

OFFICIAL NOTICE AND AGENDA

of a **Joint** meeting of the **Finance, Personnel & Property Committee** and 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 **11:30 AM** on **Thursday, August 31st, 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.

1. Call to Order – Joint Meeting with North Central Community Services Program Board
2. Public Comment for Matters Appearing on the Agenda
3. ACTION: Resolution Honoring Holly Matucheski for Her 5 Years of Service to the NCCSP Board
4. ACTION: Approval of 7/27/17 Finance, Personnel & Property Committee Meeting Minutes
5. July Financials
 - a. ACTION: Accept the Financial Report and July Financial Statements
 - b. Review Write-Offs
6. CFO Report
7. Presentation and Review of the 2018 Budget
 - a. ACTION: Approval of 2018 Budget
8. Adjourn



Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

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

DATE: 08/25/17 TIME: 1:00 p.m. BY: D. Osowski



North Central Health Care

Person centered. Outcome focused.

RESOLUTION

SERVICE OF

HOLLY MATUCHESKI LANGLADE COUNTY

WHEREAS, Holly Matucheski has served North Central Health Care with dedication, distinction and honor for 5 years; and

WHEREAS, Ms. Matucheski was appointed to the North Central Community Services Program (NCCSP) Board April 2012 to represent Langlade County; and

WHEREAS, Ms. Matucheski has served on the NCCSP Board of Directors, the Human Services Operations Committee, and the Quality Committee; and

WHEREAS, Ms. Matucheski'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 31st day of August 2017, does hereby honor Holly Matucheski for her years of service and express our gratitude for her efforts on behalf of its consumers, families and staff.

*Jeff Zriny, Chair
NCCSP Board of Directors*

*Michael Loy, Interim CEO
North Central Health Care*

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

July 27, 2017

11:00 AM

North Central Health Care - Wausau

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

Others Present: Michael Loy, Brenda Glodowski

Meeting was called to order at 11:01 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 06/29/17 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Stowe/Balk, to approve the 06/29/17 Finance, Personnel & Property Committee meeting minutes. Motion carried.

June Financials – B. Glodowski

- Revenue was down slightly overall. Hospital census dropped to 13; the nursing home census also dropped in June with an average of 182; target is 203. Medicare census is stable at 18 and consistent with the prior month. We tend to see revenue in outpatient areas drop in summer however, by September it should improve.
- Overall expenses were lower than target by \$466,454. Most significant areas are salaries and benefits. Benefits are stable or better than target. A notable area is that the state institutes are under target as of end of June. Last year we were significantly over budget at this time. In July there are some credits so should remain under target. This turnaround can be attributed to the more aggressive management of diversions. We will continue to watch this area over the next few weeks and determine if any adjustment could be made for the 2018 budget.
- Through June there was a gain of just about \$241,000; year to date we are showing a gain of \$1,096,670, which is \$1,051,774 ahead of target.
- Income statement was reviewed. Discussed differences in what the county would see in a budget vs NCHC's budget as well as a cash (county) vs accrual (NCHC) system.
- The nursing home is ahead of target even with a slight dip in June. We continue to work to overcome the budgeted deficit and break even by year end.
- Discussed similarities between Mount View Care Center and Pinecrest in Merrill.
- Staff continue to work at a clear separation of financials between the nursing home and the 51.42 system.
- **Motion**/second, Balk/Stowe, to accept the Financial Report and June Financial Statements. Motion carried.
- No discussion or questions regarding write-off's.

Budget Update - B. Glodowski

- Received preliminary notification that the mod factor for workers comp will decrease from 1.32 to 1.01 which will result in a \$200,000 reduction of premiums for 2018.
- Preliminary information on health insurance estimates an 8% increase; right on target with budget projection. Meeting with M3 soon to review again.
- Looking at wage adjustment for nurses for 2018. The impact is just over \$100,000 but feel it will be a priority in order to attract and retain nurses. The most recent nursing home study indicates NCHC nurse wages is slightly higher in comparison, however, we haven't hired a nurse in the last year for less than \$24/hour with no experience and nurses with experience the rate has been \$27-\$30/hour due to competitive market. Another area nursing home is offering a \$20,000 sign on bonus, plus tenure, etc. making recruitment extremely challenging.

CFO Report

- The Retained County Authority Committee (RCA) met July 18 and reviewed the four responses to the RFP for the annual audit of NCHC. After completing interviews of all four submissions recommendations were given to the RCA. The recommendation is to remain with Wipfli due to their strong track record of service to NCHC, and their extensive knowledge and presence in health care. Their knowledge of NCHC is an asset but also included a new manager and new concurring partner so that two of the four team members would offer a fresh look with the existing seasoned team members. RCA voted 3 to 1 to approve Wipfli as recommended. This is a three-year agreement with an option to renew for an additional 3-year term.
- The new manager will begin learning the organization in September, meeting with staff, and making preparations for the 2018 audit. Wipfli also offered to provide two presentations to the board which includes the audit results in March and industry update in April.

Discussion and Future Agenda Items

- Better understanding of county reserve system, how money accrues, grows and is utilized. i.e. equity position and cash.
- Shared vs direct expenses.

Adjourn

- **Motion**/second, Stowe/Balk, to adjourn the Finance, Personnel and Property Committee meeting at 11:43 a.m. Motion carried.

dko

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: August 25, 2017
RE: Attached Financials

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

BALANCE SHEET

Balance sheet accounts remain consistent with prior month.

STATEMENT OF REVENUE AND EXPENSES

The month of July shows a gain of \$241,555, compared to the budgeted loss of (\$54,571), resulting in a positive variance of \$296,126.

Overall revenue was a bit below target. The hospital census averaged just below the target of 14 patients per day. The nursing home average census dropped in July to an average census of 178 per day. This is the lowest census this year. It is showing significant improvement for August. The Medicare census averaged 16 per day. Outpatient areas are showing improvement from the prior months.

Overall expenses remain below targets. For July they are below target by (\$343,893). This continues to offset the revenue being down. Health insurance and State Institutes continue to be below targets as do other areas.

Year to date the organization's gain continues to grow. As of the end of July, the overall gain is at \$1,337,778, which exceeds the target by \$1,347,452.

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

Thank you.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,401,831	2,188,116	5,589,947	2,739,263
Accounts receivable:				
Patient - Net	2,943,271	2,051,441	4,994,712	7,258,483
Outpatient - WIMCR	732,500	0	732,500	510,000
Nursing home - Supplemental payment program	0	60,400	60,400	164,300
Marathon County	117,551	0	117,551	928,109
Appropriations receivable	59,951	0	59,951	58,205
Net state receivable	2,464,786	0	2,464,786	901,371
Other	565,445	0	565,445	360,354
Inventory	0	305,373	305,373	303,535
Other	<u>572,787</u>	<u>423,538</u>	<u>996,325</u>	<u>903,555</u>
Total current assets	<u>10,858,122</u>	<u>5,028,867</u>	<u>15,886,990</u>	<u>14,127,175</u>
Noncurrent Assets:				
Investments	11,292,000	0	11,292,000	9,800,000
Assets limited as to use	1,887,495	368,446	2,255,940	2,757,428
Contingency funds	500,000	0	500,000	63,383
Restricted assets - Patient trust funds	12,356	35,799	48,155	4,846,938
Net pension asset	0	0	0	0
Nondepreciable capital assets	299,077	1,076,767	1,375,844	834,218
Depreciable capital assets - Net	<u>6,682,951</u>	<u>3,109,649</u>	<u>9,792,600</u>	<u>10,770,358</u>
Total noncurrent assets	<u>20,673,879</u>	<u>4,590,660</u>	<u>25,264,539</u>	<u>29,072,325</u>
Deferred outflows of resources - Related to pensions	<u>10,070,362</u>	<u>7,446,358</u>	<u>17,516,720</u>	<u>4,851,842</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>41,602,364</u>	<u>17,065,885</u>	<u>58,668,249</u>	<u>48,051,342</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JULY 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	0	0	0	151,257
Accounts payable - Trade	853,761	631,299	1,485,059	1,591,623
Appropriations advances	1,158,616	0	1,158,616	54,187
Accrued liabilities:				
Salaries and retirement	1,069,870	791,097	1,860,967	1,817,071
Compensated absences	812,849	601,048	1,413,897	1,619,394
Health and dental insurance	458,770	339,230	798,000	857,000
Other Payables	209,729	155,080	364,809	410,367
Amounts payable to third-party reimbursement programs	350,000	0	350,000	272,587
Unearned revenue	<u>92,646</u>	<u>0</u>	<u>92,646</u>	<u>135,164</u>
Total current liabilities	<u>5,006,241</u>	<u>2,517,753</u>	<u>7,523,995</u>	<u>6,908,650</u>
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	0
Related-party note payable	0	0	0	636,181
Patient trust funds	<u>12,356</u>	<u>35,799</u>	<u>48,155</u>	<u>63,383</u>
Total noncurrent liabilities	<u>1,810,286</u>	<u>1,365,247</u>	<u>3,175,534</u>	<u>699,564</u>
Total liabilities	<u>6,816,528</u>	<u>3,883,001</u>	<u>10,699,529</u>	<u>7,608,214</u>
Deferred inflows of resources - Related to pensions	<u>3,821,383</u>	<u>2,825,657</u>	<u>6,647,040</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	6,982,028	4,186,416	11,168,444	11,604,576
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	1,887,495	368,446	2,255,940	0
Undesignated	20,048,189	6,011,329	26,059,518	30,350,662
Operating Income / (Loss)	<u>1,546,741</u>	<u>(208,963)</u>	<u>1,337,778</u>	<u>(1,596,983)</u>
Total net position	<u>30,964,453</u>	<u>10,357,227</u>	<u>41,321,680</u>	<u>40,358,255</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>41,602,364</u>	<u>17,065,885</u>	<u>58,668,249</u>	<u>48,051,342</u>

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

51.42/.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	<u>\$1,993,593</u>	<u>\$1,877,498</u>	<u>\$116,095</u>	<u>\$13,581,825</u>	<u>\$13,301,818</u>	<u>\$280,007</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,271,525	2,275,838	(4,313)
Grant Revenue	195,809	197,183	(1,374)	1,387,538	1,380,283	7,255
County Appropriations - Net	497,594	497,593	1	3,483,157	3,483,152	5
Departmental and Other Revenue	<u>121,769</u>	<u>149,059</u>	<u>(27,289)</u>	<u>1,027,983</u>	<u>1,043,412</u>	<u>(15,429)</u>
Total Other Revenue	<u>1,139,676</u>	<u>1,168,955</u>	<u>(29,279)</u>	<u>8,170,203</u>	<u>8,182,685</u>	<u>(12,482)</u>
Total Revenue	<u>3,133,269</u>	<u>3,046,453</u>	<u>86,816</u>	<u>21,752,028</u>	<u>21,484,503</u>	<u>267,525</u>
Expenses:						
Direct Expenses	2,223,614	2,407,174	(183,560)	15,987,650	16,564,137	(576,486)
Indirect Expenses	<u>623,811</u>	<u>658,413</u>	<u>(34,602)</u>	<u>4,341,335</u>	<u>4,578,094</u>	<u>(236,759)</u>
Total Expenses	<u>2,847,425</u>	<u>3,065,587</u>	<u>(218,162)</u>	<u>20,328,986</u>	<u>21,142,231</u>	<u>(813,246)</u>
Operating Income (Loss)	<u>285,844</u>	<u>(19,134)</u>	<u>304,978</u>	<u>1,423,042</u>	<u>342,272</u>	<u>1,080,771</u>
Nonoperating Gains (Losses):						
Interest Income	13,869	8,333	5,536	87,595	58,333	29,262
Donations and Gifts	894	0	894	29,861	0	29,861
Gain / (Loss) on Disposal of Assets	<u>1,320</u>	<u>0</u>	<u>1,320</u>	<u>6,243</u>	<u>0</u>	<u>6,243</u>
Total Nonoperating Gains / (Losses)	<u>16,083</u>	<u>8,333</u>	<u>7,750</u>	<u>123,699</u>	<u>58,333</u>	<u>65,365</u>
Income / (Loss)	<u>\$301,927</u>	<u>(\$10,800)</u>	<u>\$312,728</u>	<u>\$1,546,741</u>	<u>\$400,605</u>	<u>\$1,146,136</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JULY 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>\$1,676,494</u>	<u>\$1,816,061</u>	<u>(\$139,567)</u>	<u>\$11,765,921</u>	<u>\$12,493,470</u>	<u>(\$727,549)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	991,662	991,667	(5)
Departmental and Other Revenue	<u>149,806</u>	<u>153,209</u>	<u>(3,403)</u>	<u>1,061,699</u>	<u>972,467</u>	<u>89,231</u>
Total Other Revenue	<u>291,472</u>	<u>294,876</u>	<u>(3,404)</u>	<u>2,053,361</u>	<u>1,964,134</u>	<u>89,227</u>
Total Revenue	1,967,966	2,110,937	(142,971)	13,819,282	14,457,604	(638,322)
Expenses:						
Direct Expenses	1,408,887	1,488,745	(79,858)	9,643,698	10,237,299	(593,601)
Indirect Expenses	<u>620,089</u>	<u>665,962</u>	<u>(45,873)</u>	<u>4,389,908</u>	<u>4,630,584</u>	<u>(240,676)</u>
Total Expenses	<u>2,028,976</u>	<u>2,154,707</u>	<u>(125,731)</u>	<u>14,033,607</u>	<u>14,867,883</u>	<u>(834,277)</u>
Operating Income (Loss)	<u>(61,010)</u>	<u>(43,770)</u>	<u>(17,240)</u>	<u>(214,325)</u>	<u>(410,279)</u>	<u>195,954</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	638	0	638	5,362	0	5,362
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>638</u>	<u>0</u>	<u>638</u>	<u>5,362</u>	<u>0</u>	<u>5,362</u>
Income / (Loss)	<u>(\$60,372)</u>	<u>(\$43,770)</u>	<u>(\$16,602)</u>	<u>(\$208,963)</u>	<u>(\$410,279)</u>	<u>\$201,316</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JULY 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>\$3,670,087</u>	<u>\$3,693,559</u>	<u>(\$23,472)</u>	<u>\$25,347,746</u>	<u>\$25,795,288</u>	<u>(\$447,542)</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,271,525	2,275,838	(4,313)
Grant Revenue	195,809	197,183	(1,374)	1,387,538	1,380,283	7,255
County Appropriations - Net	639,260	639,260	0	4,474,819	4,474,819	0
Departmental and Other Revenue	<u>271,575</u>	<u>302,268</u>	<u>(30,693)</u>	<u>2,089,682</u>	<u>2,015,879</u>	<u>73,802</u>
Total Other Revenue	<u>1,431,148</u>	<u>1,463,831</u>	<u>(32,683)</u>	<u>10,223,564</u>	<u>10,146,819</u>	<u>76,745</u>
Total Revenue	<u>5,101,235</u>	<u>5,157,390</u>	<u>(56,155)</u>	<u>35,571,309</u>	<u>35,942,107</u>	<u>(370,797)</u>
Expenses:						
Direct Expenses	3,632,500	3,895,918	(263,418)	25,631,349	26,801,436	(1,170,087)
Indirect Expenses	<u>1,243,900</u>	<u>1,324,375</u>	<u>(80,475)</u>	<u>8,731,243</u>	<u>9,208,678</u>	<u>(477,435)</u>
Total Expenses	<u>4,876,401</u>	<u>5,220,294</u>	<u>(343,893)</u>	<u>34,362,592</u>	<u>36,010,115</u>	<u>(1,647,523)</u>
Operating Income (Loss)	<u>224,834</u>	<u>(62,904)</u>	<u>287,738</u>	<u>1,208,717</u>	<u>(68,008)</u>	<u>1,276,725</u>
Nonoperating Gains (Losses):						
Interest Income	13,869	8,333	5,536	87,595	58,333	29,262
Donations and Gifts	1,532	0	1,532	35,223	0	35,223
Gain / (Loss) on Disposal of Assets	<u>1,320</u>	<u>0</u>	<u>1,320</u>	<u>6,243</u>	<u>0</u>	<u>6,243</u>
Total Nonoperating Gains / (Losses)	<u>16,721</u>	<u>8,333</u>	<u>8,388</u>	<u>129,061</u>	<u>58,333</u>	<u>70,727</u>
Income / (Loss)	<u>\$241,555</u>	<u>(\$54,571)</u>	<u>\$296,126</u>	<u>\$1,337,778</u>	<u>(\$9,674)</u>	<u>\$1,347,452</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	365 Days	2/25/2018	1.10%	\$500,000	X
Abby Bank	730 Days	3/15/2018	1.20%	\$400,000	X
People's State Bank	395 Days	3/28/2018	1.05%	\$250,000	X
CoVantage Credit Union	365 Days	3/30/2018	1.10%	\$500,000	X
PFM Investments	365 Days	4/3/2018	1.16%	\$500,000	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
BMO Harris	365 Days	5/28/2018	1.20%	\$500,000	X
PFM Investments	365 Days	6/13/2018	1.50%	\$492,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	\$300,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	\$500,000	X
People's State Bank	730 Days	5/29/2019	1.20%	\$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	\$500,000	X
Abby Bank	730 Days	7/19/2019	1.30%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$11,292,000	
WEIGHTED AVERAGE		531.52 Days	1.142% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet**

As of July 31, 2017

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

Adult Day Services	4,570.81
Adventure Camp	1,825.79
Birth to 3 Program	2,035.00
Clubhouse	28,314.60
Community Treatment	7,780.86
Fishing Without Boundries	4,952.80
General Donated Funds	60,592.23
Housing - DD Services	1,370.47
Langlade HCC	3,172.02
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,343.55
Total Legacies by the Lake	5,301.80
Marathon Cty Suicide Prev Task	15,614.40
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	3,121.82
Nursing Home - General Fund	3,690.16
Outpatient Services - Marathon	101.08
Pool	10,020.76
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	2,253.20

Total CHECKING ACCOUNT	161,109.77
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Total Checking/Savings	161,109.77
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Total Current Assets	161,109.77
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TOTAL ASSETS	<u>161,109.77</u>
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LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-16,171.11

Total Equity	161,109.77
---------------------	-------------------

TOTAL LIABILITIES & EQUITY	<u>161,109.77</u>
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North Central Health Care Budget Revenue/Expense Report

Month Ending July 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,101,235</u>	<u>5,157,390</u>	<u>35,571,309</u>	<u>35,942,107</u>	<u>(370,797)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,369,146	2,589,553	16,056,745	17,709,182	(1,652,437)
Fringe Benefits	830,176	988,411	6,218,240	6,759,625	(541,385)
Departments Supplies	435,239	492,235	3,308,456	3,445,647	(137,191)
Purchased Services	506,121	364,450	3,426,665	2,596,149	830,516
Utilitites/Maintenance Agreements	445,668	372,653	2,821,413	2,608,568	212,845
Personal Development/Travel	35,739	37,985	189,757	265,893	(76,136)
Other Operating Expenses	143,702	108,966	813,721	762,759	50,963
Insurance	38,760	37,708	271,016	263,958	7,058
Depreciation & Amortization	135,942	139,583	953,372	977,083	(23,712)
Client Purchased Services	<u>(64,093)</u>	<u>88,750</u>	<u>303,206</u>	<u>621,250</u>	<u>(318,044)</u>
TOTAL EXPENSES	4,876,401	5,220,294	34,362,592	36,010,115	(1,647,523)
Nonoperating Income	<u>16,721</u>	<u>8,333</u>	<u>129,061</u>	<u>58,333</u>	<u>70,727</u>
EXCESS REVENUE (EXPENSE)	<u>241,555</u>	<u>(54,571)</u>	<u>1,337,778</u>	<u>(9,674)</u>	<u>1,347,452</u>

**North Central Health Care
Write-Off Summary
July 2016**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$7,749	\$67,391	\$135,898
Bad Debt	\$128	\$1,551	\$10,516
<i>Outpatient:</i>			
Administrative Write-Off	\$5,051	\$107,941	\$100,946
Bad Debt	\$249	\$2,063	\$5,960
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$0	\$724	\$6,634
Bad Debt	\$0	\$11,970	\$15,846
Ancillary Services:			
Administrative Write-Off	\$1,825	\$15,509	\$23,912
Bad Debt	\$0	\$321	(\$126)
<i>Pharmacy:</i>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$14,625	\$191,565	\$267,390
Total - Bad Debt	\$377	\$15,904	\$32,196

**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	5,684	5,267	(417)	84.58%	85.50% ***
	Hospital	392	441	49	87.50%	98.44%
March	Nursing Home	6,293	5,703	(590)	84.58%	83.62%
	Hospital	434	462	28	87.50%	93.15%
April	Nursing Home	6,090	5,453	(637)	84.58%	82.62%
	Hospital	420	480	60	87.50%	100.00%
May	Nursing Home	6,293	5,698	(595)	84.58%	83.55%
	Hospital	434	432	(2)	87.50%	87.10%
June	Nursing Home	6,090	5,448	(642)	84.58%	82.55%
	Hospital	420	400	(20)	87.50%	83.33%
July	Nursing Home	6,293	5,530	(763)	84.58%	81.09%
	Hospital	434	429	(5)	87.50%	86.49%
August	Nursing Home					
	Hospital					
September	Nursing Home					
	Hospital					
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					
YTD	Nursing Home	43,036	38,883	(4,153)	84.58%	82.27%
	Hospital	2,968	3,146	178	87.50%	92.75%

*** Licensed beds decreased from 240 to 220



North Central Health Care

Person centered. Outcome focused.



A VISION
FOR SUCCESS

2018 PROPOSED BUDGET





2018 PROPOSED BUDGET

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North Central Community Services Program Board Members;

With great enthusiasm for the work contained herein, I present the 2018 North Central Health Care budget for your review. I am very proud of the work that went into the development of this year's budget and how we continue to improve upon the new budget format we introduced last year. I want to commend our leadership team – and as always, Brenda Glodowski, our Chief Financial Officer – for their dedication in producing this year's budget. As a Board, you represent a Community who is receiving great leadership in providing very valuable services at an incredibly reasonable cost to the taxpayers.

As often as we have looked back in celebrating our 45th Anniversary in 2017, we have remained steadfastly focused on our future. Turning the page into 2018, we start the journey on our 5 to 50 Vision. In the spirit of this vision, our focus turns to the necessary steps to get NCHC to our 50th Anniversary in 2022.

- First, we started with a reboot to our Mission, Vision and Values. These were important foundations to our overall direction which needed clarity. These updates are included on page 8.
- A major aspect of the 5 to 50 Vision is achieving financial *Viability* to increase our ability to have *Choice*. The saying in healthcare is, no margin, no mission. *Viability and Choice* are our financial objectives and to achieve both, we need growth. We are facing unprecedented pressure on local, state and federal government revenue sources while at the same time being cognizant of the limitation to our entrepreneurialism by staying true to our core. All of this is clear and present, as is the continuing escalation of costs to continue. With these tensions in mind, the Executive Management team has committed to the following financial objectives as part of our 5 to 50 Vision:

- 1) 3-5% Compound Annual Growth Rate
- 2) Reduce the Ratio of % Indirect to Direct Expenses
- 3) Reduce the Ratio of % Direct Expense to Gross Patient Revenue

The projection of these goals over the next 5 years is:

	2017	2018	2018 Budget	2019	2020	2021	2022
(1)	\$60M	\$62M	\$66.7M	\$63.7M	\$65.5M	\$67.7M	\$70M
(2)	42.5%	41%	38.3%	40%	39%	38%	37%
(3)	64%	63.5%	66%	63%	62%	61%	60%

- Clearly, the 2018 budget has us well on our way with a number of our stated financial objectives – which means we will have *Choice*. Another key financial indicator not represented is County Tax Levy. For 2018, County Tax Levy in total is going to be slightly lower for 2018 at 11.44% of total funding, nearly a full 1% lower than the 2017 budget at 12.40%, and the lowest it has ever been.



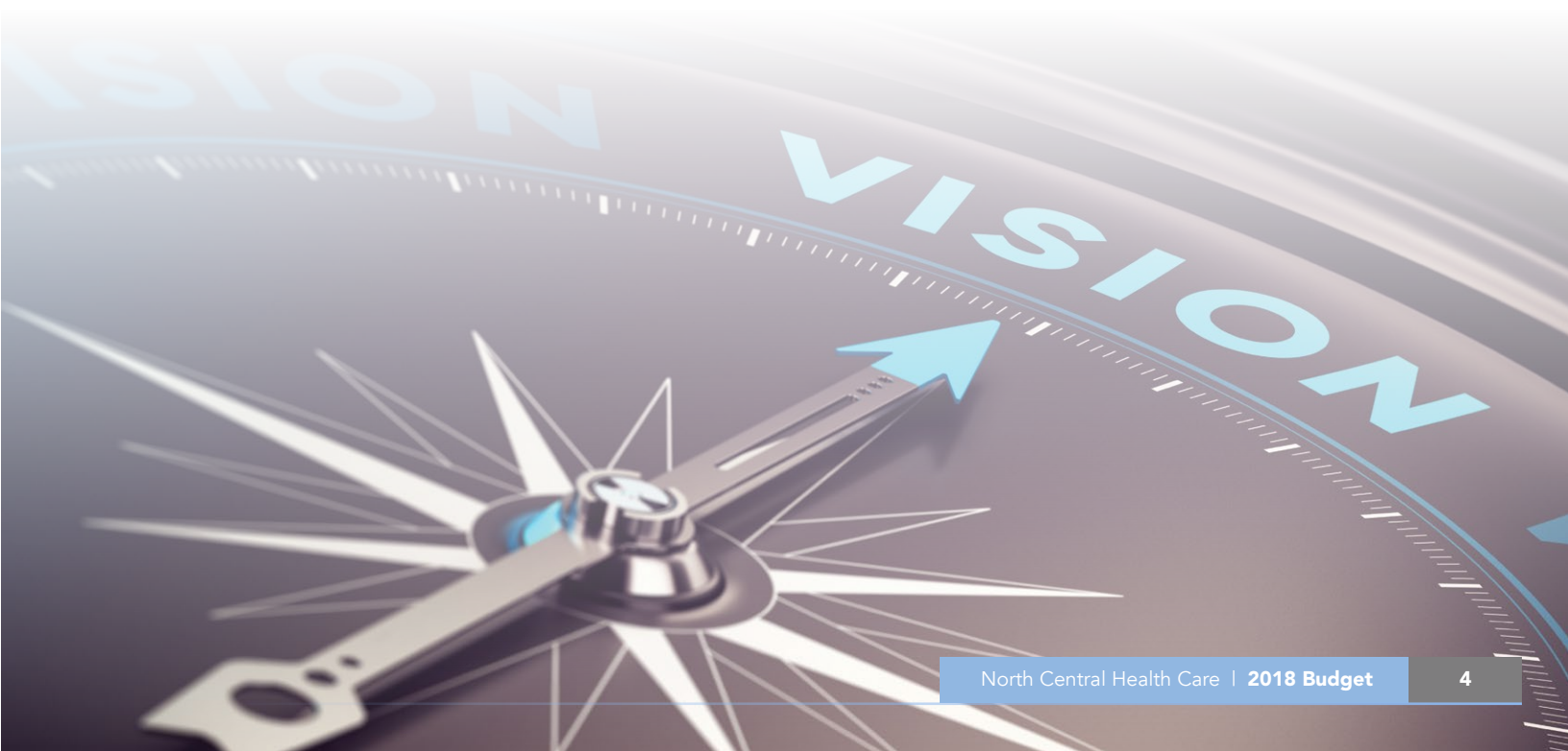
- Going forward, a major cornerstone for the next five years will be built on the growth we can support through investment in bricks and mortar. The NCHC Campus is in need of major revitalization to support growth and lower operational expenses. Along these lines, our overall capital program strategy is to build our capital expense (combination of new capital spending and annual depreciation) to 5% of the operations budget. For 2018, our budget (\$1,162,367 in new capital spending and budgeted \$1,695,000 of depreciation) is at 4.28% of budget. We are maintaining some capacity in our capital program in anticipation of a number of major capital projects coming in 2018-2020 following the Master Facility Planning activities set to conclude at the end of 2017. Our cash position continues to improve as well. As we enter into 2018, a big part of our picture of the future is whether we can gain commitment to double down and invest on our potential through capital spending.
- Lastly, it is important to plan for unexpected changes. With major health care reform efforts imminent at both the federal and state level, we need to build contingency funding of 1.5% as part of the annual budget – the 2018 Budget includes approximately \$800,000 in total contingency funding or 1.21%, a significant improvement from the 2017 Budget.

Budgets are all about the numbers. The most important number we have is the next person we serve. A growth-oriented budget affords us the opportunity to serve more. Each year brings an extraordinary opportunity to transform lives and our community, with no two years being alike. As I indicated in last year's budget letter, we are on a stage of what our future will become. We've made a full turn from 2016 through 2017 and now chart a course for 2018 and beyond. As an organization, we are serving over 10,000 people annually over 5,000 square miles. These numbers matter the most. I see a future of unfettered optimism and hope for everything we can accomplish as an organization, and with each person we serve. Think about all we have accomplished over our 45 years, starting in 1972. Think about what we can achieve if we succeed in our 5 to 50 Vision. Together, our contributions to our community through our work lead toward a seamless environment of care where *Lives are Enriched and Fulfilled*. There is a brighter future for all the people we care for...today and tomorrow.

I look forward to working with you in 2018!

