

OFFICIAL NOTICE AND AGENDA

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care**
1100 Lake View Drive, Wausau, WI 54403, Board Room at **12:00 pm** on **Thursday, February 23, 2017**

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

A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. ACTION: Resolution Honoring John Robinson for his 10 Years of Service to the NCCSP Board
4. Educational Presentation
 - a. Patient Experience Indicator and Priority Index Reports – B. Schultz
5. Consent Agenda
 - a. ACTION: Approval of 1/26/17 NCCSP Board Meeting Minutes
6. Chairman's Report and Announcements– J. Zriny
7. Committee Reports
 - a. Executive Committee Report – J. Zriny
 - i. Overview of the 2/16/17 Meeting
 - b. Finance, Personnel & Property Committee Report – B. Weaver
 - i. Review Draft Minutes of the 1/26/17 Meeting
 - ii. Overview of 2/23/17 Meeting
 - iii. January Financials
 1. CFO Report
 2. ACTION: Accept the January Financial Report and Financial Statements
 - c. Human Service Operations Committee Report – J. Robinson
 - i. Review Draft Minutes of the 2/10/17 Meeting
 - ii. Changes in Crisis Information Graphic
 - d. Nursing Home Operations Committee Report – J. Burgener
 - i. Review Draft Minutes of the 1/27/17 Meeting
 - e. Quality Committee Report
 - i. Organizational Outcomes
 1. ACTION: Accept Executive Summary and Quality Dashboard as Presented
8. ACTION: Motion to Approve Agreement for General Counsel Role and Fee Proposal with Ruder Ware
9. ACTION: Resolution of the North Central Community Services Program Board in Support of the Construction of a New Warm Water Aquatic Therapy Pool
10. ACTION: Consider Amending the 2017 NCCSP Capital Improvement Budget to Reflect the Modified Cost of the Mount View Care Center's Boiler Replacement Project
11. Overview of Youth Crisis Group Home Program Service Line Expansion
12. Update on Long-Term Facility Master Plan
13. CEO Work Plan
14. ACTION: Consideration of Modification to NCHC's Mission, Vision and Core Values Statements
15. CEO Report – M. Loy
16. Discussion and Future Agenda Items for Board Consideration or Committee Assignment
17. Adjourn



North Central Health Care

Person centered. Outcome focused.

RESOLUTION

SERVICE OF

JOHN ROBINSON MARATHON COUNTY

WHEREAS, John Robinson has served North Central Health Care with dedication, distinction and honor for 10 years; and

WHEREAS, Mr. Robinson was appointed to the North Central Community Services Program (NCCSP) Board July 2007 to represent Marathon County; and

WHEREAS, Mr. Robinson has served on the NCCSP Board of Directors, the Finance, Personnel & Property Committee, the Human Services Operations Committee, and the Nursing Home Operations Committee; and

WHEREAS, Mr. Robinson's services to the Board have been of utmost dedication and effort to assure North Central Health Care provides excellent quality services, in a cost-effective manner, to the citizens of Langlade, Lincoln and Marathon Counties;

NOW, THEREFORE, BE IT RESOLVED that the North Central Community Services Program Board, assembled on the 23rd day of February 2017, does hereby honor John Robinson for his years of service and express our gratitude for his efforts on behalf of its consumers, families and staff.

*Jeff Zriny, Chair
NCCSP Board of Directors*

*Michael Loy, Interim CEO
North Central Health Care*

From: Michael Loy
Sent: Wednesday, February 01, 2017 3:40 PM
To: NCHC - Leadership
Subject: Patient Experience
Attachments: Patient Experience article.pdf

Good afternoon,

I've attached an article for our leaders to digest to help reinforce the importance of Patient Experience as discussions around Patient Experience begin to become a heightened point of interest in the coming weeks given the impact it had on our merit based increases. Keeping the patient, client, resident, consumer etc., at the core of daily decision making is something we can all admit is a good thing and the perspective we want to take. Despite that fact, I believe people think talking about Patient Experience and its measurement might feel very corporate or a management issue. Our patients are talking to us and there are real people behind the volume of data we search for answers. Last year we had over 3,200 of the individuals we serve take the time to tell us something. If we haven't moved our results (and we didn't all of 2016) have we really been listening or more importantly has simply applying tactics to problems been enough? We've done a good job increasing the volume of the voices we are hearing by the number of survey responses we get but 2017 is about moving Patient Experience results.

I want each of you to read the attached article and consider the information as key talking points as people approach you as a champion of Patient Experience.

Patient Experience is defined in the article as:

the "sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care"

Patient Experience is how we feel the heart of this place and measure it. Patient Experience is the best leading indicator we have in all we measure – it is not just about improving numbers to look good. In the article it speaks about Experience as a key driver of four fundamental healthcare objectives:

- 1) **Clinical outcomes.** If the experience is good, high quality clinical outcomes are consistently present. For example in Outpatient Services, the highest priority for improved Patient Experience is improving the percent top box to the question on whether the client was "Helped by treatment". We exist to help people so we must be the very best in that regard. There are many examples like this across the organization.
- 2) **Financial outcomes.** Financial performance is a product of patient experience for many reasons and financial stability allows us to further the mission of NCHC. Further, health care reform is moving towards payment based on patient experience scores and I believe this part of reform is here to stay regardless of what happens in Washington. Financial outcomes are the downstream effect of patient experience.
- 3) **Consumer loyalty.** It is a time tested truth that the number one source of improved top line growth is word of mouth advertising and high Patient Experience will increase loyalty to NCHC. Individuals have a choice on if they want to receive care and where they go for care.
- 4) **Community reputation.** The perception of the quality of our services in the community matters, clearly we all want to be part of winning team and consistently be proud to work at NCHC. If the Patient Experience is positive then our community reputation will improve.

Take the time to read the attached article, I believe it offer an opportunity to more fully understand the fundamental nature of why Patient Experience is so important to our organization and how we can live our decisions through the eyes of the patient. I'm relying on everyone on our management team to be part of our ability to have success with Patient Experience in 2017. Everything will build of our ability to deliver.

Make it a great day,

Michael Loy
Interim Chief Executive Officer

North Central Health Care
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Critical Considerations for the Future of Patient Experience

Jason A. Wolf, PhD, CPXP, president, The Beryl Institute, Nashville, Tennessee

Healthcare leaders need to take a fresh look at patient experience through a new and wider set of lenses and fully consider all that it encompasses. In entering what Donald Berwick (2016) identifies as a new era for healthcare—a moral era committed to fundamentals such as access, quality, civility, and transparency—we find ourselves in an experience era. In this era, the voices of all stakeholders matter, value takes on new meaning, incentives shift, and a sense of purpose is reignited (Wolf, 2016). We need to look at experience in a new way to avoid the complacency of simply applying tactics to problems. This new era calls on leaders to recognize the compelling strategic purpose in focusing on patient experience and the factors that influence it. This purpose must be the rallying cry for leaders, for all those who work in healthcare, and for all those it serves.

FUNDAMENTAL FOUNDATION

A conversation about patient experience today must first focus on aligning perspective, on defining what *experience* means, and understanding all that it comprises. At its core, healthcare is about human beings caring for human beings. We lose touch with this fundamental principle when adding layers of professional titles, technical skills, diagnostic labels, and so on. For healthcare to be effective and meet the needs of both those it serves and those who chose caring as a profession, this principle must remain at the heart of every intention and action.

Patient Perceptions

The Beryl Institute, the global community of practice dedicated to improving the patient experience through collaboration and shared knowledge, defines patient experience as the "sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care" (Wolf, Niederhauser, Marshburn, & LaVela, 2014). This simple phrase presents some complex opportunities. Healthcare is about the interactions—both clinical and interpersonal—through which work is conducted. These interactions are driven by the type of organizations that leaders build and reinforce through their actions and stated expectations at all touch points on the continuum of care. However, in the new consumer-centric world, the perception of the customer—the patient, family members, and the community served—is reality and the ultimate measure of success.

From the viewpoint of those engaging in healthcare today, experience and its evaluation should encompass all that people encounter. Experience includes quality, safety, and service moments, and it is influenced by costs and decisions driven by a focus on broader population health issues that dictate both clinical and operational strategy. This shift from the way in which experience has traditionally been viewed—as simply satisfaction, service, or amenities—is significant and must be a purposeful choice for leaders.

Fundamental Objectives

Experience serves as the key driver of four fundamental healthcare objectives. First and foremost are the *clinical outcomes* that support the ill or injured seeking care. Second, *financial outcomes* ensure that organizations remain viable so they can address their mission of care. Third, even before healthcare became the increasingly consumer-focused and value-driven world it is today, experience was a driver of *consumer loyalty* to a particular healthcare organization. Finally, *community reputation* refers to the broader community's positive perceptions of a healthcare organization's contributions.

The implications of these objectives are clear. Experience is not just about satisfaction or about service; it is the strategic foundation and focus that call for a forward line of sight about factors that will influence leadership in the years ahead.

CRITICAL CONSIDERATIONS

Several factors—including competing policy pressures and related financial constraints, a rapidly growing number of individuals accessing healthcare, and the challenges posed by a shrinking pool of clinicians with varied professional expectations—require the current healthcare model to think, structure, and act in new ways.

Progress in this new era of experience calls for a shift in efforts grounded in some critical considerations. While some of these efforts may be distinct areas of focus or defined initiatives for organizations, our challenge is to begin thinking about how to align and integrate these actions for greater strategic significance.

Shift in Language From Centeredness to Collaboration and Partnership

Healthcare leaders and clinicians must focus on ways to engage patients and families as active partners along the entire healthcare journey and work to change the provider-centric language to one of collaboration.

Shift in Technology From Internal Processes to Accessible, Practical, and Externally Facing Applications

Technology will no longer be used simply for reporting or documentation purposes, but will serve as a point of access, information, and communication. To engage all stakeholders, technology needs to be streamlined, simplified, and externally focused.

Expansion of Transparency to Include Greater Understanding of Healthcare

Although current efforts to share scores and pricing information are fundamental, transparency in its broadest sense requires enhanced understanding of information pertaining to care and the processes through which it is delivered. Therefore, transparency must include support for expanded healthcare literacy so that people are informed and engaged and can be effective partners in healthcare decisions.

Freeing of Data to Enable More Immediate and Impactful Decisions, Actions, and Results

The dilemma of lagging data collected via standardized surveys will be eclipsed by efforts to gain immediate and actionable feedback. Organizations will gather, own, and analyze data, potentially creating a race for new resources to collect real-time information and develop simplified analytical tools to move to action more rapidly and effectively.

Explosion in Choice Driven by a Proliferation of Potential Points of Care

As healthcare offers new points of service, choice will be driven by all that experience encompasses. Convenience, personal treatment, environment, and outcomes will be equal factors in the choices people make when seeking care and, in turn, drivers of healthcare spending and investment, with measurable financial implications for an organization.

