



OFFICIAL NOTICE AND AMENDED AGENDA

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

Thursday, August 27, 2020 at 3:00 pm
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

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

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

Meeting number (access code): 1-408-418-9388 Access Code: 146 138 7227 Passcode: 1234

AGENDA

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
(Limited to 15 Minutes)
4. PATIENT IN THE BOARD ROOM (5 Minutes)
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the July 30, 2020 NCCSP Board Minutes*
 - ii. Draft and Approved Minutes of Recent NCCSP Board Committees
 - B. Policy Governance Monitoring Reports
 - i. ACTION: *Motion to Accept the Dashboards and Executive Summary*
6. BOARD DISCUSSION AND ACTION
 - A. ACTION: Approve Slate of Nominations of NCCSP Board Officers – J. Zriny
 - B. ACTION: Election of NCCSP Board Officers – J. Zriny

C. CEO Report and Board Work Plan (5 Minutes) – M. Loy

D. ACTION: *Motion to Approve the Memorandum of Agreement for the Sober Living Program in Langlade County* (10 Minutes) – M. Loy

E. ACTION: *Motion to Accept the July Financial Statements* (5 Minutes) – J. Meschke

F. Chief Medical Officer's Executive Report (5 Minutes) – R. Gouthro

G. Chief Nursing Officer's Executive Report – J. Bracken

H. Operational Plan Update (5 Minutes) – J. Nickel

I. Update on the Campus Renovations and Financial Modeling - (20 Minutes) – M. Loy

J. Discussion and Possible Action on Strategic Initiatives

i. Leading a Culture of Safety Towards Zero Harm (10 Minutes) – M. Loy

7. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

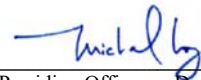
8. BOARD EXPERIENCE OPTIMIZER

9. ADJOURN

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



Presiding Officer or Designee

DATE: 08/26/2020 TIME: 11:00 AM BY: D. Osowski



**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
 BOARD MEETING MINUTES**

July 30, 2020

3:00 p.m.

Wausau Board Room

Present via conference phone (due to Covid19)

X	Eric Anderson	X	Randy Balk	X	Ben Bliven
X	John Breske	X	Kurt Gibbs	X	Jason Hake
X	Lance Leonhard	X	Robin Stowe	X	Gabe Ticho
X	Pat Voermans	X	Romey Wagner	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

Staff Present: Michael Loy, Dr. Rob Gouthro, Jarret Nickel, Jill Meschke, Tom Boutain, Jaime Bracken, Jennifer Peaslee, Chris Bleck

Guests: Tony Gonzalez, Scott Schultz and Dan Mayfield of Gallagher

Call to Order

- Meeting was called to order at 3:03 p.m.

Chairman’s Announcements

- Jaime Bracken, Chief Nursing Office, was introduced and welcomed to the organization.
 - Jaime’s background includes being a CNO in the Dane County area as well as working in multiple settings of post-acute care, and ambulatory outpatient settings where behavioral health was integrated. She is looking forward to getting to know more about the organization, creating a strong leadership structure around nursing and clinical staff services, and growing with the organization.

Public Comment for Matters Appearing on the Agenda

- None

Patient in the Board Room

- As discussed at last month’s Board Meeting as part of culture of safety, an individual accepted an invitation to talk with the Board today but unfortunately cancelled with insufficient notice to find a replacement. Will include on the agenda for next month.

Consent Agenda and Monitoring Reports

- B. Bliven asked for the Organizational Dashboard to be pulled from the consent agenda.
- **Motion**/second, Hake/Voermans, to approve the consent agenda. Motion carried.

- Dashboards and Executive Summary - Clarification was provided on the data for out of county placements and how the analysis is being completed on tracking involuntary admission rates by law enforcement jurisdiction. Suggestion made to have law enforcement agencies get together with NCHC to discuss and have opportunity to enhance the data collected. Information from other sources i.e. civil court, attending physicians, etc. will also be collected.
- **Motion**/second, Bliven/Leonhard, to accept the Organizational Dashboard. Motion carried.

