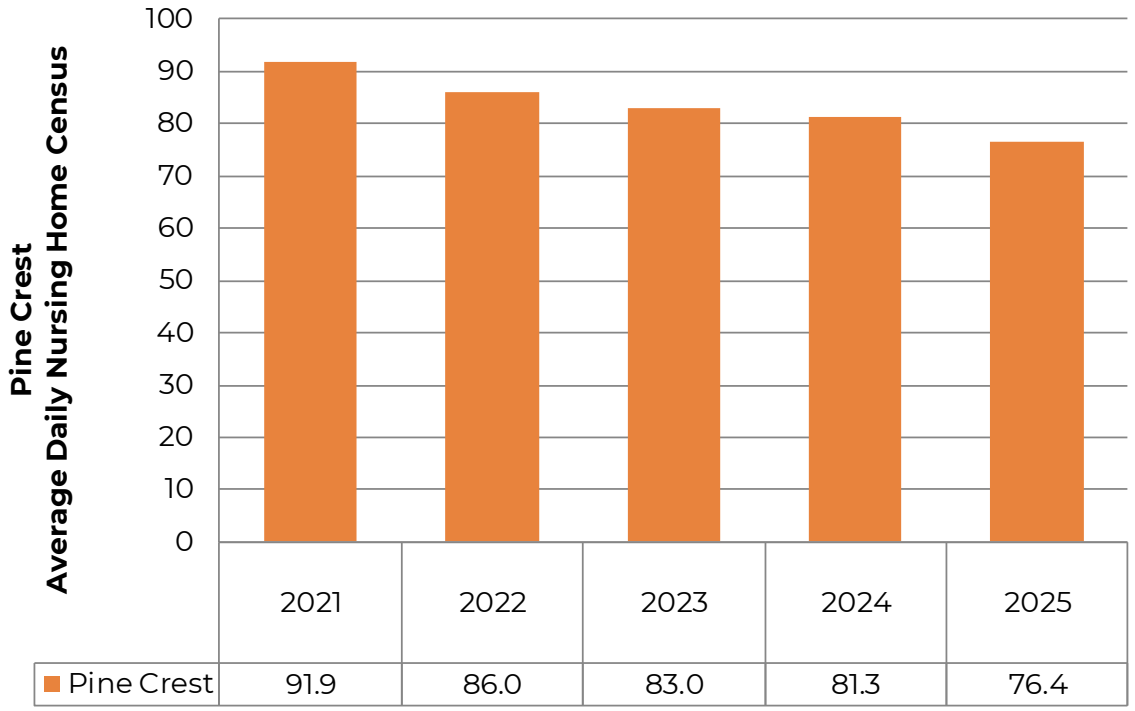


# Financial Ratios – MVCC Nursing Home Payor Mix

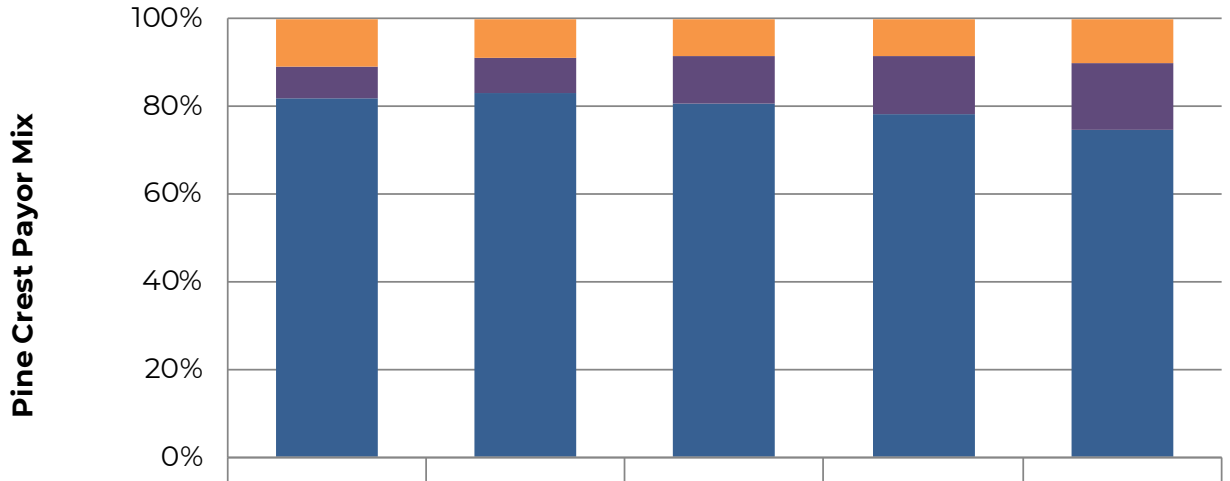



| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Medicare | 11.1% | 14.2% | 8.6% | 8.4% | 9.0% |
| Insurance | 5.6% | 6.7% | 8.0% | 9.6% | 8.3% |
| Private Pay | 6.8% | 11.6% | 16.1% | 20.4% | 15.9% |
| Medicaid | 76.5% | 67.5% | 67.3% | 61.6% | 66.8% |

# Financial Ratios – Pine Crest Average Daily Nursing Home Census



# Financial Ratios – Pine Crest Nursing Home Payor Mix




| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Medicare | 10.8% | 9.1% | 8.7% | 8.8% | 10.3% |
| Private Pay & Ins | 7.4% | 7.8% | 10.9% | 13.1% | 14.9% |
| Medicaid | 81.5% | 83.1% | 80.4% | 78.1% | 74.8% |

# 03

## INDUSTRY UPDATES

# Behavioral Health and Senior Living Trends

## Some key trends in behavioral health and senior living services include the following:

- Demand continues to grow
- Workforce shortages remain critical
- Care is shifting to community-based settings
- Technology and AI are becoming essential tools
- Financial sustainability requires innovation

Behavioral health and senior living providers that successfully balance access, workforce, technology, outcomes and financial sustainability will be best positioned for long-term success.

# Behavioral Health and Senior Living Trends

## Trend #1: Growing Demand

- Mental health and substance use needs remain elevated
- Increased demand for crisis services
- Youth and young adult populations drive growth
- More need for intensive outpatient and specialty programs,
- An aging population is also increasing need for dementia Care, and nursing home and assisted living

## Trend #2: Workforce Challenges

- Psychiatrist, therapist and nursing shortages continue
- Shortages also exist and will continue in core operational areas (such as C.N.A., dietary, laundry, etc.)
- Recruitment and retention remain difficult
- Burnout remains a major concern
- Increased utilization of APPs and peer support specialists

# Behavioral Health and Senior Living Trends

In 2021, the first baby boomers (born between 1946 and 1964) turned 75.

After 2021, 3.4 million boomers will turn 75 each year . . . until 2032; then 4.3 million boomers will turn 75 each year. This population cohort will begin turning 80 in 2026.

- The average age of an individual at the time of taking residency in any given senior living setting is approximately 82 to 86, with the average age of senior living residents being approximately 84. Accordingly, a significant increase in demand for senior living services related to baby boomers will likely begin to occur within the years of 2026 to 2031.

# Behavioral Health and Senior Living Trends

In addition to assessing population growth, the ability to attract staff should also be a consideration when planning for future operations.

Over the period of 2030 to 2040, the Marathon County 85 and older worker ratio is projected to decrease by approximately 30%. Over the same period of time, the population aged 85 and older is projected to increase 40%.

| Marathon County | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Population Projections | | | | Population Change (%) | | |
| | 2020 | 2030 | 2040 | 2050 | '20-'30 | '30-'40 | '40-'50 |
| Population by age: | | | | | | | |
| 20-64 | 78,250 | 72,705 | 70,955 | 69,245 | -7.1% | -2.4% | -2.4% |
| 65-69 | 8,265 | 8,860 | 6,945 | 7,435 | 7.2% | -21.6% | 7.1% |
| 70-74 | 6,450 | 8,400 | 7,395 | 6,475 | 30.2% | -12.0% | -12.4% |
| 75-79 | 4,540 | 6,660 | 7,335 | 5,760 | 46.7% | 10.1% | -21.5% |
| 80-84 | 3,032 | 4,515 | 6,090 | 5,380 | 48.9% | 34.9% | -11.7% |
| 85 & older | 3,251 | 3,655 | 5,135 | 6,450 | 12.4% | 40.5% | 25.6% |
| Worker ratio: | | | | | | | |
| County 85 & older | 24.1 | 19.9 | 13.8 | 10.7 | -17.4% | -30.5% | -22.3% |
| Wisconsin 85 & older | 26.7 | 22.6 | 15.4 | 12.0 | -15.7% | -31.8% | -21.7% |