Reframing of Expectations Driven by New and Expanded Points of Comparison

Healthcare organizations traditionally have viewed their competition as the other facility across town, but this perspective no longer fits. Instead, patients' expectations will be determined by the broader consumer landscape. Individuals' experiences in other consumer settings or even online will profoundly influence their expectations of healthcare as well.

COMMITMENT TO ACTION

The rapidly changing healthcare environment does not allow for long periods of planning. The issues examined here require leaders to undertake comprehensive and integrated efforts in their organizations, in the way in which they operate, and in how they engage healthcare consumers. In upcoming columns in this series, several organizations will present clear examples of practices that, if woven together rather than implemented piecemeal, can address the opportunities laid out earlier.

Those proven practices include critical, evidence-based, and outcomes-focused efforts such as the following:

- Identification and selection of the right employees and a commitment to employee engagement
- Implementation of a clearly defined and consistent process for engaging patients and family members in both clinical and nonclinical decisions

- Execution of effective rounding processes by people at all levels in the organization
- Application of transparent handoffs—such as the bedside shift report—in partnership with patients and families

Our challenge is not to be enticed by short-term tactical gains at the expense of missing the strategic opportunities emerging from the major shifts now taking place.

Healthcare's intention to help, heal, and serve may be best supported by a purposeful, comprehensive, and strategic focus on patient experience with a broadened perspective of all it truly encompasses. Great opportunities await in reframing perspectives, reprioritizing goals, and driving critical practices that will lead to improved collective results. The task now is to commit to a new way of thinking and acting and to realign purpose so that patient experience is the foundation of all that we seek to achieve.

REFERENCES

- Berwick, D. M. (2016). Era 3 for medicine and health care. *Journal of the American Medical Association*, 315(13), 1329–1330.
- Wolf, J. A. (2016, May 5). It is time for the experience era. [Web blog post]. Retrieved from <http://www.theberylinsitute.org/blogpost/593434/246197/It-is-Time-for-the-Experience-Era>
- Wolf, J. A., Niederhauser, V., Marshburn, D., & LaVela, S. L. (2014). Defining patient experience. *Patient Experience Journal*, 1(1). Retrieved from <http://pxjournal.org/journal/vol1/iss1/3>

For more information about the concepts in this column, contact Dr. Wolf at jason.wolf@theberylinsitute.org.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

January 26, 2017

12:00 p.m.

North Central Health Care-Wausau

Present:

X	Randy Balk	X	Steve Benson	EXC	Ben Bliven
X	Jean Burgener	ABS	Holly Matucheski	X	Bill Metter
EXC	Bill Miller	X	Corrie Norrbom	X	Scott Parks
X ^{via}	John Robinson	X	Greta Rusch	X	Robin Stowe
X ^{phone}	Bob Weaver	X	Jeff Zriny		

Also Present: Michael Loy, Kim Gochanour, Brenda Glodowski, Laura Scudiere, Becky Schultz, Sue Matis, Sheila Zblewski, Nancy Bergstrom, Lance Leonhard, Kristin Woller

Guests/Visitors: Steve Anderson, Linda Haney, Mary Ann Dykes, True Lor, Brian Kowalski

Call to Order

The meeting was called to order at 12:03 p.m. by Chairman Zriny; guests and visitors were welcomed.

Public Comment for Matters Appearing on the Agenda

No public comments made.

Introduction of Retained County Authority Committee Members and North Central Community Services Program Board Members

- Nancy Bergstrom, Lincoln County Corporation Counsel, Lance Leonhard, Marathon County Deputy Administrator, Robin Stowe, Langlade County Corporation Counsel, and County Board Supervisor E. J. Stark who wasn't able to attend, were introduced as members of the newly created Retained County Authority Committee.
- Committee is concurrent with county board terms. Chair of the committee will be determined and will be attending the NCCSP Board meetings on a regular basis. Chair Zriny and Michael Loy will also be attending the RCA meetings. The new Tri-County Agreement establishes this committee.
- The following concerns/priorities were shared:
 - Fearful that this new mechanism will cause NCHC delays in responsiveness.
 - Drivers of significant deficits i.e. pool, nursing home, human services programs diversions, changes to address physical plant and ability to accommodate programs. Concern expressed in the ability of reaching the required $\frac{3}{4}$ vote for bonding from counties in order to make physical plant changes.
 - CEO search/appointment is instrumental to the entire process and would seem most vital to address immediately. There was discussion as to whether it would be most beneficial to address a permanent CEO position now considering there are many areas in flux at this time. The members expressed high confidence in Michael Loy this past year successfully improving relationships with the counties, the tremendous positive efforts and outcomes he has developed, and the excellence in leadership and character as our current Interim CEO. Board members expressed concern about how long an interim role might run and the risk associated with both scenarios and encouraged the RCA to determine a timetable.

- Psychiatry Residency Program is vital for this facility and community, and having a CEO who is truly invested in the program is extremely important.
- Reduce the number of diversions.
- Develop an agreement for the services provided in the jail.
- Identify a process of program reporting (creating, modifications, retention, etc.) including how we move through the Board and RCA.
- Employee compensation and performance standards review.
- Policy Governance - identify CEO expected outcomes.

Approval of 12/15/16 NCCSP Board Meeting Minutes

- **Motion**/second, Burgener/Metter, to approve the minutes of 12/15/16 NCCSP Board Meeting. Motion carried.

Chairman's Report and Announcements

- No additional reports and announcements

Committee Reports

- Executive Committee – Jeff Zriny
 - No questions or comments on the draft minutes of the 1/12/17 Executive Committee meeting.
- Finance, Personnel & Property Committee – Bob Weaver
 - Discussed targeting the gap in services for youth between home, community, and inpatient services. Will continue to be a focus in future discussions with timelines and costs.
 - Committee made recommendations to move forward on the creation of a General Corporation Counsel.
 - December's financials are preliminary as auditors are in the process of their year-end audit. The audit report will be presented to the full Board in March. We have received several year-end reconciliation items that are beneficial to the revenues for December. Overages in expenses continue to be in the same areas as previous months.
 - **Motion**/second, Weaver/Balk, to accept the December Financial Report and Financial Statements. Motion carried.
- Human Services Operations Committee – John Robinson
 - There is concern about the inability to meet as a committee.
 - We continue to look for a better way to make sure there is a quorum.
 - If the dates/times of the meetings don't work please notify John Robinson.
- Nursing Home Operations Committee – Jean Burgener
 - RFP is being drafted. The feedback should help us better identify the 'right-size' of our nursing home.
 - Several residents have transitioned very well into the Legacies. Continue to work with families through the transitions so that families have a thorough understanding of how their loved one will be best served.
 - Resident Council requested a county board supervisor attend their next meeting. Supervisor Rosenberg has agreed to attend the next Resident Council meeting.

- Quality Committee – B. Schultz for B. Bliven
 - Minutes from the December and January meetings were provided. No questions or concerns.
 - 2017 Quality and Compliance Plan was reviewed. The Executive Summary indicated that we continue to struggle in several domains which have been included as an area of emphasis in the 2017 Plan. The #1 priority is patient experience i.e. incorporating the person centered care model presented at the December Board meeting. The model will be a great foundation for patient experience and improvement in employee engagement also. In the clinical domain we are ready to introduce new types of quality monitoring in patient progress in real time; we will continue to provide data and able to evaluate and continue process improvement methodology.
 - **Motion**/second, Burgener/Benson, to accept the 2017 Quality and Compliance Plan. Motion carried.
 - **Motion**/second, Metter/Rusch, to accept the Executive Summary and Quality Dashboard as presented. Motion carried.

Committee Assignments – J. Zriny

- 2017 Committee Assignments were presented.
- Robin Stowe expressed concern about continuing on Finance Committee with the addition of his involvement in the RCA Committee. The Executive Committee will be discussing his appointment.

Tri-County Contract Implementation and Work Plan – M. Loy

- The new Tri-County Agreement and Work Plan documents are provided for your information and as reference tools. There will be a lot of areas to cover throughout the year and these documents should be helpful.

Consideration of NCCSP's Ongoing Management of the Aquatic Therapy Pool with or without a New Aquatic Therapy Pool – M. Loy

- The purpose of this discussion is to frame a decision on the ongoing management of the pool by the Board. To re-build the pool had been pushed to Marathon County and has been studied extensively.
- Would like a robust discussion of this Board on the future of the pool in February.
 - Do you have enough information to make a recommendation?
 - Is there value for NCHC to operate the pool and therapy services?
 - If Marathon County chooses not to invest in the pool, how long is the NCHC Board willing to manage the pool in its current state?
 - NCHC Board has been a participant in these discussions but the Board should be more involved and take a position in the direction of the pool i.e. Marathon County should build a pool and NCHC will operate it.
- Representatives of the Warm Water Works were invited to comment. Steve Anderson spoke to Marathon County Board last week and were provided background information; Brad Karger's work plan has the pool on his timeline for the first quarter of 2017. Two years ago about \$600,000 was promised from local Foundations in support of the construction of a new pool but due to the Marathon County issues the 'ask' was suspended. Anderson indicated he would be willing to ask again but needs to know specifics on the amount needed. Also, the focus on payer mix includes those from low income and seniors who are the most vulnerable in our communities. What is the County's mission for healthy seniors, health care, who are we serving and who are we leaving behind?

- Haney and Dykes affirmed that the Warm Water Works has been working for 8 years and they will not abandon their efforts.
- Having community conversations will be key and assistance will be needed from everyone. It will be important to connect with each County Board member.
- The pool operates under the hospital license in order to receive reimbursement.
- Marathon County Health and Human Services Committee will discuss the pool at its Jan. 31 meeting.

Overview of the Current Nursing Home Management Agreement – M. Loy

- NCHC is working within the current management agreement of 1999.
- The new Tri-County Agreement identifies that Marathon County commits to making a decision on the future management of the nursing home including the management continuing with NCHC.
- The Board is being asked to take a position on how NCHC will manage the nursing home and what is needed to be successful in managing it on the County's behalf.

NCCSP Bylaw Update Discussion – M. Loy

- With the new Tri-County Agreement the NCCSP Bylaws need to be updated. They haven't been overhauled for a long time with the exception of adding the Collaborative Care Committee last year.
- The Policy Governance memo explains the delegation of board and management focusing on end statements; an opportunity to determine how we can best govern moving forward and have clear delineation of authority. The Executive Committee will discuss further and prepare a presentation for the Board.
- **Motion**/second, Burgener/Stowe, to approve the NCCSP Bylaw updates. Motion carried.