Board Education – Perspective and Opportunities for Engagement with the Hispanic and Latino Community

- Tony Gonzalez provides interpretive services at North Central Health Care (NCHC) and is involved in many patient-related settings of NCHC and has been asked to help the Board understand how NCHC can better engage with the Hispanic community.
- Several key areas highlighted included:
 - Communication about services provided through brochures translated into Spanish to help break down barriers;
 - Do ‘leg work’ first by getting into the communities to meet them in their communities, etc. Many do not read/write or speak English;
 - Tailor services to their community by understanding what services they need and how they will be receptive to receiving mental health services;
 - Work with a trusted person in their community first which will help overcome the first barrier of fear;
 - Important they feel confident in having confidentiality;
 - Counselors who speak Spanish are incredibly important; and
 - Diversity on the Board could also make a large impact.

Board Discussion and Action

- A presentation on the Annual Review of Employee Compensation, Recruitment, and Retention Strategies was provided by Dan Mayfield, Managing Director at AJ Gallagher.
- A presentation on the Health Plan Performance and Projections for 2021 was provided by Scott Schultz, AJ Gallagher Benefits.
- CEO Report – M. Loy
 - Hired Child/Adolescent Psychiatrist, Dr. Jessica Dotson, who will be joining us next summer in July;
 - The attorney position has been filled with a start date in September;
 - Adult Protective Services transfer continues pending MOU between the Counties;
 - Continuing to vet the business model for NVI and requisite due diligence; on track to make a recommendation to the Board in October;
 - COVID positive tests of five residents and three employees have occurred over the last few weeks on South Shore of Mount View Care Center. The unit is operating on enhanced precautions with testing of employees and residents frequently to manage the situation closely and prevent the virus from spreading to other areas.

- Financial Report – J. Meschke
 - A summary of the June financials was provided: June showed a loss of \$13,000. Cares Act stimulus money was received in June in the amount of \$125,000. Without the funding we would have seen a loss of approximately \$138,000. Overall revenue was under budgeted target by \$844,000. Average census for Mount View Care Center, Pine Crest and the Hospital were below target. Some programs had been temporarily closed which impacts the monthly revenue and expense targets.
 - Working to identify COVID-related costs i.e. internal costs for testing employees and residents, extra necessary screening for staff and visitors; have identified well over \$1 million in costs thus far and working to break out more strategically.
 - **Motion**/second, Hake/Leonhard, to accept the June Financial Statements. Motion carried.

- Chief Medical Officer Update on Quality Improvement – R. Gouthro, M.D.
 - Peer Review is an objective evaluation of the quality of physicians' work flow by their colleagues. The Peer Review process has been redesigned and is being implemented. Peer Review is to help improve quality of patient care, assist physician's recertification, and provide data for annual evaluations. It is not blame and shame but rather to give physicians an opportunity to learn from each other i.e. habits and practice styles, and bring them together in a more cohesive manner.

- Operational Plan Update – J. Nickel
 - Two items have been placed 'on hold' this year given operating conditions with COVID: Just Culture Program and Data Analytics Expansion to the Dashboard.
 - Employee Wellness and Resiliency Initiative is ready to roll out biometric screening and health risk assessment, the Cerner implementation project is under way and going well, and the High Performance Culture Program roll out being finalized.
 - NCHC pharmacy now provides services to Pine Crest. The contract with a local pharmacy ended. This now moves the Pine Crest integration project to complete.
 - Environmental Support Services (housekeeping, laundry, and dietary) for all campus are now operating under centralized procedures with resources being managed more efficiently.

- Discussion and Possible Action on Strategic initiatives
 - Digital Strategy and Relationship with the City-County Information Technology Commission (CCIT) – T. Boutain
 - CCIT is the joint partnership between the City and County; partnership is not working for all therefore, conversations are being held between parties to plan and strategize for the future where all members and partners are served better as needs have changed.
 - Leading a Culture of Safety Towards Zero Harm – M. Loy
 - Deferred to next meeting in consideration of time constraints.

Closed Session

- Deferred to next meeting in consideration of time constraints

Board Calendar and Future Agenda Items - M. Loy

- None

Board Experience Optimizer

- Please complete the Board Experience Optimizer and provide feedback.

Adjourn

- **Motion**/second, Bliven/Gibbs, to adjourn at 5:15 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DRAFT



**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
GOVERNANCE COMMITTEE**

August 19, 2020

12:00 PM

NCHC – Wausau Board Room

(Via conference phone due to Covid19 and recommendation of social distancing)

Present: X Romey Wagner X Ben Bliven
X Randy Balk

Others: Michael Loy

Call to Order

- Meeting called to order at 12:03 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment.