A handwritten signature in black ink that reads 'Michael Loy'.

Michael Loy, Interim CEO
North Central Health Care



EXECUTIVE SUMMARY

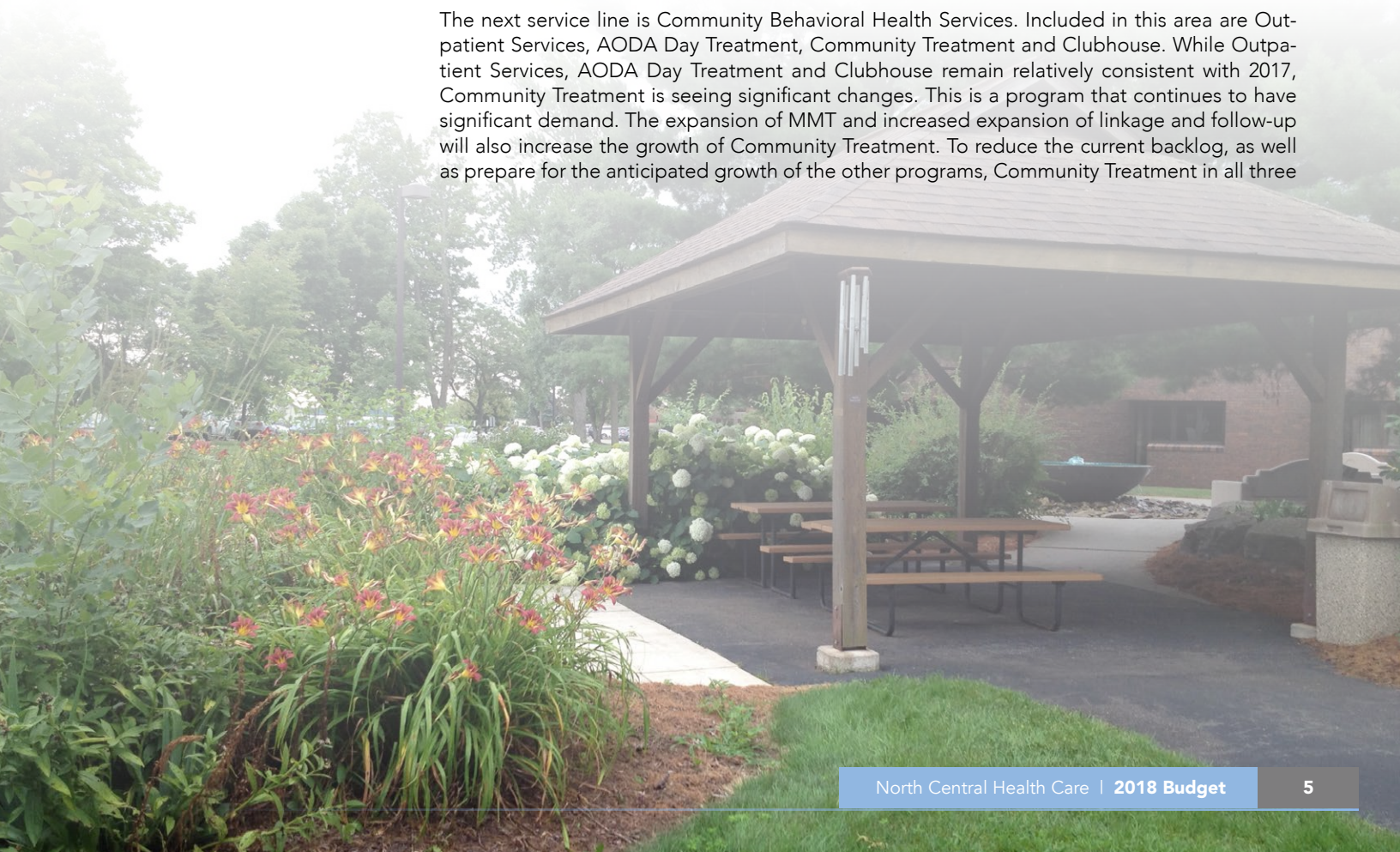
Brenda Glodowski
Chief Financial Officer

The overall Proposed 2018 Budget reflects an operational increase of \$4,828,201, which is 7.8% above 2017. This is the most significant overall change in several years. The budget includes needed growth to some of the behavioral and mental health programs, as well as changes to the nursing home to bring the program back in line financially. An overview of program changes and other assumptions is provided in this summary.

THE SERVICE LINE CHANGES/ASSUMPTIONS

The budget is regrouped into different service lines as part of our developing strategic plan. This provides a better view of the funding and costs of the types of services provided. The first service line is Behavioral Health Services, which includes Inpatient and the State Institutes, the Crisis CBRF, Lakeside Recovery, the Medically Monitored Treatment (MMT) Program, and Crisis Services. There are significant changes in each of these programs. The highly anticipated Psychiatry Residency Program started July, 2017. Included in the Inpatient budget is \$188,000 for residency stipends that have been committed for this program. This will remain an ongoing budget item for the years to come. The amount does increase in 2019 and 2020. The hospital census remains at a target of 14 patients per day, which is consistent with 2017. Included in the hospital budget is another Psychiatrist position, as the organization prepares the transition to a teaching hospital and expansion of emergency services. The Crisis CBRF and MMT Programs are both expanding due to the need and demand for services. The CBRF will be expanding from 6 beds to 12 beds, and the MMT Program is expanding from 6 beds to 15 beds. The increase in these programs increases staffing by 7.66 FTE's. The overall increase in expenses is just over \$1,000,000. About half of the increase is offset with increased revenue. Comprehensive Community Service (CCS) funding has been expanded to include MMT services, so this provides Medicaid funding opportunities for MMT. Prior to this change, MMT was not eligible for Medicaid funding, so most clients had no payer source available. There are some insurance companies that will also cover this service. Crisis Services is expanding again, adding 4.0 more Crisis Professionals. This will allow for expansion of linkage, follow-up and case management. The expansion of services increases this budget by approximately \$300,000. With the indicated changes being implemented, it is anticipated that the diversions to the state institutes will decrease. As a result, that budget is being decreased by \$200,000.

The next service line is Community Behavioral Health Services. Included in this area are Outpatient Services, AODA Day Treatment, Community Treatment and Clubhouse. While Outpatient Services, AODA Day Treatment and Clubhouse remain relatively consistent with 2017, Community Treatment is seeing significant changes. This is a program that continues to have significant demand. The expansion of MMT and increased expansion of linkage and follow-up will also increase the growth of Community Treatment. To reduce the current backlog, as well as prepare for the anticipated growth of the other programs, Community Treatment in all three



counties is expanding. Overall, 36.95 FTE's are anticipated to be added. This will not all occur at once. The additions are planned to be done over time to provide ample training time and time to build caseloads. Further, if growth is slower, the expansion can be contracted. In addition to the added positions, the contracted providers continue to increase. This program is the largest growth area in this budget, with the budget increasing just over \$4.3 million from the 2017 budget. All of this growth will be funded through billing the Medicaid Program. At this time, CCS is cost based, so the organization is able to capture most of the cost back through the annual CCS cost reconciliation process. Since North Central Health Care is a regional provider, (Marathon, Lincoln and Langlade Counties), CCS provides better reimbursement. The growth in this program has decreased the need for this program to utilize Base County Allocation and County Appropriation. As a result, the funds that are freed up are able to be utilized for the some of the growth in Behavioral Health Service programs.

Community Living Services includes Day Services and Residential, both serving adults with developmental disabilities. This area is seeing a decrease in expenses, as one of the group homes is slated to close. These programs are mostly funded through Family Care, and do not utilize any county appropriations. We continue to experience low reimbursement rates which may make it difficult for maintenance of efforts in the future.

Other Services include Birth to Three, Protective Services, Demand Transportation, and Aquatic Services. The Protective Service budget does include an additional 1.0 FTE. The demand for these services continues to grow. There is no revenue to offset this increase. The Aquatic program is adding a .60 lifeguard, for safety reasons, following a survey requirement by the Health Department. This program has increased the reliance on county appropriation. The program is waiting for a decision on having a new pool built.

The Nursing Home is seeing a decrease in the budget of over \$1.6 million. The target census is decreasing from 203 in 2017 to 185 in 2018. The average census has continued to decrease, so the budget is being reflective of this. The Medicare and Medicaid rates are both anticipated to increase, as well as the amount of Supplemental payment. The nursing home self pay rates will stay the same as 2017, as the rates are on the higher side in the market. This program is working on a study with a consultant. The consultant has made a number of recommendations, some of which are being implemented and included in this budget. The program is waiting for a decision on a renovation project as well. Without an investment upgrading the facility, it is expected the revenue will continue to be pressured.

The pharmacy is anticipating a \$261,000 budget increase. The increase should be offset with billed revenue. Pharmacy performance will be a key focus in 2018 with opportunities for financial improvement targeted.



GENERAL BUDGET ASSUMPTIONS

The budget does include 2.5%, or \$678,000, for employee merit increases. No increases were given in 2017. The wages for nurses have fallen behind the market. Over the next two years, there is a plan to get the wages for nurses back in line with the market. For 2018, \$105,000 is planned for the first phase.

Benefits have improved in 2018, compared to 2017. The contribution rate for the WI Retirement System is decreasing from 13.6% to 13.4%. The employer and employee both share in the decrease, with each seeing a .10% decrease. This has an impact of about \$65,000 to the organization. After a number of years of increasing, the workmen's compensation modification factor is dropping, going from 1.32 to an anticipated 1.01. This has direct impact on the workmen's compensation premiums. It is anticipated that the premiums will decrease by \$200,000. Health insurance has also seen significant improvements again. With improvements in claims, it is anticipated only a \$100,000 increase, or 1.6%, is needed.

The budget also includes \$307,000 for contingency. There was no contingency included in 2017 due to the unavailability of funding. However, with the changes and improvements to 2018, this is able to be included again.

SUMMARY

The 2018 budget is more of a growth orientated budget, compared to more recent years. As has been indicated in the past several budgets, the organization is in need of revenue growth. With the expansion of some of the programs that are billable, revenue growth is possible, and also offsets costs for programs that do not have billable sources. Targets are set for all programs, and will need to be closely monitored. If targets are not met, some of the growth may slow down until the targets can be met. It is anticipated, though, that a number of additional community needs will be met with the changes occurring in this budget.



MISSION, VISION & CORE VALUES

Our purpose and beliefs aren't simply words on a page or aspirations we are unwilling to achieve.

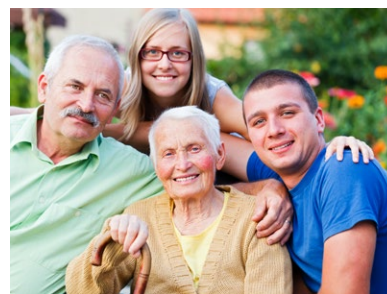
As the dawn of a new day began in 2017, it was time for a reboot on our Mission, Vision & Core Values. Our prior work in this regard was not fundamentally flawed as to require us to start over, but rather an externally focused perspective needed to be incorporated. As we listened to our community more closely in 2016, our Mission, Vision and Core Values became simpler, they more clearly define who we are, what we stand for, how we interact with people, and why every one of us works at North Central Health Care – because we can make a difference in the lives of individuals in our community.

Our Mission: **Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and specialized care for people with complex behavioral and skilled nursing needs.**

North Central Health Care has a deep history and relationship with our Central Wisconsin community. We are committed to our partnership with our three counties as we continually seek to provide the highest levels of accessible and specialized care for those we serve. Our person-centered service approach to the complex needs of those we serve and those we partner with are identical – we will meet you where you are at and walk with you on the journey together. Our programs and services provide compassionate and specialized care that is designed around each individual's abilities and challenges – creating a path to move forward together.

Our Vision: **Lives Enriched and Fulfilled.**

Each interaction we have with those we serve, our community partners and each other will lead to lives that are more enriched and fulfilled. We face the world with undeterred optimism and hope of possibility. Every day a new chance to make people's lives better. The vast potential to make a difference in each individual's life is our greatest inspiration and measure of success.



Our Core Values

The Core Values we share at NCHC guide us in each interaction we have and allow us to carry out our Mission and Vision. Embodying our Core Values will allow North Central Health Care to

- ...become the very best place for residents and clients to receive care,
- ...become the very best place for employees to work...*A Career of Opportunity*,
- ...continue to grow in our contributions to the communities we serve.

DIGNITY

We are dedicated to providing excellent service with acceptance and respect to every individual, every day.

INTEGRITY

We keep our promises and act in a way where doing the right things for the right reasons is standard.

ACCOUNTABILITY

We commit to positive outcomes and each other.

PARTNERSHIP

We are successful by building positive relationships by working across the organization and as a trusted County partner.

CONTINUOUS IMPROVEMENT

We embrace change, value feedback, creativity and the advancement of excellence



CULTURE

There is a lot of talk about culture out there. Culture is about creating the right environment and structures for success. Culture at NCHC starts with the foundation of our Mission, Vision and Core Values. Culture at North Central Health Care focuses on three key elements for success:

Do the right thing, work to the best of your ability and care about people.

We experience the presence of our culture each day, good or bad. We want to create a culture to influence people in a positive way, a culture where if people are willing to violate the statement above they will feel very uncomfortable. In late 2016, a team from North Central Health Care was charged with developing our approach to building our culture around Person Centered Service. The development of the model allowed NCHC to create a customer service approach distinctly our own.



Person-Centered Service is about serving others through effective communication, listening to understand and building meaningful relationships. The Person-Centered Service model provides a framework and common language for everyone across NCHC, regardless of where they work. The model helps make NCHC a great place to work, an organization we are all proud of, that has a great reputation.

A few key points of emphasis in the Person-Centered Service model:

- ★ The model is surround by a ring of communication – a lack of communication is the first thing that breaks down between people and teams. We have to ensure we are excellent communicators.
- ★ The Service Excellence Star connects with our service excellence vision of quality and connects Person-Centered Service with our dashboard results.
- ★ The graphic of the four individuals represents that we are family and we are serving people as if they are *our* family.
- ★ Our Core Values hold together our Person-Centered Service approach and we serve others based on the following service-focused concepts:
 - Proactive Approach & Caring Attitude
 - Culture of Trust & Safety
 - Values & Respect Based
 - Choice, Input & Involvement

Our NCHC team has been using the Person-Centered Service model as the support structure to continue to develop our culture. So far there has been some amazing momentum created to carry us into 2018 and beyond.



NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD OF DIRECTORS

The North Central Community Services Program is a governmental organization established by the counties of Langlade, Lincoln, and Marathon, and is governed by a Board of Directors under Wisconsin State Statutes 51.42/.437 to provide services for individuals with mental illness, alcohol or drug dependency, and developmental disabilities. The Program operates North Central Health Care, with its main campus in Wausau, and centers and offices located in Merrill, Tomahawk, and Antigo.



Jeff Zriny
Board Chair, Executive Committee Chair

- Marathon County
- Joined April 2014
- Retired President/CEO, Wausau Region Chamber of Commerce
- Retired, Health Insurance Executive
- Marathon County Board Supervisor



Jean Burgener
Board Vice Chair, Executive Committee Vice Chair, Nursing Home Operations Chair

- Marathon County
- Joined August 2006
- Retired VP of Post Acute Care-Aspirus
- Licensed Nursing Home Administrator



Ben Bliven
Quality Committee Chair

- Marathon County
- Joined February 2016
- Deputy Chief, Wausau Police Department



Robert Weaver
Secretary/Treasurer, Finance/Personnel/Property Chair

- Lincoln County
- Joined April 2012
- Retired Plumbing Contractor
- Lincoln County Board Supervisor



Randy Balk
• Marathon County
• Joined February 2016
• President/CEO Intercity State Bank



Dr. Steve Benson
• Marathon County
• Joined May 2016
• Psychologist
• Clinical and Consulting Psychology



Holly Matucheski
• Langlade County
• Joined April 2012
• Retired Langlade County Public Health Officer
• Langlade County Board Supervisor



William Metter
• Marathon County
• Joined October 2010
• Retired, Information Technology expert
• Retired, Clergy



Bill Miller
• Marathon County
• Joined May 2014
• Retired auditor
• Marathon County Board Supervisor

Thank you to John Robinson, Marathon County Board Supervisor and Scott Parks, Marathon County Sheriff for their service on the NCCSP Board in 2017.



Dr. Corrie Norrbom
• Marathon County
• Joined October 2016
• Primary Care Physician
• WIPPS Health Policy Fellow
• Medical College of WI Faculty Navigator



Greta Rusch
• Lincoln County
• Joined April 2014
• Retired Lincoln County Public Health Officer
• Lincoln County Board Supervisor



Rick Seefeldt
• Marathon County
• Joined March 2017
• Marathon County Board Supervisor
• Former Dairy Farmer (42 years) and current Cash Crop Farmer



Robin Stowe
• Langlade County
• Joined April 2016
• Langlade County Corporation Counsel



Theresa Wetzsteon
• Marathon County
• Joined February 2017
• Marathon County District Attorney



NORTH CENTRAL HEALTH CARE EXECUTIVE MANAGEMENT TEAM



Michael Loy
Interim Chief Executive
Officer



Kim Gochanour
Nursing Home
Operations



Laura Scudiere
Human Services
Operations



Brenda Glodowski
Chief Financial Officer



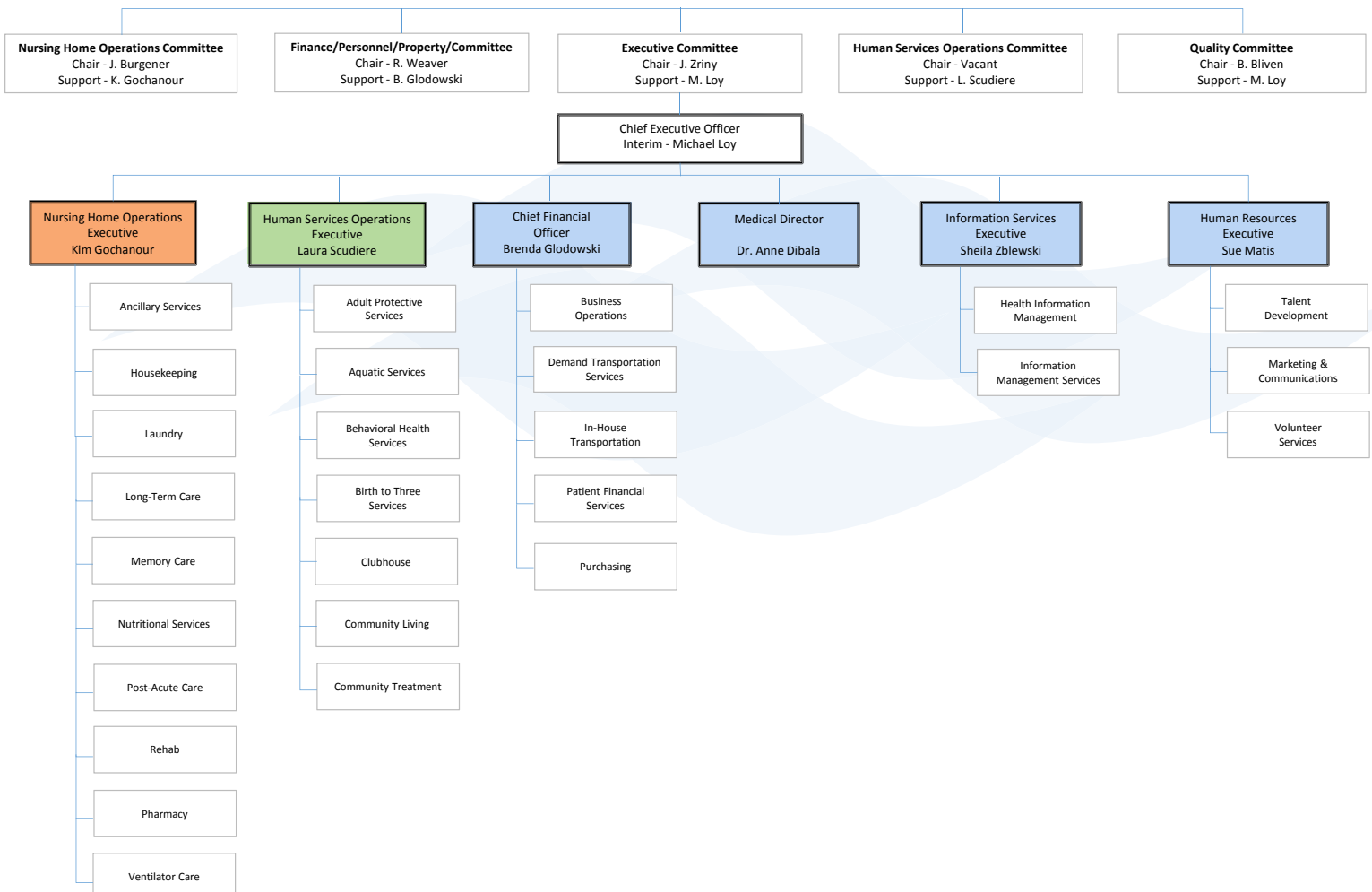
Sheila Zblewski
Information Technology



Sue Matis
Human Resources

ORGANIZATIONAL CHART

North Central Community Services Program Board



LOOKING BACK – 2016 INDIVIDUALS SERVED BY COUNTY

SERVICES	MARATHON	LINCOLN	LANGLADE	2015 Total	2016 TOTAL
Inpatient Psychiatric Care	646	91	98	891	835 people
Community Treatment	516	90	74	631	680 people
Community Corner Clubhouse	170			175	170 people
Outpatient Services Counseling	948	352	456	1,768	1,756 people
Outpatient Psychiatric Care	1348	276	145	1,782	1,769 people
Outpatient Services Substance Abuse	1187	347	311	1,839	1,845 people
Residential Supported Apartments	87	/	/	58	87 people
Residential CBRF	34	/	/	50	34 people
Substance Abuse Day Treatment	44	4	16	58	64 people
Medically Monitored Treatment for Drug & Alcohol Addiction	98	7	15	44	120 people
OWI Assessments	682	97	106	890	885 assessments
Driving with Care	9	/	/	17	9 people
Inpatient Detoxification	119	12	9	55	140 people
Crisis Stabilization	137	19	20	236	176 people
Mobile Crisis Care	2,054 1,269	266 254	222 197	3,876 1,320	2,542 assessments 1,720 people
Youth Crisis Stabilization	116	21	15	119	152 people
Adult Day Services	68	/	39	105	107 people
Birth to Three	342	60	44	457	446 people
Children's Long Term Support	/	26	21	61	47 people
Prevocational Services	124	/	39	165	163 people
Demand Transportation	725	/	/	740	725 people
Adult Protective Services	378 430	39 86	75 80	357 520	492 people 596 initial elder at risk asmts.
Aquatic Services	526	25	5	474	556 people
Post-Acute Rehabilitation	159	7	7	269	239 people*
Dementia Care	151	4	2	163	162 people*
Long Term Care	89	2	/	129	92 people*

Note: This data does not include people or services provided to clients, patients and residents who reside outside Langlade, Lincoln and Marathon Counties, unless marked with *.

*Total includes residents from other counties.



BUDGET PRIORITIES & GUIDELINES

The new Agreement for the Joint Sponsorship of Community Programs between Langlade, Lincoln and Marathon Counties requires the Retained County Authority (RCA) Committee to provide budget guidelines and priorities to the NCCSP Board prior to the development of each year's budget by June 1st. The RCA approved the budget guidelines and priorities listed below at their May 25, 2017 meeting.

BUDGET GUIDELINES

Present a formal proposed budget document in a similar format to the 2017 budget document with the following key elements included:

- 1) Clearly distinguish the definition and application of shared versus direct budgeting decisions as they are applied to each program.
- 2) Separate county appropriations (levy) per program and make itemized levy requests for each program to the three counties versus one bundled levy request. Counties would incorporate this itemization within their own budgets to reflect this detail as well.
- 3) Develop a multi-year forecast for programs as part of the budget.
- 4) Include some explanation that relates to whether particular programs, or services, are mandated and the level of those mandates.

BUDGET PRIORITIES

Present a Budget that includes the priorities listed on page 14, in the order of importance, in addition to a maintenance of effort in all other programs for 2018.

The Proposed 2018 Budget includes all of the Budget Guidelines and the operationalization of the following program priorities:

Priority #1: Targeted Case Management through the new Linkage and Follow-up programs

Priority #3: Expansion of the Medically Monitored Treatment program from 6 to 15 beds

Priority #4: Expansion of the Community Based Rehabilitation Facility (CBRF) from 6 to 12 beds

Priority #6: Dedication of additional Crisis Professionals for the C.A.R.T. Initiative in Marathon County

The 2018 Budget does not include the following identified priorities:

Priority #2: Open an 8-Bed Youth Crisis Stabilization Group Home: The State of Wisconsin is currently working on administrative rules to allow for the operation of a Youth Crisis Stabilization Group Home. Once the administrative rules are completed (anticipating early 2018) the State of Wisconsin will create an RFP process to issue a limited number of licenses for this program. If NCHC receives a license, we will move quickly in 2018 to operationalize our Youth Crisis Stabilization program as approved in the program application to the RCA. We have not built the revenues and expenses into the 2018 budget because we anticipate having less than 6 months of operation in 2018 as a best case scenario. In the meantime, we will start to work on the design work of the home and prepare to apply for the new licensure.

Priority #6: Langlade County Based Crisis Stabilization and Detox Beds: North Central Health Care will continue to work with Langlade County on researching the scope and potential for the creation of local voluntary acute crisis stabilization and/or detoxification beds with the local hospital. New leadership at Langlade Hospital has recently been installed and we expect to further identify options into 2018. Any expansion of services will be reviewed with the RCA if a plan is developed and would require either a reallocation or additional allocation of resources in 2018. We have not included any budgetary support for these program in the Proposed 2018 Budgets.

Priority #7: Eliminate Billing for Crisis Services: We could eliminate the billing for Crisis Services but it would cost the counties an additional \$248,000 in additional tax levy for 2018. In consultation with the State of Wisconsin about our options to accomplish the objective they recommend we continue our current practice to maximize the use of available Federal funding for the program and related State dollars for the corresponding billing activity versus shifting the complete financial responsibility to the counties. We agree with this approach.



BUDGET PRIORITIES & GUIDELINES

Priority & Program	Description	Initiative
1. EMERGENCY & CRISIS SERVICES	Develop case management services within the Crisis Services program for individuals under commitments and settlement agreements including broader coordination of the court liaison function	The intended result in the development of this service expansion is that individuals not already case managed through the voluntary Comprehensive Community Services program would be assigned a case manager who would coordinate their care and the dynamics within their commitment or settlement agreement.
2. EMERGENCY & CRISIS SERVICES	Open an 8-Bed Youth Crisis Stabilization Group Home	The Youth Crisis Stabilization Group Home would serve adolescents' age 13-17. The objective of this service is to ensure safe and healthy healing environment for adolescents during times of crisis, by offering longer term placements in a less restrictive and appropriate setting to the individual's needs.
3. MMT	Expand the Medically Monitored Treatment (MMT) Program from 6 to 15 beds	NCHC currently operates a 6-bed Medically Monitored Treatment (MMT) 21-day residential program. There is a significant waiting list of individuals wanting residential treatment for their addiction. The expansion would necessitate relocation of the program and additional staff to reach the 15-bed target. Space on the NCHC campus has been identified for this purpose.
4. CBRF	Expand the Community Based Rehabilitation Facility (CBRF) Program from 6 to 12 beds	The expansion of the MMT program would allow the 6-bed CBRF program to expand to 12-beds within its current space with some additional staff required. This program would be expanded to alleviate the need for some inpatient detentions and would also serve as a step down program from the inpatient hospital.
5. EMERGENCY & CRISIS SERVICES	Creation of a behavioral health team (C.A.R.T)	This is an evidence based program other governmental agencies have implemented as means to avoid hospitalization and to better serve the needs of individuals out in the community. It will be initially piloted with the Wausau PD and the Marathon County Sheriff's Department. Essentially, it would pair an officer and crisis worker from NCHC to respond to behavioral health calls and perform follow-up and preventative work in the community.
6. INPATIENT	Research the scope and potential for the creation of a local voluntary acute crisis stabilization and/or detoxification beds with Langlade Hospital	Langlade County would like to develop more local options as an alternative to transportation to NCHC's main campus to better serve the community's needs. This may include expanded face to face resources for crisis services.
7. EMERGENCY & CRISIS SERVICES	Eliminate billing for Crisis Services	Currently Crisis assessments are billed to the patient or guardian of an individual in crisis. Community partners have expressed a desire to avoid the billing function and to provide Crisis assessment without a charge being generated as a community service to increase utilization of services.



2018 COUNTY APPROPRIATIONS (LEVY) REQUESTS

A key Budget Guideline for 2018 was to itemize levy requests versus one bundled levy request per County. The detailed itemization will also now be reflected in each County budget to ensure transparency of taxpayer support. The following is the levy request detail for each program by county for 2018. Overall, the levy requests are down slightly in total for Lincoln and Marathon Counties while they remained flat for Langlade County. The reduction in tax levy is a result of NCHC now relying on Marathon County to provide all legal support for NCHC's Adult Protective Services program versus NCHC contracting out for legal services. Marathon County will be responsible for legal services for both Lincoln and Marathon Counties.

DIRECT SERVICES

Direct Services programs have specific locations in each County therefore the revenues and expenses can be directly reported to these programs. The following levy requests are made for direct services.