Source: Wisconsin Department of Administration and United States Census Bureau

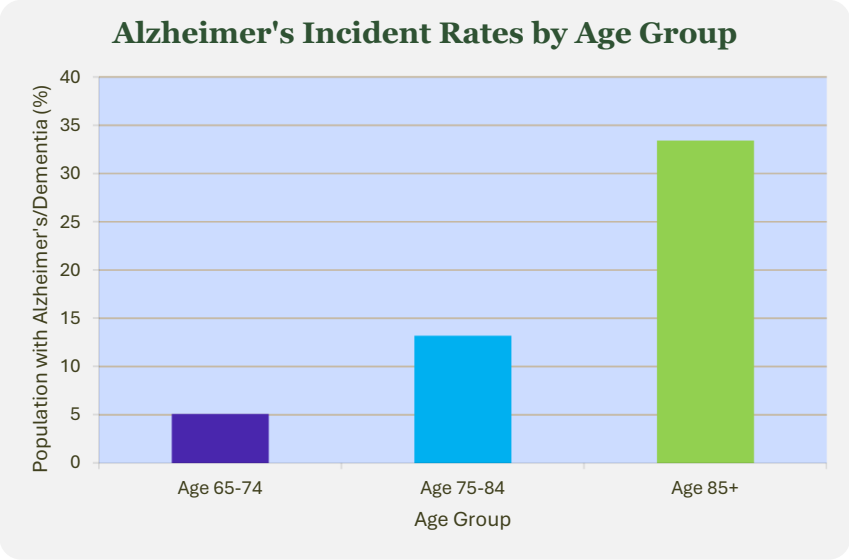
# Behavioral Health and Senior Living Trends

**An estimated 7.2 million Americans age 65 and older are living with Alzheimer's in 2025.**

- An estimated 74% of those individuals are age 75 and older.
- By 2050, the number of people aged 65 and older with Alzheimer's is projected to grow to 12.7 million.
- About 1 in 9 people (11%) aged 65 and older have Alzheimer's.

**Incident rate of people with Alzheimer's and dementia:**

- Age 65 to 74 – 5.1%
- Age 75 to 84 – 13.2%
- Age 85 and older – 33.4%



# Behavioral Health and Senior Living Trends(Continued)

## Trend #3: Telepsychiatry Expansion

- Telehealth is now a permanent care delivery channel
- Improved rural access to psychiatry and therapy
- Reduced travel barriers and appointment no-shows
- Continued focus on reimbursement parity

## Trend #4: Integration of Behavioral Health and Primary Care

- Whole-person care models gaining traction
- Embedded behavioral health clinicians in clinics
- Collaborative care programs expanding
- Focus on reducing avoidable Emergency Department utilization

# Behavioral Health and Senior Living Trends(Continued)

## Trend #5: Crisis Services and Community-Based Care

- Expansion of mobile crisis services
- Increased reliance on 988 and crisis stabilization programs
- Focus on treating patients in least restrictive settings
- Reducing psychiatric boarding in emergency departments

## Trend #6: Financial Pressures

- Medicaid reimbursement remains a key issue
- Labor cost inflation continues
- Greater focus on revenue cycle and operational efficiency
- Need to demonstrate value and outcomes

# Behavioral Health and Senior Living Trends(Continued)

## Trend #7: AI and Technology expansion of mobile crisis services

- AI-assisted documentation
- Workflow and scheduling optimization
- Real-time Location Sensors
- Voice-activated technology aiding residents with limited mobility and elderly residents
- Virtual reality has numerous uses including activities and social interactions
- Population health and risk analytics
- Reducing clinician administrative burden

# Behavioral Health and Senior Living Trends(Continued)

## Trend #8: Regional Behavioral Health Hubs

- County systems increasingly serve multi-county regions
- Shared psychiatric resources
- Centralized crisis and specialty services
- Collaboration with hospitals, schools and law enforcement

We are to support you!

Kim Heller, CPA
Partner
715.843.8336
kheller@wipfli.com

**wipfli.com**

North Central Health Care
Programs by Service Line - Current Month
June-26

| | Revenue | | | Expense | | | Net Income/ | Variance |
|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | (Loss) | From Budget |
| BEHAVIORAL HEALTH SERVICES | | | | | | | | |
| Adult Behavioral Health Hospital | 629,565 | 626,962 | 2,603 | 602,187 | 535,015 | (67,171) | 27,378 | (64,568) |
| Adult Crisis Stabilization Facility | 150,840 | 271,026 | (120,186) | 191,374 | 174,948 | (16,425) | (40,533) | (136,611) |
| Lakeside Recovery MMT | 134,667 | 112,583 | 22,084 | 191,665 | 180,635 | (11,030) | (56,998) | 11,054 |
| Youth Behavioral Health Hospital | 138,316 | 275,888 | (137,572) | 330,188 | 301,813 | (28,375) | (191,872) | (165,947) |
| Youth Crisis Stabilization Facility | 201,698 | 130,823 | 70,874 | 142,415 | 124,109 | (18,306) | 59,282 | 52,568 |
| Contracted Services (Out of County Placements) | - | - | - | 204,291 | 151,502 | (52,789) | (204,291) | (52,789) |
| Crisis Services | 70,681 | 48,728 | 21,953 | 253,049 | 252,655 | (395) | (182,368) | 21,558 |
| Psychiatry Residency | 22,351 | 25,531 | (3,179) | 35,266 | 61,079 | 25,813 | (12,915) | 22,634 |
| | 1,348,117 | 1,491,541 | (143,424) | 1,950,434 | 1,781,756 | (168,678) | (602,317) | (312,102) |
| COMMUNITY SERVICES | | | | | | | | |
| Outpatient Services (Marathon) | 459,462 | 486,234 | (26,772) | 512,408 | 532,108 | 19,700 | (52,946) | (7,072) |
| Outpatient Services (Lincoln) | 84,799 | 93,579 | (8,779) | 49,001 | 84,518 | 35,517 | 35,798 | 26,738 |
| Outpatient Services (Langlade) | 74,470 | 84,619 | (10,149) | 79,502 | 81,883 | 2,381 | (5,032) | (7,768) |
| Community Treatment Adult (Marathon) | 506,715 | 570,959 | (64,244) | 532,567 | 605,514 | 72,948 | (25,851) | 8,704 |
| Community Treatment Adult (Lincoln) | 108,429 | 86,076 | 22,353 | 89,458 | 99,189 | 9,731 | 18,971 | 32,084 |
| Community Treatment Adult (Langlade) | 51,915 | 33,742 | 18,172 | 55,880 | 48,562 | (7,318) | (3,966) | 10,854 |
| Community Treatment Youth (Marathon) | 677,092 | 634,479 | 42,613 | 628,876 | 640,181 | 11,305 | 48,216 | 53,918 |
| Community Treatment Youth (Lincoln) | 208,686 | 178,095 | 30,591 | 203,688 | 190,995 | (12,693) | 4,998 | 17,898 |
| Community Treatment Youth (Langlade) | 182,019 | 133,381 | 48,637 | 182,148 | 150,235 | (31,913) | (130) | 16,724 |
| Hope House (Sober Living Marathon) | 2,846 | 5,868 | (3,023) | 6,703 | 9,393 | 2,690 | (3,857) | (332) |
| Sober Living (Langlade) | 4,295 | 5,925 | (1,630) | 8,063 | 6,417 | (1,646) | (3,768) | (3,275) |
| Adult Protective Services | 42,071 | 24,982 | 17,088 | 118,860 | 114,148 | (4,711) | (76,789) | 12,377 |
| Jail Meals (Marathon) | - | - | - | - | - | - | - | - |
| | 2,402,798 | 2,337,941 | 64,858 | 2,467,153 | 2,563,145 | 95,992 | (64,355) | 160,849 |
| COMMUNITY LIVING | | | | | | | | |
| Day Services (Langlade) | 22 | 23,708 | (23,686) | 1,730 | 27,662 | 25,932 | (1,708) | 2,246 |
| Supportive Employment Program | - | - | - | - | - | - | - | - |
| | 22 | 23,708 | (23,686) | 1,730 | 27,662 | 25,932 | (1,708) | 2,246 |
| NURSING HOMES | | | | | | | | |
| Mount View Care Center | 2,421,948 | 2,222,600 | 199,348 | 2,273,324 | 2,044,290 | (229,034) | 148,624 | (29,686) |
| Pine Crest Nursing Home | - | - | - | - | - | - | - | - |
| | 2,421,948 | 2,222,600 | 199,348 | 2,273,324 | 2,044,290 | (229,034) | 148,624 | (29,686) |
| Pharmacy | 562,174 | 569,707 | (7,533) | 612,848 | 595,091 | (17,757) | (50,674) | (25,290) |
| OTHER PROGRAMS | | | | | | | | |
| Aquatic Services | 82,189 | 57,507 | 24,683 | 101,216 | 113,990 | 12,774 | (19,027) | 37,456 |
| Birth To Three | 129,860 | - | 129,860 | 129,860 | - | (129,860) | - | - |
| Demand Transportation | 35,475 | 32,355 | 3,121 | 47,840 | 40,302 | (7,538) | (12,364) | (4,417) |
| | 247,525 | 89,862 | 157,663 | 278,916 | 154,292 | (124,624) | (31,391) | 33,039 |
| APPROPRIATIONS | 359,668 | 359,668 | - | - | - | - | 359,668 | - |
| Marathon County | 51,503 | 51,503 | - | - | - | - | 51,503 | - |
| Lincoln County | 19,708 | 19,708 | - | - | - | - | 19,708 | - |
| Langalde County | 430,879 | 430,879 | - | - | - | - | 430,879 | - |
| Total NCHC Service Programs | 7,413,463 | 7,166,237 | 247,226 | 7,584,406 | 7,166,237 | (418,169) | (170,942) | (170,944) |
| SELF-FUNDED INSURANCE TRUST FUNDS | | | | | | | | |
| Health Insurance Trust Fund | 659,305 | 665,376 | (6,071) | 511,000 | 700,331 | 189,332 | 148,306 | 183,261 |
| Dental Insurance Trust Fund | 28,431 | 34,955 | (6,524) | 22,476 | - | (22,476) | 5,955 | (29,001) |
| Total NCHC Self-Funded Insurance Trusts | 687,736 | 700,331 | (12,595) | 533,476 | 700,331 | 166,855 | 154,261 | 154,260 |