Scope of the Governance Committee

- Reviewed Section 5.3 of the NCCSP Bylaws - *A nomination for each of the Board Officers shall be made by the majority agreement of the Governance Committee. The slate of Board Officers from the Governance Committee shall be presented to the Board at the annual meeting. The Chair shall also call for additional nominations from the membership of the Board at the annual meeting of the Board. Vacancies of Board Officers that occur during the year shall be filled upon nomination from the Governance Committee, additional nominations from the floor, and shall be elected by the Board as required in Section 3. Filled vacancies shall serve the remaining term of the member that they replaced.*

Action: Approve Slate of Nominations to Fill Vacating Board Officer Positions

- As of Sept. 4, 2020 Romey Wagner is stepping down from the County Board and is no longer eligible to be a member of the NCCSP Board. The Governance Committee is responsible to select a slate of Officers for Board consideration at the August meeting.
- Eric Anderson, is currently filling the role of Secretary/Treasurer, and is willing to fill the unexpired term of Chair-Elect leaving the Secretary/Treasurer role vacant should the Governance Committee make that recommendation.
- Committee reviewed the list of Board members eligible to fill the role of the Secretary/Treasurer.
- **Motion**/second, Bliven/Balk, to recommend Eric Anderson as Chair-Elect and Kurt Gibbs as Secretary/Treasurer. Motion carried.

Review Board Membership Relative to Board Competencies to Identify Priorities for Candidate Pools and Board Development

- A revised Board Development and Recruitment Matrix was provided. It was suggested this document be updated by each Board member on an annual basis.
- Gaps are identified when less than two members of the Board fulfilling the criteria.
- Review of the current priority index based on the relative absence of current Board competency expertise was discussed and the following priority index was concurred with:
 1. Informatics and Info Systems
 2. Human Resources/Organizational Development
 3. Public Health – Community Health Policy
 4. Fund Development
 5. Faith-Based
 6. Clinical (DD, SNF)
 7. Marketing and Business Development
- A review of the competency risk areas with potential board succession in the coming two years was discussed:
 1. Quality and Patient Safety
 2. Consumer Experience
 3. Marketing and Business Development
 4. Legal or Regulatory
- Committee expressed concern with the current constraint in the number of non-county designated Board members allowed. Given the priority index discussion, several Marathon County Board members were identified to fill the upcoming vacancy by R. Wagner. M. Loy will discuss these recommendations with the Marathon County Administrator for appointment to the Board.
- Committee discussed augmenting the Board with subject matter experts as needs arise particularly in the areas relative to the absence of current Board competency expertise.
- M. Loy to develop a recruitment profile and priority plan that will have a focus on improving Board competency.

Discuss Process for Board's Annual Review of Policy Governance Manual

- Following discussion the committee requested M. Loy to frame a facilitated conversation with the Board, provide suggested changes to the Policy Governance Manual in a 'marked-up' document as well as a detailed memorandum on the Executive Limitations including accountability options i.e. regular reporting mechanisms, audit process, and/or Committee review.

Review Progress on Board's 2019-2020 Development Plan

- Due to the COVID pandemic 'shut down' the event to obtain feedback from stakeholders was not held in May as planned.
- The Board is significantly challenged in developing the Board with its inability to effectively appoint Board members with needed skills and competencies due to the small number (less than half) of the positions not filled by county appointed positions. Bringing in broader community perspectives needs to be addressed.

Discuss Process for Board's Annual Self-Evaluation of Governance

- Continue with the same evaluation tool
 - Add: comment section for each question
 - Add: an assessment question on the value or perceived value of virtual meetings

Review Board Experience Optimizer

- Continue to use this evaluation tool
- Explore adding as a poll feature at the end of the meeting for ease of use/response
- Revise questions to include a scale of 1-5 or 1-10 plus area to comment

Adjourn

- Motion/second, Balk/Bliven, to adjourn the meeting at 1:00 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DRAFT

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

August 20, 2020

3:00 PM

NCHC – Wausau Board Room

(Present via conference phone due to Covid19 and recommendation of social distancing)

Present: X Jeff Zriny X Jason Hake
 X Lance Leonhard EXC Robin Stowe

Others Present: Michael Loy, Jarret Nickel, Dora Gorski (Lincoln County Supervisor)

Call to Order

- Meeting was called to order at 3:02 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 7/16/2020 Executive Committee Meeting Minutes

- **Motion**/second, Leonhard/Hake, to approve the 7/16/2020 Executive Committee meeting minutes. Motion carried.