DIRECT SERVICES	LANGLADE	LINCOLN	MARATHON	TOTAL
Outpatient Services	\$138,263	\$229,012	\$1,055,197	\$1,422,472
Community Treatment – Adult	\$13,127	\$10,179	\$27,473	\$50,779
Community Treatment – Youth	\$2,218	\$5,133	\$6,605	\$13,956
TOTAL	\$153,608	\$244,324	\$1,089,275	\$1,487,207

SHARED SERVICES

Shared Services programs requiring levy are detailed below. Shared Services programs are based in Marathon County but each County has equal access to their use. All revenues and expenses for these programs are proportionately allocated based on population with the exception of Birth to Three. Birth to Three is based on the number of children enrolled in each County as they are served in the homes of County residents. Allocations based on population are reviewed every five years per the Agreement between the counties. Mostly recently this was reviewed in 2015. Currently this equates to an allocation of 11% for Langlade County, 15% for Lincoln and 74% for Marathon County. Levy numbers below may not represent these percentages precisely as the grants and base county allocations from the State vary by County.

SHARED SERVICES	LANGLADE	LINCOLN	MARATHON	TOTAL
Inpatient Hospital	\$ -	\$42,302	\$236,250	\$278,552
Lakeside Recovery (MMT)	\$ -	\$73,806	\$364,113	\$437,919
Crisis	\$ -	\$ -	\$1,225,461	\$1,225,461
Protective Services	\$63,709	\$79,877	\$395,593	\$539,179
Birth to Three	\$79,482	\$133,923	\$621,707	\$835,112
Day Treatment	\$1,684	\$2,296	\$11,325	\$15,305
Contract Services	-	\$135,888	\$670,380	\$806,268
TOTAL	\$144,875	\$468,092	\$3,524,829	\$4,137,796

MARATHON COUNTY ONLY PROGRAMS

North Central Health Care operates a number of programs directly for Marathon County that require tax levy support to operations. The largest program is Mount View Care Center (MVCC).

Community Corner Clubhouse	\$92,000
Aquatic Therapy Pool	\$214,115
MVCC - Long Term Care	\$483,000
MVCC - Legacies Dementia Care	\$1,217,000
TOTAL	\$2,006,115


TOTAL TAX LEVY REQUEST FOR 2018

	LANGLADE	LINCOLN	MARATHON	TOTAL
TOTAL 2018 LEVY	\$298,483	\$712,416	\$6,620,219	\$7,631,118*

*The 2018 Tax Levy of \$7,631,121 represents 11.44% of NCHC's \$66,698,978 in expenses.



INDIRECT COST ALLOCATION REQUESTS POLICY

Name of Policy: Indirect Cost Allocations		 North Central Health Care Person centered. Outcome focused.	
Policy #: TBD	Effective Date: TBD	Most Recent Revision: TBD	
Primary Approving Body: Chief Executive Officer		Committee Approvals: Chief Financial Officer	

I Policy Statement

It is the policy of North Central Health Care to allocate the expenses from the non-direct service programs (indirect programs) to the direct service programs (direct programs). The allocated expenses are referred to as indirect expenses.

II Purpose

Allocating indirect expenses to the direct service programs and adding these expenses to the direct expenses will provide the full costs of providing services for each service program. Appropriate cost allocations are important to ensure the full program costs are accurately reflected, and reported in financial reports. Allocations are done through the use of acceptable defined statistics.

III Definitions

Indirect costs: Expenses associated with non-revenue generating programs, such as administrative and building costs

Direct costs: Expenses directly assigned to the revenue generating programs that are associated with providing the service of that program. This will include expenses such as salaries, employee benefits, and supplies.

Statistics: Defined data used to allocate indirect costs to direct programs. Examples include pounds of laundry for laundry service and meals served for dietary services.

IV General Procedure

1. Each indirect program is assigned a statistic to be used to allocate that program to the direct program costs. (Examples include laundry pounds, meals served, time spent, direct costs)
2. Indirect programs are allocated to the direct program that uses the service. If a direct program does not use a particular service, it does not receive an allocation for that service.
3. Indirect costs are assigned directly to direct programs. Indirect costs are not assigned to other indirect programs.
4. Indirect costs are allocated monthly to direct programs so monthly financial statements accurately indicate full program costs for each service program.
5. Indirect allocations are reviewed during the annual audit process.

V Program-Specific Requirements:

N/A

References:



RETAINED COUNTY AUTHORITY (RCA)

2018 PERFORMANCE EXPECTATIONS & OUTCOMES

With the creation of the Retained County Authority (RCA) Committee, a key aspect of the RCA's accountability was to articulate their performance expectations for NCHC on behalf of the counties. There are two elements to creating performance expectations:

Program Standards: General expectations of performance for each program that are either not easily measurable or the measurement of performance would be administratively burdensome. Stated expectations are still of great importance in NCHC's accountability to our County partners when we do not meet these expectations on a consistent basis.

Outcomes: Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness.

As the RCA worked to define the performance expectations and outcomes, the Committee decided to keep the Program Standards as stand alone items and embed the Program Outcomes into NCHC's Service Excellence Dashboard system.

PROGRAM EXPECTATIONS

Behavioral Health Services Program Expectations

All BHS staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

Program/Function Specific Expectations

Crisis & Suicide Prevention Hotline

All callers to the hotline will be offered face to face evaluation and/or intervention; callers offered opportunity for voluntary admission if applicable.

Mobile Crisis

Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent); Crisis workers must:

- Be educated annually on admission laws in the State of Wisconsin;
- Offer each patient resource literature during every Crisis assessment; and
- If applicable, provide patients the opportunity for voluntary admission.

Youth Crisis Stabilization

Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent).

Court Liaison

With the assistance of Corporation Counsels, create a policy with clear expectations for communication between NCHC and Corporation Counsels, with respect:

- Probable Cause Hearings, Settlement Agreements, Commitments, etc.;
- To set standard for notification of admission to Corporation Counsels;
- Manage admission to other facilities;
- Manage transition of care to outpatient providers;
- Case management of patients under settlement agreements;
- Manage timelines and requisite paperwork to proactively initiate re-commitments; and
- Staff will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

Inpatient Hospital, Detox, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment Programs

- A comprehensive discharge plan will continue to be completed prior to discharge.



RETAINED COUNTY AUTHORITY (RCA) 2018 PERFORMANCE EXPECTATIONS & OUTCOMES

PROGRAM EXPECTATIONS

Community Behavioral Health Services Program Expectations

All staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

There should be increased case monitoring for all patients and clients under commitments and settlement agreements.

All patients and clients screened for services will receive information on services available and how to access them.

Enhance community engagement through ongoing outreach activities to increase knowledge of referral process, especially Community Corner Clubhouse.

Program/Function Specific Expectations

Children's Long-Term Services

NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable.

Outpatient Services

NCHC will be an active participant in youth counseling consortium in the schools.

PROGRAM OUTCOME EXPECTATIONS

The Program Outcome Expectations set by the RCA fit nicely into NCHC's Dashboard system which is a cascading measurement system where all programs share outcomes and have individual program accountabilities in five domains of excellence established by the NCCSP Board several years ago. Every employee at NCHC is aligned to achieving results in the Dashboard system through our performance based compensation, process improvement and performance evaluation systems. The Dashboard has the following five pillars where outcome measures fall into:

People – This pillar demonstrates NCHC's commitment to create a values-driven culture that attracts, retains and promotes people who are committed to NCHC's mission, vision and values.

Service – This pillar demonstrates NCHC's commitment to providing an excellent experience and service to the people we serve directly or as referral sources.

Quality – This pillar demonstrates how NCHC improves clinical excellence to set industry standards and exceed expectations.

Community – This pillar demonstrates NCHC's commitment to be an exemplary public citizen by making a difference in the community and being accessible.

Finance – The pillar demonstrates NCHC's commitment to achieve financial results to ensure NCHC's viability to provide quality health care services and investment in the organization.

The NCCSP Board is currently working to define the end statements for success in each of these domains while the RCA has been in the process of defining specific program expectations and outcomes in each relevant domain.

As the RCA reviews the current outcome measurements and considers others, it was determined that the NCCSP Board's outcomes in People and Finance were sufficient in meeting the needs of the counties. For Service indicators there were two outcome measures applicable for all programs to be fully implemented in 2018.

Overall Program Patient Experience Percent Top Box: The percentage of patient experience surveys returned with a score of 9 or 10 (top box) on a scale of 1-10 rating their overall satisfaction with services received at NCHC.

Overall Referral Sources Experience Percent Top Box: The percentage of referral source experience surveys returned with a score of 9 or 10 (top box) on a scale of 1-10 rating their overall satisfaction with services at NCHC. This outcome measurement system will be new in 2018.



RETAINED COUNTY AUTHORITY (RCA) 2018 PERFORMANCE EXPECTATIONS & OUTCOMES

In addition to the specific outcome measures below, the RCA instructed NCHC leadership to develop quality of life indicators for patients and clients in 2018 as a way to measure the success of treatment. Once developed, these indicators will be included in the Clinical Indicators, as applicable. The following Outcome expectations will be measured and reported to the RCA in 2018 as part of our Dashboards.

BEHAVIORAL HEALTH SERVICES

	<i>Clinical Indicators</i>	<i>Community Indicators</i>
Crisis & Suicide Prevention Hotline	% of callers who are linking with services within 72 hours	
Mobile Crisis		Ratio of voluntary to involuntary commitments; % of crisis assessments with documented linkage and follow-up within 24 hours of service; % of referrals from law enforcement, schools and Department of Social Services who have a release of information.
Youth Crisis	Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old); avoid diversions of less than 72 hours	% of crisis assessments with documented linkage and follow-up within 72 hours of discharge; % of referrals from law enforcement, schools and Department of Social Services who have a release of information.
Court Liaison (Linkage & Follow-Up)	% of settlement agreements and commitments extended;	Compliance rate with court liaison policy (to be created); % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral
Inpatient Hospital	% of patients who have a post-discharge counseling appointment within 4 days of discharge; % of patients who have a post-discharge psychiatry appointment within 14 days of discharge	Ratio of patient days served at NCHC vs. Out of County placements
Detox	Length since previous admission, if applicable; % of detox patients admitted to substance abuse programming within 4 days of discharge	
CBRF	Patient kept their outpatient appointment, if applicable	% of eligible patients are admitted within 24 hours
MMT	Successful completion rate; compliance rate with discharge plan 60 days post-discharge	% of MMT clients who are case managed by CCS
Community Treatment	% of Treatment plans completed within thirty (30) days of admission into the program; % of Treatment plans reviewed every six (6) months; Employment rate of Individual Placement and Support (IPS) clients	Eligible CCS and CSP clients are admitted within 60 days of referral; same day cancellation and no-show rate; average days from referral to initial appointment
Outpatient	% of hospital patients who have a post-discharge counseling appointment within 4 days of discharge; % of patients who have a post-discharge psychiatry appointment within 14 days of discharge; OWI Recidivism Rate	Offered an appointment within 4 days of screening by a referral coordinator; hospitalization rate of active patients; same day cancellation and no-show rate; Criminal Justice Post-Jail Release Access Rate
Day Treatment	Successful completion rate	% of eligible patients are admitted within 24 hours
Adult Protective Services	% of at-risk investigations closed within 30 days; comprehensive evaluation completed within 24 hours of date the report is sent to the initial parties, % of at-risk cases re-opened within one (1) month of closure	
Birth to Three		Eligible clients are admitted within 45 days of referral; same day cancellation and no-show rate; average days from referral to initial appointment

ORGANIZATION DASHBOARD

Excellence in quality can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals. The **purpose** of measurement is to:

- ✓ Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level,
- ✓ Identify problems and opportunities to improve the performance of processes,
- ✓ Assess the outcome of the care provided, and/or
- ✓ Assess whether a new or improved process produces improved outcomes.

Setting clear quality outcome goals provides the focus and clear direction that is necessary for the efficient and effective achievement of those goals. This is achieved through the following:

- ✓ Clearly defined Organizational Goals in each of the Quality domains (Service, Clinical, Financial, People, Community),
- ✓ A system for cascading the Organizational Goals to clearly defined and measurable goals pertaining to the individual functional responsibility at all levels of the organization,
- ✓ The incorporation of comparative data to effectively assess current performance, and
- ✓ A performance system that holds individuals accountable to the achievement of these goals.

2018 PROPOSED ORGANIZATION DASHBOARD

DEPARTMENT: **NORTH CENTRAL HEALTH CARE OVERALL DASHBOARD**

FISCAL YEAR: **2018 - PROPOSED**

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2017 YTD
PEOPLE																	
Vacancy Rate	5-7%	TBD	↓														8.4%
Retention Rate	78-82%	TBD	↑														83.6%
SERVICE																	
Patient Experience: % Top Box Rate	78-82%	TBD	↑														75.2
Referral Source Experience: % Top Box Rate	TBD	TBD	↑														TBD
CLINICAL																	
Nursing Home Readmission Rate	10-12%	TBD	↓														11.1%
Psychiatric Hospital Readmission Rate	8-10%	TBD	↓														12.5%
COMMUNITY																	
Access to Behavioral Health Services	90-95%	TBD	↑														69%
No-Show Rate for Community Behavioral Health Services	TBD	TBD	↑														TBD
FINANCE																	
Direct Expense/Gross Patient Revenue	60-64%	TBD	↓														61%
Indirect Expense/Direct Expense	36-38%	TBD	↓														41%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized



DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

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 Patient Experience survey.

Referral Source Experience: % Top Box Rate

Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey to be developed prior to 2018.

CLINICAL

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home divided by total admissions.

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.

COMMUNITY

Access to Behavioral Health Services

Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.

- Adult Day Services - within 2 weeks of receiving required enrollment documents
- Aquatic Services - within 2 weeks of referral or client phone requests
- Birth to Three - within 45 days of referral
- Community Corner Clubhouse - within 2 weeks
- Community Treatment - within 60 days of referral
- Outpatient Services - * 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

No-Show Rate for Community Behavioral Health Services

Percent of clients who no-show or have same day cancellations in Birth to Three, Community Treatment and Outpatient Services.

FINANCE

Direct Expense/Gross Patient Revenue

Percentage of total direct expense compared to gross revenue.

Indirect Expense/Direct Expense

Percentage of total indirect expenses compared to direct expenses.





2018 BUDGET & FINANCIAL STATEMENTS

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DEFINITION OF TERMS

Self-Pay: Funding received from the patient.

Medicare: Medicare is a federal governmental program, providing funding for the elderly and qualified disabilities.

Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care, such as Family Care.

Insurance: Funding from commercial insurance.

WIMCR (WI Medicaid Cost Reporting)/CCS Reconciliations: Additional Medicaid funding available for specific programs intended to offset some of the Medicaid deficits in governmental organizations. This funding is available for certified programs in governmental organizations.

Supplemental Payment: Additional funding available for nursing homes intended to offset some of the Medicaid deficit. This funding is only available to governmental nursing homes.

AODA Block Grant (Alcohol and Other Drug Abuse): Funding used for alcohol and substance abusers, prevention and intervention programs, and programs and services for women and youth; 20% of funds must be used for prevention programming and at least 10% must be expended on programs and services designed for women. It is also known as SAPTG (Substance Abuse Prevention and Treatment Block Grant).

MH Block Grant (Mental Health Block Grant): Funding used in mental health priority program areas, which may include Community Support Programs, Supported Housing, Jail Diversion, Crisis Intervention, Family and Consumer Peer Support and Self-Help, Programs for Persons with Mental Illness and Substance Abuse Problems, and Community Mental Health Data Set Development.

IDP Funds (Intoxicated Driver Program): Funding used to cover costs resulting in unanticipated deficits in the county's IDP funding.

CST Expansion (Coordinated Service Teams): Funding used to expand mental health services to youth and families.

Certified MH Program (Certified Mental Health):

Funding used for the purpose of matching funds to federal financial participation for Medicaid-covered services provided by a program that is certified by the department under DHS 34, Subpart III (Crisis Intervention); DHS 36 (Comprehensive Community Services); or DHS 63 (Community Support Services).

85.21 Transportation Grant: Funding used to provide transportation to elderly and disabled residents of Marathon County.

Children's LTS (Children's Long Term Support):

Funding used to provide a range of different services for children who are living at home or in the community and have substantial limitations in multiple daily activities as the result of developmental disabilities, severe emotional disturbances, and/or physical disabilities.

Family Support (Family Support for Families Who Have a Child with Severe Disabilities-FSP):

Funding used for families of a child with severe disabilities to purchase goods or services not funded through other sources that will enable the child to reside with his/her parent(s), reduce stress in the family, and avoid out-of-home placement. This is limited to \$3,000 per family annually.

APS Grant (Adult Protective Services): Funding used for Adults-At-Risk (AAR) programming and Adult Protective Services (APS), encompassing core services such as response and reporting of alleged abuse, neglect, or exploitation; short term protective interventions, court-required reviews, and longer term case management if required by certain circumstances. Also includes Elder Abuse/Neglect Funding (EAN) which provides funding for direct services to victims of elder abuse, neglect, self-neglect, and/or financial exploitation through the provision of early intervention services for individuals being identified as being at risk.

Birth To Three Grant: Funding used for development administration and provision of early intervention services to eligible infants and toddlers with disabilities and their families.

OWI Surcharges (Operating While Intoxicated):

Funding received for providing court-ordered assessments to OWI offenders.



COP (Community Option Program): Funding of last resort to conduct assessments, develop care plans, and to provide community-based services to individuals who otherwise would be at risk of institutional care.

IMD-OBRA (Institute for Mental Disease/Special Relocation Funds): Funding used to pay for the cost of community-based care and services to any person who has a mental illness and is 22 through 64 years of age at the time the person is relocated from an Institution for Mental Disease (IMD) or a Medicaid-certified nursing facility (NF) in accordance with the requirements of s. 46.268 Stats.

DVR (Division of Vocational Rehabilitation): Funding used to coordinate supported employment services for individuals with mental illness.

Contracted Services: Funding provided through a contract. This could be a contract with an organization, another county, a provider, etc.

Other: Other sources of funding included in direct service programs related to their programs. This could include such items as donations, reimbursement for meals provided in programs such as Day Services, or other funding related to a specific program.

Allocated Revenue: Revenue received in overhead programs and allocated to revenue generating programs. This includes such items as medical record sales, rebates, purchasing discounts, cafeteria sales, interest income, etc.

Base County Allocation: This is also referred to as Community Aids. This is funding from the State as additional funding for programs providing services to those funded by Medicaid. This may be used as required Medicaid Match and/or to help offset Medicaid deficits.

County Appropriations (Tax Levy): Funding received directly from the sponsoring counties.



2018 COMBINING STATEMENT OF REVENUE & EXPENSES

	2018 BUDGET:			2017 BUDGET:		
	TOTAL	HUMAN SERVICES OPERATIONS	NURSING HOME	TOTAL	HUMAN SERVICES OPERATIONS	NURSING HOME
REVENUE						
Net Patient Service Revenue	\$48,948,800	\$29,965,800	\$18,983,000	\$44,486,800	\$22,845,800	\$21,641,000
Other Revenue						
State Match/Addendum	\$2,130,700	\$2,130,700	\$0	\$2,132,700	\$2,132,700	\$0
State Grant-in-Aid	\$3,901,436	\$3,901,436	\$0	\$3,901,436	\$3,901,436	\$0
Department and Other Revenue	\$3,936,924	\$2,581,644	\$1,355,280	\$3,578,723	\$1,995,005	\$1,583,718
Counties' Appropriations	\$7,631,118	\$5,931,118	\$1,700,000	\$7,671,118	\$5,971,118	\$1,700,000
Total Other Revenue	\$17,600,178	\$14,544,898	\$3,055,280	\$17,283,977	\$14,000,259	\$3,283,718
TOTAL REVENUE	\$66,548,978	\$44,510,698	\$22,038,280	\$61,770,777	\$36,846,059	\$24,924,718
EXPENSES						
Direct Expenses	\$48,249,430	\$34,749,521	\$13,499,909	\$43,426,665	\$27,045,550	\$16,381,115
Indirect Expenses	\$18,449,548	\$9,911,177	\$8,538,371	\$18,444,112	\$9,276,370	\$9,167,742
TOTAL EXPENSES	\$66,698,978	\$44,660,698	\$22,038,280	\$61,870,777	\$36,321,920	\$25,548,857
Operating Income (Loss)	(\$150,000)	(\$150,000)	\$0	(\$100,000)	\$524,139	(\$624,139)
Nonoperating Gains /(Losses)						
Interest Income	\$150,000	\$150,000	\$0	\$100,000	\$100,000	\$0
Gain/(loss) Disposal of Assets				\$0	\$0	
Total Nonoperating Gains (Loss)	\$150,000	\$150,000	\$0	\$100,000	\$100,000	\$0
Income (Loss)	\$0	\$0	\$0	\$0	\$624,139	(\$624,139)



2018 BUDGET TO BUDGET COMPARISON

	2018 BUDGET REVENUE	2018 BUDGET EXPENSE	VARIANCE FUNDED BY STATE BCA/ APPROPRIATION	2017 BUDGET REVENUE	2017 BUDGET EXPENSE	VARIANCE FUNDED BY STATE BCA/ APPROPRIATION
BEHAVIORAL HEALTH SERVICES						
Inpatient	\$4,653,828	\$6,029,616	(\$1,375,788)	\$4,128,683	\$4,896,367	(\$767,684)
Contract Services (State Institutes)	\$0	\$905,919	(\$905,919)	\$0	\$1,118,839	(\$1,118,839)
CBRF	\$1,011,583	\$1,011,583	\$0	\$789,236	\$446,462	\$342,774
Crisis Services	\$349,047	\$2,670,983	(\$2,321,936)	\$276,797	\$2,326,934	(\$2,050,137)
Lakeside Recovery (MMT)	\$506,645	\$998,688	(\$492,043)	\$213,925	\$491,613	(\$277,688)
Subtotal: Behavioral Health Services	\$6,521,103	\$11,616,789	(\$5,095,686)	\$5,408,641	\$9,280,215	(\$3,871,574)
COMMUNITY SERVICES						
Outpatient Services	\$2,673,051	\$5,697,472	(\$3,024,421)	\$2,609,574	\$5,555,836	(\$2,946,262)
AODA Day Treatment	\$73,874	\$89,178	(\$15,304)	\$108,774	\$130,049	(\$21,275)
Community Treatment	\$11,624,623	\$11,791,362	(\$166,739)	\$6,558,629	\$7,440,856	(\$882,227)
Clubhouse	\$399,251	\$491,251	(\$92,000)	\$352,097	\$447,097	(\$95,000)
Subtotal: Community Services	\$14,770,799	\$18,069,263	(\$3,298,464)	\$9,629,074	\$13,573,838	(\$3,944,764)
COMMUNITY LIVING SERVICES						
Day Services	\$2,080,254	\$2,080,254	\$0	\$2,283,140	\$2,272,772	\$10,368
Residential Services-Group Homes	\$1,937,000	\$1,937,000	\$0	\$2,448,300	\$2,362,127	\$86,173
Residential Services-Apartments	\$2,317,000	\$2,317,000	\$0	\$2,360,896	\$2,453,408	(\$92,512)
Subtotal: Community Living	\$6,334,254	\$6,334,254	\$0	\$7,092,336	\$7,088,307	\$4,029
OTHER SERVICES						
Birth To Three	\$950,625	\$1,785,737	(\$835,112)	\$981,114	\$1,816,226	(\$835,112)
Protective Services	\$241,379	\$780,556	(\$539,177)	\$238,570	\$673,793	(\$435,223)
Demand Transportation	\$431,235	\$431,235	\$0	\$409,644	\$409,644	\$0
Aquatic Services	\$792,100	\$1,006,215	(\$214,115)	\$791,629	\$941,956	(\$150,327)
Subtotal: Other Services	\$2,415,339	\$4,003,743	(\$1,588,404)	\$2,420,957	\$3,841,619	(\$1,420,662)
NURSING HOME						
Daily Services	\$18,314,067	\$20,942,719	(\$2,628,652)	\$19,099,784	\$22,139,872	(\$3,040,088)
Rehab and Ancillary Services	\$2,024,213	\$1,095,561	\$928,652	\$2,171,670	\$1,571,165	\$600,505
Subtotal: Nursing Home	\$20,338,280	\$22,038,280	(\$1,700,000)	\$21,271,454	\$23,711,037	(\$2,439,583)
Pharmacy	\$4,636,649	\$4,636,649	\$0	\$4,375,761	\$4,375,761	\$0
TOTALS	\$55,016,424	\$66,698,978	(\$11,682,554)	\$50,198,223	\$61,870,777	(\$11,672,554)
Base County Allocation	\$3,901,436		\$3,901,436	\$3,901,436		\$3,901,436
County Appropriation	\$7,631,118		\$7,631,118	\$7,671,118		\$7,671,118
Nonoperating Revenue	\$150,000		\$150,000	\$100,000		\$100,000
TOTAL REVENUE/EXPENSE	\$66,698,978	\$66,698,978	\$0	\$61,870,777	\$61,870,777	\$0



2018 BUDGET BY COUNTY

HUMAN SERVICES OPERATIONS

	LANGLADE	LINCOLN	MARATHON	TOTAL
PROGRAM REVENUE				
Direct Services	\$2,559,983	\$2,220,549	\$13,219,985	\$18,000,517
Shared Services	\$1,105,641	\$1,223,781	\$9,711,557	\$12,040,979
Base County Allocation	\$798,531	\$829,977	\$2,272,928	\$3,901,436
TOTAL PROGRAM REVENUE	\$4,464,155	\$4,274,307	\$25,204,470	\$33,942,932
PROGRAM EXPENSES				
Direct Services	\$2,959,740	\$2,792,873	\$15,745,173	\$21,497,786
Shared Services	\$1,811,043	\$2,204,230	\$14,510,991	\$18,526,264
TOTAL COST OF SERVICES	\$4,770,783	\$4,997,103	\$30,256,164	\$40,024,050
Excess Revenue/(Expenses)	(\$306,628)	(\$722,796)	(\$5,051,694)	(\$6,081,118)
Non-Operating Revenue	\$8,145	\$10,380	\$131,475	\$150,000
County Appropriations	\$298,483	\$712,416	\$4,920,219	\$5,931,118
Excess Revenue/(Expenses) After County Appropriation	\$0	\$0	\$0	\$0

NURSING HOME

PROGRAM REVENUE				
Nursing Home Revenue			\$18,314,067	\$18,314,067
Nursing Home Ancillary Revenue			\$2,024,213	\$2,024,213
TOTAL PROGRAM REVENUE			\$20,338,280	\$20,338,280
PROGRAM EXPENSES				
Nursing Home Expenses			\$20,942,719	\$20,942,719
Nursing Home Ancillary Expense			\$1,095,561	\$1,095,561
TOTAL PROGRAM EXPENSES			\$22,038,280	\$22,038,280
Excess Revenue/(Expenses)			(\$1,700,000)	(\$1,700,000)
Non-Operating Revenue				
County Appropriation			\$1,700,000	\$1,700,000
Excess Revenue/(Expenses) After County Appropriation			\$0	\$0

PHARMACY

Direct Services Revenue			\$4,636,649	\$4,636,649
Direct Services Expense			\$4,636,649	\$4,636,649
Excess Revenue/(Expenses)			\$0	\$0