Consideration of the Creation of a General Corporation Counsel Position – M. Loy

- We continue to experience high legal expenses, especially during this last year.
- Hiring our own general corporation counsel could also be used for assistance with our hundreds of contracts, compliance, regulatory issues, etc.
- An alternative option would be creating a retainer with Ruder Ware and Atty. Fisher, who is a health care-specific attorney. Ruder Ware is interested in exploring the possibility of establishing office hours at NCHC. The Finance Committee suggested to pursue this method.
- **Motion**/second, Weaver/Burgener, to accept the Finance Committee's recommendation on pursuing the addition of General Corporation Counsel either on a full-time basis or by retainer. Motion carried.

CEO Report

- Identifying facility capital management office space at NCHC was deferred last month. After further discussion we agreed to provide office space that is currently being occupied by nursing home administration. This will create a short term problem but will be the best option when looking at the long term capital facility plan.
- Weekly meetings are being held on a long term facility plan. Next month a request will be made for a master facility plan.
- Dr. Dibala's contract is being finalized. We anticipate her arrival in early March.
- Psychiatry Residency Program will begin in July. 65 high quality residents were interviewed; 3 will be selected. Moving forward to have a 'home' here and creating a plan.
- New members of the Executive Team were introduced: Sheila Zblewski, Information Services Executive Team and Sue Matis, Human Resources Executive.

- Update provided on the Informal Dispute Resolution in that there will be a minor penalty of around \$6,000 which allows us to continue providing the nurse training program. Still waiting to hear if there will be a requirement of recoupment of claims. Star rating has improved.
- The Board was reminded that we were not able to budget for merit increases for staff in 2017 as they are only available when financial and performance measures are met. We did not meet either of these measures in 2016 and will be communicating these results with the staff soon.

Discussion and Future Agenda Items for Board Consideration or committee Assignment

- Creating a 'Welcoming Committee' for the first group of psychiatry residents to organize a celebration fitting this inaugural event. Communication is needed both internally and externally as this is a community event.
- Consideration for the people using the former ADRC space after 2016. Is this a NCHC or Marathon County issue?

Motion/second, Stowe/Metter, to adjourn the Board meeting at 1:53 p.m. Motion carried.

dko

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
FINANCE, PERSONNEL & PROPERTY COMMITTEE**

January 26, 2017 11:00 AM North Central Health Care – Badger Room

Present: X Randy Balk EXC Bill Miller X Robin Stowe
 X Bob Weaver X Jeff Zriny

Others Present: Brenda Glodowski, Michael Loy

Meeting was called to order at 11:03 a.m.

Public comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 12/15/16 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Stowe/Balk, to approve the 12/15/16 Finance, Personnel & Property Committee meeting minutes. Motion carried.

December Financials

- Please note that December Financial Statements are preliminary. The 2016 audit is in progress and the final report will be provided in March. Some items are outstanding yet i.e. legal expenses and inventory.
- Balance sheet includes the changes that were approved at the December meeting of the Board. Some comparisons to 2015 show that net patient accounts receivable is down and investments are up by \$500,000.
- Same concerns this month in that there was low census in the nursing home, hospital was busy with census averaging 15, and Community Treatment continues to be busy.
- Overall revenues exceeded targets. We have received several year-end settlements along with carry over funds from Base County Allocation, additional funds from the Intoxicated Driver Program, and the 85.21 Grant.
- Expenses were high which were attributed to the same items as in previous months, i.e. state institutes, health insurance and additional legal expenses. We also received notification that the Civil Money Penalty related to the citation received last fall will likely be around \$6,000 which will allow us to retain the CNA training program. We have yet to hear what the penalty will be from the Office of Inspector General but anticipate around \$20,000. Drugs were also high for the month and contract labor in December was high due to difficulties filling open positions. We experienced a significant increase in psychiatry locums as well.
- We will see nearly \$1.8 million deficit for the year. There was over \$4 million in increased expenses over targets relating to the areas that have been addressed most of the year. These include health insurance, state institutions and other institutions, increase in crisis services and increased psychiatry costs due to using locums. A significant portion of this increase was offset by decreased expenses in a number of support areas.

- We are exploring several areas that will focus on serving the youth; working with a child psychiatrist, and looking to establish services to help address the increasing need for youth and youth crisis services. Currently we are not able to treat those under age 13 and last month alone 75% of the cost for State Institutes was due to youth crisis. Suggested an important area of focus would be in coordinating with Social Services for a safe discharge plan so the youth have a place to go when leaving the State Institutes. We have identified the need which is a gap between Inpatient services and home and now we need to fill that gap. For example: Bellewood residents are moving to another location which leaves the current CBRF residence available for a potential youth stabilization home. With the current limited options we have little opportunity for reducing diversions unless alternatives are created.
- **Motion/second, Stowe/Weaver**, to approve the December Financial Statements and Financial Report. Motion carried.
- Write-offs are included in packet. No additional discussion.

CFO Report

- Distributed and reviewed year-end financial statistics.
- Working to provide a complete and total separation of balance sheet between the human services operations and the nursing home.

2016 Audit Update

- Audit preparations are in progress. Auditors will be on site next week. Report will be provided in March. Some preliminary work was completed a few months ago.
- As part of the new joint agreement the Retained County Authority Committee will recommend auditors for the 2017 audit.

Maintenance Transition

- The transition is going well. A new maintenance management system (Facility Dude) is being introduced. Weekly meetings are held with the maintenance team.
- Meetings are also being held with Brad Karger and Michael Lotter to discuss a master facility planning project. Next month we may have a request to do a master facility plan. Projects aimed at investing to enhance revenue streams and address cost structures.
- Circulation in and through building is one area of focus; feel as though the current footprint for human services programs could really be substantially decreased.

Consideration of the Creation of a General Corporation Counsel Position

- Overall it is felt that this organization is underserved in legal services.
- The following consideration is being requested: 1) hire an attorney; or 2) create a retainer arrangement with Ruder Ware which would establish office hours at NCHC with a fixed retainer service and additional funding for special projects. An advantage with the retainer is the access to more attorneys, knowledge, etc. We currently utilize John Fisher, whose expertise is health care law.
- **Motion/second, Balk/Stowe**, to recommend pursuing adding general counsel either on a full-time basis or via retainer. Motion carried.

Adjourn

Motion/second, Balk/Stowe, to adjourn the Finance, Personnel & Property Committee meeting at 11:53 a.m. Motion carried.

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: February 17, 2017
RE: Attached Financials

Attached please find a copy of the January Financial Statements for your review. To assist in your review, the following information is provided:

BALANCE SHEET

Most accounts are consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

The month of January shows a loss of \$ (8,998) compared to the budgeted loss of \$ (42,813) resulting in a positive variance of \$33,815.

Overall revenue exceeded targets for the month by \$30,312. The hospital averaged 16 patients per day, compared to the target of 14. The nursing home census averaged 187 per day compared to the target of 203, with the Medicare census averaging 18 compared to the target of 20. Outpatient areas are remaining consistent with prior month's activity.

Overall expenses exceeded targets by \$4,269. Two areas that will continue to be monitored from 2016 are health insurance and state institutes. For January, health insurance was under budget target by \$113,164 and the state institutes were over budget by \$201,451. Contracted staffing will also be monitored in 2017 as both the nursing home and hospital continue to purchase these services to meet staffing shortages; contracted staffing was over budget by \$28,454 in January.

The changes for the maintenance transfer to Marathon County have been implemented.

If you have questions, please feel free to contact me.

Thank you.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	1,959,108	2,766,489	4,725,597	5,952,848
Accounts receivable:				
Patient - Net	2,798,421	2,086,212	4,884,634	7,894,014
Outpatient - WIMCR	507,500	0	507,500	480,000
Nursing home - Supplemental payment program	0	150,000	150,000	150,000
Marathon County	72,809	0	72,809	734,030
Appropriations receivable	59,951	0	59,951	0
Net state receivable	308,447	0	308,447	75,042
Other	482,844	0	482,844	102,774
Inventory	0	305,373	305,373	303,535
Other	<u>628,310</u>	<u>496,283</u>	<u>1,124,593</u>	<u>968,433</u>
Total current assets	<u>6,817,391</u>	<u>5,804,357</u>	<u>12,621,748</u>	<u>16,660,677</u>
Noncurrent Assets:				
Investments	10,300,000	0	10,300,000	9,800,000
Assets limited as to use	3,130,651	858,394	3,989,045	3,086,348
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	22,197	36,553	58,749	57,857
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	56,891	868,252	925,143	102,395
Depreciable capital assets - Net	<u>7,237,972</u>	<u>3,307,994</u>	<u>10,545,966</u>	<u>11,834,092</u>
Total noncurrent assets	<u>21,247,711</u>	<u>5,071,193</u>	<u>26,318,904</u>	<u>29,727,630</u>
Deferred outflows of resources - Related to pensions	<u>9,786,591</u>	<u>7,730,129</u>	<u>17,516,720</u>	<u>4,851,842</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>37,851,694</u>	<u>18,605,679</u>	<u>56,457,372</u>	<u>51,240,149</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	154,310	0	154,310	148,264
Accounts payable - Trade	638,677	504,471	1,143,149	1,865,355
Appropriations advances	838,477	283,333	1,121,810	1,213,812
Accrued liabilities:				
Salaries and retirement	1,088,591	859,845	1,948,436	1,852,785
Compensated absences	830,213	655,760	1,485,974	1,497,936
Health and dental insurance	445,843	352,157	798,000	857,000
Other Payables	203,819	160,990	364,809	410,383
Amounts payable to third-party reimbursement programs	215,920	0	215,920	366,667
Unearned revenue	<u>135,266</u>	<u>0</u>	<u>135,266</u>	<u>831,850</u>
Total current liabilities	<u>4,551,116</u>	<u>2,816,558</u>	<u>7,367,674</u>	<u>9,044,053</u>
Noncurrent Liabilities:				
Related-party note payable	481,871	0	481,871	639,174
Patient trust funds	<u>22,197</u>	<u>36,553</u>	<u>58,749</u>	<u>57,857</u>
Total noncurrent liabilities	<u>504,067</u>	<u>36,553</u>	<u>540,620</u>	<u>697,031</u>
Total liabilities	<u>5,055,183</u>	<u>2,853,111</u>	<u>7,908,294</u>	<u>9,741,084</u>
Deferred inflows of resources - Related to pensions	<u>3,713,701</u>	<u>2,933,339</u>	<u>6,647,040</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	7,294,863	4,176,246	11,471,109	11,936,487
Unrestricted	10,968,063	2,251,929	13,219,992	20,259,950
Assets limited as to use	3,130,651	858,394	3,989,045	0
Contingency funds	500,000	0	500,000	0
Restricted - Pension benefit	7,112,749	5,618,142	12,730,891	9,603,512
Operating Income / (Loss)	<u>76,484</u>	<u>(85,482)</u>	<u>(8,998)</u>	<u>(385,756)</u>
Total net position	<u>29,082,809</u>	<u>12,819,230</u>	<u>41,902,039</u>	<u>41,414,192</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>37,851,694</u>	<u>18,605,679</u>	<u>56,457,372</u>	<u>51,240,149</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2017**