Overview of Draft August 27, 2020 NCCSP Board Agenda

- The draft NCCSP Board Agenda for August 27, 2020 was reviewed.

Review Dashboard and Work Plan

- Dashboard was reviewed and a number of questions related to performance were discussed as follows:
 - Retention year to date trend is below 2019; majority of those leaving have less than one year with organization. We believe the turnover is due to the revised orientation process during the pandemic (almost all virtual), a relatively new management team, and some pay rates below market rate. We are working with the management team on their development and providing them the tools to strengthen their skills. An employee pulse survey has just been completed with a full survey expected in November. Concern expressed with current shortage of healthcare workers, particularly nurses, and area health organizations who are instituting sign-on bonuses which could pull nurses from our organization.
 - Board Policy opportunities include continuing to support initiatives around training and development of leaders as well as fair compensation practices.
 - Nursing Home Readmission rate shows a significant change which can be attributed to a relatively low volume of admissions and the high acuity level of those admitted.

- Out of County Placements was significantly higher which is directly related to the number of Marathon County detentions over the 4th of July Holiday weekend.
- CEO Work Plan:
 - No questions/comments.

CEO Report

- Employee Celebration Week is occurring this week.
 - Normally we've had a banquet and activities but during the current pandemic a virtual celebration week was created recognizing employees with milestone years of service and activities around 'Super Heroes'.
- 2021 budget review was completed on Monday with J. Meschke and J. Nickel.
 - Initiated a zero-based budgeting process; restructured/analyzed all revenues and expenditures of every program assuming COVID won't be driving performance in 2021.
 - Nursing Home changes that were expected in 3-5 years is occurring now with a declining census and it is felt that we will not get back to the original projections of early 2020. Therefore budgets have been revised to reflect lower census levels in both nursing homes. Current renovations have the flexibility to adjust to these new predictions and will be a major focus as plans for the renovations of the current MVCC facility are designed in early 2021. Will be discussing capital needs of Pine Crest and how to support the structure, make necessary adjustments, find the appropriate funding mechanisms, and engage the Lincoln County Board in a facility-wide planning process.
- With changes in the needs of the nursing home, there is an opportunity of us to pivot to meet the growing needs in behavioral health, by adjusting capital expenditure plans to use some of the space at MVCC for behavioral health with expanded group programming, specialty clinics, and potentially a day hospital.
- HSRI Study should be available in 6 weeks. A large component of the study, the community engagement, did not occur as planned due to COVID; will need to refocus that element due to the public health limitations.
- Budget document on-track to be presented at the September Board meeting.
- Sober Living facility in Langlade County will be on the agenda to approve continuation of the project. Langlade County will complete the scope of work according to CBRF certifiable standards. Before they begin they would like a commitment from NCHC to operate the program upon completion.
- MMT program remains suspended partially due to the state pulling funding from the Medicaid program and too expensive to run without a funding source. The main reason is the area is currently set up to operate a COVID inpatient psychiatric unit should we need it. When the CBRF is moved to the new building, we will review the possibility of opening the MMT program at that time, and ask counties if MMT is a priority and at what level of funding.
- Governance Committee met to recommend a replacement for R. Wagner who will be stepping down from the County Board as of Sept. 4, 2020 and no longer eligible as a NCCSP Board member. Recommendations for slate of officers will be Eric Anderson as Chair-Elect and Kurt Gibbs as Secretary/Treasurer. Terms would end in May 2021. Also discussed Board competency, development, Governance Manual, and self-evaluation.

- Renovation Updates
 - High level of concern relates with delays to the youth hospital as contractor is indicating delays in receiving supplies and equipment could lead to suspending the opening of the facilities indefinitely which has potential to cost tens of thousands of dollars per day. Project Manager is working with contractor to secure alternative sources in efforts to avoid delays. If unsuccessful, NCHC will ask the County for support in identifying the potential for liquidated damages.
 - The new Aquatic Center has been officially turned over to NCHC as of 8/17/20.
 - Parking lot renovations will be finished by end of September.
 - Nursing Tower is on track.