2018 BUDGET WITH COUNTY APPROPRIATION (TAX LEVY)

	2018 BUDGET EXPENSES	NET BILLED REVENUE	GRANT FUNDING	SUPPL. PAYMENT	OTHER FUNDING	MARATHON CO MATCH	BASE CO ALLOCATION	COUNTY LEVY	2018 BUDGET REVENUE	% OF PROGRAM FUNDED BY LEVY
BEHAVIORAL HEALTH SERVICES										
Inpatient	\$6,029,616	\$4,375,000			\$156,904	\$121,924	\$1,097,236	\$278,552	\$6,029,616	4.62%
Contract Services (State Institutes)	\$905,919	\$0					\$99,651	\$806,268	\$905,919	89.00%
CBRF	\$1,011,583	\$860,000		\$140,000	\$3,841	\$7,742			\$1,011,583	0.00%
Crisis Services	\$2,670,983	\$128,000		\$120,000	\$229,000	\$22,046	\$946,476	\$1,225,461	\$2,670,983	45.88%
Lakeside Recovery (MMT)	\$998,688	\$486,000		\$10,000	\$1,743	\$8,902	\$54,124	\$437,919	\$998,688	43.85%
Subtotal: Behavioral Health Services	\$11,616,789	\$5,849,000	\$0	\$270,000	\$391,488	\$160,614	\$2,197,487	\$2,748,200	\$11,616,789	23.66%
COMMUNITY SERVICES										
Outpatient Services	\$5,697,472	\$1,835,000	\$402,000	\$24,000	\$340,416	\$71,635	\$1,601,949	\$1,422,472	\$5,697,472	24.97%
AODA Day Treatment	\$89,178	\$69,000		\$1,000	\$351	\$3,523		\$15,304	\$89,178	17.16%
Community Treatment-Adult	\$7,425,056	\$5,941,000	\$267,000	\$898,000	\$140,161	\$26,112	\$102,000	\$50,783	\$7,425,056	0.68%
Community Treatment-Youth	\$4,366,306	\$3,411,000	\$480,000	\$302,000	\$145,290	\$14,060		\$13,956	\$4,366,306	0.32%
Clubhouse	\$491,251	\$284,000			\$115,251			\$92,000	\$491,251	18.73%
Subtotal: Community Services	\$18,069,263	\$11,540,000	\$1,149,000	\$1,225,000	\$741,469	\$115,330	\$1,703,949	\$1,594,515	\$18,069,263	8.82%
COMMUNITY LIVING SERVICES										
Day Services	\$2,080,254	\$1,785,000			\$220,000	\$75,254			\$2,080,254	0.00%
Residential Services-Group Homes	\$1,937,000	\$1,937,000							\$1,937,000	0.00%
Residential Services-Apartments	\$2,317,000	\$2,317,000							\$2,317,000	0.00%
Subtotal: Community Living	\$6,334,254	\$6,039,000	\$0	\$0	\$220,000	\$75,254	\$0	\$0	\$6,334,254	0.00%
OTHER SERVICES										
Birth To Three	\$1,785,737	\$318,000	\$519,000	\$50,000	\$29,971	\$33,654		\$835,112	\$1,785,737	46.77%
Protective Services	\$780,556	\$500	\$225,000		\$6,569	\$9,310		\$539,177	\$780,556	69.08%
Demand Transportation	\$431,235	\$24,300	\$237,700		\$168,000	\$1,235			\$431,235	0.00%
Aquatic Services	\$1,006,215	\$550,000			\$102,952	\$139,148		\$214,115	\$1,006,215	21.28%
Subtotal: Other Services	\$4,003,743	\$892,800	\$981,700	\$50,000	\$307,492	\$183,347	\$0	\$1,588,404	\$4,003,743	39.67%
MOUNT VIEW CARE CENTER										
Long Term Care	\$4,007,614	\$2,344,000		\$713,000	\$54,472	\$412,750		\$483,000	\$4,007,222	12.05%
Legacies Dementia Care	\$9,509,926	\$6,616,000		\$809,000	\$89,652	\$411,140		\$1,217,000	\$9,142,792	12.80%
Post Acute Care	\$2,700,405	\$1,899,000		\$154,000	\$47,151	\$137,891			\$2,238,042	0.00%
Ventilator Care	\$4,724,774	\$4,154,000		\$308,000	\$26,119	\$137,892			\$4,626,011	0.00%
Rehab and Ancillary Services	\$1,095,561	\$1,986,000			\$6,695	\$31,518			\$2,024,213	0.00%
Subtotal: Mount View Care Center	\$22,038,280	\$16,999,000	\$0	\$1,984,000	\$224,089	\$1,131,191	\$0	\$1,700,000	\$22,038,280	7.71%
Pharmacy	\$4,636,649	\$4,100,000	\$0	\$0	\$516,762	\$19,887	\$0	\$0	\$4,636,649	0.00%
TOTALS	\$66,698,978	\$45,419,800	\$2,130,700	\$3,529,000	\$2,401,300	\$1,685,623	\$3,901,436	\$7,631,118	\$66,698,978	11.44%
PERCENT OF TOTAL FUNDING		68.10%	3.19%	5.29%	3.60%	2.53%	5.85%	11.44%	100.00%	



2018 BUDGET BY FUNDING

	GROSS CHARGES	%	EXPENSES	FUNDING BY PAYER	%	FUNDED BY OTHER SOURCES	%
PAYER							
Self Pay	\$6,743,000	9%	\$6,002,908	\$2,355,800	39%	(\$3,647,108)	61%
Medicare	\$15,199,000	21%	\$14,006,785	\$8,095,000	58%	(\$5,911,785)	42%
Medicaid	\$46,741,000	64%	\$42,687,346	\$35,914,000	84% **	(\$6,773,346)	24%
Insurance	\$4,198,000	6%	\$4,001,939	\$2,584,000	65%	(\$1,417,939)	35%
TOTAL	\$72,881,000	100%	\$66,698,978	\$48,948,800	73%	(\$17,750,178)	32%

FUNDING	AMOUNT	%	
Self Pay	\$2,355,800	3.5%	
Medicare	\$8,095,000	12.1%	
Medicaid	\$32,385,000	48.6%	
Insurance	\$2,584,000	3.9%	
Supplemental Pay	\$1,984,000	3.0%	
WIMCR	\$435,000	0.7%	
CCS Reconciliation	\$1,110,000	1.7%	\$48,948,800
State Addendums	\$2,130,700	3.2%	
Community Aids	\$3,901,436	5.8%	
County Appropriation	\$7,631,118	11.4%	
All Other	\$4,086,924	6.1%	\$17,750,178
	\$66,698,978	100.0%	\$66,698,978



2018 REVENUE BUDGET COMPARISONS

DESCRIPTION	2015 BUDGET	2016 BUDGET	2017 BUDGET	2018 BUDGET	2017-2018 % OF CHANGE
Nursing Home Gross Revenue	\$28,882,000	\$28,256,000	\$25,808,000	\$24,342,000	
Nursing Home Contractual Adj's	(\$8,536,400)	(\$7,541,000)	(\$7,767,000)	(\$7,343,000)	
Net Nursing Home Revenue	\$20,345,600	\$20,715,000	\$18,041,000	\$16,999,000	-5.78%
Outpatient Gross Revenue	\$25,521,100	\$23,343,100	\$26,722,000	\$31,642,000	
Outpatient Contractual Adj's	(\$10,950,200)	(\$8,548,100)	(\$10,474,200)	(\$11,696,200)	
Net Outpatient Revenue	\$14,570,900	\$14,795,000	\$16,247,800	\$19,945,800	22.76%
Inpatient Gross Revenue	\$6,558,000	\$7,205,000	\$7,653,000	\$8,050,000	
Inpatient Contractual Adj's	(\$3,495,000)	(\$3,365,000)	(\$3,753,000)	(\$3,675,000)	
Net Inpatient Revenue	\$3,063,000	\$3,840,000	\$3,900,000	\$4,375,000	12.18%
Pharmacy Gross Revenue	\$8,768,000	\$9,652,000	\$8,996,000	\$8,847,000	
Pharmacy Contractual Adj's	(\$4,778,000)	(\$5,455,000)	(\$4,948,000)	(\$4,747,000)	
Net Pharmacy Revenue	\$3,990,000	\$4,197,000	\$4,048,000	\$4,100,000	1.28%
Net Patient Revenue	\$41,969,500	\$43,547,000	\$42,236,800	\$45,419,800	7.54%
State Addendums	\$1,763,489	\$2,512,000	\$2,132,700	\$2,130,700	-0.09%
State Grant-In-Aid	\$3,901,436	\$3,901,436	\$3,901,436	\$3,901,436	0.00%
County Appropriations	\$8,834,788	\$8,924,688	\$7,671,118	\$7,631,118	-0.52%
Other Income	\$2,093,017	\$1,851,000	\$5,928,723	\$7,615,924	28.46
TOTAL REVENUE	\$58,562,230	\$60,736,124	\$61,870,777	\$66,698,978	7.80%

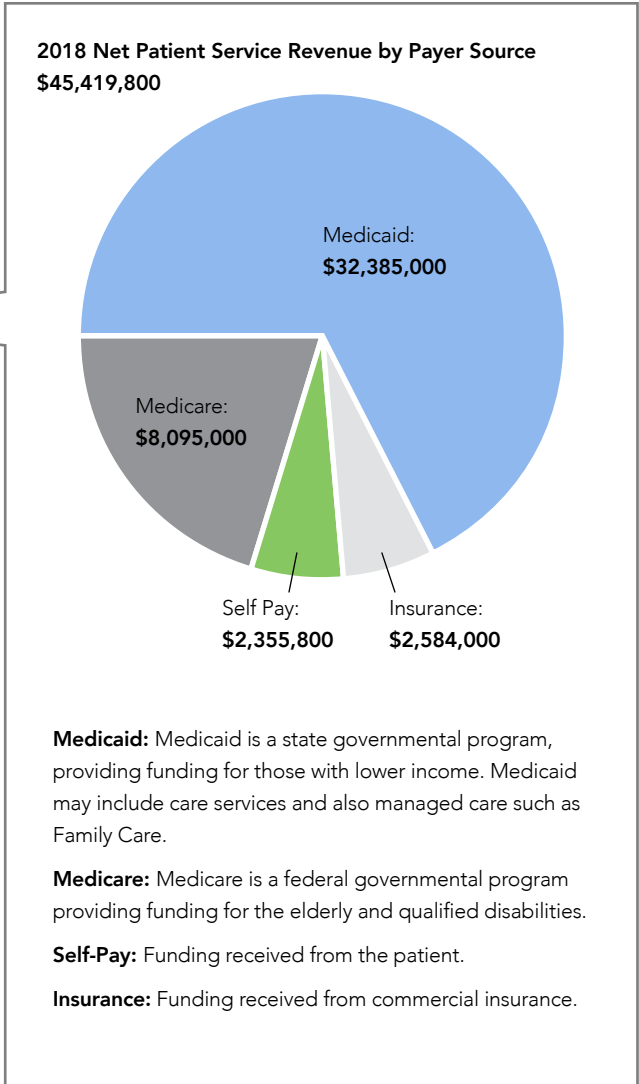
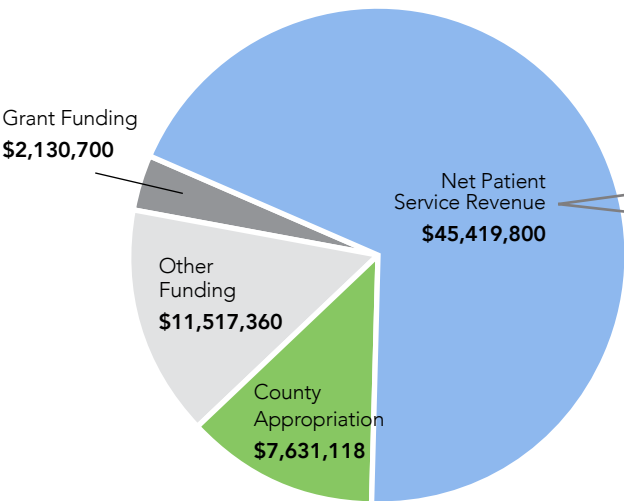
2018 EXPENSE BUDGET COMPARISONS

DESCRIPTION	2015 BUDGET	2016 BUDGET	2017 BUDGET	2018 BUDGET	2017-2018 % OF CHANGE
Salaries and Wages	\$29,066,696	\$30,972,254	\$30,474,824	\$32,738,156	7.43%
Employee Benefits	\$11,820,000	\$11,480,000	\$11,626,000	\$11,938,000	2.68%
Program Supplies and Expense	\$8,010,253	\$8,329,670	\$8,781,340	\$9,212,902	4.91%
Purchased & Contracted Services	\$5,500,587	\$5,643,600	\$6,907,349	\$8,795,473	27.34%
Utilities	\$935,294	\$874,850	\$611,447	\$611,447	0.00%
Education and Travel	\$417,400	\$419,750	\$351,817	\$428,000	21.65%
Depreciation and Insurance	\$2,212,000	\$2,216,000	\$2,118,000	\$2,175,000	2.69%
State Institutes	\$600,000	\$800,000	\$1,000,000	\$800,000	-20.00%
TOTAL EXPENSES	\$58,562,230	\$60,736,124	\$61,870,777	\$66,698,978	7.80%

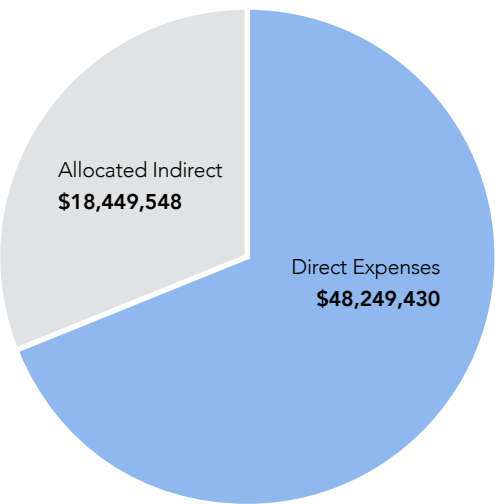


2018 REVENUE & EXPENSE OVERVIEW

2018 Total Revenue: **\$66,698,978**



2018 Total Expense: **\$66,698,978**



2018 REVENUE & EXPENSE DETAIL

	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	\$1,211,000	\$280,000	\$2,317,690	\$3,808,690	\$2,785,159	\$1,023,531	\$3,808,690
Community Treatment-Adult	\$4,821,000	\$211,000	\$738,481	\$5,770,481	\$4,949,682	\$820,799	\$5,770,481
Community Treatment-Youth	\$2,106,000	\$220,000	\$226,049	\$2,552,049	\$2,193,911	\$358,138	\$2,552,049
Day Services	\$1,450,000		\$235,254	\$1,685,254	\$1,219,825	\$465,429	\$1,685,254
Clubhouse	\$284,000		\$207,251	\$491,251	\$398,524	\$92,727	\$491,251
Aquatic Services	\$550,000		\$456,215	\$1,006,215	\$504,996	\$501,219	\$1,006,215
Demand Transportation	\$24,300	\$237,700	\$169,235	\$431,235	\$375,741	\$55,494	\$431,235
Subtotals	\$10,446,300	\$948,700	\$4,350,175	\$15,745,175	\$12,427,838	\$3,317,337	\$15,745,175
LANGLADE COUNTY-DIRECT SERVICES							
Outpatient Services	\$316,000	\$51,000	\$548,525	\$915,525	\$675,309	\$240,216	\$915,525
Community Treatment-Adult	\$509,000	\$22,000	\$277,313	\$808,313	\$594,653	\$213,660	\$808,313
Community Treatment-Youth	\$573,000	\$99,000	\$168,904	\$840,904	\$611,171	\$229,733	\$840,904
Day Services	\$335,000		\$60,000	\$395,000	\$282,880	\$112,120	\$395,000
Subtotals	\$1,733,000	\$172,000	\$1,054,742	\$2,959,742	\$2,164,013	\$795,729	\$2,959,742
LINCOLN COUNTY-DIRECT SERVICES							
Outpatient Services	\$308,000	\$71,000	\$594,257	\$973,257	\$757,924	\$215,333	\$973,257
Community Treatment-Adult	\$611,000	\$34,000	\$201,262	\$846,262	\$659,027	\$187,235	\$846,262
Community Treatment-Youth	\$732,000	\$161,000	\$80,353	\$973,353	\$742,424	\$230,929	\$973,353
Subtotals	\$1,651,000	\$266,000	\$875,872	\$2,792,872	\$2,159,375	\$633,497	\$2,792,872
SHARED SERVICES							
Inpatient	\$4,375,000		\$1,654,616	\$6,029,616	\$4,656,576	\$1,373,040	\$6,029,616
Contract Services (State Institute)			\$905,919	\$905,919	\$800,000	\$105,919	\$905,919
CBRF	\$860,000		\$151,583	\$1,011,583	\$586,270	\$425,313	\$1,011,583
Crisis Services	\$128,000		\$2,542,983	\$2,670,983	\$1,807,666	\$863,317	\$2,670,983
Lakeside Recovery (MMT)	\$486,000		\$512,688	\$998,688	\$716,205	\$282,483	\$998,688
Birth To Three	\$318,000	\$519,000	\$948,737	\$1,785,737	\$1,397,678	\$388,059	\$1,785,737
Protective Services	\$500	\$225,000	\$555,056	\$780,556	\$564,379	\$216,177	\$780,556
AODA Day Treatment	\$69,000		\$20,178	\$89,178	\$36,633	\$52,545	\$89,178
Residential-Group Homes	\$1,937,000		\$0	\$1,937,000	\$1,474,364	\$462,636	\$1,937,000
Residential-Apartments	\$2,317,000		\$0	\$2,317,000	\$1,857,687	\$459,313	\$2,317,000
Subtotals	\$10,490,500	\$744,000	\$7,291,760	\$18,526,260	\$13,897,458	\$4,628,802	\$18,526,260
NURSING HOME SERVICES							
Long Term Care	\$2,344,000		\$1,663,222	\$4,007,222	\$1,935,331	\$2,072,283	\$4,007,614
Legacies Dementia Care	\$6,616,000		\$2,526,792	\$9,142,792	\$5,645,102	\$3,864,824	\$9,509,926
Post Acute Care	\$1,899,000		\$339,042	\$2,238,042	\$1,823,465	\$876,940	\$2,700,405
Ventilator Care	\$4,154,000		\$472,011	\$4,626,011	\$3,197,711	\$1,527,063	\$4,724,774
Rehab and Ancillary Services	\$1,986,000		\$38,213	\$2,024,213	\$898,300	\$197,261	\$1,095,561
Subtotals	\$16,999,000	\$0	\$5,039,280	\$22,038,280	\$13,499,909	\$8,538,371	\$22,038,280
Pharmacy	\$4,100,000	\$0	\$536,649	\$4,636,649	\$4,100,837	\$535,812	\$4,636,649
Total NCHC	\$45,419,800	\$2,130,700	\$19,148,478	\$66,698,978	\$48,249,430	\$18,449,548	\$66,698,978



2018 GRANT FUNDING

GRANT	AODA BLOCK GRANT	MH BLOCK FUNDS	IDP EXPANSION	CST MH PROG.	CERTIFIED GRANT	85.21 LTS	CHILDREN GRANT	APS GRANT	BIRTH TO THREE FUNDING	TOTAL GRANT
MARATHON COUNTY-DIRECT SERVICES										
Outpatient Services	\$211,000		\$69,000							\$280,000
Community Treatment-Adult		\$51,000			\$160,000					\$211,000
Community Treatment-Youth				\$60,000	\$160,000					\$220,000
Day Services										\$0
Clubhouse										\$0
Aquatic Services										\$0
Demand Transportation						\$237,700				\$237,700
Subtotals	\$211,000	\$51,000	\$69,000	\$60,000	\$320,000	\$237,700	\$0	\$0	\$0	\$948,700
LANGLADE COUNTY-DIRECT SERVICES										
Outpatient Services	\$35,000		\$16,000							\$51,000
Community Treatment-Adult		\$8,000			\$14,000					\$22,000
Community Treatment-Youth				\$60,000	\$14,000		\$25,000			\$99,000
Day Services										\$0
Subtotals	\$35,000	\$8,000	\$16,000	\$60,000	\$28,000	\$0	\$25,000	\$0	\$0	\$172,000
LINCOLN COUNTY-DIRECT SERVICES										
Outpatient Services	\$50,000		\$21,000							\$71,000
Community Treatment-Adult		\$12,000			\$22,000					\$34,000
Community Treatment-Youth				\$60,000	\$21,000		\$80,000			\$161,000
Subtotals	\$50,000	\$12,000	\$21,000	\$60,000	\$43,000	\$0	\$80,000	\$0	\$0	\$266,000
SHARED SERVICES										
Inpatient										\$0
Contract Services (State Institute)										\$0
CBRF										\$0
Crisis Services										\$0
Lakeside Recovery (MMT)										\$0
Birth To Three									\$519,000	\$519,000
Protective Services								\$225,000		\$225,000
AODA Day Treatment										\$0
Residential-Group Homes										\$0
Residential-Apartments										\$0
Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$225,000	\$519,000	\$744,000
NURSING HOME SERVICES										
Long Term Care										\$0
Legacies Dementia Care										\$0
Post Acute Care										\$0
Ventilator Care										\$0
Rehab and Ancillary Services										\$0
Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pharmacy										\$0
Total NCHC	\$296,000	\$71,000	\$106,000	\$180,000	\$391,000	\$237,700	\$105,000	\$225,000	\$519,000	\$2,130,700



2018 FUNDING BY OTHER SOURCES

	OWI SURCHARGES	COP	DVR	CONTRACT SERVICES	WIMCR	CCS RECONCILE	SUPPL. PAYMENT	OTHER	ALLOCATED REVENUE	MARATHON CO. MATCH (MAINT.)	BASE COUNTY ALLOCATION	COUNTY APPRO- PRIATION	TOTAL OTHER FUNDING
MARATHON COUNTY-DIRECT SERVICES													
Outpatient Services	\$105,000				\$4,000			\$5,000	\$27,058	\$71,635	\$1,049,800	\$1,055,197	\$2,317,690
Community Treatment-Adult			\$30,000		\$60,000	\$500,000			\$14,896	\$26,112	\$80,000	\$27,473	\$738,481
Community Treatment-Youth						\$199,000			\$6,384	\$14,060		\$6,605	\$226,049
Day Services			\$48,000	\$20,000				\$92,000		\$75,254			\$235,254
Clubhouse			\$20,000					\$94,500	\$751			\$92,000	\$207,251
Aquatic Services								\$100,000	\$2,952	\$139,148		\$214,115	\$456,215
Demand Transportation				\$168,000						\$1,235			\$169,235
Subtotals:	\$105,000	\$0	\$98,000	\$188,000	\$64,000	\$699,000	\$0	\$291,500	\$52,041	\$327,444	\$1,129,800	\$1,395,390	\$4,350,175
LANGLADE COUNTY-DIRECT SERVICES													
Outpatient Services	\$20,000				\$10,000				\$143,113		\$237,149	\$138,263	\$548,525
Community Treatment-Adult			\$1,000		\$20,000	\$144,000			\$90,182		\$9,000	\$13,131	\$277,313
Community Treatment-Youth		\$20,000				\$54,000			\$92,686			\$2,218	\$168,904
Day Services			\$40,000					\$20,000					\$60,000
Subtotals:	\$20,000	\$20,000	\$41,000	\$0	\$30,000	\$198,000	\$0	\$20,000	\$325,981	\$0	\$246,149	\$153,612	\$1,054,742
LINCOLN COUNTY-DIRECT SERVICES													
Outpatient Services	\$22,000				\$10,000				\$18,245		\$315,000	\$229,012	\$594,257
Comm. Treatment-Adult			\$3,000		\$20,000	\$154,000			\$1,083		\$13,000	\$10,179	\$201,262
Community Treatment-Youth		\$25,000				\$49,000			\$1,220			\$5,133	\$80,353
Subtotals:	\$22,000	\$25,000	\$3,000	\$0	\$30,000	\$203,000	\$0	\$0	\$20,548	\$0	\$328,000	\$244,324	\$875,872
SHARED SERVICES													
Inpatient								\$125,000	\$31,904	\$121,924	\$1,097,236	\$278,552	\$1,654,616
Contract Services (State Institute)											\$99,651	\$806,268	\$905,919
CBRF					\$140,000				\$3,841	\$7,742			\$151,583
Crisis Services				\$51,000	\$120,000			\$150,000	\$28,000	\$22,046	\$946,476	\$1,225,461	\$2,542,983
Lakeside Recovery (MMT)						\$10,000			\$1,743	\$8,902	\$54,124	\$437,919	\$512,688
Birth To Three				\$23,000	\$50,000				\$6,971	\$33,654		\$835,112	\$948,737
Protective Services									\$6,569	\$9,310		\$539,177	\$555,056
AODA Day Treatment					\$1,000				\$351	\$3,523		\$15,304	\$20,178
Residential-Group Homes													\$0
Residential-Apartments													\$0
Subtotals:	\$0	\$0	\$0	\$74,000	\$311,000	\$10,000	\$0	\$275,000	\$79,379	\$207,101	\$2,197,487	\$4,137,793	\$7,291,760
NURSING HOME SERVICES													
Long Term Care							\$713,000		\$54,472	\$412,750		\$483,000	\$1,663,222
Legacies Dementia Care							\$809,000		\$89,652	\$411,140		\$1,217,000	\$2,526,792
Post Acute Care							\$154,000		\$47,151	\$137,891			\$339,042
Ventilator Care							\$308,000		\$26,119	\$137,892			\$472,011
Rehab and Ancillary Services									\$6,695	\$31,518			\$38,213
Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$1,984,000	\$0	\$224,089	\$1,131,191	\$0	\$1,700,000	\$5,039,280
Pharmacy				\$500,000		\$0			\$16,762	\$19,887	\$0	\$0	\$536,649
TOTAL NCHC	\$147,000	\$45,000	\$142,000	\$762,000	\$435,000	\$1,110,000	\$1,984,000	\$586,500	\$718,800	\$1,685,623	\$3,901,436	\$7,631,118	\$19,148,478



2018 UNIT COSTS

The following is additional information showing the total cost per unit for each program, which is direct cost and overhead. In the event that a program is not included, the total unit cost for all other programs would increase as overhead would be reallocated.

	TOTAL EXPENSES	BILLABLE UNIT	UNIT HOURS/DAYS	UNIT TOTAL EXP	COUNTY (LEVY) APPROPRIATION	APPROPRIATION (LEVY) PER UNIT
BEHAVIORAL HEALTH SERVICES						
Hospital (without Residency Costs)	\$5,841,616	5,110	Days	\$1,143.17	\$278,552	\$54.51
CBRF	\$1,011,583	43,800	Hours	\$23.10	\$0	\$0.00
Crisis Services	\$2,670,983	5,800	Hours	\$460.51	\$1,225,461	\$211.29
Medically Monitored Treatment (MMT)	\$998,688	33,215	Hours	\$30.07	\$437,919	\$13.18
COMMUNITY SERVICES						
Wausau Outpatient	\$3,808,690	19,300	Hours	\$197.34	\$1,055,197	\$54.67
Merrill Outpatient	\$973,257	5,350	Hours	\$181.92	\$229,012	\$42.81
Antigo Outpatient	\$915,525	5,650	Hours	\$162.04	\$138,263	\$24.47
Day Treatment	\$89,178	2,760	Hours	\$32.31	\$15,304	\$5.54
Wausau Community Treatment	\$8,322,530	81,123	Hours	\$102.59	\$34,078	\$0.42
Merrill Community Treatment	\$1,819,615	15,830	Hours	\$114.95	\$15,312	\$0.97
Antigo Community Treatment	\$1,649,217	13,195	Hours	\$124.99	\$15,349	\$1.16
Clubhouse	\$491,251	6,250	Hours	\$78.60	\$92,000	\$14.72
COMMUNITY LIVING SERVICES						
Wausau ADS	\$652,023	62,196	Hours	\$10.48	\$0	\$0.00
Wausau PreVoc	\$1,033,231	81,240	Hours	\$12.72	\$0	\$0.00
Antigo ADS	\$395,000	35,500	Hours	\$11.13	\$0	\$0.00
Residential-Andrea	\$478,188	2,890	Days	\$165.46	\$0	\$0.00
Residential-Chadwick	\$479,338	2,529	Days	\$189.54	\$0	\$0.00
Residential-Hillcrest	\$0	-	Days	\$0.00	\$0	\$0.00
Residential-Bissell	\$489,417	2,529	Days	\$193.52	\$0	\$0.00
Residential-Heather	\$490,057	2,529	Days	\$193.78	\$0	\$0.00
Residential-Riverview	\$612,886	9,395	Days	\$65.24	\$0	\$0.00
Residential-Jelinek	\$755,439	7,588	Days	\$99.56	\$0	\$0.00
Residential-Forest St	\$584,963	5,779	Days	\$101.22	\$0	\$0.00
Residential-Fulton	\$363,712	2,890	Days	\$125.85	\$0	\$0.00
OTHER SERVICES						
Birth To Three	\$1,785,737	11,400	Hours	\$156.64	\$835,112	\$73.26
Demand Transportation	\$431,235	13,700	Trips	\$31.48	\$0	\$0.00
Aquatic Services	\$1,006,215	3,500	Hours	\$287.49	\$214,115	\$61.18
NURSING HOME SERVICES						
Long Term Care	\$4,007,614	13,505	Days	\$296.75	\$483,000	\$35.76
Legacies Dementia Care	\$9,509,926	36,500	Days	\$260.55	\$1,217,000	\$33.34
Post Acute Care	\$2,700,405	8,395	Days	\$321.67		\$0.00
Ventilator Care	\$4,724,774	9,125	Days	\$517.78		\$0.00



2018 – 2019 FORECAST

The 2019 Budget Forecast projects total revenue will increase to \$68,051,801 (2.0%) and total expenditures will increase to \$68,505,310 (2.7%) above the 2018 Budget. The 2019 Forecasted Budget is a continuation of the 2018 budget with 2018 program changes fully implemented. As projected, the 2019 Forecasted Budget would require additional funding of \$454,509 to balance the gap between increased expenditure and revenues based on the assumptions included. To maintain service levels at the 2018 level, investment for revenue growth must be made to offset any tax levy request for 2019 or potential reduction in service levels. Other considerations for expense reductions in 2019 might also be possible to alleviate this cost-to-continue gap.