North Central Health Care
Programs by Service Line - Year to Date
For the Period Ending June 30, 2026

| | Revenue | | | Expense | | | Net Income/ | Variance |
|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | (Loss) | From Budget |
| BEHAVIORAL HEALTH SERVICES | | | | | | | | |
| Adult Behavioral Health Hospital | 4,074,029 | 3,134,809 | 939,220 | 3,449,565 | 2,675,076 | (774,489) | 624,463 | 164,731 |
| Adult Crisis Stabilization Facility | 1,558,608 | 1,355,130 | 203,478 | 1,091,089 | 874,741 | (216,348) | 467,519 | (12,870) |
| Lakeside Recovery MMT | 707,103 | 562,917 | 144,186 | 1,012,406 | 903,175 | (109,231) | (305,304) | 34,954 |
| Youth Behavioral Health Hospital | 1,818,513 | 1,379,440 | 439,074 | 1,986,556 | 1,509,064 | (477,493) | (168,043) | (38,419) |
| Youth Crisis Stabilization Facility | 902,388 | 654,116 | 248,273 | 667,854 | 620,546 | (47,308) | 234,535 | 200,965 |
| Contracted Services (Out of County Placements) | - | - | - | 709,552 | 757,510 | 47,958 | (709,552) | 47,958 |
| Crisis Services | 344,530 | 243,641 | 100,890 | 1,601,717 | 1,263,273 | (338,444) | (1,257,187) | (237,554) |
| Psychiatry Residency | 134,106 | 127,653 | 6,454 | 211,396 | 305,395 | 93,999 | (77,290) | 100,453 |
| | 9,539,277 | 7,457,704 | 2,081,574 | 10,730,135 | 8,908,780 | (1,821,355) | (1,190,858) | 260,218 |
| COMMUNITY SERVICES | | | | | | | | |
| Outpatient Services (Marathon) | 2,942,446 | 2,431,171 | 511,275 | 3,204,813 | 2,660,539 | (544,273) | (262,367) | (32,998) |
| Outpatient Services (Lincoln) | 549,732 | 467,895 | 81,838 | 324,997 | 422,591 | 97,594 | 224,735 | 179,432 |
| Outpatient Services (Langlade) | 524,173 | 423,093 | 101,081 | 445,366 | 409,414 | (35,952) | 78,807 | 65,128 |
| Community Treatment Adult (Marathon) | 3,599,844 | 2,854,797 | 745,046 | 3,456,832 | 3,027,572 | (429,259) | 143,012 | 315,787 |
| Community Treatment Adult (Lincoln) | 596,646 | 430,380 | 166,267 | 525,977 | 495,943 | (30,035) | 70,669 | 136,232 |
| Community Treatment Adult (Langlade) | 291,456 | 168,711 | 122,744 | 335,580 | 242,812 | (92,768) | (44,124) | 29,976 |
| Community Treatment Youth (Marathon) | 4,132,819 | 3,172,396 | 960,422 | 3,969,254 | 3,200,907 | (768,348) | 163,564 | 192,075 |
| Community Treatment Youth (Lincoln) | 1,185,283 | 890,476 | 294,807 | 1,185,312 | 954,976 | (230,336) | (29) | 64,471 |
| Community Treatment Youth (Langlade) | 956,194 | 666,906 | 289,287 | 879,946 | 751,175 | (128,771) | 76,247 | 160,517 |
| Hope House (Sober Living Marathon) | 17,113 | 29,342 | (12,229) | 45,571 | 46,967 | 1,396 | (28,458) | (10,833) |
| Sober Living (Langlade) | 25,705 | 29,624 | (3,919) | 62,895 | 32,085 | (30,809) | (37,189) | (34,728) |
| Adult Protective Services | 155,163 | 124,912 | 30,251 | 576,435 | 570,742 | (5,692) | (421,271) | 24,559 |
| Jail Meals (Marathon) | - | - | - | - | - | - | - | - |
| | 14,976,573 | 11,689,703 | 3,286,870 | 15,012,978 | 12,815,725 | (2,197,254) | (36,405) | 1,089,617 |
| COMMUNITY LIVING | | | | | | | | |
| Day Services (Langlade) | 55,034 | 118,538 | (63,505) | 103,153 | 138,310 | 35,157 | (48,120) | (28,348) |
| Supportive Employment Program | - | - | - | - | - | - | - | - |
| | 55,034 | 118,538 | (63,505) | 103,153 | 138,310 | 35,157 | (48,120) | (28,348) |
| NURSING HOMES | | | | | | | | |
| Mount View Care Center | 15,047,947 | 11,113,001 | 3,934,947 | 12,807,919 | 10,221,452 | (2,586,467) | 2,240,028 | 1,348,479 |
| Pine Crest Nursing Home | - | - | - | - | - | - | - | - |
| | 15,047,947 | 11,113,001 | 3,934,947 | 12,807,919 | 10,221,452 | (2,586,467) | 2,240,028 | 1,348,479 |
| Pharmacy | 3,299,356 | 2,848,534 | 450,822 | 3,498,479 | 2,975,457 | (523,022) | (199,123) | (72,200) |
| OTHER PROGRAMS | | | | | | | | |
| Aquatic Services | 370,591 | 287,534 | 83,056 | 554,072 | 569,949 | 15,877 | (183,482) | 98,933 |
| Birth To Three | 259,720 | - | 259,720 | 259,720 | - | (259,720) | - | - |
| Demand Transportation | 211,356 | 161,774 | 49,582 | 239,080 | 201,511 | (37,569) | (27,724) | 12,014 |
| | 841,667 | 449,308 | 392,358 | 1,052,872 | 771,461 | (281,411) | (211,205) | 110,947 |
| APPROPRIATIONS | | | | | | | | |
| Marathon County | 2,158,009 | 1,798,341 | 359,668 | - | - | - | 2,158,009 | 359,668 |
| Lincoln County | 309,020 | 257,516 | 51,503 | - | - | - | 309,020 | 51,503 |
| Langalde County | 118,246 | 98,538 | 19,708 | - | - | - | 118,246 | 19,708 |
| | 2,585,275 | 2,154,395 | 430,879 | - | - | - | 2,585,275 | 430,879 |
| Total NCHC Service Programs | 46,345,129 | 35,831,183 | 10,513,946 | 43,205,537 | 35,831,184 | (7,374,353) | 3,139,592 | 3,139,592 |
| SELF-FUNDED INSURANCE TRUST FUNDS | | | | | | | | |
| Health Insurance Trust Fund | 3,840,995 | 3,326,880 | 514,116 | 2,839,771 | 3,501,657 | 661,886 | 1,001,225 | 1,176,002 |
| Dental Insurance Trust Fund | 174,578 | 174,777 | (199) | 164,605 | - | (164,605) | 9,974 | (164,803) |
| Total NCHC Self-Funded Insurance Trusts | 4,015,574 | 3,501,657 | 513,917 | 3,004,376 | 3,501,657 | 497,281 | 1,011,199 | 1,011,199 |