Update on Covid-19 Response and Future Implications

- Planning for budget to be back to new normal by 1/1/2021.
- Monitoring State budget closely for any changes.
- Largest impact on organization by COVID has been in the nursing home which was discussed more thoroughly earlier in the meeting; have not seen much change in behavioral health services and expects demands to only grow.

Continued Discussion on Performance Expectations and Outcomes for Community Programs

- Support Program Dashboards will be eliminated in 2021; focus on overall organizational success (clinical and operational)
- Reformulate Quality End Statement to focus on improvements in life functioning rather than compliance
- Change Overall Star Rating to 'Quality Rating'
- Move 'Out of County Placement' to Community Pillar; it was encouraged to look at the Marathon County Pulse data for opportunities for other Community indicators
- Hospitalization is not a true community indicator and is interested but not something to manage from; look for more meaningful indicator(s)
- Eliminate 'Average Cost Per Day' as it does not add value to be a data point to manage from

Future Agenda Items for Executive Committee or Board Consideration

- Preview of 2021 budget (if stipulated in Tri-County Agreement or if unable to recommend a balanced budget)
- Future of MVCC as insight is gained
- Criteria to reopen MMT

Adjourn

- **Motion**/second, Leonhard/Hake, to adjourn the Executive Committee Meeting at 4:10 p.m. Motion carried.

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2020

PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%	6.8%						8.0%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%						79.1%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%	89.8%						87.8%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%	4.9%						9.0%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%	15.8%						11.5%	11.4%
Nursing Home Star Rating - MVCC	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★						★★★★	★★★
Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★						★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02						0.79	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07						2.37	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267						292	320
Hospital Length of Stay - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22						5.72	5.86 Days
Hospital Length of Stay - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96						11.35	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%	18.8%						18.8%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%	1.37%						1.27%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%	75.4%						71.8%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%	38.8%						39.2%	33.5%
Average Cost Per Day	↘	\$67,000-\$70,000	\$81,197	\$82,542	\$73,304	\$94,807	\$79,437	\$75,220	\$97,104						\$97,031	\$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%						0.3%	-4.5%

↗ Higher rates are positive

↘ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

Vacancy Rate	Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end. YTD calculation: Average of each monthly vacancy rate.
Retention Rate	Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end. YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

SERVICE

Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score
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QUALITY

Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards for both Pine Crest and MVCC.
Zero Harm Patients	Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000
Zero Harm Employee	Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.
Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Hospitalization Length of Stay - NCHC	Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.
Hospitalization Length of Stay - Diversions	Average length of stay for patients on out-of-county placements that have discharged in month of report.

COMMUNITY

No Show Rate	Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.
Hospitalization Rate	The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

FINANCE

Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.
Average Cost Per Day	Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.
Net Income	Net earnings after all expenses have been deducted from revenue.

2020 - Primary Dashboard Measure List

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD
North Central Health Care	People	Vacancy Rate	↘	9.6%		7-9%	8.0%
		Retention Rate	↗	85.1%		82-84%	79.1%
	Service	Patient Experience	↗	81.0		81-83%	87.8%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	9.0%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	11.5%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.75
		Zero Harm - Employees	↘	3.60		Monitoring	2.37
		Out of County Placements	↘	320	/	220 per month	292
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	5.72
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	11.35
		Community	No Show Rate	↘	12.9%		8-10%
	Hospitalization Rate		↘	/	/	Monitoring	1.27%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	71.8%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.2%
		Average Cost Per Day	↘	\$76,395	/	\$67,000-\$70,000	\$97,031
		Net Income	↗	-4.5%	/	2-3%	0.3%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	57.1%
	Service	Patient Experience	↗	81-83%	94.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$652 - \$978 per month	(\$2,770)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Community Treatment	People	Vacancy Rate	↘	7-9%	2.1%
		Retention Rate	↗	82-84%	80.1%
	Service	Patient Experience	↗	81-83%	90.6%
	Quality	Zero Harm - Patients	↘	Patients	0.09
		Zero Harm - Employees	↘	Employees	2.37
	Community	Hospitalization Rate	↘	Monitoring	1.52%
	Finance	Net Income	↗	\$21,802 - \$32,703 per month	\$86,071