2018 BUDGET	REVENUE:				TOTAL REVENUE	EXPENSE:		
	NET PATIENT SERVICE REV	GRANT FUNDING	OTHER FUNDING	COUNTY APPROP.		DIRECT EXPENSES	ALLOCATED INDIRECT EXP	TOTAL EXPENSES
MARATHON COUNTY-DIRECT SERVICES								
Outpatient Services	\$1,211,000	\$280,000	\$1,262,493	\$1,055,197	\$3,808,690	\$2,785,159	\$1,023,531	\$3,808,690
Community Treatment-Adult	\$4,821,000	\$211,000	\$711,008	\$27,473	\$5,770,481	\$4,949,682	\$820,799	\$5,770,481
Community Treatment-Youth	\$2,106,000	\$220,000	\$219,444	\$6,605	\$2,552,049	\$2,193,911	\$358,138	\$2,552,049
Day Services	\$1,450,000		\$235,254	\$0	\$1,685,254	\$1,219,825	\$465,429	\$1,685,254
Clubhouse	\$284,000		\$115,251	\$92,000	\$491,251	\$398,524	\$92,727	\$491,251
Aquatic Services	\$550,000		\$242,100	\$214,115	\$1,006,215	\$504,996	\$501,219	\$1,006,215
Demand Transportation	\$24,300	\$237,700	\$169,235	\$0	\$431,235	\$375,741	\$55,494	\$431,235
Subtotals	\$10,446,300	\$948,700	\$2,954,785	\$1,395,390	\$15,745,175	\$12,427,838	\$3,317,337	\$15,745,175
LANGLADE COUNTY-DIRECT SERVICES								
Outpatient Services	\$316,000	\$51,000	\$410,262	\$138,263	\$915,525	\$675,309	\$240,216	\$915,525
Community Treatment-Adult	\$509,000	\$22,000	\$264,182	\$13,131	\$808,313	\$594,653	\$213,660	\$808,313
Community Treatment-Youth	\$573,000	\$99,000	\$166,686	\$2,218	\$840,904	\$611,171	\$229,733	\$840,904
Day Services	\$335,000		\$60,000		\$395,000	\$282,880	\$112,120	\$395,000
Subtotals	\$1,733,000	\$172,000	\$901,130	\$153,612	\$2,959,742	\$2,164,013	\$795,729	\$2,959,742
LINCOLN COUNTY-DIRECT SERVICES								
Outpatient Services	\$308,000	\$71,000	\$365,245	\$229,012	\$973,257	\$757,924	\$215,333	\$973,257
Community Treatment-Adult	\$611,000	\$34,000	\$191,083	\$10,179	\$846,262	\$659,027	\$187,235	\$846,262
Community Treatment-Youth	\$732,000	\$161,000	\$75,220	\$5,133	\$973,353	\$742,424	\$230,929	\$973,353
Subtotals	\$1,651,000	\$266,000	\$631,548	\$244,324	\$2,792,872	\$2,159,375	\$633,497	\$2,792,872
SHARED SERVICES								
Inpatient	\$4,375,000	\$1,376,064		\$278,552	\$6,029,616	\$4,656,576	\$1,373,040	\$6,029,616
Contract Services (State Institute)			\$99,651	\$806,268	\$905,919	\$800,000	\$105,919	\$905,919
CBRF	\$860,000		\$151,583	\$0	\$1,011,583	\$586,270	\$425,313	\$1,011,583
Crisis Services	\$128,000		\$1,317,522	\$1,225,461	\$2,670,983	\$1,807,666	\$863,317	\$2,670,983
Lakeside Recovery (MMT)	\$486,000		\$74,769	\$437,919	\$998,688	\$716,205	\$282,483	\$998,688
Birth To Three	\$318,000	\$519,000	\$113,625	\$835,112	\$1,785,737	\$1,397,678	\$388,059	\$1,785,737
Protective Services	\$500	\$225,000	\$15,879	\$539,177	\$780,556	\$564,379	\$216,177	\$780,556
AODA Day Treatment	\$69,000		\$4,874	\$15,304	\$89,178	\$36,633	\$52,545	\$89,178
Residential-Group Homes	\$1,937,000		\$0	\$0	\$1,937,000	\$1,474,364	\$462,636	\$1,937,000
Residential-Apartments	\$2,317,000		\$0	\$0	\$2,317,000	\$1,857,687	\$459,313	\$2,317,000
Subtotals	\$10,490,500	\$744,000	\$3,153,967	\$4,137,793	\$18,526,260	\$13,897,458	\$4,628,802	\$18,526,260
NURSING HOME SERVICES								
Long Term Care	\$2,344,000		\$1,180,222	\$483,000	\$4,007,222	\$1,935,331	\$2,072,283	\$4,007,614
Legacies Dementia Care	\$6,616,000		\$1,309,792	\$1,217,000	\$9,142,792	\$5,645,102	\$3,864,824	\$9,509,926
Post Acute Care	\$1,899,000		\$339,042		\$2,238,042	\$1,823,465	\$876,940	\$2,700,405
Ventilator Care	\$4,154,000		\$472,011		\$4,626,011	\$3,197,711	\$1,527,063	\$4,724,774
Rehab and Ancillary Services	\$1,986,000		\$38,213		\$2,024,213	\$898,300	\$197,261	\$1,095,561
Subtotals	\$16,999,000	\$0	\$3,339,280	\$1,700,000	\$22,038,280	\$13,499,909	\$8,538,371	\$22,038,280
Pharmacy	\$4,100,000	\$0	\$536,649	\$0	\$4,636,649	\$4,100,837	\$535,812	\$4,636,649
Total NCHC	\$45,419,800	\$2,130,700	\$11,517,359	\$7,631,118	\$66,698,978	\$48,249,430	\$18,449,548	\$66,698,978



2018 – 2019 FORECAST

2019 BUDGET

REVENUE:

NET PATIENT
SERVICE REV

GRANT
FUNDING

OTHER
FUNDING

COUNTY
APPROPR.

ADDITIONAL
FUNDING REQ.

TOTAL
REVENUE

EXPENSE:

DIRECT
EXPENSES

ALLOCATED
INDIRECT EXP

TOTAL
EXPENSES

MARATHON COUNTY-DIRECT SERVICES

Outpatient Services	\$1,211,000	\$280,000	\$1,262,493	\$1,055,197	\$75,693	\$3,884,383	\$2,837,267	\$1,047,116	\$3,884,383
Community Treatment-Adult	\$5,105,000	\$211,000	\$817,552	\$27,473	\$0	\$6,161,025	\$5,223,507	\$937,518	\$6,161,025
Community Treatment-Youth	\$2,306,000	\$220,000	\$219,479	\$6,605	\$0	\$2,752,084	\$2,333,302	\$418,782	\$2,752,084
Day Services	\$1,485,000		\$235,327	\$0	\$0	\$1,720,327	\$1,242,425	\$477,902	\$1,720,327
Clubhouse	\$284,000		\$124,960	\$92,000	\$0	\$500,960	\$406,243	\$94,717	\$500,960
Aquatic Services	\$550,000		\$242,100	\$214,115	\$16,020	\$1,022,235	\$515,237	\$506,998	\$1,022,235
Demand Transportation	\$24,300	\$237,700	\$169,235	\$0	\$9,143	\$440,378	\$381,587	\$58,791	\$440,378
Subtotals	\$10,965,300	\$948,700	\$3,071,146	\$1,395,390	\$100,856	\$16,481,392	\$12,939,568	\$3,541,824	\$16,481,392

LANGLADE COUNTY-DIRECT SERVICES

Outpatient Services	\$316,000	\$51,000	\$410,262	\$138,263	\$21,664	\$937,189	\$688,554	\$248,635	\$937,189
Community Treatment-Adult	\$525,000	\$22,000	\$271,257	\$13,131	\$0	\$831,388	\$627,562	\$203,826	\$831,388
Community Treatment-Youth	\$644,000	\$99,000	\$175,178	\$2,218	\$0	\$920,396	\$679,652	\$240,744	\$920,396
Day Services	\$335,000		\$69,238	\$0	\$0	\$404,238	\$288,527	\$115,711	\$404,238
Subtotals	\$1,820,000	\$172,000	\$925,935	\$153,612	\$21,664	\$3,093,211	\$2,284,295	\$808,916	\$3,093,211

LINCOLN COUNTY-DIRECT SERVICES

Outpatient Services	\$308,000	\$71,000	\$365,245	\$229,012	\$18,097	\$991,354	\$772,050	\$219,304	\$991,354
Community Treatment-Adult	\$627,000	\$34,000	\$201,873	\$10,179	\$0	\$873,052	\$682,851	\$190,201	\$873,052
Community Treatment-Youth	\$803,000	\$161,000	\$79,870	\$5,133	\$0	\$1,049,003	\$803,024	\$245,979	\$1,049,003
Subtotals	\$1,738,000	\$266,000	\$646,988	\$244,324	\$18,097	\$2,913,409	\$2,257,925	\$655,484	\$2,913,409

SHARED SERVICES

Inpatient	\$4,375,000		\$1,376,064	\$278,552	\$124,314	\$6,153,930	\$4,762,086	\$1,391,844	\$6,153,930
Contract Services (State Institute)			\$99,651	\$806,268	(\$97,624)	\$808,295	\$700,000	\$108,295	\$808,295
CBRF	\$860,000		\$172,045	\$0	\$0	\$1,032,045	\$598,193	\$433,852	\$1,032,045
Crisis Services	\$128,000		\$1,317,522	\$1,225,461	\$56,798	\$2,727,781	\$1,844,884	\$882,897	\$2,727,781
Lakeside Recovery (MMT)	\$486,000		\$84,819	\$447,919	\$0	\$1,018,738	\$729,858	\$288,880	\$1,018,738
Birth To Three	\$318,000	\$519,000	\$117,996	\$835,112	\$0	\$1,790,108	\$1,425,645	\$364,463	\$1,790,108
Protective Services	\$500	\$225,000	\$15,879	\$539,177	\$15,192	\$795,748	\$575,446	\$220,302	\$795,748
AODA Day Treatment	\$69,000		\$4,874	\$15,304	\$1,643	\$90,821	\$37,370	\$53,451	\$90,821
Residential-Group Homes	\$1,937,000		\$36,364	\$0	\$0	\$1,973,364	\$1,502,403	\$470,961	\$1,973,364
Residential-Apartments	\$2,317,000		\$15,962	\$0	\$0	\$2,332,962	\$1,895,270	\$437,692	\$2,332,962
Subtotals	\$10,490,500	\$744,000	\$3,241,176	\$4,147,793	\$100,323	\$18,723,792	\$14,071,155	\$4,652,637	\$18,723,792

NURSING HOME SERVICES

Long Term Care	\$2,386,000		\$1,180,222	\$483,000	\$64,035	\$4,113,257	\$1,974,045	\$2,138,212	\$4,112,257
Legacies Dementia Care	\$6,740,000		\$1,309,792	\$1,217,000	\$389,843	\$9,656,635	\$5,759,304	\$3,897,331	\$9,656,635
Post Acute Care	\$1,923,000		\$339,042		\$491,490	\$2,753,532	\$1,860,316	\$893,216	\$2,753,532
Ventilator Care	\$4,159,000		\$472,011		\$195,557	\$4,826,568	\$3,260,882	\$1,565,686	\$4,826,568
Rehab and Ancillary Services	\$1,986,000		\$38,213		(\$927,356)	\$1,096,857	\$907,283	\$189,574	\$1,096,857
Subtotals	\$17,194,000	\$0	\$3,339,280	\$1,700,000	\$213,569	\$22,446,849	\$13,761,830	\$8,684,019	\$22,445,849

Pharmacy	\$17,194,000	\$0	\$3,339,280	\$1,700,000	\$213,569	\$22,446,849	\$13,761,830	\$8,684,019	\$22,445,849
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Total NCHC	\$46,507,800	\$2,130,700	\$11,772,182	\$7,641,119	\$454,509	\$68,506,310	\$49,614,758	\$18,890,552	\$68,505,310
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HUMAN SERVICES OPERATIONS

2018 BUDGET BY PROGRAM



North Central Health Care's Human Services Operations include shared and direct community services programs provided under the programs listed in 51.42 of Wisconsin's legislation. These services are the core services for which North Central Health Care was created. The State of Wisconsin offers direction on programming on varying levels in discharging the counties' delegated primary responsibility for the prevention or amelioration of mental disabilities, including but not limited to mental illness, developmental disabilities, alcoholism and drug abuse. There are a number of programs contained within the Human Services Operations grouped into broad departments to deliver community services programs.

Human Services Operations Administration39

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HUMAN SERVICES OPERATIONS

HUMAN SERVICES OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight for all Human Services Operations is consolidated into a separate program and is allocated out to each program based on direct expenses.

KEY ACCOMPLISHMENTS

- Successfully transitioned outreach and advocacy expectations to leaders within NCHC.

STAFFING

Position	2017 FTE's	2018 FTE's
Human Services Operations		
Executive	1.0	1.0
Quality Director	0.0	1.0
TOTAL	1.0	2.0

BUDGET HIGHLIGHTS

Prior to 2018, Quality was a separate program overseen by the Quality and Support Services Executive. The Executive position was eliminated in 2017 and the quality responsibilities were integrated into the Human Services Operations and Nursing Home Operations as opposed to being a consolidated function. With distinct regulatory and reporting responsibilities between these two areas, administration felt the program could be more effective separated than combined. The Human Services Operations Administration budget reflects a Director of Quality position being moved into the new reorganization of the Quality function.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	-	-	-
State Addendum Grants	80,000	-	-
TOTAL REVENUE	80,000	-	-
Salaries	210,018	144,999	253,540
Benefits	77,844	55,316	92,454
Other Direct Expenses	87,525	37,641	371,800
TOTAL DIRECT EXPENSES	375,387	237,956	717,794

OBJECTIVES FOR 2018

- Innovate and implement new programming for the most vulnerable and complex individuals and meet the needs of the larger community.



BEHAVIORAL HEALTH SERVICES

Behavioral Health Services includes Emergency and Crisis Services, Inpatient Psychiatric Hospital, Contract Services (Diversion), Psychiatry Residency Program, Community Based Rehabilitation Facility (CBRF) and Lakeside Recovery Medically Monitored Treatment (MMT). These programs are some of the most important and needed services in our community. Demand for these services has grown considerably and has created many financial and system pressures.

BEHAVIORAL HEALTH SERVICES

■ *Emergency and Crisis Services*

DESCRIPTION

North Central Health Care Emergency & Crisis Services is a state certified program offering services to residents of Marathon, Langlade and Lincoln Counties. Services include a 24-hour Crisis Center, a 24-hour Hotline, Mobile Crisis response team and Youth Crisis Stabilization. Individualized services are provided in the least restrictive manner utilizing natural and peer supports whenever possible. The focus of the program is to prevent and de-escalate crisis situations, while also offering community-based treatment and support options. The program is equipped with resources to assess clients and determine their needs, which ranges from community supports and outpatient counselor to inpatient hospitalization.

Crisis Center: 24-hour specialized assistance with urgent mental health, developmental disability or substance abuse needs and may also act as an in-house, short-term Crisis Stabilization Unit. Support will be provided to stabilize the conditions of acute mental health symptoms. Acting as a triage center, much of what the Crisis Center does is get the individual to the location or access to services that they need to alleviate their crisis.

Crisis & Suicide Prevention Hotline: The Crisis & Suicide Prevention Hotline is confidential and anonymous. Specially trained staff provide emergency and crisis counseling over the phone, including intervention. Assistance is provided 24 hours a day, 7 days a week for emotional, mental health, suicide prevention or substance abuse situations.

Mobile Crisis: The staff of Crisis Services are trained as a state certified Mobile Crisis Unit that travels to avert crises and de-escalate situations. Assessments and interventions by the Crisis Team are available on-site at the North Central Health Care offices in Wausau, Antigo and Merrill, or out in the community. The Crisis teams are made up of trained personnel in the area of crisis intervention and utilize physicians, nurses, law enforcement personnel, psychiatrists, mental health technicians, and other specially trained

staff. The team offers an assessment and assists with the disposition of the crisis situation. Disposition may include, but is not limited to, the following: inpatient psychiatric treatment, crisis bed placement, youth crisis bed, and other community placements. The team can also provide linkage and follow-up services with other community providers and agencies to ensure continuity of care.

Youth Crisis Stabilization: The Youth Crisis Services serves children and adolescents under the age of 18. Support is provided to stabilize the conditions of acute mental health symptoms, as well as short-term respite and one-on-one counseling. Monitoring and support is provided in a separate area designated for youth on the Wausau Campus.

Crisis Assessment Response Team (CART): Two crisis workers will be paired with two Crisis Intervention Team-trained members of Marathon County law enforcement. This evidence-based project is set to roll out in 2018, and will pair crisis workers with officers to more effectively address behavioral health related calls in our community. The CART team will also visit frequent patients proactively to build relationships during normal non-crisis situations. This innovative new program mirrors proactive programming that has been proven to more effectively manage issues surrounding mental health and substance abuse.

POPULATION SERVED

All ages and legal status are served by the Crisis Center Services. Anyone and everyone who is having a crisis related to mental illness, substance abuse or suicide may be served in some capacity. Elderly, developmentally disabled individuals, families, children, and adults may all be served in the Crisis Center. The Crisis Center also provides referrals to other organizations when needs are related to situations such as job loss, spousal abuse, housing and other life issues.



BEHAVIORAL HEALTH SERVICES

■ Emergency and Crisis Services

REGULATIONS

Crisis Services are certified by the Department of Health Services, Chapter DHS 34.

HOURS/DAYS OF SERVICE

Mobile Crisis Services are available for residents in: Lincoln & Marathon Counties: 24 hours/day, 7 days/week, 365 days/year Langlade County: 8:00 am – 4:30 pm, Monday – Friday only, excluding holidays

KEY ACCOMPLISHMENTS

- Established a transportation program serving over 171 individuals in a trauma-informed setting for transport between facilities
- Hired a Law Enforcement Liaison who has developed specialized training for mental health needs within Central Wisconsin's law enforcement communities
- Continued to work with Crisis Process Improvement collaborative partnership, which is a project of local law enforcement, school systems, public health, private counseling agencies, and North Central Health Care
- Greatly increased community crisis educational opportunities using the resources of crisis workers, community partners, and the law enforcement liaison

BUDGET HIGHLIGHTS

The 2018 budget for Emergency and Crisis Services includes an additional 2.0 FTEs for the new Linkage and Follow-up program requests as the number one priority by the Retained County Authority. Another 2.0 FTEs was also added to support the new Crisis Assessment Response Team (C.A.R.T.) initiative with Wausau Police Department and the Marathon County Sheriff's Department. A reduction of the newly created Transportation staff positions in the 2017 budget was made to reflect the actual need of the service enhancement. An additional 0.8 FTE Security Officer is included for 2018 as well, but this new expense is offset by the reduction of a contract for these same services.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Court Liaison	1.0	1.0
Crisis Service Professionals	13.6	17.6
Crisis Service Specialist	0.0	-
RN Case Manager	1.0	1.0
Law Enforcement Liaison	0.5	.5
Transportation Staff	4.60	1.0
Youth Crisis Workers	4.20	4.2
Security Officer	-	.8
TOTAL	25.90	27.10



BEHAVIORAL HEALTH SERVICES

■ Emergency and Crisis Services

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	79,000	100,000	128,000
WIMCR	0	100,000	120,000
Base County Allocation	471,000	896,071	946,476
County Appropriation	502,985	1,154,066	1,225,461
Allocated Revenue	3,281	15,652	28,000
Contract Services	51,000	51,000	51,000
Other Revenue	152,000	-	150,000
Marathon County Match (Maintenance)	-	10,145	22,046
TOTAL REVENUE	\$1,259,265	\$2,326,934	\$2,670,983
Salaries	601,918	1,116,572	1,262,254
Benefits	222,648	425,967	460,282
Other Direct Expenses	13,892	37,580	85,130
TOTAL DIRECT EXPENSES	\$838,458	\$1,580,119	\$1,807,666

OBJECTIVES FOR 2018

- Establish a Crisis Assessment Response Team (CART) in which Law Enforcement partners with Crisis Workers in the field to handle mental-health related calls.
- Work in collaboration with the Crisis Process Improvement subgroup targeting Youth in Crisis, and streamlining crisis response in schools.
- Look to provide tele-communication availability to our partners for immediate crisis needs.
- Design and implement a case monitoring program that would provide eligible patients linkage and follow up services in addition to court case monitoring.



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ *Inpatient Psychiatric Hospital*

DESCRIPTION

North Central Health Care provides inpatient behavioral health services through our **Inpatient Psychiatric Hospital** for individuals who have severe psychiatric and detoxification needs. The Inpatient Psychiatric Hospital is an adult unit that provides assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of an acute mental health crisis. The Inpatient Psychiatric Hospital offers psychiatric and alcohol detoxification services on both a voluntary and involuntary basis in a 16-bed unit located on the Wausau Campus.

Within the umbrella of inpatient service offerings, NCHC also has **Contracted Services** and the Ambulatory Detoxification Program. Contracted Services includes the expenses related to inpatient hospitalization in other institutes for several reasons including but not limited to: unit capacity limits, age and stability of patients.

The North Central Health Care **Ambulatory Detoxification Program** is an outpatient model for individuals requiring detoxification from drugs and alcohol. The program is unique in that it provides many of the benefits of inpatient detoxification but in a setting that is more cost effective and less restrictive. While the program is technically an Outpatient Program, it is housed within the Inpatient Psychiatric Hospital because of the cross utilization of staff between both programs to achieve maximum efficiency.

The Ambulatory Detoxification Program consists of a medically managed, monitored and structured detoxification service provided on an outpatient, voluntary basis and delivered by a physician or other service personnel acting under the supervision of a physician. Management and monitoring of intoxication withdrawal will be performed by nursing staff, including assessment and dispensing of medications to assist with withdrawal and referrals for ongoing addiction and substance abuse treatment. The service will generally be limited to 48 hours or less but may extend in duration for specific cases.

Psychiatric Residency Program: In 2017, North Central Health Care began an educational partnership with the Medical College of Wisconsin to create a new psychiatric residency program. North Central Health Care is one partner out of various site rotations located in central Wisconsin, which is charged with pro-

viding experiences attached to certain programs or patient populations. In July, one resident began her Inpatient and Emergency rotations within the Behavioral Health Services Department. Rotations are four months long and give each participating resident the ability to experience the service under the supervision of an attending physician. Residents are chosen from hundreds of applicants during a challenging interview process with Medical College of Wisconsin Faculty and supervising physicians. After the interview, residents are "matched" with the sites that will provide them the best educational opportunity.

POPULATION SERVED

All individuals in Marathon, Lincoln and Langlade Counties with severe psychiatric and detoxification needs are served. The Inpatient Psychiatric Hospital provides care for those 13 and older. For those under the age of 13, or other individuals we are unable to serve locally, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

NCHC's Ambulatory Detoxification Program provides care for individuals age 18 and older from Marathon, Lincoln and Langlade Counties in need of detoxification for alcohol and opiate withdrawal in an ambulatory outpatient setting who do not require general hospital services for alcohol poisoning or who are not severely medically compromised.

REGULATIONS

The hospital is licensed by the State of Wisconsin. Additionally, the hospital is certified by the Department of Health Services, Chapter DHS 124 & Chapter DHS 75 (medical detoxification). Compliance with the Center for Medicare/Medicaid Services Conditions of Participation is also required.

Ambulatory Detoxification services are certified by the Department of Health Services under Chapter DHS 75.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



BEHAVIORAL HEALTH SERVICES

■ Inpatient Psychiatric Hospital

KEY ACCOMPLISHMENTS

- Successfully recruited a new Inpatient physician and Inpatient Medical Director
- Designed and initiated program standards for the Psychiatric Residency program which launched in July 2017, with 3 residents beginning their rotation per year.

BUDGET HIGHLIGHTS

With the launch of the Psychiatry Residency Program there are new expenses included in the 2018 budget for the Inpatient Psychiatric Hospital and some additional FTEs for enhanced regulatory compliance. The Psychiatry Residency Program includes an additional Psychiatrist as well as \$188,000 for stipend support for the residents. A 0.8 FTE Psychologist was transferred from Outpatient to provide more treatment and support for patients on the Inpatient unit along with an additional 1.0 FTE Substance Abuse Counselor and 0.4 FTE Occupational Therapist Assistant.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Master Social Worker	1.0	1.0
Bachelor Social Worker	1.0	1.0
Nurse Practitioner	1.4	1.4
Psychiatrist	1.0	2.0
Occupational Therapist	1.0	0.0
Occupational Therapist Assistant	1.0	1.4
Nurse Manager	1.0	1.0
RN	9.77	9.77
LPN	1.0	1.0
Behavioral Health Tech	6.30	6.3
Medical Scribe	0.5	1.0
Utilization Review	0.5	0.0
Substance Abuse Counselor	-	1.0
Psychologist	-	.80
TOTAL	25.97	28.67

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	3,840,000	4,000,000	4,375,000
Base County Allocation	1,041,000	400,000	1,097,236
County Appropriation	1,012,682	367,684	278,552
Allocated Revenue	15348	28,094	31,904
Other Revenue	-	-	125,000
Marathon County Match (Maintenance)	-	100,589	121,924
TOTAL REVENUE	\$5,909,030	\$4,896,367	\$6,029,616
Salaries	1,876,004	2,044,163	2,494,360
Benefits	693,873	779,838	909,571
Other Direct Expenses	1,053,367	860,219	1,064,645
TOTAL DIRECT EXPENSES	\$3,623,244	\$3,684,220	\$4,468,576

OBJECTIVES FOR 2018

- Renovate to provide a home-like environment.
- Evaluate and implement new enhanced treatment programming within the facility.
- Continue to enhance the residency program experience.
- Implementation of second year residency.



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ *Contracted Services*

DESCRIPTION

For all individuals in Marathon, Lincoln and Langlade Counties under the age of 13, or other individuals NCHC is unable to serve locally for inpatient care, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

- Established a transportation program serving individuals in a trauma-informed setting for transport between facilities
- Reduced the number of diversions to other facilities by 60

BUDGET HIGHLIGHTS

A reduction of \$200,000 is being applied to the Contractual Services budget for stays at out of county inpatient treatment facilities as a result of expanded services in other areas in addition to increased linkage and follow-up initiatives aimed at keeping individuals out of the hospital.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	-	-	-
Base County Allocation	-	-	99,651
County Appropriation	955,323	1,118,839	806,268
TOTAL REVENUE	\$955,323	\$1,118,839	\$905,919
Other Direct Expenses	800,000	1,065,000	800,000
TOTAL DIRECT EXPENSES	\$800,000	\$1,065,000	\$800,000

OBJECTIVES FOR 2018

- Establish a new expanded CBRF facility, which will be available as a step down from inpatient hospital stays, or as a substitute for individuals who require a less restrictive setting.
- Explore Youth Crisis Group Home, which could decrease the number of youth diversions to settings outside of the three-county area.



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Crisis Community Based Residential Facility (CBRF)

DESCRIPTION

Lakeside Recovery Crisis CBRF is a brief therapeutic mental health and substance abuse stabilization program operated 24-hours a day in a community based setting. This 6 bed program provides observation, medication monitoring, basic case management and planned activities under the supervision of specially trained CBRF staff.

POPULATION SERVED

This program serves the needs of individuals with mental health or substance abuse disorders as an alternative diversion for those who do not meet criteria for emergency inpatient admission or as a step down from emergency inpatient services.

REGULATIONS

The Crisis CBRF is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

- Worked with other counties to determine best practice for CBRF size, given population size and volume of patients

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	766,000	638,000	860,000
WIMCR	-	100,000	140,000
County Appropriation	-	-	-
Allocated Revenue	5,742	4,636	3,841
Other Revenue	-	-	-
Marathon County Match (Maintenance)	-	46,600	7,742
TOTAL REVENUE	\$771,742	\$789,236	\$1,011,583
Salaries	238,876	153,753	399,659
Benefits	88,377	58,656	145,736
Other Direct Expenses	14,100	17,829	40,875
TOTAL DIRECT EXPENSES	\$341,353	\$230,238	\$586,270

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	0.5	1.0
Crisis Tech	1.86	4.0
Behavioral Health Tech	1.86	.80
Master Social Worker	0.0	2.0
RN	0.0	.80
TOTAL	4.22	8.6

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of 4.38 FTE's due to the expansion of the program from 6 beds to 12 beds due to the community need for expanded services. The CBRF will expand within its current location.

OBJECTIVES FOR 2018

- Establish a new expanded CBRF facility, which will be available as a step down from inpatient hospital stays, or as a substitute for individuals who require a less restrictive setting.
- Explore Youth Crisis Group Home, which could decrease the number of youth diversions to settings outside of the three-county area.



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Lakeside Recovery Medically Monitored Treatment (MMT)

DESCRIPTION

Lakeside Recovery Medically Monitored Treatment is a 21-day substance abuse recovery program operated 24-hours a day in a community-based setting. This 6 bed program provides observation, medication monitoring, and treatment by a multi-disciplinary team under the supervision of a physician.

POPULATION SERVED

This program serves the needs of clients that meet a high level criteria for substance abuse and dependence under Wisconsin Chapter 75.11 regulations for Medically Monitored Treatment.

REGULATIONS

The MMT program is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

- Worked with Marathon County's AOD Partnership, Langlade County's Drug Court exploration committees, and participated in a variety of community-based advocacy groups on behalf of individuals suffering from substance abuse disorders.

- Evaluated and improve the efficacy of the MMT waitlist, which helps staff manage demands for service while ensuring the individuals with the most pressing medical needs receive priority.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	0.5	1.0
Counselor	1.0	1.0
Registered Nurse	0.2	0.2
Peer Specialist	0.0	0.0
Nursing Assistant	0.0	0.0
Behavioral Health Tech	1.86	.80
Crisis Tech	1.86	4.8
Referral Coordinator	0.0	1.0
TOTAL	5.42	8.8

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of 3.38 FTE's due to the expansion of the program from 6 beds to 15 beds due to the community need for expanded services. The MMT program will be moving to an entirely new location in 2018 with the expansion.