North Central Health Care
Fund Balance Review
For the Period Ending June 30, 2026

| | Marathon | Langlade | Lincoln | Total |
|---|---|---|---|---|
| YTD Appropriation (Tax Levy) Revenue | 2,930,509 | 118,246 | 309,020 | 3,357,775 |
| Total Revenue at Period End | 38,318,589 | 3,360,253 | 4,666,287 | 46,345,129 |
| County Percent of Total Net Position | 82.7% | 7.3% | 10.1% | |
| Total Operating Expenses, Year-to-Date * | 35,460,550 | 3,406,270 | 4,338,716 | 43,205,537 |
| ** Excluding Depreciation Expenses to be allocated at the end of the year* | | | | |
| Share of Operating Cash | 29,380,050 | 2,576,410 | 3,577,787 | 35,534,247 |
| Days Cash on Hand | 151 | 138 | 150 | 150 |
| Minimum Target - 20% | 14,184,220 | 1,362,508 | 1,735,486 | 17,282,215 |
| Over/(Under) Target | 15,195,830 | 1,213,902 | 1,842,301 | 18,252,032 |
| Maximum Target - 35% | 24,822,385 | 2,384,389 | 3,037,101 | 30,243,876 |
| Over/(Under) Target | 4,557,665 | 192,021 | 540,686 | 5,290,371 |
| Share of Investments | - | - | - | - |
| Days Invested Cash | 0 | 0 | 0 | 0 |
| Days Invested Cash on Hand Target - 150 Days | 29,145,658 | 2,799,674 | 3,566,068 | 35,511,400 |
| Current Percentage of Operating Cash | 82.9% | 75.6% | 82.5% | 82.2% |
| Over/(Under) Minimum Target | 15,195,830 | 1,213,902 | 1,842,301 | 18,252,032 |
| Share of Investments | - | - | - | - |
| Amount Needed to Fulfill Fund Balance Policy | 15,195,830 | 1,213,902 | 1,842,301 | 18,252,032 |
| Over/(Under) Maximum Target | 4,557,665 | 192,021 | 540,686 | 5,290,371 |
| Share of Investments | - | - | - | - |
| Amount Needed to Fulfill Fund Balance Policy | 4,557,665 | 192,021 | 540,686 | 5,290,371 |

North Central Health Care
Review of Services in Marathon County
For the Period Ending June 30, 2026

| | Revenue | | | Expense | | | Net Income/ | Variance |
|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | (Loss) | From Budget |
| Direct Services | | | | | | | | |
| Outpatient Services | 2,942,446 | 2,431,171 | 511,275 | 3,204,813 | 2,660,539 | (544,273) | (262,367) | (32,998) |
| Community Treatment-Adult | 3,599,844 | 2,854,797 | 745,046 | 3,456,832 | 3,027,572 | (429,259) | 143,012 | 315,787 |
| Community Treatment-Youth | 4,132,819 | 3,172,396 | 960,422 | 3,969,254 | 3,200,907 | (768,348) | 163,564 | 192,075 |
| Hope House Sober Living | 17,113 | 29,342 | (12,229) | 45,571 | 46,967 | 1,396 | (28,458) | (10,833) |
| Demand Transportation | 211,356 | 161,774 | 49,582 | 239,080 | 201,511 | (37,569) | (27,724) | 12,014 |
| Jail Meals | - | - | - | - | - | - | - | - |
| Aquatic Services | 370,591 | 287,534 | 83,056 | 554,072 | 569,949 | 15,877 | (183,482) | 98,933 |
| Mount View Care Center | 15,047,947 | 11,113,001 | 3,934,947 | 12,807,919 | 10,221,452 | (2,586,467) | 2,240,028 | 1,348,479 |
| | 26,322,115 | 20,050,016 | 6,272,099 | 24,277,541 | 19,928,898 | (4,348,643) | 2,044,574 | 1,923,456 |
| Shared Services | | | | | | | | |
| Adult Behavioral Health Hospital | 3,024,268 | 2,327,058 | 697,210 | 2,560,711 | 1,985,786 | (574,925) | 463,557 | 122,285 |
| Youth Behavioral Health Hospital | 1,349,935 | 1,023,998 | 325,937 | 1,474,678 | 1,120,221 | (354,456) | (124,743) | (28,520) |
| Residency Program | 99,551 | 94,760 | 4,791 | 156,925 | 226,703 | 69,778 | (57,374) | 74,569 |
| Supportive Employment Program | - | - | - | - | - | - | - | - |
| Crisis Services | 255,755 | 180,861 | 74,893 | 1,189,000 | 937,764 | (251,237) | (933,246) | (176,343) |
| Adult Crisis Stabilization Facility | 1,156,999 | 1,005,952 | 151,048 | 809,947 | 649,346 | (160,601) | 347,052 | (9,554) |
| Youth Crisis Stabilization Facility | 669,869 | 485,569 | 184,300 | 495,767 | 460,649 | (35,118) | 174,102 | 149,182 |
| Pharmacy | 2,449,206 | 2,114,548 | 334,658 | 2,597,021 | 2,208,767 | (388,254) | (147,815) | (53,596) |
| Lakeside Recovery MMT | 524,902 | 417,869 | 107,033 | 751,538 | 670,453 | (81,085) | (226,636) | 25,948 |
| Adult Protective Services | 115,182 | 92,726 | 22,456 | 427,904 | 423,678 | (4,226) | (312,722) | 18,231 |
| Birth To Three | 192,798 | - | 192,798 | 192,798 | - | (192,798) | - | - |
| Contracted Services (Out of County Placements) | - | - | - | 526,720 | 562,321 | 35,601 | (526,720) | 35,601 |
| | 9,838,465 | 7,743,341 | 2,095,124 | 11,183,010 | 9,245,688 | (1,937,322) | (1,344,545) | 157,802 |
| Appropriations | 2,158,009 | 2,158,009 | - | | | | 2,158,009 | - |
| Excess Revenue/(Expense) | 38,318,589 | 29,951,366 | 8,367,223 | 35,460,550 | 29,174,586 | (6,285,965) | 2,858,038 | 2,081,258 |

North Central Health Care
Review of Services in Lincoln County
For the Period Ending June 30, 2026

| | Revenue | | | Expense | | | Net Income/ | Variance |
|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | (Loss) | From Budget |
| Direct Services | | | | | | | | |
| Outpatient Services | 549,732 | 467,895 | 81,838 | 324,997 | 422,591 | 97,594 | 224,735 | 179,432 |
| Community Treatment-Adult | 596,646 | 430,380 | 166,267 | 525,977 | 495,943 | (30,035) | 70,669 | 136,232 |
| Community Treatment-Youth | 1,185,283 | 890,476 | 294,807 | 1,185,312 | 954,976 | (230,336) | (29) | 64,471 |
| Pine Crest Nursing Home | - | - | - | - | - | - | - | - |
| | 2,331,661 | 1,788,750 | 542,911 | 2,036,287 | 1,873,510 | (162,776) | 295,375 | 380,135 |
| Shared Services | | | | | | | | |
| Adult Behavioral Health Hospital | 622,656 | 479,110 | 143,546 | 527,216 | 408,846 | (118,369) | 95,440 | 25,177 |
| Youth Behavioral Health Hospital | 277,933 | 210,827 | 67,106 | 303,616 | 230,638 | (72,978) | (25,683) | (5,872) |
| Residency Program | 20,496 | 19,510 | 986 | 32,309 | 46,675 | 14,366 | (11,813) | 15,353 |
| Supportive Employment Program | - | - | - | - | - | - | - | - |
| Crisis Services | 52,656 | 37,237 | 15,420 | 244,799 | 193,073 | (51,726) | (192,143) | (36,307) |
| Adult Crisis Stabilization Facility | 238,210 | 207,112 | 31,099 | 166,757 | 133,691 | (33,066) | 71,453 | (1,967) |
| Youth Crisis Stabilization Facility | 137,917 | 99,972 | 37,945 | 102,072 | 94,841 | (7,230) | 35,845 | 30,715 |
| Pharmacy | 504,258 | 435,357 | 68,902 | 534,691 | 454,755 | (79,936) | (30,433) | (11,035) |
| Lakeside Recovery MMT | 108,070 | 86,034 | 22,037 | 154,731 | 138,037 | (16,694) | (46,661) | 5,342 |
| Adult Protective Services | 23,714 | 19,091 | 4,623 | 88,100 | 87,230 | (870) | (64,385) | 3,753 |
| Birth To Three | 39,694 | - | 39,694 | 39,694 | - | (39,694) | - | - |
| Contracted Services (Out of County Placements) | - | - | - | 108,445 | 115,774 | 7,330 | (108,445) | 7,330 |
| | 2,025,606 | 1,594,249 | 431,357 | 2,302,430 | 1,903,561 | (398,868) | (276,823) | 32,489 |
| Appropriations | 309,020 | 309,020 | - | | | | 309,020 | - |
| Excess Revenue/(Expense) | 4,666,287 | 3,692,018 | 974,269 | 4,338,716 | 3,777,072 | (561,645) | 327,571 | 412,624 |