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Crisis & CBRF	People	Vacancy Rate	↘	7-9%	5.6%
		Retention Rate	↗	82-84%	61.9%
	Service	Patient Experience	↗	81-83%	80.7%
	Quality	Zero Harm - Patients	↘	Patients	13.76
		Zero Harm - Employees	↘	Employees	2.37
	Community	Hospitalization Rate	↘	Monitoring	2.66%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	\$901

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Hospital	People	Vacancy Rate	↘	7-9%	20.9%
		Retention Rate	↗	82-84%	52.3%
	Service	Patient Experience	↗	81-83%	82.7%
	Quality	Hospital Readmission Rate	↘	10-12%	9.0%
		Zero Harm - Patients	↘	Monitoring	4.94
		Zero Harm - Employees	↘	Monitoring	2.37
		Out of County Placements	↘	220 per month	296
		Hospital Length of Stay - NCHC	↘	Monitoring	5.72
		Hospital Length of Stay - Diversions	↘	Monitoring	11.92
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	(\$167,363)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MMT	People	Vacancy Rate	↘	5-7%	9.6%
		Retention Rate	↗	82-84%	69.8%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.37
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	(\$41,810)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Outpatient	People	Vacancy Rate	↘	7-9%	8.3%
		Retention Rate	↗	82-84%	67.4%
	Service	Patient Experience	↗	81-83%	95.5%
	Quality	Zero Harm - Patients	↘	Monitoring	0.11
		Zero Harm - Employees	↘	Monitoring	2.37
	Community	No Show Rate	↘	8-10%	20.7%
		Hospitalization Rate	↘	Monitoring	0.80%
	Finance	Net Income	↗	\$5,774 - \$8,661 per month	(\$13,874)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Psychiatry	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	72.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.37
	Community	No Show Rate	↘	8-10%	16.5%
		Hospitalization Rate	↘	Monitoring	1.18%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	(\$36,673)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.7%
		Retention Rate	↗	82-84%	83.5%
	Service	Patient Experience	↗	81-83%	99.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.26
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	(\$43,306)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Group Homes	People	Vacancy Rate	↘	7-9%	11.3%
		Retention Rate	↗	82-84%	93.7%
	Service	Patient Experience	↗	81-83%	95.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.83
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	\$26,657

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Services	People	Vacancy Rate	↘	7-9%	13.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	95.6%
	Quality	Zero Harm - Patients	↘	Monitoring	1.20
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	(\$5,257)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	84.4%
	Service	Patient Experience	↗	81-83%	98.3%
	Quality	Zero Harm - Patients	↘	Monitoring	0.22
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	(\$4,145)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MVCC	People	Vacancy Rate	↘	7-9%	12.3%
		Retention Rate	↗	82-84%	78.4%
	Service	Patient Experience	↗	81-83%	87.8%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	10.7%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.55
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	\$150,691

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pine Crest	People	Vacancy Rate	↘	7-9%	8.0%
		Retention Rate	↗	82-84%	85.3%
	Service	Patient Experience	↗	81-83%	82.3%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	13.8%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	1.68
		Zero Harm - Employees	↘	Monitoring	2.37
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	\$8,002

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Housekeeping and Laundry	People	Vacancy Rate	↘	7-9%	7.3%
		Retention Rate	↗	82-84%	68.1%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	\$353,467

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Nutrition Services	People	Vacancy Rate	↘	7-9%	9.1%
		Retention Rate	↗	82-84%	60.2%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	\$267,071

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Business Operations	People	Vacancy Rate	↘	5-7%	1.3%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	\$74,121

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Human Resources	People	Vacancy Rate	↘	5-7%	2.4%
		Retention Rate	↗	82-84%	65.7%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	\$52,074

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Informatics	People	Vacancy Rate	↘	5-7%	4.6%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	\$219,080

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Marketing & Communication	People	Vacancy Rate	↘	5-7%	2.9%
		Retention Rate	↗	82-84%	71.4%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	\$28,657

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Organizational Development	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	\$35,171

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Access Services	People	Vacancy Rate	↘	5-7%	0.7%
		Retention Rate	↗	82-84%	78.6%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	\$51,752