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,713,763</u>	<u>\$3,729,983</u>	<u>(\$16,220)</u>	<u>\$3,713,763</u>	<u>\$3,729,983</u>	<u>(\$16,220)</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	324,504	325,120	(616)
Grant Revenue	192,557	197,183	(4,626)	192,557	197,183	(4,626)
County Appropriations - Net	641,480	639,260	2,220	641,480	639,260	2,220
Departmental and Other Revenue	<u>335,156</u>	<u>285,602</u>	<u>49,554</u>	<u>335,156</u>	<u>285,602</u>	<u>49,554</u>
Total Other Revenue	<u>1,493,696</u>	<u>1,447,165</u>	<u>46,532</u>	<u>1,493,696</u>	<u>1,447,165</u>	<u>46,532</u>
Total Revenue	5,207,460	5,177,148	30,312	5,207,460	5,177,148	30,312
Expenses:						
Direct Expenses	4,053,313	3,895,918	157,394	4,053,313	3,895,918	157,394
Indirect Expenses	<u>1,179,250</u>	<u>1,332,375</u>	<u>(153,125)</u>	<u>1,179,250</u>	<u>1,332,375</u>	<u>(153,125)</u>
Total Expenses	<u>5,232,563</u>	<u>5,228,294</u>	<u>4,269</u>	<u>5,232,563</u>	<u>5,228,294</u>	<u>4,269</u>
Operating Income (Loss)	<u>(25,103)</u>	<u>(51,146)</u>	<u>26,043</u>	<u>(25,103)</u>	<u>(51,146)</u>	<u>26,043</u>
Nonoperating Gains (Losses):						
Interest Income	12,542	8,333	4,208	12,542	8,333	4,208
Donations and Gifts	3,564	0	3,564	3,564	0	3,564
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>16,105</u>	<u>8,333</u>	<u>7,772</u>	<u>16,105</u>	<u>8,333</u>	<u>7,772</u>
Income / (Loss)	<u>(\$8,998)</u>	<u>(\$42,813)</u>	<u>\$33,815</u>	<u>(\$8,998)</u>	<u>(\$42,813)</u>	<u>\$33,815</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2017**

51.42/.437 PROGRAMS	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,980,510</u>	<u>\$1,913,922</u>	<u>\$66,588</u>	<u>\$1,980,510</u>	<u>\$1,913,922</u>	<u>\$66,588</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	324,504	325,120	(616)
Grant Revenue	192,557	197,183	(4,626)	192,557	197,183	(4,626)
County Appropriations - Net	499,814	497,593	2,221	499,814	497,593	2,221
Departmental and Other Revenue	<u>181,781</u>	<u>149,059</u>	<u>32,722</u>	<u>181,781</u>	<u>149,059</u>	<u>32,722</u>
Total Other Revenue	<u>1,198,655</u>	<u>1,168,955</u>	<u>29,700</u>	<u>1,198,655</u>	<u>1,168,955</u>	<u>29,700</u>
Total Revenue	<u>3,179,165</u>	<u>3,082,877</u>	<u>96,288</u>	<u>3,179,165</u>	<u>3,082,877</u>	<u>96,288</u>
Expenses:						
Direct Expenses	2,558,678	2,407,174	151,505	2,558,678	2,407,174	151,505
Indirect Expenses	<u>559,928</u>	<u>662,390</u>	<u>(102,462)</u>	<u>559,928</u>	<u>662,390</u>	<u>(102,462)</u>
Total Expenses	<u>3,118,606</u>	<u>3,069,564</u>	<u>49,042</u>	<u>3,118,606</u>	<u>3,069,564</u>	<u>49,042</u>
Operating Income (Loss)	<u>60,558</u>	<u>13,313</u>	<u>47,245</u>	<u>60,558</u>	<u>13,313</u>	<u>47,245</u>
Nonoperating Gains (Losses):						
Interest Income	12,542	8,333	4,208	12,542	8,333	4,208
Donations and Gifts	3,384	0	3,384	3,384	0	3,384
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>15,925</u>	<u>8,333</u>	<u>7,592</u>	<u>15,925</u>	<u>8,333</u>	<u>7,592</u>
Income / (Loss)	<u>\$76,484</u>	<u>\$21,646</u>	<u>\$54,837</u>	<u>\$76,484</u>	<u>\$21,646</u>	<u>\$54,837</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2017

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,733,253</u>	<u>\$1,816,061</u>	<u>(\$82,808)</u>	<u>\$1,733,253</u>	<u>\$1,816,061</u>	<u>(\$82,808)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	141,666	141,667	(1)
Departmental and Other Revenue	<u>153,375</u>	<u>136,543</u>	<u>16,832</u>	<u>153,375</u>	<u>136,543</u>	<u>16,832</u>
Total Other Revenue	<u>295,041</u>	<u>278,210</u>	<u>16,832</u>	<u>295,041</u>	<u>278,210</u>	<u>16,832</u>
Total Revenue	2,028,295	2,094,271	(65,976)	2,028,295	2,094,271	(65,976)
Expenses:						
Direct Expenses	1,494,634	1,488,745	5,890	1,494,634	1,488,745	5,890
Indirect Expenses	<u>619,322</u>	<u>669,985</u>	<u>(50,663)</u>	<u>619,322</u>	<u>669,985</u>	<u>(50,663)</u>
Total Expenses	<u>2,113,956</u>	<u>2,158,730</u>	<u>(44,773)</u>	<u>2,113,956</u>	<u>2,158,730</u>	<u>(44,773)</u>
Operating Income (Loss)	<u>(85,662)</u>	<u>(64,459)</u>	<u>(21,203)</u>	<u>(85,662)</u>	<u>(64,459)</u>	<u>(21,203)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	180	0	180	180	0	180
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>180</u>	<u>0</u>	<u>180</u>	<u>180</u>	<u>0</u>	<u>180</u>
Income / (Loss)	<u>(\$85,482)</u>	<u>(\$64,459)</u>	<u>(\$21,023)</u>	<u>(\$85,482)</u>	<u>(\$64,459)</u>	<u>(\$21,023)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
January 31, 2017

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Collateralized
Abby Bank	730 Days	2/25/2017	0.80%	\$500,000	X
People's State Bank	395 Days	3/28/2017	0.65%	\$250,000	X
CoVantage Credit Union	455 Days	3/30/2017	1.00%	\$500,000	X
CoVantage Credit Union	578 Days	5/7/2017	1.05%	\$500,000	X
BMO Harris	365 Days	5/28/2017	0.80%	\$500,000	X
People's State Bank	395 Days	5/29/2017	0.75%	\$350,000	X
People's State Bank	395 Days	5/30/2017	0.75%	\$500,000	X
Abby Bank	365 Days	7/19/2017	0.85%	\$500,000	X
CoVantage Credit Union	578 Days	7/28/2017	0.85%	\$300,000	X
People's State Bank	365 Days	8/21/2017	0.75%	\$500,000	X
BMO Harris	365 Days	8/26/2017	0.80%	\$500,000	X
Abby Bank	365 Days	8/29/2017	0.85%	\$500,000	X
Abby Bank	365 Days	9/1/2017	0.85%	\$500,000	X
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000	X
PFM Investments	365 Days	11/29/2016	1.13%	\$500,000	X
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000	X
CoVantage Credit Union	487 Days	1/1/2018	1.10%	\$500,000	X
Abby Bank	730 Days	3/15/2018	1.20%	\$400,000	X
PFM Investments	517 Days	4/30/2018	1.12%	\$500,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$10,300,000	
WEIGHTED AVERAGE	522.90 Days		0.969% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet**

As of January 31, 2017

ASSETS**Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	4,917.65
Adventure Camp	1,425.79
Birth to 3 Program	2,035.00
Clubhouse	39,861.60
Community Treatment	9,556.05
Fishing Without Boundries	3,963.00
General Donated Funds	61,163.48
Housing - DD Services	1,370.47
Langlade HCC	3,639.92
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,421.74
Total Legacies by the Lake	5,379.99
Marathon Cty Suicide Prev Task	15,297.25
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	2,921.82
Nursing Home - General Fund	6,692.52
Outpatient Services - Marathon	101.08
Pool	10,306.46
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	1,885.06
CHECKING ACCOUNT - Other	-24.00

Total CHECKING ACCOUNT	176,885.11
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Total Checking/Savings	176,885.11
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Total Current Assets	176,885.11
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TOTAL ASSETS	176,885.11
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LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-395.77

Total Equity	176,885.11
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TOTAL LIABILITIES & EQUITY	176,885.11
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North Central Health Care Budget Revenue/Expense Report

Month Ending January 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,207,460</u>	<u>5,177,148</u>	<u>5,207,460</u>	<u>5,177,148</u>	<u>30,313</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,549,626	2,589,553	2,549,626	2,589,553	(39,927)
Fringe Benefits	916,989	988,411	916,989	988,411	(71,422)
Departments Supplies	407,109	492,235	407,109	492,235	(85,126)
Purchased Services	425,120	372,450	425,120	372,450	52,670
Utilitites/Maintenance Agreements	309,338	372,653	309,338	372,653	(63,315)
Personal Development/Travel	30,606	37,985	30,606	37,985	(7,379)
Other Operating Expenses	98,711	108,966	98,711	108,966	(10,254)
Insurance	36,924	37,708	36,924	37,708	(785)
Depreciation & Amortization	137,154	139,583	137,154	139,583	(2,429)
Client Purchased Services	<u>320,986</u>	<u>88,750</u>	<u>320,986</u>	<u>88,750</u>	<u>232,236</u>
TOTAL EXPENSES	5,232,563	5,228,294	5,232,563	5,228,294	4,269
Nonoperating Income	<u>16,105</u>	<u>8,333</u>	<u>16,105</u>	<u>8,333</u>	<u>7,772</u>
EXCESS REVENUE (EXPENSE)	<u>(8,998)</u>	<u>(42,813)</u>	<u>(8,998)</u>	<u>(42,813)</u>	<u>33,815</u>

**North Central Health Care
Write-Off Summary
January 2017**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$835	\$835	(\$17,517)
Bad Debt	\$431	\$431	\$903
<i>Outpatient:</i>			
Administrative Write-Off	\$7,180	\$7,180	(\$17,754)
Bad Debt	\$177	\$177	\$690
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$0	\$0	(\$3,477)
Bad Debt	\$1,954	\$1,954	\$2,952
Ancillary Services:			
Administrative Write-Off	\$5,082	\$5,082	(\$1,672)
Bad Debt	\$0	\$0	\$11
<i>Pharmacy:</i>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$13,098	\$13,098	(\$40,420)
Total - Bad Debt	\$2,562	\$2,562	\$4,555

**North Central Health Care
2017 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,293	5,784	(509)	84.58%	77.74%
	Hospital	434	502	68	87.50%	101.21%
February	Nursing Home					
	Hospital					
March	Nursing Home					
	Hospital					
April	Nursing Home					
	Hospital					
May	Nursing Home					
	Hospital					
June	Nursing Home					
	Hospital					
July	Nursing Home					
	Hospital					
August	Nursing Home					
	Hospital					
September	Nursing Home					
	Hospital					
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					
YTD	Nursing Home					
	Hospital					

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
HUMAN SERVICES OPERATIONS COMMITTEE**

February 10, 2017

10:30 AM

North Central Health Care – Board Room

Present:	X	Nancy Bergstrom	X	via phone	Linda Haney	EX	Holly Matucheski
	X	John Robinson	X		Greta Rusch	X	Yee Leng Xiong

Others Present: Laura Scudiere, Becky Schultz, Sue Matis, Daniel Shine, Lee Shipway, Laura Yarie

Meeting was called to order at 10:32 a.m.