North Central Health Care
Review of Services in Langlade County
For the Period Ending June 30, 2026

| | Revenue | | | Expense | | | Net Income/ | Variance |
|---|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | (Loss) | From Budget |
| Direct Services | | | | | | | | |
| Outpatient Services | 524,173 | 423,093 | 101,081 | 445,366 | 409,414 | (35,952) | 78,807 | 65,128 |
| Community Treatment-Adult | 291,456 | 168,711 | 122,744 | 335,580 | 242,812 | (92,768) | (44,124) | 29,976 |
| Community Treatment-Youth | 956,194 | 666,906 | 289,287 | 879,946 | 751,175 | (128,771) | 76,247 | 160,517 |
| Sober Living | 25,705 | 29,624 | (3,919) | 62,895 | 32,085 | (30,809) | (37,189) | (34,728) |
| Adult Day Services | 55,034 | 118,538 | (63,505) | 103,153 | 138,310 | 35,157 | (48,120) | (28,348) |
| | 1,852,561 | 1,406,872 | 445,689 | 1,826,941 | 1,573,797 | (253,144) | 25,621 | 192,545 |
| Shared Services | | | | | | | | |
| Adult Behavioral Health Hospital | 427,105 | 328,641 | 98,464 | 361,639 | 280,444 | (81,194) | 65,466 | 17,270 |
| Youth Behavioral Health Hospital | 190,646 | 144,615 | 46,031 | 208,263 | 158,204 | (50,058) | (17,617) | (4,028) |
| Residency Program | 14,059 | 13,383 | 677 | 22,162 | 32,016 | 9,854 | (8,103) | 10,531 |
| Supportive Employment Program | - | - | - | - | - | - | - | - |
| Crisis Services | 36,119 | 25,542 | 10,577 | 167,918 | 132,436 | (35,481) | (131,798) | (24,904) |
| Adult Crisis Stabilization Facility | 163,398 | 142,066 | 21,332 | 114,385 | 91,704 | (22,681) | 49,013 | (1,349) |
| Youth Crisis Stabilization Facility | 94,603 | 68,575 | 26,028 | 70,015 | 65,056 | (4,960) | 24,588 | 21,068 |
| Pharmacy | 345,891 | 298,629 | 47,262 | 366,766 | 311,935 | (54,832) | (20,875) | (7,569) |
| Lakeside Recovery MMT | 74,130 | 59,014 | 15,116 | 106,137 | 94,685 | (11,451) | (32,007) | 3,664 |
| Adult Protective Services | 16,267 | 13,095 | 3,171 | 60,431 | 59,834 | (597) | (44,164) | 2,575 |
| Birth To Three | 27,228 | - | 27,228 | 27,228 | - | (27,228) | - | - |
| Contracted Services (Out of County Placements) | - | - | - | 74,387 | 79,414 | 5,028 | (74,387) | 5,028 |
| | 1,389,445 | 1,093,560 | 295,886 | 1,579,330 | 1,305,730 | (273,600) | (189,884) | 22,286 |
| Appropriations | 118,246 | 118,246 | - | | | - | 118,246 | - |
| Excess Revenue/(Expense) | 3,360,253 | 2,618,678 | 741,575 | 3,406,270 | 2,879,527 | (526,744) | (46,018) | 214,831 |

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending June 30, 2026

| | MTD | YTD |
|---|---|---|
| Behavioral Health Hospitals | | |
| Charity Care | $ 24,000 | $ 211,147 |
| Administrative Write-Off | $ 228,447 | $ 1,241,149 |
| Bad Debt | $ 121,493 | $ 496,918 |
| Outpatient & Community Treatment | | |
| Charity Care | $ 3,760 | $ 53,671 |
| Administrative Write-Off | $ 63,324 | $ 294,305 |
| Bad Debt | $ 73,911 | $ 231,603 |
| Nursing Home Services | | |
| Charity Care | $ - | $ - |
| Administrative Write-Off | $ - | $ - |
| Bad Debt | $ - | $ - |
| Aquatic Services | | |
| Charity Care | $ - | $ - |
| Administrative Write-Off | $ - | $ 4,186 |
| Bad Debt | $ - | $ 35,740 |
| Pharmacy | | |
| Charity Care | $ - | $ - |
| Administrative Write-Off | $ 37 | $ 88 |
| Bad Debt | $ - | $ - |
| Other Services | | |
| Charity Care | $ - | $ 85 |
| Administrative Write-Off | $ 75 | $ 88,241 |
| Bad Debt | $ 3,356 | $ 4,660 |
| Grand Total | | |
| Charity Care | $ 27,759 | $ 264,903 |
| Administrative Write-Off | $ 291,883 | $ 1,627,969 |
| Bad Debt | $ 198,760 | $ 768,921 |

| FINANCIAL DASHBOARD | | | | | | | | FISCAL YEAR: 2026 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DEPARTMENT | Metric | TARGET | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | 2026 YTD | 2025 |
| **BEHAVIORAL HEALTH SERVICES** | | | | | | | | | | | | | | | | |
| Adult Hospital | Average Daily Census | 10.00 | 9.06 | 12.57 | 10.48 | 10.33 | 7.97 | 8.97 | | | | | | | 9.90 | 9.9 |
| Adult Crisis Stabilization Facility | Average Daily Census | 11.00 | 8.84 | 9.14 | 10.26 | 6.73 | 9.65 | 7.30 | | | | | | | 8.65 | 12.1 |
| Lakeside Recovery MMT | Average Daily Census | 10.25 | 13.16 | 11.93 | 13.74 | 14.07 | 13.16 | 12.27 | | | | | | | 13.06 | 11.6 |
| Youth Hospital | Average Daily Census | 4.25 | 4.81 | 5.39 | 4.77 | 4.77 | 4.84 | 1.57 | | | | | | | 4.36 | 4.6 |
| Youth Crisis Stabilization Facility | Billable Units | 5,840 | 3,145 | 13,616 | 5,281 | 7,299 | 4,826 | 4,827 | | | | | | | 6,499 | 4603 |
| Youth Out of County Placements (WMHI/MMHI) | Days | 37 | 0 | 0 | 25 | 38 | 35 | 0 | | | | | | | 16 | 220 |
| Adult Out of County Placements (WMHI/MMHI) | Days | 45 | 33 | 49 | 49 | 43 | 89 | 81 | | | | | | | 57 | 927 |
| Out of County Placements (Trempealeau) | Days | 44 | 124 | 100 | 79 | 30 | 18 | 0 | | | | | | | 59 | 1015 |
| Out of County Placements (Group Home) | Days | 160 | 186 | 144 | 155 | 90 | 155 | 60 | | | | | | | 132 | 1923 |
| **COMMUNITY SERVICES** | | | | | | | | | | | | | | | | |
| Hope House - Marathon | Average Daily Census | **6.00** | 7.60 | 6.40 | 6.70 | 6.10 | 7.10 | 6.50 | | | | | | | 6.73 | 4.9 |
| Hope House - Langlade | Average Daily Census | **3.00** | 4.00 | 4.90 | 5.50 | 6.90 | 6.16 | 6.40 | | | | | | | 5.64 | 3.0 |
| **NURSING HOMES** | | | | | | | | | | | | | | | | |
| Mount View Care Center | Average Daily Census | 125.00 | 127.84 | 128.71 | 129.03 | 125 | 125.45 | 124.6 | | | | | | | 126.77 | 123 |

**MEMORANDUM**
**To:** Executive Committee
**From:** Jason Hake, Executive Director
**Date:** 07.29.2026
**Subject:** One Behavioral Health System: A Strategic Vision for North Central Health Care

**Purpose**

Since assuming the role of Executive Director, I have spent considerable time reflecting on where North Central Health Care (NCHC) is today and where we have the opportunity to go over the next decade.

Behavioral healthcare continues to evolve. Individuals are presenting with increasingly complex clinical and social needs, workforce shortages persist, reimbursement models are changing, and behavioral health organizations are being challenged to deliver better outcomes while demonstrating responsible stewardship of public resources.

While these challenges are significant, I believe they also present an opportunity.

The purpose of this memorandum is to share my long-term vision for NCHC's behavioral health system. This memorandum is not intended to request action by the Executive Committee. Rather, it establishes the strategic direction I believe should guide future organizational priorities and investments.

**Our Greatest Opportunity**

NCHC is uniquely positioned among behavioral health organizations in Wisconsin.

As the human services authority for Marathon, Lincoln, and Langlade Counties, we provide services that span nearly every stage of an individual's behavioral health journey, from prevention and outpatient treatment to crisis intervention, psychiatric hospitalization, substance use disorder treatment, community-based services, protective services, and long-term supports.