OBJECTIVES FOR 2018

- Expansion from a 6-bed unit to a 15-bed unit in 2018.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Base County Allocation			54,124
Net Patient Services Revenue	50,000	165,000	486,000
County Appropriation	228,863	277,688	437,919
Allocated Revenue	-	2,325	1,743
Other Revenue	150,000	-	-
Marathon County Match (Maintenance)	-	46,600	8,902
CCS Reconciliation			10,000
TOTAL REVENUE	\$428,863	\$491,613	\$998,688
Salaries	271,974	217,164	428,007
Benefits	100,617	82,847	156,073
Other Direct Expenses	6,500	10,572	132,125
TOTAL DIRECT EXPENSES	\$379,091	\$310,583	\$716,205



COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Behavioral Health Services includes Community Corner Clubhouse, Community Treatment-Adult (CCS, CSP, IPS), Community Treatment Youth (CCS, CLTS), Day Treatment and Outpatient Mental Health & Substance Abuse Services.

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Community Corner Clubhouse

DESCRIPTION

Community Corner Clubhouse assists adults with persistent mental illness and substance abuse challenges to realize their potential by providing them with a Clubhouse where they can meet friends, build self-confidence, learn valuable life skills and discover untapped talents. Community Corner Clubhouse is an internationally certified, psychosocial rehabilitation community that provides accessible, low cost services in a supportive environment. Clubhouse membership is voluntary and without time limits — offering members to choose the services they need when they need them.

The Clubhouse helps empower members by offering:

- Vocational support helping members' return to competitive employment by offering a variety of opportunities.
- Transitional Employment: Competitive, part-time employment that lasts 6-9 months.
- Supported Employment: Job development, job coaching, and long term support for members.
- Independent Employment: Assistance in sustaining long term employment.
- Educational opportunities: We partner with community adult educators to offer a variety of classes for members.
- Housing assistance: We help members find safe, affordable housing.
- Hope House is a local recovery residence that is a social, not medical, model for recovery living. This is different from a traditional transitional or halfway house. Hope House is a voluntary, time limited-term, residential program for Community Corner Clubhouse members experiencing psychiatric illness and/or psychological distress not requiring hospitalization who also have recovery needs. The end goal is to help develop life-long strategies to support recovery that will lead to independent living.

POPULATION SERVED

Marathon County Adults 18 and older with severe or persistent mental illness or a history of substance abuse.

REGULATIONS

The Clubhouse is accredited by Clubhouse International. Accredited Clubhouses are recognized as operating with a high level of compliance with the International Standards for Clubhouse Programs.

HOURS OF SERVICE

Monday – Thursday: 8:00 am – 4:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

Monthly Evening Hours (Social Activities):

5:00 pm – 7:00 pm on various days

KEY ACCOMPLISHMENTS

- Held annual fundraising event, which raised over \$16,000 in operating assistance to Clubhouse.
- Opened Hope House, a sober living environment based off the Oxford House model.
- 34% of members held part-time or full-time employment with support from Clubhouse.
- Average # of members who were incarcerated for 2016- .006%.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Employment Specialist	1.0	1.0
Clubhouse Generalist	3.0	3.0
Peer Specialist	0.0	.5
TOTAL	5.0	5.5



COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Community Corner Clubhouse

BUDGET HIGHLIGHTS

The 2018 budget includes an additional .50 FTE Peer Specialist. The additional FTE will assist in meeting needs of the growth in the program and was a recommendation from the International Clubhouse Accreditation site visit in 2017. The additional FTE will be supported entirely with offsetting billing revenue.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	226,000	208,000	284,000
DVR	14,000	20,000	20,000
County Appropriation	95,000	95,000	92,000
Allocated Revenue	-	2,597	751
Other Revenue	137,502	121,500	94,500
Marathon County Match (Maintenance)	-	-	-
TOTAL REVENUE	\$472,502	\$447,097	\$491,251
Salaries	223,170	220,397	246,203
Benefits	82,570	84,080	89,778
Other Direct Expenses	51,650	59,918	62,543
TOTAL DIRECT EXPENSES	\$357,390	\$364,395	\$398,524

OBJECTIVES FOR 2018

- Hold 4th annual fundraising event with the support of key stakeholders, members, and NCHC staff members' support.
- Grow membership through community outreach efforts and enhanced advocacy.
- Collaborate with law enforcement on Crisis Intervention trainings, to enhance the response in our community to individuals with mental health needs.
- Work with Housing and Homelessness Coalition to help area providers understand how to get homeless individuals into the right levels of service.



COMMUNITY BEHAVIORAL HEALTH PROGRAMS

■ Community Treatment Adult (CCS, CSP, IPS)

The descriptions on pages 50–51 include information for Community Treatment Adult Services. Community Treatment Youth Services are described separately on page 52. The Budget Highlights, Staffing and Budget Summary information shown on page 53 contains data that is combined back into one overall Community Treatment program. In future years, the budget information will be separated to reflect the separate programs.

COMPREHENSIVE COMMUNITY SERVICES
ADULT DESCRIPTION

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person’s life-style, are recovery-oriented, flexible and empowering.

POPULATION SERVED

Comprehensive Community Services serve individuals of any age, including adults and children, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

Comprehensive Community Services is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm
Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm

COMMUNITY SUPPORT PROGRAM (CSP)
DESCRIPTION

Community Support Program (CSP) helps individuals with mental health issues build a path to recovery that is accessible, unique to the individual and flexible – one that provides support, treatment and rehabilitation in settings that best suit the individual – be it a community, home or work setting. We also provide a Supported Apartment Program that offers individuals the opportunity to reside in their own apartment while receiving 24/7 access to our Community Support services.

POPULATION SERVED

The Community Support Program serves individuals 18 years and older, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

CSP is a certified program and operates under the Wisconsin Department of Health Services, Chapter

DHS 63, Community Support Programs for Chronically Mentally Ill Persons.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm
Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm



COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Community Treatment Adult (CCS, CSP, IPS)

INDIVIDUAL PLACEMENT & SUPPORT (IPS) DESCRIPTION

Individual Placement & Support (IPS) or Supported Employment was developed to help promote the recovery of people who have a mental illness by helping them to find and keep jobs that allow them to utilize their skills. Employment is a primary goal of most people with serious mental illness. It has been proven that finding suitable work can help people with mental illness feel empowered, value themselves more, and drastically reduce mental health symptoms. IPS employment specialists offer long-term, ongoing support to employers and their new employee, either on- or off-site. On-site job coaching for orientation, training, or job tasks can be utilized until the employee and employer are both comfortable.

POPULATION SERVED

Individual Placement & Support serves adults 18 and older in Marathon, Lincoln and Langlade Counties with mental illness.

REGULATIONS

Individual Placement & Support does not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

KEY ACCOMPLISHMENTS OF COMMUNITY TREATMENT ADULT (CCS, CSP, IPS)

- Improved and added case management staff and enhanced the management structure to meeting increasing client volumes.
- Introduced Motivational Interviewing to the case management practice

STAFFING, BUDGET HIGHLIGHTS & SUMMARY

See page 53.

OBJECTIVES FOR 2018

- Move to greater fidelity of the ACT evidenced-based model for clients with high needs.
- Grow program to fully meet and anticipate community need.
- Implement Motivational Interview model of care.



COMMUNITY BEHAVIORAL HEALTH PROGRAMS

■ Community Treatment Youth (CCS, CLTS)

COMPREHENSIVE COMMUNITY SERVICES YOUTH DESCRIPTION

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person's lifestyle, are recovery-oriented, flexible and empowering.

POPULATION SERVED

Comprehensive Community Services serves individuals of any age, including adults and children, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for youth and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

Comprehensive Community Services is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm

Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm

CHILDREN'S LONG TERM SUPPORT (CLTS) DESCRIPTION

North Central Health Care Children's Long Term Support (CLTS) provides case management and funding for children who have severe developmental, physical or emotional disabilities. Funding through CLTS provides skilled professionals who work with families to provide adaptive aids, day services, teach daily living skills and offer in-home treatment therapies that help each child realize their greatest potential. CLTS provides support in identifying services and maximizing resources, assistance in securing supplies, and help in building natural supports by connecting with other families with similar life experiences. These services are only provided in Langlade and Lincoln Counties.

POPULATION SERVED

To participate in Children's Long Term Support and Family Support Programs children must be under 22 years of age and MA eligible along with various other additional requirements to qualify for certain types of funding. Eligibility is established on an annual basis. These services are only provided in Langlade and Lincoln Counties.

REGULATIONS

The Children's Long Support Waiver is overseen through Administrative Rule making by the Department of Health Services in Wisconsin.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm

KEY ACCOMPLISHMENTS

- Improved and added case management staff and enhanced the management structure to meeting increasing client volumes.
- Introduced Motivational Interviewing to the case management practice.

STAFFING, BUDGET HIGHLIGHTS & SUMMARY

See page 54.

OBJECTIVES FOR 2018

- Grow program to fully meet and anticipate community need.
- Implement Motivational Interview model of care.



COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Community Treatment Adult (CCS,CSP, IPS) & Youth (CCS, CLTS)

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of 36.95 FTE's. This is the largest growth area in the 2018 budget. The program continues to have significant demand, and will also see additional growth with the addition of the Linkage and Follow up services. The FTE's will not be added all at once. The additions will be done over time to allow for training and building caseloads.

In addition to the increased FTE's, contracted providers are anticipated to increase. All increases in expenditures will be offset from billing revenue from the State's Medicaid program. For the 2018 budget, the Community Treatment program will be split into an adult and youth programs for more detailed analysis of program operations and performance. The 2018 budget document still presents these two distinct programs as one budget program. In future years the budget will more clearly break these programs into two distinct budgets by program sections. They are broken out and reported separately in the 2018 financial reports.

COMMUNITY TREATMENT STAFFING (ADULT & YOUTH PROGRAMS)

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Clinical Coordinator	1.0	3.0
Manager	2.0	3.8
Referral Coordinator	2.0	3.0
Case Manager	33.55	54.2
Clerical	2.0	2.0
RN Coordinator	1.0	1.0
Register Nurse	3.0	4.0
Occupational Therapy Assistant	3.0	2.8
Community Treatment Tech	4.2	6.8
Employment Supervisor	1.0	1.0
Employment Specialist	3.6	3.6
Peer Specialist	1.0	1.0
Psychiatrist	1.0	.80
Medical Assistant	0.0	.80
AODA Counselor	0.0	1.0
Lead	0.0	5.5
QA Spec	0.0	1.0
TOTAL	59.35	96.3

BUDGET SUMMARY (COMMUNITY TREATMENT ADULT & YOUTH PROGRAMS)

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	3,763,000	5,375,000	9,352,000
Grant Funding	643,000	749,000	747,000
COP	-	65,000	45,000
IMD-OBRA	-	-	-
DVR	86,000	64,000	34,000
WIMCR	35,000	175,000	100,000
Allocated Revenue	173,099	116,212	206,451
Base County Allocation	1,020,000	805,365	102,000
County Appropriation	910,754	254,198	64,739
Other Revenue	24,836	-	-
Marathon County Match (Maintenance)	-	14,417	40,172
CCS Reconciliation			1,100,000
TOTAL REVENUE	\$6,655,689	\$7,618,197	\$11,791,362
Salaries	2,890,945	3,242,624	4,806,063
Benefits	1,071,541	1,237,046	1,752,535
Other Direct Expenses	589,900	1,354,711	3,192,267
TOTAL DIRECT EXPENSES	\$4,552,386	\$5,834,381	\$9,750,865



HUMAN SERVICES OPERATIONS

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Substance Abuse Day Treatment

DESCRIPTION

Substance Abuse Day Treatment provides a more structured and intensive recovery program and requires a significant amount of support while individuals are obtaining treatment. Substance Abuse Day Treatment provides a multi-disciplinary approach in treating chemically dependent individuals. Techniques and interventions aiding recovery include group and individual therapies as well as education directed by a team of skilled individuals trained in multiple disciplines.

This team works together to review and assess the individual's progress and to adjust the individual care plan as needed. Each client is set up with appropriate aftercare treatment with a substance abuse counselor as well as an introduction to the recovery community.

POPULATIONS SERVED

Substance Abuse Day Treatment is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade Counties.

REGULATIONS

Substance Abuse Day Treatment is certified by the Department of Health Services, Chapter DHS 75.

HOURS OF SERVICE

The six-week structured Substance Abuse Day Treatment Program is offered on Monday, Tuesday, Thursday and Friday from 9:00 a.m. until 12:15 p.m. Individual therapy appointments are scheduled weekly.

KEY ACCOMPLISHMENTS

- Re-evaluated the program to ensure that all eligible candidates no longer have a wait to enter the program.

STAFFING

Position	2017 FTE's	2018 FTE's
Counselor	1.0	0.5
TOTAL	1.0	0.5

BUDGET HIGHLIGHTS

This program is seeing a reduction of a .50 FTE. This program is coordinated with Outpatient, and the staffing is reflective of the number of classes being requested. In 2018, the budget separates the program revenues and expenditures for day treatment away from Outpatient Services to more clearly distinguish program performance.

OBJECTIVES FOR 2018

- Expand to Langlade County.
- Explore addition of Intensive Outpatient Programming as step-down recovery opportunity for individuals who graduate Day Treatment.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	109,000	97,000	69,000
WIMCR	1,000	1,000	1,000
County Appropriation	-	-	15,304
Allocated Revenue	820	806	351
Other Revenue	-	-	-
Marathon County Match (Maintenance)	12,073	9,968	3,523
TOTAL REVENUE	\$122,893	\$108,774	\$89,178
Salaries	52,077	52,000	24,426
Benefits	19,302	19,838	8,907
Other Direct Expenses	6,600	4,036	3,300
TOTAL DIRECT EXPENSES	\$77,979	\$75,874	\$36,633



COMMUNITY BEHAVIORAL HEALTH SERVICES

■ *Outpatient Services*

DESCRIPTION

Outpatient Mental Health Services offers outpatient treatment, counseling and assessment for mental, emotional and substance abuse challenges to residents in Marathon, Lincoln and Langlade Counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient Services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Services include individual counseling and intervention and may include group therapy and referral to substance abuse services that may occur over an extended period.

Treatment options are available for individuals, couples, families, and groups and provided in varying locations including the Wausau Campus, Antigo Center, Merrill Center, Tomahawk Office and participating school districts through a Counseling in the Schools Program.

Outpatient Substance Abuse & Addiction Services offers outpatient treatment, counseling and assessment for substance abuse and addictions to residents in Marathon, Lincoln and Langlade Counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Treatment may incorporate counseling, training and educational services with a variety of treatment approaches and techniques. The length of each person's treatment is flexible and based on their need and rate of progress. North Central Health Care has developed several levels of programming to best meet the individual needs of persons in treatment.

Driving with Care Program North Central Health Care offers an educational and therapeutic Driving with Care Program for people who have had four or more OWI convictions or OWI convictions involving serious accident or injury. Our objectives are to reduce the frequency of drinking and driving, and to assist individuals to break their chemical dependence.

Driving with Care consists of 33 group sessions held twice a week over four months. Each two-hour group meeting is facilitated by two substance abuse counselors who teach clients to examine and confront their own patterns of thinking and drinking. Once an individual has completed Driving with Care, it is expected they will continue individual counseling for an additional five to eight months to ensure what they have learned is applied to daily living.

Outpatient Psychiatry provides quality medication management services to the residents of Langlade, Lincoln and Marathon Counties. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff. Psychiatry is staffed mostly with contract Psychiatrists who primarily provide telehealth.

POPULATION SERVED

Outpatient Mental Health Services provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade Counties for a multitude of diverse situations including, but not limited to:

- Anxiety
- Abuse/Trauma
- Depression & Mood Disorders
- Stress
- Addiction
- Relationship Challenges
- Schizophrenia
- Grief & Loss
- Personality Disorders
- Major Life Changes
- Behavioral Disorders
- Conflict Resolution Outpatient Substance Abuse & Addiction Services: Provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:
 - Alcohol Abuse
 - Drug Abuse
 - Gambling
 - Smoking
 - Behavioral Addictions

Outpatient Mental Health & Substance Abuse treatment options are available for individuals, couples, families, and groups and is provided in several locations including the Wausau Campus, Antigo Center, Merrill Center and Tomahawk Office. Substance Abuse Day Treatment: is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade Counties.



HUMAN SERVICES OPERATIONS

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Outpatient Services

Driving with Care only accepts referrals from Probation and Parole for Marathon County residents.

Outpatient Psychiatry predominantly offers services for adult residents of Langlade, Lincoln and Marathon Counties who are generally unable to be served elsewhere. This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

We provide initial assessment and diagnostic sessions typically lasting 50-60 minutes and follow-up medication management sessions typically lasting up to 15-20 minutes. We also have nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

REGULATIONS

Outpatient Mental Health Services: clinics are all certified by the Department of Health Services under the following regulations: Chapter DHS 35 (mental health counseling).

Outpatient Substance Abuse & Addiction Services: The substance abuse and addiction services at all NCHC locations are certified by the Department of Health Services, Chapter DHS 75.

Driving with Care Program: NCHC works with the State of Wisconsin Department of Transportation and the Wisconsin Department of Health Services to deliver the Intoxicated Driver Program.

Outpatient Psychiatry services are regulated by the Department of Health Services under Chapter DHS 35 and Chapter DHS 75.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm.

KEY ACCOMPLISHMENTS

- Successful transition of new counselor and substance abuse assessments within Marathon County Jail.
- Participation on the development of the Marathon County School Counseling Consortium.
- Worked with Langlade, Lincoln, and Marathon Counties on the needs of their communities including drug courts, jail programming, and more.
- Successfully recruited an additional outpatient psychiatrist.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Clinical Coordinator	1.0	.5
Operations Manager	2.0	2.0
Clinical Supervisor	0.0	0.0
Referral Coordinator	1.8	1.8
OWI Scheduler	1.0	1.0
Registration Specialist	7.4	7.4
Psychiatrist	1.0	1.2
RN	2.4	2.8
Medical Assistant	3.2	3.0
Psychologist	1.0	1.2
Therapist	17.8	16.8
AODA Counselor	2.0	2.0
OWI Assessor	1.0	1.0
TOTAL	42.6	41.7

BUDGET HIGHLIGHTS

Outpatient Services consolidates Outpatient Administration, Mental Health and Substance Abuse Treatment and Psychiatry into one single program for the 2018 Budget. The 2018 budget for these programs remain relatively stable as compared to 2017 with the exception of the Outpatient Psychologist position moving into the Inpatient Hospital.



HUMAN SERVICES OPERATIONS

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Outpatient Services

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,098,000	1,922,000	1,835,000
Grant	402,000	402,000	402,000
OWI Surcharges	170,000	170,000	147,000
Contract Services	55,000	14,000	-
WIMCR	-	25,000	24,000
Base County Allocation	1,369,436	1,800,000	1,601,949
County Appropriation	2,320,550	1,167,536	1,422,472
Allocated Revenue	156,882	120,220	188,416
Other Revenue	183,164	-	5,000
Marathon County Match (Maintenance)	-	65,129	71,635
County Match	175,000	175,000	175,000
TOTAL REVENUE	\$6,930,032	\$5,860,885	\$5,872,472
Salaries	3,019,380	2,546,568	2,499,587
Benefits	1,121,044	971,504	911,477
Other Direct Expenses	844,750	1,151,286	1,155,255
TOTAL DIRECT EXPENSES	\$4,985,174	\$4,669,358	\$4,566,319

OBJECTIVES FOR 2018

- Implement Intensive Outpatient Treatment (IOP) programming for Marathon and Langlade Counties.
- Enhance ties between existing programming and community-based supports.
- Develop an outpatient psychiatry rotation for the Medical College of Wisconsin Psychiatry Residency Program.



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

Community Living represents traditional adult physical, mental and developmental disability services including Adult Day Services, Prevocational Services and Residential Services. The program name reflects the transition Adult Day and Prevocational Services are undertaking in moving to be more community based and inclusive. Adult Day and Prevocational Services are both offered in Langlade and Marathon Counties (Lincoln County administers their programs separately), and Residential Services is a shared service among the three counties.

COMMUNITY LIVING

■ Community Living Administration

DESCRIPTION

The administrative leadership and management of Residential, Prevocational Services and Adult Day Services is consolidated into a separate program and allocated out to each program based on direct expenses. The manager positions for residential are allocated only to the 10 residential sites.

KEY ACCOMPLISHMENTS

- Added a Community Living RN and enhanced the on-boarding training process to increase staff competency.
- Enhanced Continuing Education to improve direct care competencies.

BUDGET HIGHLIGHTS

The 2018 budget reflects the transition of a 1.0 FTE from and Residential Manager to a 1.0 Scheduler. This change will help meet the administrative needs of the Residential programs at a lower cost with higher level of support to both management and staff.

OBJECTIVES FOR 2018

- Implement new management structure.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Residential Manager	2.0	1.0
Registered Nurse	.80	.8
Scheduler	0.0	1.0
TOTAL	3.8	3.8

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	181,975	232,016	210,055
Benefits	67,733	88,513	76,597
Other Direct Expenses	4,600	10,890	12,590
TOTAL DIRECT EXPENSES	\$254,308	\$331,419	\$299,242



COMMUNITY LIVING

■ Day Services

DESCRIPTION

Day Services includes both the **Adult Day Services** and **Prevocational Services** programs in Langlade and Marathon Counties. North Central Health Care Adult Day Services (ADS) helps individuals with developmental and physical disabilities, who are 18 and older, reach their greatest social, educational, cognitive, life and community potential by offering them a variety of activities that stimulate their interest and growth. ADS works with individuals to assess their strengths and needs, helps them choose programs that will help them progress, and tracks their regression or progress in the program. ADS programs emphasize activities designed for low levels of functional ability and for clients who have retired from prevocational services.

Prevocational Services at North Central Health Care offers adults 18 and older with developmental disabilities, the opportunity to learn good work skills while promoting self-worth through paid work, as well as advancement in wage, work habits, productivity and skill level. Individuals participate in paid work tasks that could lead to a referral to the Supported Employment Program and employment in the community. Individualized programs focus on work activities, vocational orientation and training and transitional employment. Each participant receives an entry assessment, and upon being qualified, is assigned a prevocational case worker for on-going assessment and goal identification for skill development. Basic Life Training Sessions offer individuals opportunities to learn and develop skills, knowledge and motivation within a group or classroom setting. This provides participants with the knowledge to improve overall work skills required to progress to competitive employment.

POPULATION SERVED

Adult Day and Prevocational Services provides services to individuals, 18 and older, with developmental and physical disabilities in Marathon and Langlade Counties.

REGULATIONS

Adult Day Services does not have any specific regulatory requirements. It follows best practice for such services. The supported employment program works with the Department of Vocational Rehabilitation and must meet requirements set forth by the State of Wisconsin Department of Workforce Development.

HOURS OF SERVICE

Adult Day Services: Wausau Campus:
8:15 am – 3:45 pm
Antigo Center:
8:00 am – 4:00 pm

Prevocational Services: Wausau Northern Valley
West and Antigo Center:
8:00 am – 3:00pm

KEY ACCOMPLISHMENTS

- 100% Customer Satisfaction Year to date – Wausau ADS.
- Successfully met and obtained alignment with Community Based Service Waiver definitions.
- Successful employment for six long term workshop individuals who had previous difficulties obtaining and remaining employed.
- Further expansion of community-based prevocational work sites.
- Implementation of a new contract with CLI for the development of consumers' independent living skills.



COMMUNITY LIVING

■ Day Services

STAFFING

Position	2017 FTE's	2018 FTE's
Coordinator	3.0	3.0
Vocational Consultant	2.46	2.46
D.D. Workers	10.56	9.31
D.D. Aides	12.59	12.59
TOTAL	28.61	27.36

BUDGET HIGHLIGHTS

The 2018 budget reflects a decrease of a 1.25 FTE due to a slight reduction in demand for services as more consumers move to community based programs. The Wausau Day services program will be relocating in 2018 into the former ADRC space to allow for MMT program growth.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	1,982,000	1,940,000	1,785,000
DVR	125,000	80,000	88,000
Contract Services	20,000	20,000	20,000
Base County Allocation	-	-	-
Allocated Revenue	49,710	49,658	-
Other Revenue	110,000	122,000	112,000
Marathon County Match (Maintenance)	-	71,481	75,254
TOTAL REVENUE	\$2,286,710	\$2,283,139	\$2,080,254
Salaries	888,868	896,392	871,909
Benefits	231,311	341,970	317,942
Other Direct Expenses	414,825	326,461	312,854
TOTAL DIRECT EXPENSES	\$1,535,004	\$1,564,823	\$1,502,705

OBJECTIVES FOR 2018

- 2018 Goal – Transition 50 % of work force to community based services.



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Residential – Community Based Residential Facilities (CBRFs)

DESCRIPTION

Residential Services operates five Community Based Residential Facilities (CBRFs) that are congregate living settings, licensed by the State of Wisconsin. They include:

Hillcrest Avenue has eight beds and is licensed as a Class CS home, serving individuals with developmental disabilities who are ambulatory or semi-ambulatory.

The remaining four homes are licensed as a CBRF home, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.

Bissell Street serves eight residents.
Chadwick Street has seven residents.
Andrea Street can serve eight residents.
Heather Street can serve seven residents.

POPULATION SERVED

Community Based Residential Facilities provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

REGULATIONS

All group homes are certified by the Wisconsin Department of Health Services, Chapter DHS 83-Community-Based Residential Facilities.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,222,000	2,424,000	1,937,000
Allocated Revenue	15,666	24,300	-
TOTAL REVENUE	\$2,237,666	\$2,448,300	\$1,937,000
Salaries	1,019,388	1,017,506	876,749
Benefits	377,841	388,174	319,708
Other Direct Expenses	336,460	363,462	277,907
TOTAL DIRECT EXPENSES	\$1,733,689	\$1,769,142	\$1,474,364

OBJECTIVES FOR 2018

- Transition CBRF to align with the NCHC Mission and Vision serving higher acuity of care. Based on current community need, this alignment is accomplished by enhanced competency training and recruiting for skilled employee levels needed to meet need.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

- The licensing of a new 8-bed home on Andrea Street.
- Award and successful completion of CLI grant for program to support the development of community connections and natural supports for individuals with developmental disabilities.

STAFFING

Position	2017 FTE's	2018 FTE's
Care Coordinator	5.0	4.0
Residential Care Assistants	27.95	23.62
TOTAL	32.95	27.62

BUDGET HIGHLIGHTS

The 2018 budget anticipates the closure of one of the residential CBRF's. Residents from this CBRF will be relocated to other NCHC residential sites. Due to the closure, there is a reduction of 5.33 FTE's as well as other operational expenses. The closure is related to rate and staffing pressures as well as safety of the location for consumers.



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Residential – Supported Apartments

DESCRIPTION

Residential Services operates five supported apartment settings:

Jelinek Supported Apartments offer individual apartments for adults with developmental disabilities in two separate building locations. Apartments may be rented as a single unit, or shared by two residents.

Forest Street Supported Apartments has 12 units and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is onsite 24 hours.

Fulton Street Apartments offer individual apartments for men and women with developmental disabilities.

Riverview Towers offers multiple units based on need and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is onsite 24 hours.

POPULATION SERVED

Supported Apartments provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

REGULATIONS

Supported apartments do not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,360,000	2,337,000	2,317,000
Allocated Revenue	12,631	23,896	-
Other Revenue	-	-	-
TOTAL REVENUE	\$2,372,631	\$2,360,896	\$2,317,000
Salaries	1,243,080	1,267,272	1,253,241
Benefits	460,753	483,458	456,995
Other Direct Expenses	208,716	242,737	147,453
TOTAL DIRECT EXPENSES	\$1,912,549	\$1,993,467	\$1,857,689

OBJECTIVES FOR 2018

- Focus on increased staff knowledge in mental health and substance abuse services to meet community needs. Ensure that staff training focuses on increasing community placement success and transition to life without support for members through motivation and empowerment.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

- Transitioned one of our residential housing sites to assist solely with mental health residents in order to fill a gap in community need.

STAFFING

Position	2017 FTE's	2018 FTE's
Care Coordinator	6.0	6.8
Residential Care Assistants	36.89	34.48
TOTAL	42.86	41.28

BUDGET HIGHLIGHTS

Staffing in Supported Apartments fluctuates with changes in demand and is budgeted to decrease by 1.58 FTE in 2018. Changes in demand and corresponding staffing adjustments are offset with matching revenue sources.



■ ADULT PROTECTIVE SERVICES

DESCRIPTION

North Central Health Care's Adult Protective Services (APS) help protect individuals 18 years of age and older who, due to mental retardation, mental illness, a degenerative brain disorder or other cognitive disability, are vulnerable and unable to make decisions or advocate for themselves. Screenings are conducted to determine the needs and vulnerabilities of adults. Based on professional observations, APS will make referrals for evaluations and services. Adult Protective Services can intervene and provide emergency protective services or placement orders, help petition for guardianship and protective placement for qualified individuals, and complete necessary court reports and evaluations for all protective placements. Adult Protective Services also provides ongoing reviews of protective placements and can assist with locating guardian resources.

Adult Protective Services receives and screens reports of possible elder abuse, neglect (self or by others) and exploitation and then conducts investigations and makes referrals to the appropriate agencies to ensure individuals receive the assistance they need. At times, this may involve honoring a competent adult's right to make a poor decision. If necessary, APS can help protect the individual by assisting with protective placement and guardianship actions through the court.

POPULATION SERVED

Adult Protective Services serves all adults age 18 and older in Marathon, Lincoln and Langlade Counties. Population served may include individuals with mental retardation, mental illness, a degenerative brain disorder, dementia, or a cognitive disability who are vulnerable and unable to make decisions or advocate for themselves.