Public comment for Matters Appearing on the Agenda

- No public comment(s) made.

Consent Agenda

- **Motion**/second, Xiong/Rusch, to approve the 12/09/16 Human Services Operations Committee meeting minutes. Motion carried.
- No questions/comments on the Financial Report.

Educational Presentations

- OWI Recidivism – Laura Yarie
 - Marathon County has been concerned with OWI Recidivism for a long time.
 - Initially there was confusion with what OWI assessments are and the purpose for them.
 - OWI assessments are done by NCHC but many of these ordered assessments were no shows i.e. in 2002 229 people did not comply with the order for an assessment. The only consequence was not getting their driver's license back. Additional research confirmed that OWI recidivism was increasing and is a state-wide issue not just a county-wide issue.
 - In the last two years the State has researched the issue of compliance. Marathon County was identified as 26% compliant; some other counties are as high as 40%.
 - A compliance incentive program was established (30 days in jail vs 160 days in jail for non-compliance) which saved approximately 12,000-15,000 jail bed days.
 - Barriers preventing compliance were identified i.e. lack of transportation, cost of assessment, no child care, etc. Assessments must be paid for prior to the actual assessment, which was an issue for many, so Marathon County set up a system to allow persons to receive the assessment paid initially by a special program. The cost of the assessment then gets added to the fine upon conviction and the special program gets reimbursed.
 - Follow-up with the offender within 72 hours made a difference in compliance as well as a 'warm hand-off' between court and case manager. There had been difficulty with timeliness in receiving assessments and appointments, however, NCHC and Marathon County worked together to improve the time between assessment and appointment.
 - Committee asked to be informed if any resource or timing issues arise but it appears there has been great progress.

- Medically Monitored Treatment (MMT) Program Update - Daniel Shine
 - Criteria for participation in the MMT program is that someone is unable to refrain from substances for 24 hours, unable to stay safe due to mental health in last 30 days; someone pregnant and using substances; medical condition i.e. liver failure.
 - MMT uses state certified curriculum which requires participation in 12 hours of programming each week but we provide 20 hours+.
 - Program opened in July 2015 and to date have treated 160 people successfully i.e. successful in moving forward with recovery and adjusting well to the culture change. Individuals also receive information on community resources to help them be successful post MMT.
 - The program incorporates weekly clinical rounds which involves the psychiatrist, psychologist, counselors, interns, etc., and family therapy as identified by the clients. Individuals receive a survey 30 days after discharge; feedback has been positive.
 - About 88% graduate from the program.
 - A goal this year is with employment which is an important measure of success for individuals.
 - The population served is people with no access to recovery program options i.e. no insurance. We incorporate life management as part of the program to assist with an aftercare program and are exploring adding members of the community to assist with this program.
 - There has been increased collaboration with the Marathon County Jail. We are providing complete assessments for inmates in the jail which allows individuals to be seen for substance abuse right in the jail. We are able to work with the court system and transition into MMT easier. We are also working with Lincoln and Langlade Counties.
 - Wait list has been reduced from 140 to 100. Working to serve people in Day Treatment first and if it is not working well will transition to MMT. As a reminder there are currently 6 treatment beds for MMT. Committee expressed concern that we are not meeting the need and would like to explore the expansion of these services and what can be done to make the program better.
 - Obstacles that have been identified include:
 - ❖ The corrections system produces a significant number of referrals from Jails and Probation and Parole i.e. of the 100 on the wait list about 40% come from corrections, however they currently do not provide funding to help support the program. Of the other 60% few have payment sources.
 - ❖ Location that would better meet the needs of the program i.e. group home setting with larger program capacity. Feel the number in the program could be increased with current staffing level.
 - Committee suggested staff frame the needs of the program including facility needs, resources, budget, outcome measures, etc. The Retained County Authority Committee is charged with reviewing programs and this information would be needed. The committee asked to receive an email of the challenges of the program.

Aquatic Therapy Pool Review and Recommendation

- Marathon County Board will be holding two meetings to hear from speakers and for public input regarding the decision for the future of the pool and the value to the community.
- The pool is affiliated and certified through the NCHC Inpatient Hospital in order to capture about 80% of the funding through the State and DHS. A free-standing pool would not have that ability. To our knowledge there is no other interest in other area providers operating a therapy pool. The nearest warm water therapy pools are located in Madison and Twin Cities.
- Beneficial for NCHC to operate/manage the pool as it lends itself to referrals from all medical providers as it is non-competing.

- Research is showing warm water therapy pools is beneficial in pain management and an alternative to opioids, has potential in helping with nursing home patients, can be integrated with behavioral health programming, etc.
- **Motion**/second, Haney/Xiong, to support the recommendation and continue the operation of the pool and to build a new Aquatic Therapy Pool. Motion carried.
- **Motion**/second, Bergstrom/Rusch, to revisit the topic of the Aquatic Therapy Pool should Marathon County Board not pass a successful bonding resolution. Motion carried.

Human Services Outcome Reporting

- Crisis Services Update
 - Lee Shipway provided an update on the Crisis Process Improvement Team which began as a spin-off of this committee.
 - Every area identified has seen tremendous improvements i.e. law enforcement, medical profession, community relationships with NCHC, etc.
 - The Team no longer meets weekly but has broken into sub groups. They felt the original mission was met with NCHC and also felt it was a community issue not just NCHC.
 - Lincoln and Langlade Counties were invited to participate at the beginning. Lincoln County decided not to participate. Langlade County participated in the beginning but decided not to continue until the end. Nancy Bergstrom would like to connect Renee Krueger, Social Services Director with the team to participate in the area for youth.
 - John Robinson asked to have the committee's appreciation expressed to those involved and for all of the work that has been done. The committee would also like to continue to receive updates.

Adjourn

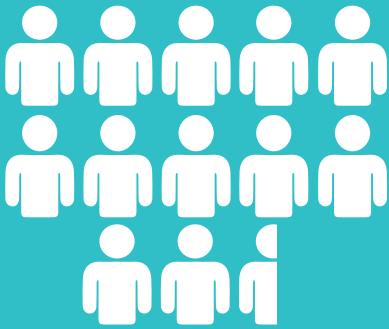
- **Motion**/second, Bergstrom/Rusch, to adjourn the meeting at 12:11 p.m. Motion carried.

dko



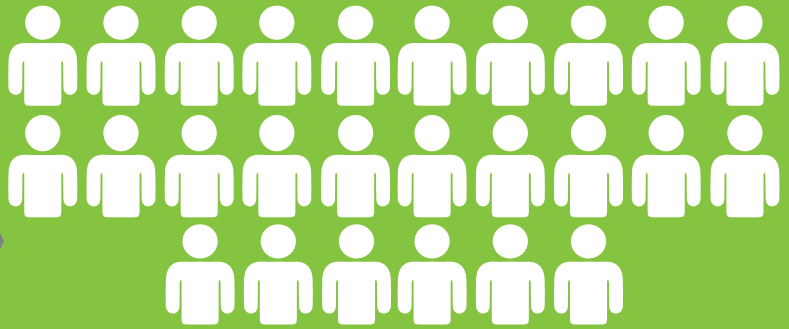
CHANGES IN CRISIS SERVICES

2015



In 2015, the Crisis Center Team was made up of **12.6 FTEs** (Full Time Employees).

2016



Currently, the Crisis Center Team is growing and approaching **25.9 FTEs** for 2017.

In August 2016, a **crisis transportation program** was added, and assisted with safe and patient-centered transport **over 73 times**.



All NEW Crisis Service Professionals are required to have a **Bachelor's Degree** or higher in a human services field.



Medical clearance requirements

have been standardized to:

- Individuals with a Blood Alcohol Content over 0.3%
- Individuals with an obvious illness or injury
- Individuals with a suicide attempt



5,000 hours

Behavioral Health Services employees have recorded over **5,000 hours** of individual staff training in 2016.



Behavioral Health wrote **40 new policies** in 2016 along with revisions to procedures to ensure consistency. All Crisis Service Professionals are now required to gather **collateral information** to use in the decision making process.



93.7%

Through December 2016, over **93.7%** of our partners reported **high satisfaction** with the collaborative approach taken by our Crisis Service Professionals.



NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

January 27, 2017

7:30 AM

North Central Health Care – Board Room

Present:	X	Jean Burgener	EX	Margaret Donnelly	X	Bill Metter
	EX	Bill Miller	X	John Robinson		

Also Present: Kim Gochanour, Becky Schultz, Sue Matis, Brenda Glodowski

Meeting was called to order at 7:30 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

Approval of 12/16/16 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Robinson, to approve the 12/16/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report

- Financials were reviewed yesterday at the Board meeting; no additional questions or discussion.

Senior Executive Nursing Home Operations and Quality Report – K. Gochanour

- We currently contract for four nurse positions but anticipate a reduction in this use with an employee returning from FMLA and the Utilization Review nurse moving to a full-time nurse position.
- Concern was expressed about the severe shortage of nurses and CNA's not only at NCHC but in the community. Creative strategies are vital to attract and retain staff. Area nursing homes are in similar staffing situations, consolidating units, turning down referrals, etc.
- The nursing home RFP will conduct a market analysis which should identify the capacity of beds in the county. LeadingAge and Wisconsin County Homes Association will be contacted for additional information on staffing including comparisons to Star ratings and citations, etc.
- Committee is interested in knowing if hospitals see increased bed utilization because patients are not able to be admitted to a nursing facility and what the Home Healthcare capacity is.
- A complaint survey was completed in early January which was not substantiated.

Review Progress of Long-Term Care Program Operational Changes – K. Gochanour

- Several residents have transitioned from Southern Reflections. The Nursing Home Ombudsman and DQA have been kept informed and involved during the transitions.
- Committee members inquired about staff morale. Several employee feedback forums have occurred along with off shift visits and one on one conversations. Most employees are positive and understanding, see these changes are to make their jobs easier and unified. No individuals have been laid-off but some staff are transitioning to other areas. We learned through the feedback received that communication and flexibility are important to the staff.