Few organizations have the opportunity to influence care across such a comprehensive continuum.

I believe our greatest opportunity is not simply continuing to operate outstanding individual programs, but intentionally connecting those programs into one coordinated behavioral health system.

Attachment A illustrates this vision.

At its center is a simple concept: individuals and families—not programs—should remain the focus of everything we do. Every service throughout our continuum should work together to ensure individuals receive the right care, at the right time, in the right setting, with seamless transitions and shared accountability for outcomes.

**Why This Matters**

Individuals do not experience behavioral healthcare one program at a time.

A person may begin in outpatient treatment, require crisis intervention, receive inpatient psychiatric care, transition to community-based treatment, and ultimately rely on long-term supports. From their perspective, these are not separate services, they are one journey.

Our responsibility is to ensure that journey is coordinated, connected, and centered on the individual's needs.

This vision is not about restructuring departments or diminishing the expertise of our programs. Rather, it is about strengthening collaboration, improving communication, leveraging the expertise that already exists throughout the organization, and removing unnecessary barriers between service lines.

**Position NCHC to Meet the Needs of Tomorrow**

The needs of our communities continue to evolve. Individuals and families are experiencing greater behavioral health complexity, counties face increasing fiscal pressures, and expectations continue to grow for public organizations to deliver coordinated, efficient, and measurable services.

Fortunately, NCHC is uniquely positioned to meet those challenges. As both a county human services organization and one of Wisconsin's most comprehensive behavioral health providers, we have the opportunity to demonstrate how an integrated public behavioral health system can improve outcomes while being a responsible steward of taxpayer resources.

The opportunity before us is not to fundamentally change who we are. It is to build upon our existing strengths by reinforcing the connections across our continuum of care, improving coordination, and continually seeking better ways to serve the individuals, families, and communities that rely on us.

**Looking Ahead**

Achieving this vision will require thoughtful planning, sustained commitment, and continuous improvement over many years. It will also require leadership at every level of the organization to look beyond individual programs and focus on what is best for the individuals, families, and communities we serve.

I believe NCHC is exceptionally well positioned for this next chapter.

By strengthening the connections across our continuum of care while continuing to invest in our people, partnerships, and clinical excellence, we have the opportunity to become a model for how rural communities can deliver integrated behavioral health, improving outcomes for individuals, strengthening communities, and ensuring public resources are used as effectively as possible.

I look forward to discussing this vision with the Executive Committee as we continue shaping the future of NCHC.

**Attachment A**

**MEMORANDUM**
**To:** Executive Committee, North Central Health Care
**From:** Jason Hake, Executive Director
**Date:** 07.29.2026
**Subject:** 2027 Health Insurance Strategy

**Purpose**

The purpose of this memo is to request approval from the Executive Committee to implement a new health insurance strategy for the 2027 plan year and apply a 3% increase to employee premiums.

**Background**

The 2026 plan year is the final year of North Central Health Care's contract with Anthem. During the 2025 budget process, NCHC identified the need for a more strategic and sustainable approach to controlling health insurance costs while maintaining competitive benefits for employees.

NCHC historically offered employees access to an onsite clinic. That option has not been available for roughly a year, resulting in savings to NCHC but also the loss of a valued benefit for employees. The upcoming renewal creates an opportunity to restore convenient access to care while redesigning the plan for greater long-term control and transparency.

**Proposed Strategy**

NCHC proposes moving away from Anthem and adopting a network-based arrangement that provides the organization with greater control over plan design, vendor performance, pharmacy costs, and future cost-management strategies. The proposed model would include:

- A local third-party administrator to administer the health plan;
- A transparent pharmacy benefit manager to improve visibility into prescription drug pricing and rebates.
- A near-site clinic that restores convenient access to care previously available through the onsite clinic; and
- A four-tier coverage structure, including a lower-cost option for employees.

Together, these components are intended to improve cost transparency, create additional options for employees, and provide NCHC with more flexibility to manage the plan over time.

**Financial Considerations**

If NCHC remains with Anthem, the projected 2027 plan surplus is $424,337. Under the proposed strategy, NCHC is recommending a 3% increase to employee premiums, which is projected to result in a plan surplus of $264,808. Although remaining with Anthem produces a higher projected short-term surplus, that projection is based on recent claims experience that has been unusually favorable. For that reason, the Anthem surplus is not expected to provide the same level of long-term sustainability, transparency, or organizational control as the proposed strategy.

| 2027 Projection | Surplus |
|---|---|
| Remain with Anthem | $424,337 |
| Proposed strategy, 0% premium increase | $41,699 |
| Proposed strategy, 2% premium increase | $190,438 |
| Proposed strategy, 3% premium increase | $264,808 |
| Proposed strategy, 4% premium increase | $339,177 |

**Employee Impact**

The proposed strategy balances organizational sustainability with affordability for employees. Although employee premiums would increase by 3%, the four-tier structure would add a lower-cost coverage option.

This combination of a modest premium adjustment, a lower-cost plan option, and restored clinic access is intended to limit the financial burden on employees while strengthening the overall value of NCHC's benefit offering.

**Recommendation**

It is recommended that the Executive Committee approve the proposed 2027 health insurance strategy, including the transition from Anthem to a network-based arrangement utilizing a local third-party administrator, a transparent pharmacy benefit manager, a near-site clinic, and a four-tier coverage structure. It is further recommended that employee premiums increase by 3% for the year 2027. This approach is expected to provide NCHC with greater control and transparency, restore a valued employee benefit, offer a lower-cost coverage option, and establish a more sustainable long-term strategy for managing health insurance costs.

**North Central Health Care**
2027 Health Plan Funding Overview

North Central Health Care
Person centered. Outcome focused.

## 2027 Funding Impact Compared to Current

| Step | Description | Projected Expenditures | $ Change vs. Current | % Change |
|---|---|---|---|---|
| **Baseline** | Current funding rate | $7,436,949 | — | — |
| **Current Plan Forecast** | Anthem, CarelonRx, ***no*** Direct Primary Care | $6,587,612 | -$849,337 | -11.42% |
| **Optional Plan Forecast** | Auxiant TPA (Alliance Premier/Trilogy), True Scripts Rx, ***Direct Primary Care*** | $6,970,250 | -$466,699 | -6.28% |

## Projected Surplus by Funding Scenario

*Calculation note: Current rate of $7,436,949 × funding increase percentage = new funded amount; projected surplus equals new funded amount minus combined projected expenditures of $6,970,250.*

| Funding Increase | New Funded Amount | Projected Expenditures | Projected Surplus | Surplus as % of Funded | Estimated HSA Contribution | Projected Surplus with HSA |
|---|---|---|---|---|---|---|
| **Flat (0%)** | $7,436,949 | $6,970,250 | **$466,699** | 6.28% | $425,000 | **$41,699** |
| **+2%** | $7,585,688 | $6,970,250 | **$615,438** | 8.11% | $425,000 | **$190,438** |
| **+3%** | $7,660,057 | $6,970,250 | **$689,808** | 9.01% | $425,000 | **$264,808** |
| **+4%** | $7,734,427 | $6,970,250 | **$764,177** | 9.88% | $425,000 | **$339,177** |

## Key Takeaways

- At **flat funding**, the proposed changes create a **$466,699 projected surplus**, placing the plan in a favorable position without a rate increase, however the HSA contribution reduces the surplus to $41,699.
- A **2% funding increase** produces a **$615,438 cushion**, or approximately **8.1%** of the funded amount, providing a reasonable buffer for claims volatility. (Net $190,438 after HSA contributions)
- A **4% funding increase** generates a **$764,177 surplus**, offering the highest protection but potentially more margin than needed. (Net $339,177 after HSA contributions)

**Recommendation consideration:** A **2%–3% funding increase**, paired with the proposed plan changes, may balance employee cost sensitivity with a prudent claims reserve buffer while also accommodating HSA contributions.

**MEMORANDUM**
**To:** Executive Committee
**From:** Allison Dunne, Director of Outpatient Services
**Date:** 07.29.2026
**Subject:** Request for Position Approval – Outpatient Clinical Manager

---

**Purpose**

The purpose of this memo is to request Executive Committee approval to add one (1.0 FTE) Clinical Manager position within Outpatient Services. This position will provide clinical oversight of the therapy program through regulatory required supervision, case consultation, quality monitoring, and staff development, ensuring the continued delivery of high-quality, client-centered care. Additionally, it will strengthen support for both licensed and in-training therapists, improve clinical consistency, and enhance the department's ability to recruit, retain, and develop a skilled behavioral health workforce.