REGULATIONS

Wisconsin Statute Chapters 54, 55 and 46.90. Each county is required to name a responsible agency to make reports for suspected abuse and neglect and to provide a response. As well, each county is required to name an adult protective services agency.

HOURS OF SERVICE

8:00 am – 4:30 pm with special accommodations to meet needs of families.

KEY ACCOMPLISHMENTS

- Managed caseload of client cases with increased numbers and complexity.
- Provided outreach to community placement locations on dementia care needs – in an attempt to provide better dementia care and placement success.
- Dementia "Train the Trainer" training completed by APS staff and Crisis Staff – providing in house trainers to continue trainings on dementia care.
- Explored opportunity to share legal resources/representation for APS between three counties.
- Collaborative contact with Aspirus to explore ways to work together for dementia training and increased community awareness.
- Initiated work on improving options for Emergency Protective placement location for our counties (focus on dementia care).
- Worked on development of a Mobile App for APS for our tri county area.



■ ADULT PROTECTIVE SERVICES

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Protective Services Rep.	4.0	5.0
Administrative Assistant	1.0	1.0
TOTAL	6.0	7.0

BUDGET HIGHLIGHTS

Adult Protective Services continues to experience growth in the demand for at-risk investigations and protective placement requests. The 2018 budget reflects the addition of a 1.0 FTE to help support the sustained increase in demands for services. The legal budget is being reduced by \$40,000 from 2017 as Marathon County has taken on the responsibilities for all APS legal work in Marathon County and through a contract for Lincoln County as opposed to NCHC contracting out for these services. The levy request for Marathon and Lincoln County has been reduced to reflect this shift of responsibility to Marathon County. Langlade County APS legal work will continue to be outsourced as needed.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	1,000	500	500
Grant	225,000	225,000	225,000
County Appropriation	335,858	435,223	539,177
Allocated Revenue	820	8,339	6,569
Marathon County Match (Maintenance)	-	4,731	9,310
TOTAL REVENUE	\$562,678	\$673,793	\$780,556
Salaries	285,894	301,122	357,575
Benefits	105,770	114,877	130,390
Other Direct Expenses	66,900	72,964	76,414
TOTAL DIRECT EXPENSES	\$458,664	\$488,963	\$564,379

OBJECTIVES FOR 2018

- Increased collaboration and cross training between APS and Crisis Services.
- Continued collaboration with internal and external partners in developing appropriate options for protective placement locations – including settings able to attain stability.
- Roll out Mobile App for APS – for use with Community Partners and the Community resulting in improved accessibility to information and resources.
- Expand knowledge of crisis responders and the community of dementia and best case practices.
- Attain improved understanding of the role of guardianship and protective placement with internal and external partners.
- Provide community training on the topic of financial exploitation.
- Anticipate growth and determine program needs and changes in upcoming years.



■ 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 serves 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

KEY ACCOMPLISHMENTS

- Patient top box experience is at 94.9%.
- The percentage of clients meeting treatment goals is exceeding target at 95.3%.
- Partnered with Advance Pain Management to help lower pain levels without opioids.



■ AQUATIC SERVICES

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Physical Therapy Assistant	1.4	1.4
Physical Therapist	1.2	1.2
Lifeguard	2.0	2.6
TOTAL	5.6	6.2

BUDGET HIGHLIGHTS

The 2018 budget reflects an increase of a .60 FTE for an additional lifeguard. The increase is required for safety reasons, following a survey conducted by the Health Department in 2017. While expenses have increased, revenues remain constrained. Despite referrals continuing to be strong, the recruitment of additional staff to meet these demands has been stymied by inaction of the building of a new pool.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	679,000	551,000	550,000
Contract Services	-	-	-
Other Revenue	99,000		100,000
Allocated Revenue	-	3,904	2,952
Marathon County Match (Maintenance)	-	137,725	139,148
County Appropriation	-	150,327	214,115
TOTAL REVENUE	\$781,367	\$941,956	\$1,006,215
Salaries	352,985	319,022	342,338
Benefits	103,585	121,705	124,834
Other Direct Expenses	63,300	36,524	37,824
TOTAL DIRECT EXPENSES	\$519,870	\$477,251	\$504,996

OBJECTIVES FOR 2018

- Raise funds to invest in new refurbished pool space.
- Hire another Physical Therapist to assist with increased demand due to partnership with Advanced Pain Management and other local physicians looking for non-opioid pain management techniques.



■ BIRTH TO THREE

DESCRIPTION

North Central Health Care's Birth to Three is part of Wisconsin's statewide program providing support and services to infants and toddlers, ages birth to three with developmental disabilities, and their families. As an early intervention program, Birth to Three staff is trained in assessing the developmental strengths and needs of very young children to determine eligibility for the program. Once a child is determined to be eligible, services to support the family's ability to nurture and enhance their child's development are provided.

Birth to Three core services include screening and evaluation, family education, developmental education services, service coordination, speech therapy, physical therapy, special instruction, occupational therapy, and assistive technology. Birth to Three can also help access psychological services, counseling services, nutrition services, medical services (for diagnostic or evaluative purposes only), health services if needed (to help the child benefit from other early intervention services, including hearing and vision services), transportation and assistive technology.

Parents play a primary role in the Birth to Three Program, guiding the Birth to Three staff toward the understanding of their child, identifying daily routines and activities in which their child learns best, and helping determine the setting in which services will be provided. Referral for services may come from parents, family members, physicians, social workers, therapists, daycare providers or others concerned with a child's development.

POPULATION SERVED

Infants and toddlers, ages birth to three, with developmental disabilities and their families who reside in Marathon, Lincoln, and Langlade Counties.

REGULATIONS

The Birth to Three program is regulated federally by the Individuals with Disabilities Education Act (IDEA). The IDEA act ensures services to children with disabilities and governs how states and public agencies provide early intervention, special education and related services. The Department of Health Services oversees the Birth to Three program in Wisconsin.

HOURS OF SERVICE

8:00 am – 4:30 pm, Monday – Friday, with special accommodations to meet needs of families.

KEY ACCOMPLISHMENTS

- Recruited new manager to lead the program in on-going improvements.
- Successfully implemented a grant in partnership with the Marathon County Health Department to provide information and referrals on behalf of the Northern Regional Center for Children and Youth with Special Health Care Needs Program.



■ BIRTH TO THREE

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Service Coordinator	5.0	5.0
Teacher	1.0	1.0
Physical Therapist	0.8	1.0
Occupational Therapist	1.5	1.6
Speech Therapist	4.0	3.6
Administrative Assistant	1.0	1.0
TOTAL	14.30	14.20

BUDGET HIGHLIGHTS

The Birth to Three program remains relatively stable in the 2018 budget with a small .10 FTE change due to restructuring of the Therapy FTE's. The change better reflects the needs of the program. The program is also providing referral services for the Health Department, which is reflected in Contract Services revenue. No additional expenses are added to fulfill this contract. As a condition of the federal governments IDEA acts, the Birth to Three program must accept all referrals which has created volume pressures on staffing to meet the community needs. The program is primarily funded through a state grant with corresponding required county match. Additional funding is not available through the grant at this time.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	392,000	379,000	318,000
Grant	519,000	519,000	519,000
WIMCR	-	50,000	50,000
County Appropriation	835,112	835,112	835,112
Allocated Revenue	5,689	9,219	6,971
Marathon County Match (Maintenance)	-	23,895	33,654
Contract			23,000
TOTAL REVENUE	\$1,751,801	\$1,816,226	\$1,785,737
Salaries	940,403	928,489	922,623
Benefits	347,849	354,214	336,435
Other Direct Expenses	135,600	101,430	138,620
TOTAL DIRECT EXPENSES	\$1,423,852	\$1,384,133	\$1,397,678

OBJECTIVES FOR 2018

- Enhance efficiencies in documentation systems to improve time spent in the field with families and children.



■ DEMAND TRANSPORTATION

DESCRIPTION

The North Central Health Care Demand Transportation Program offers transportation for Marathon County residents who are 60 years of age and older, or individuals of any age who are non-ambulatory (unable to walk). Transportation is for medical, employment, or nutritional needs (including grocery shopping) only. Co-payments vary depending on distance. A personal care attendant or service animal may accompany a rider at no additional charge.

The North Central Health Care Demand Transportation Program also coordinates volunteer drivers for the Disabled American Veterans (DAV) van, to transport veterans to Tomah or Madison on an on-call basis. Rides are at no charge and veterans using this service are ineligible for VA travel reimbursement.

POPULATION SERVED

The North Central Health Care serves Marathon County residents of any age who are non-ambulatory, or any individual ages 60 and over. The DAV Van program serves Marathon County and surrounding counties and also coordinates with DAV Van Services in Portage and Wood Counties, for riders who can make it to a meeting point in those counties.

REGULATIONS

85.21 WI DOT requirements

HOURS OF SERVICE

Service Hours: Monday – Friday, 8:00 am – 4:30 pm
Office Hours: Monday through Friday, 7:00 am – 5:00 pm

KEY ACCOMPLISHMENTS

- All employees in Demand and In-house Transportation (including Management) acquired CDLs with P and SB endorsements.
- Leveraged labor to increase efficiencies and coverage between In-house and Demand Transportation.
- All Transportation employees are engaged in monthly Safety and Patient Experience training.



■ DEMAND TRANSPORTATION

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	0.75	.75
Logistics Worker	2.3	2.3
Administrative Assistant	1.0	1.0
TOTAL	4.05	4.05

BUDGET HIGHLIGHTS

The 2018 Budget reflects an increase in contracted rates for reimbursement of trips requested by Social Services. The remainder of the revenues and expenses are relatively comparable to the 2017 budget.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	179,000	57,300	24,300
Grant	240,000	237,700	237,700
DVR	-	-	-
Contracted Services	-	110,000	168,000
Allocated Revenue	-	4,178	-
Other Revenue	1,718	-	-
Marathon County Match (Maintenance)	-	466	1,235
TOTAL REVENUE	\$420,718	\$409,644	\$431,235
Salaries	144,750	134,906	137,760
Benefits	53,561	51,466	50,234
Other Direct Expenses	162,500	164,147	187,747
TOTAL DIRECT EXPENSES	\$360,811	\$350,519	\$375,741

OBJECTIVES FOR 2018

- Exploring grant opportunities for safety equipment on buses-primarily camera/surveillance.
- Expanding social trip services to the other nursing homes in the county.
- Work with Marketing to get the word out on social media about the Marathon County Transportation Program.





NURSING HOME OPERATIONS

2018 BUDGET BY PROGRAM

North Central Health Care's Nursing Home Operations include Mount View Care Center, a skilled nursing facility located on the main campus in Wausau. With a licensed capacity of 200 residents, Mount View Care Center's neighborhoods serve individuals in need of short term rehabilitation, post acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, and those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavioral needs. The following programs are the consolidated service areas for NCHC's Nursing Home Operations:

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Reflections Long-Term Care	74
Legacies by the Lake Memory Care	75
Southshore Post-Acute Care	77
Northwinds Ventilator Care	77
Rehab	79



NURSING HOME OPERATIONS

NURSING HOME OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight functions for all Nursing Home Operations is consolidated into a separate program and is allocated out to each program based on direct expenses.

KEY ACCOMPLISHMENTS

In 2017 we have focused on our employees by recognizing the importance of staff retention. With this focus we have enhanced and added a staff development role to Mount View Care Center. We also focused on our clinical charting and enhanced our activities of daily living charting for more accurate picture of our resident's needs.

STAFFING

Position	2017 FTE's	2018 FTE's
Nursing Home Operations Executive	1.0	1.0
Director of Nursing	1.0	1.0
Assistant Administrator	1.0	1.0
Central Scheduler	0.9	1.0
Executive Assistant	1.0	1.0
Administrative Assistant	0.0	0.0
RN Supervisors	1.4	1.0
Transitional Care Nurse	0.0	0.0
Admission Coordinator	1.0	1.0
Restorative LPN	0.0	0.0
Logistics Worker	1.0	1.0
Staff Education Specialist	1.0	1.0
Asst. Administrative Coord.	0.0	.50
Performance Imp. Specialist	0.0	1.0
Enrollment Specialist	0.0	1.0
Billing Specialist	0.0	1.0
TOTAL	10.2	12.5

BUDGET HIGHLIGHTS

In 2018, with an overall census of 185, Mount View Care Center will again reduce the number of licensed beds from 220 to 200. Reducing licensed beds will reduce bed tax payments and increase opportunity for bed hold revenues.

Nursing Home Operations Administration transferred 2.0 FTE from Patient Financial Services to work directly out of the MVCC Administration office. There is a 0.4 FTE reduction for nursing supervision and an addition of 0.5 FTE to support the admissions function. In 2017, an operational and financial assessment of MVCC operations was conducted by the firm Clifton Larson Allen (CLA). A number of the study's recommendations have been incorporated into the 2018 budget.

KEY OBJECTIVES FOR 2018

- Mount View Care Center will be implementing team-based leadership.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	8,10,000	10,000	10,000
Donations	-	-	-
TOTAL REVENUE	\$10,000	\$10,000	\$10,000
Salaries	734,593	678,806	799,534
Benefits	271,721	258,961	291,551
Other Direct Expenses	175,250	288,599	367,749
TOTAL DIRECT EXPENSES	\$1,181,564	\$1,226,366	\$1,458,834



NURSING HOME OPERATIONS

■ ANCILLARY

DESCRIPTION

Ancillary services are services or items that are not included in our daily rates. Some examples of these items are transportation, durable medical equipment, oxygen, laboratory test and vaccinations that are required to be administered through our Federal and State Regulations.

BUDGET HIGHLIGHTS

Both revenues and expenses are down due to census.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	150,000	140,000	86,000
Allocated Revenue	656	123	82
Marathon County Match (Maintenance)	-	-	-
TOTAL REVENUE	\$150,656	\$140,123	\$86,082
Other Direct Expenses	111,000	114,000	153,000
TOTAL DIRECT EXPENSES	\$111,000	\$114,000	\$153,000



NURSING HOME OPERATIONS

■ REFLECTIONS LONG-TERM CARE

DESCRIPTION

Mount View Care Center's Long Term Care units were consolidated in early 2017 into one unit, Northern Reflections totaling 40 licensed beds. Northern Reflections provides 24 hour skilled nursing services that are adapted to helping residents, assisting with the task of daily living, physical therapy, transitioning to dementia care, comfort/hospice care, or the management of chronic illness. Each individual care plan is structured around the resident's life pattern.

POPULATION SERVED

Reflections Long Term Care provides services to adults of all ages in need of skilled nursing care for assistance with daily living, physical therapy, transitioning to dementia care, comfort/hospice care or for management of a chronic illness.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

Reflections Long Term Care has successfully transitioned from operating 83 licensed beds to 40 in 2017. Through this transition we have been able to right size our team to ensure that we are meeting the needs of our residents. When reviewing our quality indicators, Northern Reflections has effectively reduced the fall rates, reduced their infection control rates, and have increased their patient experience to over 75%.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	4,244,000	3,978,000	2,344,000
Supplemental Payment	647,000	647,000	713,000
Other Revenue	-	-	-
County Appropriation	446,000	291,000	483,000
Allocated Revenue	68,078	49,951	54,472
Marathon County Match (Maintenance)	-	396,543	412,750
TOTAL REVENUE	\$5,405,078	\$5,362,494	\$4,007,222
Salaries	1,985,277	1,937,880	1,276,774
Benefits	734,295	739,292	465,577
Other Direct Expenses	385,900	365,710	192,980
TOTAL DIRECT EXPENSES	\$3,105,472	\$3,042,882	\$1,935,331

STAFFING

Position	2017 FTE's	2018 FTE's
Nurse Manager	1.0	.3
MDS Coordinator	1.0	1.0
Registered Nurse	7.5	5.0
Licensed Professional Nurse	2.35	0.0
Certified Nursing Assistant	26.2	14.0
Unit Clerk	1.0	.5
Social Worker	1.0	.5
Activity Therapist	2.0	2.0
Medical Technician	0.0	2.15
TOTAL	42.05	25.45

BUDGET HIGHLIGHTS

Census has been reduced from 60 residents down to 37 in 2018. Revenues and expenses are reduced respectively overall. Revenue per patient day is anticipated to increase with improvements both to the daily rate and case mix index adjustment to the rate based on the acuity of the residents. Other direct expenses and indirect expenses have been thoroughly reviewed with this reduction in census.

KEY OBJECTIVES FOR 2018

Northern Reflections focus will be on providing high quality resident directed care in 2018. They will accomplish this by increased patient satisfaction scores and continued focus on quality of life areas such as falls, infection prevention and medication management.

■ LEGACIES BY THE LAKE MEMORY CARE

DESCRIPTION

Mount View Care Center's innovative dementia care program, Legacies by the Lake, consists of three units with 107 licensed beds. Units include Gardenside Crossing, Evergreen Place, and Lakeview Heights.

These units specialize in caring for people in varying stages of dementia, neurological, psychiatric and behavior disabilities. Gardenside Crossing accommodates residents with moderate memory loss who need assistance with their daily routines. Lakeview Heights is designed specifically for residents with mild memory loss who still function somewhat independently. Evergreen Place cares for residents with severe memory loss and a high level of dependency.

POPULATION SERVED

Legacies by the Lake Dementia Care specializes in caring for adults of all ages in varying stages of dementia, neurological, psychiatric and behavior disabilities.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

KEY ACCOMPLISHMENTS

- Legacies by the Lake is recognized regionally and in the State of Wisconsin for its innovative dementia care and specialized training. In late 2016 we were awarded a grant from the State of Wisconsin to begin sharing this program/training with other nursing homes within the State of Wisconsin. These trainings are to start in Fall of 2017 and continue through 2018.
- In 2016 Legacies was recognized as the Alzheimer's Association top fundraising Corporate Partner and largest walk team. This was the third year we received this honor.
- Legacies participated in SPARK. It is a program for individuals with dementia to participate in engaging art experiences and hands on art activity.
- Legacies participated in the music and memory program and have over 50 residents enjoying individualized music through iPods. From a clinical area of excellence, we have a very low rehospitalization rate.



■ LEGACIES BY THE LAKE MEMORY CARE

STAFFING

Position	2017 FTE's	2018 FTE's
Nurse Manager	1.0	1.0
MDS Coordinator	1.0	1.0
Registered Nurse	13.65	10.9
Licensed Professional Nurse	3.15	0.00
Certified Nursing Assistant	59.0	55.0
Unit Clerk	1.0	1.0
Social Worker	1.6	1.5
Activity Therapist	1.9	2.0
Medical Technician	0.00	8.4
TOTAL	82.3	80.8

BUDGET HIGHLIGHTS

The budgeted census for Legacies by the Lake remains the same in 2018 as in 2017 at 100 residents per day. Revenues increase as a result of an improvement in reimbursement again to an increase in the case mix index (CMI) or acuity of the residents, along with an overall increase in the base rates. On the expense side 1.5 FTEs have been reduced as a result of efficiencies recommended by the CLA operational assessment.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	6,212,000	6,418,000	6,616,000
Supplemental Payment	734,000	734,000	809,000
Contract Services	-	100,000	-
Other Revenue	-	-	-
County Appropriation	987,000	803,000	1,217,000
Allocated Revenue	73,267	80,812	89,652
Marathon County Match (Maintenance)	-	374,012	411,140
TOTAL REVENUE	\$8,006,267	\$8,509,824	\$9,142,792
Salaries	3,724,734	3,698,275	3,808,487
Benefits	1,377,646	1,410,874	1,388,769
Other Direct Expenses	421,800	441,352	447,846
TOTAL DIRECT EXPENSES	\$5,524,180	\$5,550,501	\$5,645,102

KEY OBJECTIVES FOR 2018

- Continue to focus on creating innovative programming to enhance our resident's lives through individualized resident directed process.



NURSING HOME OPERATIONS

■ SOUTHSORE POST ACUTE CARE & NORTHWINDS VENTILATOR CARE

DESCRIPTION

Southshore Short-Term Rehabilitation offers post-acute care for short term rehabilitation in Southshore, a 25-bed skilled nursing community. Southshore specializes in complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

The most extensive rehabilitative care opportunities available in Central Wisconsin are provided, even for the most medically complex situations – all delivered on-site. Numerous rehabilitation techniques, from warm water physical therapy to complex respiratory care only found at Mount View Care Center, give our teams the ability to uniquely approach each resident’s recovery.

Northwinds Vent is a 27-bed unit within the Post-Acute Care area that specializes in care for adults with a ventilator dependency. Our team provides 24/7 on-site respiratory therapy and nursing services with reliable, personal care for each individual. Northwinds focuses on ventilator dependent rehabilitation, recovery and liberation. Northwinds is 1 of only 5 care facilities in Wisconsin with approved dedicated units for the care of ventilator-dependent residents. Our highly trained team help residents adjust to ventilator-dependent lifestyles.

POPULATION SERVED

Southshore Short-Term Rehabilitation serves adults of all ages with complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

Northwinds Vent serves adults of all ages with ventilator dependency needs.

REGULATIONS

Both programs are subject to the State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

Both programs operate 24 hours/day, 7 days/week, 365 days/year.

KEY ACCOMPLISHMENTS

Southshore and Northwinds pride themselves on high quality care for the residents we serve. In 2016 we had no pneumonia acquired ventilator dependent residents infections and have led the surrounding area with one of the lowest rehospitalization rates that are lower than the national and state average.



■ SOUTHSHORE POST ACUTE CARE & NORTHWINDS VENTILATOR CARE

STAFFING

Position	2017 FTE's	2018 FTE's
Nurse Manager	1.0	0.7
MDS Coordinator	1.0	1.0
Registered Nurse	12.90	14.5
Respiratory Therapist	9.25	8.8
Certified Nursing Assistant	30.30	30.3
Unit Clerk	1.9	1.5
Social Worker	1.2	1.5
Music Therapist	1.0	1.0
Activity Therapist	1.0	0.9
TOTAL	59.55	60.2

BUDGET HIGHLIGHTS

These two programs have traditionally been reported as one consolidated Post-Acute Care unit. In the 2018 financial statements we are now breaking them into two distinct programs for performance reporting purposes. The overall census for Southshore is slated at 23 patients while the Northwinds Vent Community is budgeted at a census of 25 for a combined total of 48 patients per day. This is an increase of 2 patients per day over the 2017 budget. The 2018 budget anticipates an average of 16 Medicaid Vent and 15 Medicare patients. Revenues continued to receive pressure on length of stay and with managed care programs despite seeing improvements in the rates for 2018. Supporting an adequate payer mix in these programs will be contingent on the expediency in which a renovation in 2018 can be pursued.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	6,227,000	5,528,000	6,053,000
Supplemental Payment	419,000	419,000	462,000
Other Revenue	-	-	-
County Appropriation	267,000	606,000	-
Allocated Revenue	76,280	46,017	73,270
Marathon County Match (Maintenance)	-	328,449	275,783
TOTAL REVENUE	\$6,989,280	\$6,927,466	\$6,864,053
Salaries	3,062,578	3,117,959	3,284,812
Benefits	1,132,741	1,189,486	1,197,810
Other Direct Expenses	643,625	603,273	538,554
TOTAL DIRECT EXPENSES	\$4,838,944	\$4,910,718	\$5,021,176

KEY OBJECTIVES FOR 2018

- Southshore and Northwinds will continue to focus on key quality items such as rehospitalization rates and excellent discharge planning for our short term residents.



NURSING HOME OPERATIONS

■ REHAB

DESCRIPTION

Rehab services are a contract provider of physical, occupational and speech therapy for residents and patients of Mount View Care Center to enhance them to their highest possible activities of daily living.

POPULATION SERVED

Residents and patients of Mount View Care Center. Some outpatient services provided for the Inpatient Hospital and Outpatient therapy for recently discharged residents.

REGULATIONS

Both programs are subject to the State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

Monday – Friday: 8:00 – 4:30, with 7-day coverage as needed.

BUDGET HIGHLIGHTS

Revenues and expenses have decreased relative to the overall census reductions.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,082,000	1,977,000	1,900,000
Allocated Revenue	820	8,217	6,613
Marathon County Match (Maintenance)		46,330	31,518
TOTAL REVENUE	\$2,082,820	\$2,031,547	\$1,938,131
Salaries	-	-	-
Benefits	-	-	-
Other Direct Expenses	1,184,310	1,069,450	823,000
TOTAL DIRECT EXPENSES	\$1,184,310	\$1,069,450	\$823,000





SUPPORT SERVICES

2018 BUDGET BY PROGRAM

Support Services has many different operations to support the people, financial, clinical and service success of North Central Health Care operations. Total Indirect Expenses, including the Support Services decreased by over \$650,000 from 2016 to 2017. Operational efficiencies and changing the way Support Services operates adds value to NCHC programs and is always top of mind.

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Purchasing	95
Safety & Lab Services	96
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BUSINESS OPERATIONS

DESCRIPTION

Business Operations includes accounting, payroll, accounts payable, switchboard and mailroom functions.

KEY ACCOMPLISHMENTS

- Completed an audit RFP for a new three year cycle, with the option of renewing for an additional three years.
- Completion of monthly financial statements earlier.
- Additional financial tools are being provided to programs for better budget management.

STAFFING

Position	2017 FTE's	2018 FTE's
Business Operations Director	1.0	1.0
Accounting Assistant	1.0	1.0
Accountant	1.0	1.0
Accounts Payable Rep.	1.0	0.8
Administrative Assistant	4.35	3.35
Payroll Specialist	1.0	1.0
TOTAL	9.15	8.15

BUDGET HIGHLIGHTS

Business Operations has a 1.0 FTE decrease from 2017 as the mailroom position allocation is being transferred and divided among various programs.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Contracted Services Revenue	3,000	-	-
Other Revenue	17,000	17,000	10,000
TOTAL REVENUE	\$20,000	\$17,000	\$10,000
Salaries	387,398	400,299	376,794
Benefits	143,311	152,712	137,398
Other Direct Expenses	278,900	256,159	263,098
TOTAL DIRECT EXPENSES	\$809,609	\$809,170	\$777,290

OBJECTIVES FOR 2018

- Complete monthly financial statements within 5 to 7 business days after the close of the month.
- Review financial tools and provide additional information to programs.



SUPPORT SERVICES

CORPORATE ADMINISTRATION

DESCRIPTION

Corporate Administration provides overall administrative leadership for the organization and is home to both Executive support and contracting functions. This program is allocated based on program direct expense.

STAFFING

Position	2017 FTE's	2018 FTE's
Chief Executive Officer	1.0	1.0
Chief Financial Officer	1.0	1.0
Contract and Credentialing Spec	1.0	1.0
Executive Assistant	2.0	2.0
TOTAL	5.0	5.0

BUDGET HIGHLIGHTS

Direct expenses have increased as the legal budget from Quality was consolidated into Corporate Administration.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	578,568	498,635	513,793
Benefits	213,988	190,227	187,355
Other Direct Expenses	135,400	153,647	244,469
TOTAL DIRECT EXPENSES	\$927,956	\$842,509	\$945,617



■ EMPLOYEE BENEFITS

DESCRIPTION

The Employee Benefits program consolidates all of the employee benefit programs and costs to be allocated out to programs based on FTEs. Included in the Employee Benefits consolidation are employee health, disability, life, dental and vision insurance along with FICA, unemployment, workers compensation and retirement expenses. These expenses are allocated in the program budgets and are reported again solely for informational purposes.

BUDGET HIGHLIGHTS

Overall benefits expenses are increasingly slightly, mostly related to the increase in FTEs and salaries throughout the organization. Health Insurance was only a slight increase of \$100,000 from 2017 while Workers Compensation costs were reduced by \$200,000 and Wisconsin Retirement System costs went down by \$65,000.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	-	-	-
Benefits	11,480,000	11,626,000	11,938,000
Other Direct Expenses	-	-	-
TOTAL DIRECT EXPENSES	\$11,480,000	\$11,626,000	\$11,938,000



SUPPORT SERVICES

■ ENVIRONMENTAL SERVICES

DESCRIPTION

Environmental Services has traditionally included Maintenance, Systems Maintenance, Housekeeping, Nursing Home Housekeeping, Laundry and Grounds. In 2017, Maintenance, Systems Maintenance and Grounds employees have been transferred to Marathon County. Housekeeping, Nursing Home Housekeeping and Laundry remain stand-alone programs with NCHC staff but now report to the Assistant Nursing Home Administrator.

BUDGET HIGHLIGHTS

North Central Health Care contracts for Environmental Services from Marathon County. There is no change in this line item for 2018. The cost of these support services is listed in each program as an in-kind, non-cash based revenue under "Marathon County Match (Maintenance)" and is included in their indirect allocation expense. Within each program these costs are allocated based on square footage occupied by the program. The reporting mechanism allows reimbursement of these costs to occur.

STAFFING

Position	2017 FTE's	2018 FTE's
Environmental Services Director	0.0	0.0
Clerical	0.0	0.0
Maintenance Supervisor	0.0	0.0
Building Maintenance Tech	0.0	0.0
Preventative Maintenance Tech	0.0	0.0
Systems Maintenance Supervisor	0.0	0.0
Systems Tech	0.0	0.0
Grounds Maintenance	0.0	0.0
TOTAL	0.0	0.0

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	1,718	-	-
TOTAL REVENUE			
Salaries	723,182	-	-
Benefits	267,592	-	-
Other Direct Expenses	1,024,409	1,685,623	1,685,623
TOTAL DIRECT EXPENSES	\$2,015,183	\$1,685,623	\$1,685,623



■ HEALTH INFORMATION

DESCRIPTION

Health Information Management (HIM) is responsible for maintaining NCHC's medical record. The record is the "bridge" between patients, regulators, consumers, payors and clinicians. NCHC has both paper and electronic records. The department helps our clinicians provide quality care to our patients.