- Lindsey King was recognized and praised for coordinating the transitions, working with families, residents, and staff making for a positive experience for everyone. Her efforts have helped drive this process. Cagney Martin was also recognized for her leadership in revising the onboarding process for new staff with an extended two week orientation before being assigned on the floor. The senior team meets regularly with new employees to reinforce relationships and promote open communication. The changes have been very successful and we continue to work to improve this process.
- Continue to work on retention and morale. It is felt that the person centered model will change the culture here with a positive impact on employee engagement, access rates, patient experience, etc. Informal meetings have proved to be more successful than formal meetings. We are working to identify a way to measure success in retention, turnover, vacancy, overall satisfaction pulse checks, etc. Have heard that staff want to see leadership on the floor doing things, relaying simple thank you's, and working with staff to focus on the positive.

Nursing Home Regulation Implementation Progress – K. Gochanour

- LeadingAge has contracted with Pathways.
- We are have a 3 Star Overall rating. Quality Star ranking is 5 and staffing is 3.
- The determination on the Civil Money Penalties was received in the amount of \$10,450. We will accept the determination (rather than appeal) which then reduces to \$6,500 and will allow us to continue with the nurse aid training. The Committee agreed. We are waiting to hear from the Office of Inspector General on their findings.

Update on Nursing Home Strategic Plan with Marathon County – K. Gochanour

- The RFP will be distributed to approximately 10 consulting groups on January 30, 2017.
- A grid system will be created to assist with verifying requirements of the RFP; timeline in packet.
- We will submit recommendations to Marathon County's nursing home committee.

Update on Staffing and Recruitment

- Continue to meet as a team, review policies, and move forward on changes.
- Training opportunities continue to exist with the new on-shift system.
- Positive results were received from those benefiting from the recent pay increase. Additional education on 'salary band' is needed so staff understand salary ranges and the entire picture.
- Merit increases were not budgeted for this year. Employees have been made aware of the financial situation but it doesn't necessarily make it easier to accept.

Discussion and Future Agenda Items

- The Senior CNA project continues to be explored; working with NTC and local church leadership to try to advance the project, recruit, educate community, provide scholarships, etc.
- We are working on expanding the details received on referrals and why individuals are not choosing Mount View Care Center.
- Committee expressed interest and concern on how to educate the new members of the Marathon County nursing home committee i.e. updated Glossary of Terms to help understand the long term care industry.
- Katie Rosenberg, County Board Supervisor, has accepted the invitation from the Resident Council to join their next meeting on Feb. 20 at 2:00 p.m. Everyone is welcome to attend.

Motion/second, Metter/Robinson, to adjourn the Nursing Home Operations Committee meeting at 8:27 a.m. Motion carried.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%												13.1%	
Retention Rate	75-80%	N/A	↑	98.0%												98.0%	
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.2%												69.2%	
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%												15.2%	
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	9.4%												9.4%	
AODA Relapse Rate	36-40%	40-60%	↓	20.0%												20.0%	
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%												73%	
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓														

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent for patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that remain in sobriety 7 days post discharge. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
NCHC Access	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.



North Central Health Care

Person centered. Outcome focused.

POLICY BRIEFING

DATE: February 17, 2017
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim Chief Executive Officer
RE: Aquatic Therapy Pool - Update

The North Central Community Services Program (NCCSP) Board was provided all of the background information regarding the warm water aquatic therapy pool at the January meeting. Board members were asked to review the information and relay any requests for additional information to administration. Attached to this memorandum are updates to pages 6 and 7 of the financial information contained in the 2016 Warm Water Works Status Report as well as an update to page 13 on client usage. This updated information includes 2016 information which was previously unavailable. A copy of the 2017 budget for the pool and a letter from Steve Anderson to the Marathon County Health & Human Services Committee are also provided.

The NCCSP Board will be asked to consider making a resolution in support of the construction of a new warm water aquatic therapy pool following discussion at the February 23rd meeting.

Marathon County will be starting their consideration process in March. The Health and Human Services Committee has tentatively schedule the following two dates:

Pool Expert Panel - Tuesday March 14th at 7:00 p.m. in the County Assembly Room

Public Hearing - Monday March 20th at 4:30 p.m. in the NCHC Theater

North Central Health Care
Aquatic Services Analysis
Years 2009-2016

Financial Summary:

	2009	2010	2011	2012	2013	2014	2015	Preliminary: 2016
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
Revenue:								
Gross Revenue	\$397,140	\$547,004	\$879,868	\$957,268	\$1,010,791	\$1,071,490	\$1,078,953	\$1,159,283
Contractual Adj's	(\$126,436)	(\$164,571)	(\$281,377)	(\$354,686)	(\$380,293)	(\$420,311)	(\$409,355)	(\$515,638)
Other Revenue	\$8,466	\$1,996	\$9,374	\$9,302	\$14,683	\$12,885	\$12,403	\$16,002
Net Revenue	\$279,170	\$384,429	\$607,865	\$611,884	\$645,181	\$664,064	\$682,001	\$659,647
Expense:								
Salaries	\$179,061	\$211,796	\$233,329	\$254,446	\$266,448	\$269,665	\$284,874	\$309,290
Benefits	\$84,827	\$95,144	\$101,893	\$108,696	\$104,884	\$102,669	\$109,146	\$123,509
Other Direct Expense	\$31,407	\$40,708	\$51,990	\$56,120	\$58,796	\$71,493	\$44,689	\$50,778
Indirect Expense	\$200,175	\$225,552	\$209,407	\$216,566	\$248,263	\$232,159	\$259,311	\$329,655
Total Expense	\$495,470	\$573,200	\$596,619	\$635,828	\$678,391	\$675,986	\$698,020	\$813,232
Excess Revenue (Expense)	(\$216,300)	(\$188,771)	\$11,246	(\$23,944)	(\$33,210)	(\$11,922)	(\$16,019)	(\$153,585)
Designated County Levy	\$100,000	\$189,291	\$20,000	\$100,000	\$0	\$0	\$0	
Excess Revenue (Expense)	(\$116,300)	\$520	\$31,246	\$76,056	(\$33,210)	(\$11,922)	(\$16,019)	(\$153,585)

Additional Information:	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2016 Actual
Gross Revenue Breakdown:								
Therapy	\$315,116	\$457,852	\$718,289	\$848,067	\$895,234	\$948,914	\$958,946	\$1,041,593
Pool classes, rental, other	\$82,024	\$89,152	\$161,579	\$109,201	\$115,557	\$122,576	\$120,007	\$117,690
Total Gross Revenue	\$397,140	\$547,004	\$879,868	\$957,268	\$1,010,791	\$1,071,490	\$1,078,953	\$1,159,283
Therapy Payer Mix:								
Self Pay	14%	7%	7%	7%	6%	4%	7%	8%
Medicare	33%	45%	39%	40%	47%	45%	39%	48%
Medicaid	9%	15%	13%	15%	14%	18%	21%	21%
Insurance	37%	29%	38%	34%	27%	34%	33%	23%
Family Care	7%	4%	3%	4%	6%			
Total	100%	100%	100%	100%	100%	101%	100%	100%
Number of Clients:	451	495	565	599	512	536	551	566
Service Hours:	2411	2959	3823	3818	3889	3961	3948	4553
Average Charge Per Service	\$131	\$155	\$188	\$222	\$230	\$240	\$243	\$246
Current Reimbursement:								
Medicare								\$105
Medicaid								\$93
Current Charges:								
Evaluation (per event)								\$350
Therapy								\$282
Aquatic Maintenance								\$51



Client Usage

2016	Clients/Consumers	Visits
Community Fitt:	777	18,921
Classes:	64	2,163
Physical Therapy:	566	3,429
Maintenance Therapy:	8	594
Nursing Home:		40*
Adult Day Services:		431
Total	1,415	25,578

*Nursing Home staffing shortage in 2016.

Note: Nursing Home and Adult Day Services - we do not have number of clients, just total visits for the year.

HUMAN SERVICES OPERATIONS

■ AQUATIC SERVICES

DESCRIPTION

North Central Health Care Aquatic Services offers warm water aquatic physical therapy, water exercise programs and community and family swim programs that help individuals manage pain and maintain or reclaim their independence. The therapy pool is maintained at a 90 degree temperature. Under the direction of a physician, North Central Health Care's licensed physical therapist devises a treatment plan using water as both a supporting, gravity-reducing environment and a conditioning medium. Upon discharge, the therapist provides each patient with a self-directed exercise program for pool and home use. Warm water therapy can bring relief from pain, spur recovery and improve range of motion, balance, strength and coordination.

POPULATION SERVED

Aquatic Services serve those who have physical disabilities, are recovering from surgeries, or have musculoskeletal conditions such as fibromyalgia, arthritis and lower back pain. All those served are under the referral of a physician.

REGULATIONS

The operation of the pool is regulated by the Department of Health Services, Chapter DHS 172: Safety, Maintenance and Operation of Public Pools and Water Attractions.

HOURS OF SERVICE

Monday: 6:30 am – 6:00 pm
Tuesday: 7:30 am – 7:00 pm
Wednesday: 6:30 am – 6:00 pm
Thursday: 7:30 am – 6:00 pm
Friday: 6:30 am – 4:00 pm
Saturday: 9:00 am – 12:00 pm



■ AQUATIC SERVICES

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	1.0	1.0
Physical Therapy Assistant	1.4	1.4
Physical Therapist	1.2	1.6
Lifeguard	2.0	1.8
TOTAL	5.6	5.8

BUDGET HIGHLIGHTS

Volumes in Aquatic Services in 2016 have not hit targets for Budgeted Net Patient Services Revenue. It was anticipated, based on revenue trends that 2016 revenues would increase. Referrals have been declining, although continued outreach efforts have persisted, but volumes continue to not meet target. In the 2016 Budget, Ther-

apy staffing was increased but recruitment efforts failed to secure an additional part-time therapist for most of the year, impacting revenue as well. The 2017 Budget has reset revenue targets to current experience. Salaries and benefits are reduced by the reduction in therapy staff to meet current demand.