---

**Position Overview**

- **Title:** Outpatient Clinical Manager
- **Program:** Outpatient Services
- **Reports To:** Director of Outpatient Services
- **Employment Type:** Permanent- Full Time
- **FTE:** 1.0 (increase from 0.2 FTE)
- **New or Replacement:** Increase of Existing FTE

---

**Justification**

Over the past several years, Outpatient Behavioral Health Services has experienced sustained growth in demand for services, accompanied by increasing clinical complexity and evolving operational demands. Rising referral volumes, high-acuity presentations, increasing expectations for timely access to care, and ongoing workforce shortages have placed significant demands on the department's therapists and leadership.

As the program continues to grow, the current 0.4 FTE clinical oversight, supervision, and support for in-training and licensed therapists has expanded beyond the capacity of traditional administrative management. Therapists require consistent leadership to ensure evidence-based practice, clinical quality, regulatory compliance, documentation standards, productivity expectations, case consultation, and coordination of care across the continuum of behavioral health services. At the same time, the department is working to strengthen its workforce pipeline by expanding opportunities for in-training clinicians, who require additional supervision, mentorship, and professional development.

A Clinical Manager position would provide consistent and dedicated oversight of all clinical operations involving therapists, serving as the primary leader responsible for clinical practice, supervision, quality improvement, and day-to-day clinical decision-making. This role would oversee clinical workflows,

facilitate case consultation, monitor documentation and treatment quality, support implementation of best practices, ensure adherence to regulatory and accreditation standards, and partner with leadership to improve access, efficiency, and patient outcomes.

By centralizing clinical leadership under a dedicated Clinical Manager, the department will be better positioned to support therapists at every stage of practice, improve retention and professional development, maintain high standards of care, and continue expanding access to outpatient behavioral health services while meeting the growing needs of the communities served.

---

**Budget Impact**

- **Net Impact:** $140,000
- **Grade Placement:** Based on FMV Analysis completed by vendor
- **Funding Source:** $20,000 from Lead Clinical Therapist. Although this position is not fully funded, this position will continue to ensure therapist productivity is met, along with helping recruit and retain outpatient therapists, minimizing the cost of turnover

---

**Recommendation**

It is recommended that the Executive Committee approve the addition of one (1.0 FTE) Clinical Manager position and approve dissolving the Lead Therapist role through attrition (0.2).

**MEMORANDUM**
**To:** Executive Committee
**From:** Wendy Peterson, Director of Acute Care Services
**Date:** 07.29.2026
**Subject:** Request for Position Approval – Acute Care Services Coordinator

---

**Purpose**

This memorandum requests Executive Committee approval to realign two existing positions into two **Acute Care Services Coordinator** roles. These positions will provide centralized administrative, operational, compliance, and staffing coordination across all Acute Care Services programs. The coordinators will serve as key operational resources, supporting workforce management, clinical operations, and communication between leadership, clinical teams, and support departments to promote efficient daily operations and ensure alignment with organizational and regulatory requirements.

---

**Position Overview**

- **Title:** Acute Care Services Coordinator
- **Program:** Acute Care Services
- **Reports To:** Director of Acute Care Services
- **Employment Type:** Permanent- Full Time
- **FTE:** 2.0
- **New or Replacement:** Realignment of two existing positions

---

**Justification**

Acute Care Services has experienced significant growth in both service demand and operational complexity over the past several years. The department now provides services throughout the tri-county area and to 28 contracted counties, while supporting more than 140 employees across eight departments operating 24 hours a day, 7 days a week, 365 days a year.

As the department has expanded, the administrative and operational responsibilities required to support staff, maintain regulatory compliance, and coordinate clinical operations have grown substantially. The current structure, with separate Administrative Assistant and Central Scheduler positions, no longer reflects the operational needs of the department.

The proposed Acute Care Services Coordinator roles will consolidate and expand the responsibilities of these existing positions into comprehensive operational support roles. This realignment will create a more sustainable and flexible staffing model by providing cross-functional administrative, scheduling, compliance, and operational coordination across all Acute Care Services programs. Centralizing these responsibilities will strengthen operational consistency, improve responsiveness to changing departmental needs, and enhance support for leadership and frontline staff.

**Budget Impact**

Funding will be provided through the realignment of one vacant Administrative Assistant position and one Central Scheduler position, both currently budgeted at Grade 7. The proposed Acute Care Services Coordinator positions will be submitted through the established compensation review process to determine the appropriate classification and pay grade.

**Organizational Impact**

The Acute Care Services Coordinators will serve as centralized operational resources supporting all Acute Care Services programs. This realignment will strengthen the department's operational infrastructure by:

- Coordinating administrative and operational workflows across multiple Acute Care Services programs.
- Managing compliance tracking, operational audits, and documentation monitoring to support regulatory readiness.
- Analyzing staffing patterns and operational data to provide leadership with actionable information for workforce planning and decision-making.
- Coordinating key clinical operations, including admissions, discharges, and care transitions.
- Serving as the primary liaison between leadership, clinical teams, and support departments to promote communication and continuity of operations.
- Providing cross-functional support and adjusting priorities based on departmental and operational needs.
- Improving scheduling coordination, workforce support, and overall operational efficiency while reducing administrative burden on clinical leadership.

**Recommendation**

I respectfully request the Executive Committee's approval to realign two existing positions into two Acute Care Services Coordinator roles within the Acute Care Services Department.

**MEMORANDUM**
**To:** Executive Committee
**From:** Marne Schroeder, Director of Community Treatment
**Date:** 07.29.2026
**Subject:** Request for Position Approval – Adult Protective Services Representative

---

**Purpose**

The purpose of this memo is to request approval from the Executive Committee to add one (1.0 FTE) Adult Protective Services (APS) Representative position. This position is needed to ensure APS can continue to effectively respond to and investigate reports of abuse, neglect, exploitation, and self-neglect among older adults and adults with disabilities across the tri-county service area.

---

**Position Overview**

- **Title:** Adult Protective Services Representative
- **Program:** Adult Protective Services
- **Reports To:** Adult Protective Services Manager
- **Employment Type:** Permanent- Full Time
- **FTE:** 1.0
- **New or Replacement:** New Position

---

**Justification**

Over the past several years, APS has experienced sustained increases in referrals and workload volume, along with growing case complexity. This includes guardianship petitions and changes, emergency protective placements, annual reviews, and at-risk investigations requiring statutory response timelines and court involvement.

Demographic trends indicate continued pressure on APS services. According to U.S. Census Bureau estimates, the population age 65 and older exceeds the state average (19.6%) in all three counties served: Marathon County (20.02%), Lincoln County (25.2%), and Langlade County (27%). These trends are expected to continue upward, increasing demand for protective services intervention.

In addition to an aging population, APS continues to see increased involvement with adults experiencing severe and persistent mental illness, often resulting in higher acuity cases requiring coordination with law enforcement, behavioral health providers, and the courts.

APS workload and operational indicators reflect this sustained increase:

| APS Data | 2024 | 2025 | 2026 YTD | 2026 Annualized |
|---|---|---|---|---|
| Overtime | $16,183.92 | $22, 912.32 | $9,712.81 | $23,310.74 |
| Emergency Protective Placements | 7 | 19 | 19 | 46 |
| Annual Reviews | 389 | 388 | 389 | 389 |
| At-Risk Investigations | 567 | 710 | 456 | 1,094 |
| Ellison Cases | Not Tracked | 6 | 14 | 34 |
| Guardianship Petitions | 62 | 46 | 57 | 137 |
| Guardianship Changes | 42 | 41 | 42 | 101 |

This sustained demand contributes to increased overtime costs and limits the ability of current staff to complete preventative, investigative, and court-related responsibilities within optimal timelines.

Approval of an additional APS Representative will improve service capacity, reduce reliance on overtime, and strengthen the team's ability to meet statutory and court-imposed deadlines while maintaining quality and timeliness of investigations and protective interventions.

---

**Budget Impact**

- **Net Impact:** $83,000 ($98,000 salary/benefits – $15,000 overtime)
- **Grade Placement:** Proposed Grade 11
- **Funding Source:** Tax Levy. NCHC is not requesting additional tax levy from the counties in 2026 or 2027. We will reevaluate the need in 2028.

---

**Organizational Impact**

The addition of one APS Representative will improve workload distribution and align staffing levels with current and projected service demand. At present, the APS Manager is required to supplement frontline casework responsibilities due to increased volume and complexity. This reduces available management capacity for core supervisory functions.

Restoring appropriate supervisory bandwidth will support:

- Improved oversight of case decisions and compliance with statutory requirements
- Enhanced service quality and consistency across staff
- Strengthened collaboration with community partners and system stakeholders
- Increased focus on staff supervision, development, and retention strategies

Overall, this position supports both operational stability and risk management within APS by ensuring cases are handled within appropriate timelines and staffing resources are appropriately aligned with demand.

---

**Recommendation**

It is recommended that the Executive Committee approve the addition of one (1.0 FTE) Adult Protective Services Representative position.