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Financial Services	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.37	
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	\$66,678

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pharmacy	People	Vacancy Rate	↘	5-7%	1.4%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.37	
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	\$38,313

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Transportation	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.37	
	Finance	Net Income	↗	\$720 - \$1,080 per month	\$9,563



North Central Health Care

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Dashboard Executive Summary

August 2020

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for is 7.0-9.0%. We exceeded our vacancy target for the month of July at 6.8% and are meeting target YTD at 8.0%. An improvement over 9.6% for 2019. We continue to have strong recruitment numbers, averaging 32 hires per month.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. We were tracking towards a 76.2% Retention Rate YTD in June however with a strong retention month for July we have jumped back to 79.1% which remains below target. We are focusing on ways to retain those who join our organization especially within the first year where turnover has increased recently. We continue to develop initiatives to increase retention and have brought these strategies to our Management Team to implement. Employee pulse surveys are a tool to find out engagement level and health of our workforce, we completed our second pulse survey in July with plans to compare the results to our May survey to track progress and trending data.

Service

❖ **Patient Experience**

NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. Patient Experience remains a bright spot on our dashboard and for our organization as once again for the month of July, we have exceeded our patient experience score at 89.8% which gives us a year to date total of 87.8%. We have seen recent dips in scores in our nursing homes as well as our outpatient programs with many references to the pandemic and its overall impact on perception of services which are in the process of being addressed.

Quality

❖ **Hospital Readmission Rate**

The Readmission Rate is a percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. For the month of June, we exceeded the target for the six month in a row at 4.9%. Overall year to date, hospital readmissions are exceeding target range at 9.0% which exceeding target and is lower than 2019's rate of 11.9%.

❖ **Nursing Home Readmission Rate**

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for July between the two facilities was a readmission rate of 15.8% driven mostly by low volume and year to date we are within target with an 11.5% readmission rate.

❖ **Nursing Home Star Rating - MVCC**

We have a target of 4 Stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current rating is a 3 star as of July. Due to recently lifted COVID-19 guidelines, CMS and the State of Wisconsin had suspended all recertification surveys which had eliminated our ability to impact this rating until the moratorium is lifted. Mount View remains in its annual certification window and now expects our survey to occur soon.

❖ **Nursing Home Star Rating – Pine Crest**

Pine Crest continues to be rated as a 3 star facility. The quality metric domain of the star rating system did increase this past month from a 3 star to a 4 star. As a review we are not anticipating an increase to the overall star rating for the remainder of the year based on a citation received in summer of 2019.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x1000. For the month of July, our rate was at 1.02, up from the previous month leading to a year to date rate of 0.79. We are seeing an increase in the number of suicide attempts out in the community which are impacting this number. Efforts are underway to address this trend that is related to the mental health impacts of stressors related to the impacts of the pandemic.

❖ **Zero Harm – Employees**

We saw a significant improvement for zero harm relative to employees with an experience rate of 2.07 for July. The prior three months we remained relatively stable with June experiencing a rate of 3.16. Compared to 2019 where we averaged a 3.60 harm rate, we have greatly improved to 2.37 YTD for 2020. We are developing a new employee injury and illness reporting tool in SafetyZone that will continue to aide in the reduction of our employee harm rate.

❖ **Out of County Placements**

The Fourth of July weekend resulted in a large influx of patients and diversions spiked. Because of this our out of county placement days rose from 185 in June to 267 in July. YTD we remain off target at 292 days however this is almost 30 days less per month than 2019. We continue to evaluate and manage each diversion situation with a comprehensive treatment team led by our diversion coordinator and Utilization Review nurse.

❖ **Hospital Length of Stay – NCHC**

Overall, the Hospital Length of Stay at NCHC is reasonable at 5.22 days in June, up from a YTD low in June of 4.68 leading to a 5.72 YTD rate which is comparable to 2019 rate of 5.86 days. We are using a new Utilization Review tool to review medical necessity for each admission and continued stay.