BUDGET SUMMARY

	2015 Actual	2016 Budget	2017 Budget
Net Patient Services Revenue	549,590	679,000	551,000
Contract Services	4,952	-	-
Other Revenue	115,055	102,367	99,000
Allocated Revenue	12,403	-	3,904
Marathon County Match (Maintenance)	-	-	137,725
County Appropriation	-	-	150,327
TOTAL REVENUE	682,000	781,367	941,956
Salaries	284,874	352,985	319,022
Benefits	109,147	103,585	121,705
Other Direct Expenses	44,689	63,300	36,524
TOTAL EXPENSES	438,709	519,870	477,251



2017 REVENUE & EXPENSE DETAIL

Total Budget
Direct & Indirects (Overhead)
Included (Utilities)

	REVENUE: NET PATIENT SERVICE REV	GRANT FUNDING	OTHER FUNDING	TOTAL REVENUE	EXPENSE: DIRECT EXPENSES	ALLOCATED INDIRECT EXP	TOTAL EXPENSES
MARATHON COUNTY-DIRECT SERVICES:							
Outpatient Services	\$897,000	\$280,000	\$1,069,120	\$2,246,120	\$1,288,103	\$958,018	\$2,246,121
Psychiatry Services	\$463,000		\$1,131,961	\$1,594,961	\$1,164,762	\$430,199	\$1,594,961
Community Treatment	\$4,103,000	\$431,000	\$902,632	\$5,436,632	\$4,466,095	\$793,196	\$5,259,291
Day Services	\$1,579,000		\$244,689	\$1,823,689	\$1,284,943	\$532,407	\$1,817,350
Clubhouse	\$208,000		\$239,097	\$447,097	\$364,395	\$82,702	\$447,097
Lakeside Recovery	\$165,000		\$326,613	\$491,613	\$310,583	\$181,030	\$491,613
Demand Transportation	\$57,300	\$237,700	\$114,644	\$409,644	\$350,519	\$59,125	\$409,644
Aquatic Services	\$551,000		\$390,956	\$941,956	\$477,251	\$464,705	\$941,956
Pharmacy	\$2,248,000		\$289,942	\$2,537,942	\$2,338,731	\$199,211	\$2,537,942
Subtotals	\$10,271,300	\$948,700	\$4,709,654	\$15,929,654	\$12,045,382	\$3,700,593	\$15,745,975
LANGLADE COUNTY-DIRECT SERVICES:							
Outpatient Services	\$280,000	\$51,000	\$376,399	\$707,399	\$434,733	\$272,666	\$707,399
Psychiatry Services	\$25,000		\$167,299	\$192,299	\$118,177	\$74,122	\$192,299
Community Treatment	\$650,000	\$136,000	\$261,082	\$1,047,082	\$643,485	\$403,597	\$1,047,082
Day Services	\$361,000		\$98,446	\$459,446	\$279,880	\$175,542	\$455,422
Subtotals	\$1,316,000	\$187,000	\$903,226	\$2,406,226	\$1,476,275	\$925,927	\$2,402,202
LINCOLN COUNTY-DIRECT SERVICES:							
Outpatient Services	\$197,000	\$71,000	\$294,378	\$562,378	\$359,293	\$203,084	\$562,377
Psychiatry Services	\$60,000		\$322,727	\$382,727	\$244,517	\$138,210	\$382,727
Community Treatment	\$622,000	\$182,000	\$330,483	\$1,134,483	\$724,801	\$409,682	\$1,134,483
Subtotals	\$879,000	\$253,000	\$947,588	\$2,079,588	\$1,328,611	\$750,976	\$2,079,587
SHARED SERVICES:							
Inpatient	\$4,000,000		\$896,367	\$4,896,367	\$3,749,220	\$1,147,147	\$4,896,367
CBRF	\$638,000		\$151,236	\$789,236	\$230,238	\$216,224	\$446,462
Crisis Services	\$151,000		\$2,175,934	\$2,326,934	\$1,580,119	\$746,815	\$2,326,934
Protective Services	\$500	\$225,000	\$448,293	\$673,793	\$488,963	\$184,830	\$673,793
Birth To Three	\$379,000	\$519,000	\$918,226	\$1,816,226	\$1,384,133	\$432,093	\$1,816,226
Residential-Group Homes	\$2,424,000		\$24,300	\$2,448,300	\$1,769,142	\$592,985	\$2,362,127
Residential-Apartments	\$2,337,000		\$23,896	\$2,360,896	\$1,993,467	\$459,941	\$2,453,408
Contract Services (State Institute)	\$0		\$1,118,839	\$1,118,839	\$1,000,000	\$118,839	\$1,118,839
Interest Income			\$100,000	\$100,000			
Subtotals	\$9,929,500	\$744,000	\$5,857,091	\$16,530,591	\$12,195,282	\$3,898,874	\$16,094,156
NURSING HOME SERVICES:							
Long Term Care	\$3,978,000		\$1,384,494	\$5,362,494	\$3,042,882	\$2,548,364	\$5,591,246
Post Acute Care	\$5,528,000		\$1,399,466	\$6,927,466	\$4,910,718	\$2,494,298	\$7,405,016
Dementia Care	\$6,418,000		\$2,091,824	\$8,509,824	\$5,550,501	\$3,593,109	\$9,143,610
Pharmacy	\$1,800,000		\$153,264	\$1,953,264	\$1,693,564	\$144,256	\$1,837,820
Ancillary	\$140,000		\$123	\$140,123	\$114,000	\$13,793	\$127,793
Rehab Services	\$1,977,000		\$54,547	\$2,031,547	\$1,069,450	\$373,922	\$1,443,372
Subtotals	\$19,841,000	\$0	\$5,083,718	\$24,924,718	\$16,381,115	\$9,167,742	\$25,548,857
Total NCHC	\$42,236,800	\$2,132,700	\$17,501,277	\$61,870,777	\$43,426,665	\$18,444,112	\$61,870,777





To: Marathon County Health and Human Services Committee
FROM: Steve Anderson on behalf of the Warm Works Group
DATE: January 31, 2017
RE: Aquatic Therapy Pool

WE KNOW SIX THINGS FOR SURE

To those who have spent considerable time analyzing this facility, its programs, and the Marathon County residents it serves, it has become a "Vital" resource in maintaining healthy living for the aging, pain management for those afflicted with various internal injuries or disease, a rehabilitation source for injured workers, and an exercise facility for mentally disabled adults and children.

A large majority of the users are some of the more vulnerable lower income members of our community.

The Aquatic Therapeutic Pool (ATP) resource meets the County's Mission on several levels:

Goal, become the healthiest county in Wisconsin.

Program Area: Health "People practice behaviors, prevention and early intervention to delay or lessen the impacts of aging, disease and chronic physical conditions.

Program Area: Vulnerable Populations "People who are at risk are identified early and receive interventions that promote their safety and wellbeing."

More people have and do use the ATP than a majority of the population recognize. The use will only grow, with the senior (65+) population projected to grow by more than 75% in the next 25 years and recently as a substitute or reduction in opioid prescriptions for pain management. If pain management physicians continue to find positive results from Warm Water Aquatic Therapy, it could be part of the answer to Marathon County's growing drug issues.

The ATP has become a special public/private success story spurred the past eight years by the grass roots Warm Water Works group.

As proposed, County taxpayers would pay the costs for a new facility.

THEREFORE SEVERAL QUESTIONS COME TO MIND

Why aren't we pursuing a 'community conversation', including the medical profession, to determine the public merits of maintaining this resource, and if this endeavor could become a fully integrated public/private community project with the County's leadership?

Isn't this what government should be doing?

Why is all the focus on the cost of construction, with little or no discussion on the merits, benefits, quality of services, etc.? Doesn't need come before cost considerations?

Why is the cost of re-purposing the old facility part of the cost analysis? Don't you still have to demolish the existing facility if you decide to close it?

Why would you close an operation that has for many years had exemplary quality ratings by users and physicians?

It seems that these questions and the factors referenced above should be part of the information you are looking for in question 4. B. and B. 1.

Respectfully Submitted,



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February 17, 2017

North Central Health Care
ATTN: Michael Loy
1100 Lake view Drive
Wausau, WI 54403

RE: Amendment to Cost Projection for MVHCC 2017 Boiler Replacement

Dear Mr. Loy,

This letter is a summary of our conversation yesterday regarding the amended cost to the boiler replacement in MVHCC. The original cost estimate of the boiler replacement from the architect was received in 2016. The original cost estimate amount, based on the historical data from the previous remodel plans for MVHCC was \$425,000.

In January 2017 the architect, Angus Young and Associates was hired to do the design for the stand alone boiler replacement for MVHCC. The Preliminary Cost Estimate was completed on February 10th, 2017 and emailed to Marathon County. The Preliminary Cost Estimate was estimated at \$595,349.00, leaving a shortfall from the original estimate of approximately \$170,000. Marathon County Facilities and Capital Management had a conversation with AYA Architects on February 14th, 2017 to discuss the preliminary cost estimate. During this discussion, it was determined that AYA would investigate ideas for value engineering cost savings, additional items for the architect to do including consulting with several firms that provide Mechanical Contracting Services, value engineering items from the scope of work and coming up with alternate ideas from the original scope of work. Marathon County has another conference call with Angus Young and Associates the 21st of February to get an updated cost estimate as well as the additional information for the project. The increase in the cost estimates will have an impact on the start date of the project pending the approval of the Amended Cost Estimate amount by the NCHC BOD.

I have attached the Preliminary Cost Estimate for your reference and would be happy to discuss at your convenience if you have questions or need additional information.

Troy Torgerson

Troy Torgerson
Facility Planner, LEED® AP
Marathon County Department of
Facilities and Capital Management