**MEMORANDUM**
**To:** Executive Committee
**From:** Jason Hake, Executive Director
**Date:** 07.29.2026
**Subject:** Request for Position Approval – Chief Medical Officer

---

**Purpose**

The purpose of this memo is to request approval from the Executive Committee to establish a 0.75 FTE Chief Medical Officer (CMO) position for North Central Health Care (NCHC).

As NCHC continues to evolve into one of Wisconsin's most comprehensive public behavioral health systems, physician leadership has become increasingly important to support medical staff governance, clinical quality, regulatory compliance, physician engagement, and integration across our behavioral health continuum.

The CMO will provide executive physician leadership while serving as a member of the Leadership Team and primary liaison between the Medical Staff and Administration. This position will also serve as Medical Director for designated behavioral health service lines.

---

**Position Overview**

- **Title:** Chief Medical Officer
- **Program:** Administration
- **Reports To:** Executive Director
- **Employment Type:** Permanent
- **FTE:** 0.75
- **New or Replacement:** New Position

---

**Justification**

NCHC has experienced organizational growth, increasing clinical complexity, and expanded regional partnerships over the past several years.

Today, NCHC serves individuals with increasingly complex behavioral health needs, including higher-acuity psychiatric presentations, co-occurring mental health and substance use disorders, medically complex patients, and individuals requiring coordination across multiple levels of care. These patients frequently transition between inpatient psychiatry, crisis stabilization, outpatient services, community treatment, county human services programs, and other healthcare providers, requiring greater clinical coordination and physician leadership than ever before.

At the same time, NCHC has experienced continued growth in serving counties beyond our three-member counties. This regional growth has increased patient volumes, expanded referral relationships, and elevated expectations for clinical quality, consistency, and physician engagement.

Although Medical Directors currently provide oversight within their individual programs, there is no physician executive responsible for coordinating medical staff governance, establishing consistent clinical standards across programs, leading physician quality initiatives, or providing executive-level physician leadership for the organization as a whole.

Establishing a CMO will create a unified physician leadership structure that strengthens collaboration across service lines, improves clinical integration, enhances physician accountability, and ensures consistent medical oversight throughout NCHC's behavioral health continuum.

---

**Strategic Organizational Benefits**

The CMO will provide executive physician leadership in several critical areas.

**Medical Staff Governance**

The CMO will strengthen Medical Staff governance by:

- Providing executive oversight of the Medical Executive Committee
- Leading physician peer review activities
- Overseeing OPPE and FPPE processes
- Supporting credentialing and privileging recommendations
- Ensuring compliance with Medical Staff Bylaws
- Increasing physician engagement and accountability

---

**Clinical Quality**

The CMO will partner with leadership to improve clinical quality by:

- Developing physician quality metrics
- Reviewing behavioral health outcomes
- Leading physician participation in quality improvement initiatives
- Participating in sentinel event reviews and root cause analyses
- Developing evidence-based clinical practice standards
- Improving patient safety throughout the organization

---

**System Integration**

One of the greatest opportunities for improvement is strengthening integration across NCHC's behavioral health continuum.

The CMO will lead initiatives to improve collaboration among:

- Inpatient Psychiatry
- Crisis Services
- Outpatient Psychiatry
- Community Treatment
- Substance Use Disorder Services

This work will improve care transitions, discharge planning, continuity of care, and multidisciplinary collaboration throughout the organization.

---

**Utilization Review and Resource Stewardship**

The CMO will provide physician leadership for utilization review activities by:

- Establishing a multidisciplinary Utilization Review Committee
- Reviewing readmissions and length of stay
- Monitoring denials and appeals
- Evaluating out-of-county psychiatric placements
- Reviewing prolonged crisis stabilization stays
- Identifying opportunities to improve clinical efficiency while maintaining high-quality patient care

---

**Physician Recruitment and Workforce Development**

NCHC's continued partnership with the Medical College of Wisconsin creates an opportunity to strengthen physician recruitment and workforce development.

The CMO will:

- Support psychiatric residency education
- Assist with physician recruitment
- Improve physician engagement
- Strengthen long-term recruitment and retention efforts
- Provide mentorship to new psychiatrists and advanced practice providers

---

**Budget Impact**

- **Net Impact:** $0.00. The estimated annual cost of $335,000, including benefits, will be fully offset through $85,000 from the Medical Director reorganization and $250,000 from an existing vacant position
- **Grade Placement:** Based on FMV Analysis completed by vendor
- **Funding Source:** $85,000 from Medical Director reorganization with remaining $250,000 funding coming from current vacant position

---

**Organizational Impact**

The CMO will consolidate Medical Director responsibilities for the Youth Behavioral Health Hospital, Outpatient Psychiatry, and Medically Monitored Treatment Services under a single physician executive while also providing organization-wide clinical leadership.

Unlike traditional Medical Director positions that focus on individual programs, the CMO will strengthen medical staff governance, clinical quality, physician accountability, utilization management, regulatory compliance, workforce development, and coordination across NCHC's behavioral health continuum.

---

**Recommendation**

It is recommended that the Executive Committee approve the establishment of one 0.75 FTE Chief Medical Officer position.

**MEMORANDUM**
**To:** Executive Committee
**From:** Jason Hake, Executive Director
**Date:** 07.29.2026
**Subject:** Authorization to Submit Phase 1 Planning Grant Application – Rural Health Transformation Program

**Purpose**

The purpose of this memorandum is to request authorization from the Executive Committee for the Executive Director to submit a Phase 1 planning grant application to the Wisconsin Department of Health Services (DHS) under the Coordinating Care Across Wisconsin: Innovating Healthcare Through Partnership Grants opportunity, part of the Rural Health Transformation Program (RHTP). The application is due August 21, 2026.

This submission is not a preliminary or nonbinding Letter of Intent. It is an application for a funded six-month planning or pilot grant covering November 1, 2026, through April 30, 2027. If selected, North Central Health Care (NCHC) would enter into a grant agreement with DHS, subject to review and acceptance of the final award terms.

**Background**

RHTP is a multi-year initiative administered by DHS to strengthen healthcare delivery across rural Wisconsin through transformational investments in access, workforce, care integration, infrastructure, and long-term sustainability. The Care Coordination funding opportunity is specifically intended to develop innovative partnership models that coordinate care across systems and sectors, reduce fragmentation, and address points in the care continuum where rural residents experience barriers or fall out of care.

The opportunity consists of two phases. Phase 1 provides funding for a six-month planning or pilot period. Only recipients of an approved Phase 1 Letter of Application will be eligible to apply for the four-year Phase 2 award, which DHS expects to release in February 2027.

NCHC is well positioned to compete for this funding. As the behavioral health authority and county human services provider for Marathon, Lincoln, and Langlade Counties, NCHC operates a comprehensive rural behavioral health continuum. This structure provides an opportunity to develop and demonstrate a coordinated model that aligns clinical services, county programs, physician leadership, and community partnerships.

**Proposed Letter of Intent**

NCHC's proposed application would seek planning funds to further develop an Integrated Rural Behavioral Health Model. Anticipated areas of focus include:

- Strengthening integration across inpatient, crisis, outpatient, substance use disorder, and community-based behavioral health services.
- Improving care coordination and transitions for individuals with complex behavioral health needs.
- Enhancing collaboration among physicians, advanced practice providers, therapists, nursing, county human services, healthcare systems, and community partners.

- Standardizing clinical pathways, information-sharing processes, and quality-improvement practices across the behavioral health continuum.
- Developing an operationally and financially sustainable rural behavioral health model that can be evaluated, refined, and replicated in other Wisconsin communities.

**Application and Fiscal Requirements**

The Phase 1 submission must include a one- or two-page Letter of Application and a detailed planning-period budget using the DHS-required Excel template. The Letter of Application must identify the amount requested for the six-month planning period and the anticipated cumulative funding tier for the four-year implementation period.

Submission of the application does not obligate NCHC to expend funds. If NCHC receives an award, acceptance would create contractual, programmatic, reporting, and fiscal responsibilities. Any required NCHC financial commitment, material operational obligation, or final grant agreement will be reviewed through the appropriate approval process before acceptance.

**Related Workforce Grant Opportunity**

In addition to the Care Coordination opportunity, NCHC is working with Advance Wisconsin Employment to explore a potential partnership on a separate RHTP workforce grant application. That effort is being developed independently from this Phase 1 Care Coordination application and may provide an additional opportunity to address rural behavioral health workforce recruitment, development, and sustainability.

**Recommendation**

Authorize the Executive Director to submit a Phase 1 planning grant application to the Wisconsin Department of Health Services by August 21, 2026, for the Coordinating Care Across Wisconsin: Innovating Healthcare Through Partnership Grants opportunity, including the required planning-period budget and any letters of support required for formal project partners.