KEY ACCOMPLISHMENTS

- Chart completion (target 80-85%)
Nursing home – 94.7%
Hospital – 90.3%
- 97.8% ROI completion (target 90-95%).
- Successfully planned and executed a Laserfiche merge of just less than 10,000 folders under various programs into one client level folder for ease of access by all staff.
- Scanning of documents completed within 24 hours for prompt access by staff.

STAFFING

Position	2017 FTE's	2018 FTE's
Supervisor	1.0	1.0
Administrative Assistant II	2.0	2.0
Administrative Assistant	3.2	3.6
TOTAL	6.2	6.6

BUDGET HIGHLIGHTS

The 2018 budget includes an additional 0.4 FTE previously reduced in the 2017 budget.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	20,000	20,000	20,000
TOTAL REVENUE	\$20,000	\$20,000	\$20,000
Salaries	254,251	233,376	260,234
Benefits	94,056	89,032	94,895
Other Direct Expenses	25,325	19,789	15,489
TOTAL DIRECT EXPENSES	\$373,632	\$342,197	\$370,618

OBJECTIVES FOR 2018

- Implement offline solution for specific documents in the Birth to Three. This solution will automatically provide the ability to auto scan the documents created offline into Laserfiche. This will provide savings in program staff and HIM staff time.
- Create an Email solution that will allow outside records to be sent electronically to NCHC. The records will be imported directly into Laserfiche without manual scanning, indexing and prepping.
- Continue to work with the Information Management Services program to find opportunities to eliminate current paper forms into the EHR record.
- Implement an electronic process for sharing medical records with other organizations through upload to secure sites and use of encrypted flash drive.



SUPPORT SERVICES

■ HOUSEKEEPING

DESCRIPTION

Housekeeping has two programs in Support Services. The Housekeeping program provides services to all non-nursing home areas while the Nursing Home Housekeeping program provides housekeeping services to Mount View Care Center. These two programs are separated for cost reporting purposes but are under the same management structure. This program is allocated based on square footage.

KEY ACCOMPLISHMENTS

- Housekeeping has successfully met our standards set by federal and state regulations with no recommendations to change.

STAFFING

Position	2017 FTE's	2018 FTE's
Supervisor	0.5	.5
Lead Housekeeper	0.5	.5
Housekeeping Aides	6.6	6.6
TOTAL	7.6	7.6

BUDGET HIGHLIGHTS

The 2018 Housekeeping budget includes \$90,000 of new contract revenue from payments related to services provided to the organizations leasing space on the NCHC campus as part of their rental costs. Marathon County receives the full rent payment for these spaces and reimburses NCHC on an actual cost basis for these services.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Contracted Services	-	-	90,000
TOTAL REVENUE			\$90,000
Salaries	247,877	233,565	238,506
Benefits	91,701	89,104	86,971
Other Direct Expenses	100,700	101,124	105,055
TOTAL DIRECT EXPENSES	\$440,278	\$423,793	\$430,532

OBJECTIVES FOR 2018

- Housekeeping will be focusing on product review to offer the most efficient and cost effective cleaning.



■ INFORMATION MANAGEMENT SERVICES

DESCRIPTION

Information Management Services (IMS) is responsible for the oversight of the organization's overall information systems application portfolio. They support 27 different solutions with help from the City County Information Technology Commission. Some key tasks that IMS routinely provides to over 700 employees are training, production support, system enhancements and break-fix.

KEY ACCOMPLISHMENTS

- The creation of consoles within our electronic health record (EHR) specific to physicians, clinicians, HIM, Nursing, Crisis and a generic signature.
- Creating the role of relationship partner. This role provides dedicated and unique support to programs across the organization.
- Created key forms in our EHR that were needed for the residency program.
- Developed multiple training tracks for over 700 employees. The tracks provide multiple opportunities in an effort to meet the needs of our employees differing schedules.

STAFFING

Position	2017 FTE's	2018 FTE's
Senior Executive	1.0	1.0
Information Services Manager	1.0	0.0
Information System Specialist	1.0	1.0
Information Systems Assistant	2.0	3.0
Clinical System Analyst	1.0	1.0
Programming System Analyst	2.0	0.0
Intern	0.0	0.0
Quality Data Specialist	0.00	1.0
TOTAL	8.0	7.0

BUDGET HIGHLIGHTS

The 2018 budget reflects an overall reduction of 1.0 FTE. A 1.0 FTE is transferred in to Information Services from the prior Quality Program, while a 1.0 FTE is being transferred to Health Information and 1.0 FTE is being transferred to Patient Financial Services to better reflect the roles of these positions.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	1,718	-	-
TOTAL REVENUE	\$1,718	-	-
Salaries	439,937	498,846	491,807
Benefits	162,743	190,307	179,338
Other Direct Expenses	1,763,400	1,654,474	1,548,783
TOTAL DIRECT EXPENSES	\$2,366,080	\$2,343,627	\$2,219,928

OBJECTIVES FOR 2018

- Evaluate our current application portfolio and look for opportunities to make enhancements or find other solutions that will better meet our needs.
- Continue to expand our training opportunities.
- Find additional opportunities to provide EHR enhancements to help streamline user workflow.



SUPPORT SERVICES

■ IN-HOUSE TRANSPORTATION

DESCRIPTION

In-House Transportation maintains the NCHC fleet, which includes cars, buses and vans used for client transportation. This program also provides courier services, which may include trips to the Antigo and Merrill Centers, bank, lab and hospitals.

KEY ACCOMPLISHMENTS

- All employees in Demand and In-House Transportation (including Management) acquired CDLs with P and SB endorsements.
- Leveraged labor to increase efficiencies and coverage between In-House and Demand Transportation.
- All Transportation employees are engaged in monthly safety and patient experience training.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	0.25	.25
Coordinator	1.0	1.0
Logistics Worker	1.5	1.5
TOTAL	2.75	2.75

BUDGET HIGHLIGHTS

The 2018 budget is comparable to the 2017 budget..

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	90,896	103,420	105,608
Benefits	33,650	39,454	38,510
Other Direct Expenses	(50,000)	(109,063)	(108,450)
TOTAL DIRECT EXPENSES	\$74,546	\$33,811	\$35,668

OBJECTIVES FOR 2018

- Exploring grant opportunities for safety equipment on buses-primarily camera/surveillance.
- Expanding Social Trip Services to the other nursing homes in the county.
- Work with Marketing to get the word out on social media about the Marathon County Transportation Program.



SUPPORT SERVICES

■ LAUNDRY

DESCRIPTION

Laundry provides laundry services for the nursing home, hospital, CBRF and MMT programs. The service includes linen as well as personal laundry. Laundry is also done for housekeeping and food service. This program is allocated based on pounds of laundry processed.

KEY ACCOMPLISHMENTS

- Laundry strives for high patient satisfaction and works hard to return laundry in a timely manner.
- Laundry also assists the local warming center with their linen during the months of operation.

STAFFING

Position	2017 FTE's	2018 FTE's
Supervisor	0.0	0.0
Team Coordinator	1.0	1.0
Laundry Worker	6.0	5.0
TOTAL	7.0	6.0

BUDGET HIGHLIGHTS

The 2018 budget reflects a decrease of a 1.0 FTE due to the decrease in the census in the nursing home.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	-	-	-
TOTAL REVENUE	-	-	-
Salaries	223,270	218,942	193,361
Benefits	82,607	83,525	70,509
Other Direct Expenses	107,600	74,019	83,600
TOTAL DIRECT EXPENSES	\$413,477	\$376,486	\$347,470

OBJECTIVES FOR 2018

- To enhance patient satisfaction, laundry will be implementing the labeling of resident items process back under their umbrella. This will reduce unmarked personal linen and streamline returns to the resident.



■ MARKETING & COMMUNICATIONS

DESCRIPTION

Marketing and Communications is the central communication area for NCHC's internal and external communications. This includes working with staff communications internally, and media communications externally. The marketing of services is also provided through this program. This program is allocated based on direct expense.

KEY ACCOMPLISHMENTS

- Created monthly series of Brown Bag Lunch events to bring community partners and employees together to learn from each other and set the groundwork for future collaboration possibilities.
- Increased Social Media outreach by engaging community on Facebook. In 2016, NCHC saw a 199% increase in Facebook followers.
- Worked on increasing traffic to the NCHC Employment page, that also included producing a series of videos for web, social media and internally sharing that can be utilized for recruitment, retention and engaging community.
- Collaborated with Human Resources to create a new Careers web page that showcases employment opportunities, our teams and our community. The page will launch in August 2017 and will include videos, links and employment opportunities and engagement events.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	73,523	73,382	117,839
Benefits	27,224	27,995	42,970
Other Direct Expenses	87,000	75,361	111,312
TOTAL DIRECT EXPENSES	\$187,747	\$176,738	\$272,121

OBJECTIVES FOR 2018

- Produce and launch a brand new responsive design website on a modern platform that integrates social media, information, and patient access to information.
- Increase engagement and feedback on social media from those who utilize services to use in marketing efforts as well as use for internal communication to engage and retain staff.
- Recruit and retain a specialist to add to the Communications team to be able to quickly respond to communication needs and meet the increasing need for communication pieces and advanced technology. This additional person will also be key in maintaining existing communications so that work that focuses on web development and additional needs can be progressive and proactive.

STAFFING

Position	2017 FTE's	2018 FTE's
Coordinator	1.0	1.0
Specialist	0.0	1.0
TOTAL	1.0	2.0

BUDGET HIGHLIGHTS

The 2018 budget reflects a 1.0 FTE increase due to the transfer of various printing functions transferred from Business Operations and increased need for marketing production assistance.



■ NURSING HOME HOUSEKEEPING

DESCRIPTION

Housekeeping has two programs in Support Services. The Housekeeping program provides services to all non-nursing home areas while the Nursing Home Housekeeping program provides housekeeping services to Mount View Care Center. These two programs are separated for cost reporting purposes but are under the same management structure. This program is allocated based on square footage.

KEY ACCOMPLISHMENTS

- In the past three years during our annual inspection we have had no environmental citations. They practice patient directed care by consistent assignment and do the added extra touches to make our residents feel welcome.

STAFFING

Position	2017 FTE's	2018 FTE's
Coordinator	1.0	1.0
Housekeeping Aides	11.0	10.5
Client Program	0.0	0.0
Homemaker	3.85	3.85
TOTAL	15.85	15.35

BUDGET HIGHLIGHTS

A 0.5 FTE reduction was made related to the overall downsizing of Mount View Care Center.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	475,314	472,471	471,492
Benefits	175,830	180,245	171,930
Other Direct Expenses	112,500	108,355	102,177
TOTAL DIRECT EXPENSES	\$763,644	\$761,071	\$745,599

OBJECTIVES FOR 2018

- Housekeeping will be focusing on product review to offer the most efficient and cost effective cleaning.



SUPPORT SERVICES

■ NUTRITION SERVICES

DESCRIPTION

Nutrition Services provides meal service for the Nursing Home, Inpatient Hospital, CBRF, MMT and Adult Day Programs. Required Dietitian consulting is also provided to these locations based on regulatory requirements. This area provides service for the cafeteria, which is a revenue generating function. This program is allocated based on number of meals served.

KEY ACCOMPLISHMENTS

- In late 2016, Nutrition Services moved away from the tray line delivery system to an enhanced dining experience in Mount View Care Center offering more choices and options for the residents. This has shown dramatic improvement in patient satisfaction, reduced weight loss and more home like environment.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Dieticians	1.6	1.6
Supervisor	1.0	1.0
Administrative Assistant	1.0	1.0
Cooks	8.8	8.8
Dietary Aides	21.0	20.0
Baker	0.0	0.0
TOTAL	34.4	33.4

BUDGET HIGHLIGHTS

A 1.0 FTE was reduced and over \$100,000 in food costs related to the nursing home census reduction.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	130,000	120,000	150,000
TOTAL REVENUE	\$130,000	\$120,000	\$150,000
Salaries	1,250,898	1,181,731	1,182,845
Benefits	462,685	450,825	431,326
Other Direct Expenses	947,090	933,129	725,303
TOTAL DIRECT EXPENSES	\$2,660,673	\$2,565,685	\$2,339,474

KEY OBJECTIVES FOR 2018

- Nutrition services is striving for consistent staff assignment on certain areas. This is to build resident, employee relationships and gain consistency for the excellent service delivery.



PATIENT FINANCIAL SERVICES

DESCRIPTION

Patient Financial Services enrolls and verifies all clients admitted into NCHC programs. This includes demographic and benefit verification including prior authorization. Patient Financial Services provides all billing of services for all revenue programs of NCHC, which equates to approximately 10,000 bills per month. This program is allocated based on the number of clients in NCHC programs.

KEY ACCOMPLISHMENTS

- NCHC recently became an approved CAC (Certified Application Counselor) organization to help patients understand, apply and enroll for health insurance coverage through the Marketplace to assist our patients in obtaining health insurance coverage.

BUDGET HIGHLIGHTS

Enrollment and Patient Accounts were combined programs in the 2018 Budget to emphasize increased coordination in the revenue cycle operations. Salaries and Benefits include a 1.0 FTE increase for a benefits specialist position meant to increase program revenues through enrollment in the health exchanges at the time of admission.

OBJECTIVES FOR 2018

- Add processes to assist clients in enrolling in benefits which will result in increased revenue.
- Implementation of a revenue cycle committee which will improve overall revenue collections.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Billing Analyst	1.0	1.0
Patient Account Rep.	5.0	4.0
Administrative Assistant	1.3	1.3
Provider Credentialing	1.0	1.0
Information Systems Analyst	0.0	1.0
Benefits Specialist	0.0	1.0
Enrollment Specialist	4.0	4.0
Prior Authorization Rep.	1.9	1.9
TOTAL	15.2	16.2

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	90,000	90,000	90,000
TOTAL REVENUE	\$90,000	\$90,000	\$90,000
Salaries	582,657	584,228	645,290
Benefits	215,559	222,881	235,305
Other Direct Expenses	81,700	88,020	119,120
TOTAL DIRECT EXPENSES	\$879,916	\$895,129	\$999,715



SUPPORT SERVICES

■ PHARMACY

DESCRIPTION

Pharmacy fills prescriptions for the nursing home, hospital, some of the residential locations, Community Treatment and employees who are enrolled in NCHC's employee health insurance plan.

KEY ACCOMPLISHMENTS

- In early 2017, Pharmacy implemented a new medication packaging system for the nursing home, community treatment and residential locations.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Pharmacist	2.25	2.25
Pharmacy Tech.	5.0	5.0
Billing Specialist	1.0	0.0
Manager	0.0	1.0
TOTAL	9.25	9.25

BUDGET HIGHLIGHTS

Revenues will increase at the same pace of expenses from a budgetary standpoint but it is the objective of this program to return a positive operating margin throughout the year.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Revenue	4,047,000	4,048,000	4,100,000
Contracted Services Revenue	150,000	279,800	500,000
Allocated Revenue		16,390	16,762
Cash Discounts and Rebates	3,000	-	-
County Appropriation	-	115,445	-
Marathon County Match (Maintenance)	-	17,571	19,887
TOTAL REVENUE	\$4,200,000	\$4,491,206	\$4,636,649
Salaries	680,759	649,319	668,662
Benefits	251,809	247,712	243,828
Drugs	2,600,000	2,975,000	2,975,000
Other Direct Expenses	56,200	160,263	213,347
TOTAL DIRECT EXPENSES	\$3,588,768	\$4,032,294	\$4,100,837

OBJECTIVES FOR 2018

- 2018 will be a year of evaluating system processes and streamlining for enhanced outcomes.



SUPPORT SERVICES

■ PURCHASING

DESCRIPTION

Purchasing is the central purchasing service for all of NCHC. This area orders and delivers purchases to all programs. This area is also responsible for monitoring proper purchasing based on the contract with the buying group that NCHC belongs to. This program is allocated based on number of requisitions.

KEY ACCOMPLISHMENTS

- Focused on continued efficiencies of deliverables.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Administrative Assistant	0.2	0.2
Storekeeper	2.0	2.0
TOTAL	3.35	3.35

BUDGET HIGHLIGHTS

The 2018 Purchasing budget reflects a status quo in operations.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	50,000	60,000	50,000
TOTAL REVENUE	\$50,000	\$60,000	\$50,000
Salaries	130,752	131,402	134,937
Benefits	48,360	50,129	49,205
Other Direct Expenses	46,177	45,837	48,437
TOTAL DIRECT EXPENSES	\$225,289	\$227,368	\$232,579

OBJECTIVES FOR 2018

- Review of group purchasing agreements for improved cost savings.



SUPPORT SERVICES

■ SAFETY & LAB SERVICES (PREVIOUSLY QUALITY SERVICES)

DESCRIPTION

Safety & Lab Services are responsible for the overall safety of North Central Health Care and also responsible for laboratory functions and testing.

KEY ACCOMPLISHMENTS

- In 2017 we have incorporated numerous lab testing that in prior years was sent to outside labs to enhance patient/client outcomes. Established incident command training and enhanced our response time.

STAFFING

Position	2017 FTE's	2018 FTE's
Quality & Clinical		
Support Services Executive	1.0	0.0
Quality Data Analyst	2.0	0.0
Safety & Risk Manager	1.0	1.0
Employee Health Specialist	1.0	0.0
Phlebotomist	0.5	1.0
TOTAL	5.5	2.0

BUDGET HIGHLIGHTS

Previously listed as the Quality program, Safety and Lab Services reflects the remaining functions not allocated elsewhere with dispersion of the quality function. The 2018 Budget for Safety and Lab responsibilities has increased with a 0.5 FTE Phlebotomist.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	420,705	437,570	117,819
Benefits	155,627	166,931	42,963
Other Direct Expenses	155,900	168,435	127,115
TOTAL DIRECT EXPENSES	\$732,232	\$772,936	\$287,897

KEY OBJECTIVES

- In 2018 focus will be on final rule for emergency preparedness, infection control and facilities environment of care.



■ TALENT DEVELOPMENT

DESCRIPTION

Talent Development provides recruitment, benefits management, training and development along with core Talent Development services. This program is allocated based on FTE's in each program.

KEY ACCOMPLISHMENTS

- Implemented comprehensive recruitment and onboarding experience within organization. Decreased overall staff turnover by 16.0% over a similar time from 2016.
- Decreased first year turnover by 51.1% over the same time from 2016.
- Implementation of Staff Development Specialists to oversee program specific onboarding.

STAFFING

Position	2017 FTE's	2018 FTE's
Human Resources Executive	1.0	1.0
HR Manager	1.0	1.0
HR Business Partners	2.0	2.0
HRIS Analyst	1.0	1.0
Human Resources Assistant	1.0	1.0
Organizational Development Manager	1.0	1.0
Development Specialist	1.0	1.0
Employee Health Specialist	0.0	1.0
TOTAL	8.0	9.0

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of the Employee Health Specialist, which was transferred from the prior Quality Program budget.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	-	-	-
TOTAL REVENUE			
Salaries	503,397	476,798	596,885
Benefits	186,210	181,896	217,655
Other Direct Expenses	301,500	259,840	322,050
TOTAL DIRECT EXPENSES	\$991,107	\$918,534	\$1,136,589

OBJECTIVES FOR 2018

- Continued focus on vacancy rate for open positions, in light of program expansion efforts.
- Enriching employee benefit plans without increasing costs to employees.
- Full implementation of Learning Council to align training efforts throughout NCHC.



■ VOLUNTEER SERVICES

DESCRIPTION

Volunteers play a very important role at North Central Health Care as part of our team. They offer clients, patients, residents, families and staff members their compassion, skills, talent and time. In so doing, North Central's professionals are able to devote more time to direct patient care and recovery.

KEY ACCOMPLISHMENTS

- About 200 volunteers annually donate close to 10,000 hours of their time to those we serve. In 2016, 209 volunteers donated 10,406 hours of service.
- Coordinate the annual Holiday "gift" program. Work with local organizations and donors to provide over 400 gifts to the residents of Mount View and anyone being served by our programs that would not otherwise receive a gift during the Holidays.
- Partnership with other NCHC departments and outside agencies to provide additional support at a lesser cost for our organization. These partnerships include: Community Corner Clubhouse members to staff and support the Canteen area and utilizing the Senior Employment Program to support Mount View Care Center residents with their personal laundry and provide assistance with resident activities.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Administrative Assistant	0.55	0.55
TOTAL	1.55	1.55

BUDGET HIGHLIGHTS

Additional revenue added for operation of the canteen in the former ADRC space.

OBJECTIVES FOR 2018

- Volunteer Services will look to continue to grow our Volunteer program. One such way will be to provide Community-Based Prevocational Services for our partner agencies. As a "pre" vocational program, the purpose is to help people learn and practice the skills they will use in the future to gain employment. These volunteer opportunities are used to build and maintain physical work tolerance and put skills to practical use along with assisting NCHC with accomplishing so tasks to enrich the resident experience.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Gift Shop	-	-	22,000
TOTAL REVENUE	-	-	\$22,000
Salaries	63,612	64,955	66,329
Benefits	23,556	24,780	24,187
Other Direct Expenses	7,400	18,186	27,966
TOTAL DIRECT EXPENSES	\$94,568	\$107,921	\$118,482



CAPITAL BUDGET

North Central Health Care has a multi-faceted process for capital budgeting and funding with each of our county partners. Capital budgeting is a process that involves the identification of potentially desirable projects for capital expenditures, the subsequent evaluation of capital expenditure proposals, and the selection of proposals that meet certain criteria. North Central Health Care's threshold to capitalize an asset and depreciate their use requires the purchase to be \$2,500 or more and have a useful life of two or more years. Straight-line depreciation methods are used and funding for capital assets are available for the approved year and two consecutive years. Equipment with a value of less than \$2,500 are budgeted separately and expensed within a program's budget. Moveable equipment of any cost is considered an operational expense and is budgeted for and approved as either an expense or a capitalized asset when eligible.

Generally, the use of capital can be summarized in the following categories:

- 1) Replacement: needed to continue current operations
- 2) Replacement: cost reduction
- 3) Expansion of current services
- 4) Expansion into new services
- 5) Safety and/or environmental projects
- 6) Other projects

CAPITAL BUDGETING PROCESSES

Marathon County Capital Improvement Program (CIP)

Any building alteration of more than \$30,000 must be submitted by June of each year to be considered for funding by Marathon County for the following year. There is a detailed ranking and funding process for all projects submitted. If a project is ranked (approved) but does not get funded, NCHC can budget for and pay for these projects using NCHC's available capital funding, even if the project exceeds \$30,000.

Building projects under \$30,000 are considered operational projects and are exclusively funded by NCHC through the budgeting process. These projects still must be approved by each County in advance.

All anticipated building renovation projects, regardless of price, must be submitted to Marathon County Facilities & Capital Maintenance by May 1st of each year so the projects can be designed, scoped and priced for the following year.

NCHC Capital Budget

Building projects must be approved by Marathon County per above but can be funded using NCHC capital dollars. All other asset purchases which can be capitalized must be submitted and approved as part of NCHC's Capital Budget.

Rolling Stock

Rolling Stock includes vehicles and buses intended for NCHC programs. Rolling stock purchase for use in programs serving Marathon County shall fall under Marathon County's policy and procedures on rolling stock in determining need and replacement schedule. Rolling stock intended for Marathon County programs that are more than \$5,000 must be approved by Marathon County. Purchases under \$5,000 are considered operational expenses and are funded by NCHC.

Any rolling stock request that is requested for funding but does not receive funding approval by Marathon County may be funded by NCHC if it receives approval by the NCHC Board. All rolling stock purchases for use in Langlade and Lincoln Counties, regardless of price, are included in NCHC's budget.



CAPITAL IMPROVEMENT REQUESTS SUBMITTED TO MARATHON COUNTY

For the 2018 Budget, NCHC submitted and prioritized six (6) Capital Improvement Projects (CIP) requests and two (2) rolling stock requests to Marathon County for funding. The requests were prioritized and approved by the Marathon County Health & Human Services Standing Committee and CIP Committee.

PRIORITY	PROJECT	DESCRIPTION OF PROJECT	ESTIMATED COSTS
1	Mount View Care Center (MVCC) Window Replacement	Window replacement in the MVCC Building	\$480,000
2	Health Care Center (HCC) Roofing	Replace roofing on MVCC, HCC link and Doctor's Suite	\$98,000
3	Security Upgrades	Security and safety assessment and phase 1 of facility security upgrades	\$100,000
4	HCC Boiler Replacement	Replace the 45 year old steam boilers in the Health Care Center	\$2,000,000
5	Replace Sloped Glazing Areas	Replace leaking sloped window framing in 9 areas in the Health Care Center building	\$720,000
6	HVAC Replacements in HCC Pyramid Roofs	Replace the air handlers in the HCC units and roof work to complete the replacement	\$850,000
7	Rolling Stock - Replacements	Replace 2 small mini-buses, 2 vans, and one sedan	\$190,000
8	Rolling Stock – New Vehicles	Purchase additional four door sedan for Community Treatment	\$25,000



CAPITAL FUNDED IN NCHC 2018 BUDGET

PROGRAM NUMBER	PROGRAM	DESCRIPTION OF REQUEST	COST OF REQUEST	REASON FOR REQUEST
10-100-0100	General	Furniture Replacement	\$75,000	Replacement
10-100-0105	Administration	Administration Office Integration	\$25,000	Renovation
10-100-0200	Quality	Crisis Go	\$20,000	Reduce Personnel Time
10-100-0200	Quality	I-Stat	\$13,000	New
10-100-0200	Quality	Sysmex PochH-100i	\$12,000	New
10-100-0200	Quality	Remodel Lab Bathroom	\$25,000	Renovate
10-100-0215	Volunteer Services	Quick Charge System for Gift Shop	\$8,325	Replacement
10-100-0300	Business Operations	Equipment for switchboard to dial into network	\$20,000	Additional Item
10-100-0500	Information Management System	Device replacements	\$100,000	Replacement
10-100-0720	Laundry	Small Dryer (2)	\$19,900	Replacement
10-100-0720	Laundry	Laundry Scale	\$5,000	Replacement
10-100-0740	Housekeeping	Smart Vac	\$3,184	Replacement
10-100-0745	NH Housekeeping	Advance Advenger Ecoflex Rider Scrubber	\$21,396	Replacement
10-100-0745	NH Housekeeping	Total 360 Electrostatic Sprayer	\$6,500	Additional Item
10-100-0760	Food Service	Meat Grinder	\$3,378	Replacement
10-100-0760	Food Service	Blixer Blender	\$4,035	Replacement
20-100-0710	In-House Transportation	Dispensing Equipment-Fuel Pump	\$11,274	Replacement
20-100-0805	DD Services Administration	Dining Room Sets (3) (Chadwick, Bellewood, Heather St)	\$6,600	Replacement
20-100-1125	Medically Monitored Treatment (MMT)	Beds for MMT expansion (15)	\$18,000	Additional Item
20-100-2375	Clubhouse	Automatic Doors	\$7,000	Renovation
20-100-2750	Demand Transportation	Grant Vehicle Match	\$10,000	Replacement
25-100-0900	Nursing Home Administration	Stoves (4) (3-Legacies, 1-LTC)	\$2,800	Replacement
25-100-3000	Post Acute Care	Bariatric Lift-1000#	\$9,500	Replacement
25-100-3000	Post Acute Care	Bathroom Renovations	\$50,000	Renovation
25-100-3100	Long Term Care	Sit to Stand Lift	\$9,200	Replacement
25-100-3100	Long Term Care	Full Body Lift-1000#	\$9,500	Replacement
25-100-3100	Long Term Care	Tilt and Space Wheelchairs (3)	\$12,000	Replacement
25-100-3200	Legacies	Bedside Tables (107)	\$53,500	Replacement
25-100-3200	Legacies	Scales (2)	\$3,600	Replacement
25-100-3200	Legacies	Over the Bed Tables (107)	\$32,100	Replacement
25-100-3200	Legacies	Full Body Lift -600# (2)	\$9,800	Replacement
25-100-3200	Legacies	Tilt and Space Wheelchairs (2)	\$8,000	Replacement
25-100-3500	Pharmacy	Painting	\$2,500	Renovation
25-100-3600	Nursing Home Rehab	Hydroculator with cover and hotpacks	\$3,500	Additional Item
30-200-0105	Lincoln County Administration	Merrill Center Furniture	\$73,275	Replacement
30-200-0105	Lincoln County Administration	Minivan	\$25,000	Additional Item
30-200-0105	Lincoln County Administration	Lincoln County Office Remodel and furnishings	\$400,000	Renovation
40-300-0105	Langlade County Administration	Administrative Support Staff and Psychiatry Staff Furniture	\$18,500	Replacement
40-300-0105	Langlade County Administration	Minivan	\$25,000	Replacement
TOTAL			\$1,162,367	



**Wausau Campus**

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715.848.4600

Merrill Center

607 N. Sales Street, Suite 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center

2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center

1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

*Langlade, Lincoln and Marathon Counties partnering together
to provide compassionate and specialized care for people with
complex behavioral and skilled nursing needs.*

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