Preliminary
Cost Estimate

Item	Unt	Estimated	x	Estimated	=	Subcontractor	Dsn Cont.	Contract	Division	Percentage	Comments
Description		Quantity		Cost		100%	5%	Totals	Totals		
General Requirements									11,590.00	2.45%	
Permits / Fees	alw	1.00	x	1,800.00	=	1,800.00	90.00	1,890.00			
Bonding	%	461,904.98	x	2.00%	=	9,238.10	461.90	9,700.00			
Demolition									34,270.43	7.24%	
Removal of Existing Hot Water Heating Boilers	ea	2.00	x	9,300.00	=	18,600.00	930.00	19,530.00			
Removal of Existing Pumps, 7.5 H.P. thru 15 H.P.	ea	2.00	x	515.00	=	1,030.00	51.50	1,081.50			
Removal of Existing Ventilating Unit	ea	1.00	x	808.50	=	808.50	40.43	848.93			
Removal of Boiler Stack Venting	ea	1.00	x	5,000.00	=	5,000.00	250.00	5,250.00			
Plumbing Equipment And Piping Demolition	ea	72.00	x	100.00	=	7,200.00	360.00	7,560.00			
Mechanical									312,202.80	65.94%	
HVAC Work											
New Unit Heaters	ea	1.00	x	5,150.00	=	5,150.00	257.50	5,407.50			
New Louver	ea	2.00	x	2,115.00	=	4,230.00	211.50	4,441.50			
New Damper (Low Airflow)	ea	3.00	x	262.00	=	786.00	39.30	825.30			
New Boiler Breeching	ea	1.00	x	34,000.00	=	34,000.00	1700.00	35,700.00			
Hot Water Heating System											
New Hot Water Heating Piping, Valves and accessories including insulation - 4 inch Piping	lf	150.00	x	80.50	=	12,075.00	603.75	12,678.75			
New Air Separator	ea	1.00	x	2,950.00	=	2,950.00	147.50	3,097.50			
New Condensing Gas Fired Boiler	ea	3.00	x	63,675.00	=	191,025.00	9551.25	200,576.25			
New Pumps, 7.5H.P.	ea	2.00	x	6,875.00	=	13,750.00	687.50	14,437.50			
Gas piping and connections	lf	80.00	x	54.00	=	4,320.00	216.00	4,536.00			
Control System											
New Controls for Hot Water Heating Boiler System	pt	20.00	x	750.00	=	15,000.00	750.00	15,750.00			
New Controls for Domestic Hot Water Heating Boiler System	pt	16.00	x	750.00	=	12,000.00	600.00	12,600.00			
New Controls for Hot Water Heating Pumps	ea	2.00	x	750.00	=	1,500.00	75.00	1,575.00			
New Gas Fired Unit Heater Thermostat	ea	1.00	x	550.00	=	550.00	27.50	577.50			
Plumbing									107,409.75	22.68%	
New Gas Fired Hot Water Heaters	ea	2.00	x	36,185.00	=	72,370.00	3618.50	75,988.50			
New 3" type L copper domestic hot and cold water piping, valves and accessories including insulation.	lf	190.00	x	125.00	=	23,750.00	1187.50	24,937.50			
New 1" type L Copper Domestic Hot and Cold Water Piping, Valves and Accessories Including Insulation.	lf	95.00	x	65.00	=	6,175.00	308.75	6,483.75			
Electrical									2,247.00	0.47%	
New Unit Heater Circuit Extention & Toggle Disconnect	ea	1.00	x	130.00	=	130.00	6.50	136.50			
New Boiler Circuit & (3) Toggle Disconnects	ea	1.00	x	550.00	=	550.00	27.50	577.50			
New Water Heater Circuit & Toggle Disconnect	ea	2.00	x	280.00	=	560.00	28.00	588.00			

Preliminary
Cost Estimate

Item	Unt	Estimated	x	Estimated	=	Subcontractor	Dsn Cont.	Contract	Division	Percentage	Comments
Description		Quantity		Cost		100%	5%	Totals	Totals		
New Domestic Circ Pump Circuit & Toggle Disconnect	ea	3.00	x	280.00	=	840.00	42.00	882.00			
Electrical Demolition	ea	1.00	x	60.00	=	60.00	3.00	63.00			
Architectural									5,775.00	1.22%	
Wall Repair and Patching at Unit Ventilator	ea	1.00	x	1,500.00	=	1,500.00	75.00	1,575.00			
New Door to Mechanical Room	ea	1.00	x	4,000.00	=	4,000.00	200.00	4,200.00			
Sub-Totals:						450,948	22,547	473,495	473,495	86.96%	
General Conditions				473,495	x	7.00%	=	33,145	33,145	6.09%	
Prime Contractor Fee				473,495	x	8.00%	=	37,880	37,880	6.96%	
Bid Day Estimate								544,519	544,519	100%	
Architectural Fees:								12,950			
Construction Contingency:				8.00%	x	473,495	=	37,880			
								595,349			
Alternate Bid #1											
Removal of Existing Chilled Water Pump, 7.5 H.P. thru 15 H.P.	ea	1.00	x	509.25	=	509.25	25.46	534.71			
New Controls for Chilled Water Heating Pumps	ea	8.00	x	850.00	=	6,800.00	340.00	7,140.00			
New Chilled Water Pumps, 15 H.P.	ea	2.00	x	7,325.00	=	14,650.00	732.50	15,382.50			
New 40A/3P 480V Breaker, Wiring, & Install	ea	2.00	x	1,000.00	=	2,000.00	100.00	2,100.00			
Total Alternate Budget: \$								25,157			
Alternate Bid #2											
Removal of Existing Pumps, 5 H.P. or Less	ea	6.00	x	212.10	=	1,272.60	63.63	1,336.23			
New Controls for Hot Water Circulators	ea	18.00	x	850.00	=	15,300.00	765.00	16,065.00			
New Pumps, 1 1/2 H.P.-5 H.P.	ea	6.00	x	4,250.00	=	25,500.00	1275.00	26,775.00			
Unit Disconnect Reconnect & Extention, VFD Installation	ea	6.00	x	60.00	=	360.00	18.00	378.00			
Total Alternate Budget: \$								44,554			

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Completed	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Dec-16	Appointment	Appointments - Marathon County: Supervisor E.J. Stark, Deputy Administrator Lance Leonard, Lincoln County: Nancy Bergstrom Corporation Counsel, Langlade County: Robin Stowe. E.J. Stark resigned and Marathon County appointed Chief Deputy Chad Billeb. Meeting dates are set for 2017.	2/14	Completed												
Appointment of NCCSP Board Members	Counties	Jan-17	Appointment	Marathon County Appointments have been recommended and confirmation is expect on January 24, 2017. Sheriff Parks and County Supervisor Robinson resigned from the NCCSP Board since the January meeting. Marathon County has appointed Theresa Wetzsteon, Marathon County's District Attorney in place of Sheriff Parks. The seat vacated by Supervisor Robinson will be appointed in March.		Open Task												
Annual Audit	NCCSP	Jan-17	Acceptance of annual audit by NCCSP Board and Counties	WIPFLI was retained in December to complete the 2016 Audit. Audit is underway and on track for March presentation to the NCCSP Board. The RCA will be invited to the Audit presentation.		Open Task												
Policy Governance for the NCCSP Board	NCCSP	Jan-17	Policy Governance Document	A policy governance approach is recommended for the NCCSP Board to consider to delineate authorities of the NCCSP delegated to the CEO and decisions vested with the NCCSP Board along with definition of Board Ends Statements which align with the direction from the RCA. The Board will need to reconsider the Committee structure at some point, especially as it relates to any potential governance change with Mount View Care Center. The Board will have an Educational Presentation on policy governance at an upcoming meeting.		Open Task												
Prepare Local Plan	NCCSP	Jan-17	Adopted 3 Year Local Plan	The Agreement requires the NCCSP Board to develop a 3 Year Local Plan to meet the needs of the Communities it serves. This project will have to be done in coordination with the RCA to establish a vision for an end product.		Open Task												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County of the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	Marathon County has created a Mount View Care Center Committee to oversee the Strategic and Operational study and plan creation. The Committee has been appointed by Marathon County with Supervisor Robinson as the Chair and will meet for the first time on 2/28/2017. The RFP has been written and issued. The NCCSP Board reviewed the current Nursing Home Management Agreement in January and will need to consider the ongoing advantages the NCCSP Board has in managing the Nursing Home on behalf of Marathon County. The Board will be briefed on the progress by administration over the next couple months.		Open Task												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County of the future of the pool and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The NCCSP Board reviewed the work done on the pool and were provided background information at their January meeting. The NCCSP Board is looking to make a recommendation to Marathon County at their February meeting. Marathon County's Health and Human Services Committee has schedule two meetings on the issue in March.		Open Task												
Create "arms-length" financial relationship between NCHC and MVCC	NCCSP	Jan-17	Separate financial statements and legal status	The CFO is currently working on the financial statement piece to enable 2017 financials to be completely separate between the 51.42 program and MVCC. Further consideration will be made on doing the same for the developmental disability programs (not including Birth to 3) and potentially the Aquatic therapy pool later in the year.		Open Task												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Completed	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review of Bylaws	NCCSP	Jan-17	Adopted Amended Bylaws	The Board adopted an update to the Bylaws to make them contemporary with the new Tri-County Agreement at their January meeting. The Executive Committee is considering broader review in the consideration of a potential shift to the NCCSP Board to a policy governance model.		Open Task												
Develop Training Plan for each County	NCCSP	Feb-17	Adopted Annual Training Plan	Administration will be working with each of the three County administrations to identify training needs on accessing and using NCHC services along with general support for skill enhancement for individual county departments sharing in the responsibility for our managed population. The process was initiated in a request to each County's Corporation Counsels.		Open Task												
CEO Selection Plan and Recommendation	NCCSP	Feb-17	Adopted Recruitment Plan	The RCA will be reviewing the prior recruitment process initiated by the NCCSP Board and giving a timeline for reviewing the recruitment process at any upcoming meeting. Once the RCA provides direction to the NCCSP Board, the NCCSP Board will execute the recruitment plan.		Open Task												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties			Open Task												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Administration is drafting a solution which would be congruent with the Collaborative Care Structure developed in 2016 to enable an effective Conflict Resolution Policy and Protocol.		Open Task												
County Fund Balance Reconciliation	NCCSP	Apr-17	Fund Balance Presentation	Will be presented after the Audit acceptance.		Open Task												
Annual Report	NCCSP	May-17	Annual Report Release	Will be drafted following the Audit presentation.		Open Task												
Review of Personnel Policies	NCCSP	Sep-17	Appropriate Policies Identified and Adopted			Open Task												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	The RCA will need to define the structure, substance and timing of this report.		Open Task												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed			Open Task												
Annual Budget	RCA	Feb-17	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The RCA is reviewing the major program areas over the next couple months in the following order: Behavioral Health Services, Outpatient Services and then Community Treatment		Open Task												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This document serves as the work plan document.		Open Task												
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	To coincide with the CEO recruitment process but is required at least annually.		Open Task												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Reviewed and will be finalized in February.		Open Task												
Determine "Substantially Modify" Criteria and Application Structure	RCA	Feb-17	Agreed upon guidelines and Application process	Agenda item for the 2/28/2017 RCA meeting.		Open Task												
Non-CEO Employee Compensation Plan	RCA	Mar-17	Adopted Plan	Compensation plan and policies sent to the RCA members.		Open Task												
Capital Improvement Policy	RCA	Mar-17	Develop comprehensive CIP Policy for NCCSP and RCA adoption			Open Task												
CEO Appraisal Process Design	RCA	Mar-17	Written Assessment Process and Documents			Open Task												
Performance Standards	RCA	Mar-17	Adopted Annual Performance Standards	These are being developed in conjunction with the annual budget review program assessment and performance standards work being done with the RCA as we review major 51.42 program areas.		Open Task												
Reserve Policy Review	RCA	Apr-17	CFO will have County Finance Directors review, NCCSP and RCA approval			Open Task												

<u>Plan of Action Tactics</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measures of Success</u>	<u>Interim Updates</u>	<u>Completed</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Selection of NCCSP Auditor	RCA	Apr-17	RFP and selection of auditing firm	This item is for the 2017 Audit, the 2016 Auditor was already under way when the new Tri-County Agreement was signed. The RCA would like to review a draft RFP for an auditing firm at their May meeting and make a determination by August		Open Task												
Tri-County Control Annual Review	RCA	Oct-17	Revision Recommendation to County Boards if necessary			Open Task												