❖ **Hospital Length of Stay – Diversions**

One longer term diversion ended but there remains one longer term stays in excess of 120 days for an individual with challenging psychiatric needs who are at a higher level of dangerousness to themselves outside of institutional care. The reduction of the one individual has brought July's length of stay back down to a 7.96 day average. We had a number of diversions in July that were shorter-term stays. Further, we now have two individuals at Mendota who have a dementia diagnosis who were admitted for violent behavior. They were converted to Protective Placements and have been difficult to place. Overall the length of stay is expected to climb in August as it is impacted by these complex patients.

Community

❖ **No Show Rate (OP/Psychiatry)**

The No Show Rate is reflective of the average daily same day cancellation and no show rate for outpatient counseling and psychiatry patients. The target established for 2020 is 8-10%. July's rate was 18.8% leading to an YTD rate of 18.8%. Data gathering efforts shows that currently outpatient therapy has a higher no show rate than psychiatry. A policy and procedure was implemented in July to allow for alternate service options for clients who repetitively do not show for their scheduled appointments and we have begun the Open Access Clinic which accepted its first patient on 7/20/20.

❖ **Hospitalization Rate**

Hospitalization Rate is a new monitoring measure which measures the percentage of active patients of any mental health service who are hospitalized for psychiatric needs within the current month, divided by all active patients for those services. July's monitoring outcome was 1.37% with an YTD rate of 1.27%.

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue. The 2020 target is 60-62%. This measure for July is 75.4%. This outcome is not within target range. Contracted provider and staff expenses as well as diversions are to be high in July as well as gross revenue being well under budget.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for July is 38.8%, which is favorable to the target. Support areas continue to stay below the budget targets on an expense basis.

❖ **Average Cost Per Day**

The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impact this outcome when expense reductions don't follow to the same degree. The target is \$67,000-\$70,000 per day. For July, the average cost per day outcome is \$97,104. This has increased from June driven by contracted providers and staff and diversion expenses. This measure is unfavorable year-to-date as billed revenue has not kept pace with expenses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3% and year to date we are at 0.3%. For July the measure is -3.8%. No CARES Act stimulus dollars were received in July, which impaired net income.

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

The following outcomes reported are measures that were not met at the program-specific level. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

❖ Clubhouse:

- Retention: Clubhouse continues to operate with three staff at this time. Clubhouse member statistics continue to be low due to COVID-19 – although we have seen a slight increase in participation. Clubhouse continues to have one vacant position and we are keeping it available and possibly hiring a future staff member to help offset revenue losses.
- Net Income: Clubhouse revenue continues to be below target. Target is \$652 to \$978 current deficit is \$1,016 for the month of July, with a negative \$2,770 average year to date. Participation continues to be lower due to COVID-19 and the majority of members participating are non-CCS clients and not billable under CCS regulations. Future plans are continued collaboration with referral sources and Community Treatment to refer CCS consumers who need our services to increase revenues. Our deficit has remained fairly consistent even with staff billing at the expected productivity targets.

❖ Community Treatment

- Retention: The Program Dashboard for retention is red given the 2020 YTD performance; however, in July, retention of staff in Community Treatment has improved which is inching this trend back towards target.

❖ Crisis & CBRF

- Retention: In July, one new, part-time, crisis employee did leave, reporting that the work is too intense relative to pre-hire expectations. We have worked with HR to add a posting for Master's level crisis professionals to draw in higher skilled professional and are improving wages. Identified areas of opportunities for improvement include training, scheduling, management communication frequency and style.
- Patient Experience: We had a grievance come in surrounding quality of care in crisis and hospital in June (from the same patient). For Crisis, we determined that educating patients about the process as they are going through it is an area of opportunity for growth. We have provided training for Crisis Professionals surrounding patient education and communication about the process.

❖ Hospital

- Vacancy: We currently have 3 RN positions and one half-time Behavioral Health Tech position, and a half-time Substance Abuse Counselor position that remain open. We are working to sign on another nursing recruitment agency that does contract-to-hire. Also, we will work to recruit the shared hospital/crisis social work position as an outside-of-the-box way to cover the SAC position need.
- Retention: We continue to see lowering scores here as a combination of nurses/techs leaving for personal reasons, and our piece of it being the need for improved training opportunities, increased nursing and accountability oversight, and improved workflows. We are working with team to define areas of improvement that will improve job satisfaction. Action items to date include increased training on working with the more difficult patient diagnoses, and identifying and improving workflow issues and equal accountability among team members for workload and unit expectations.

- Out of County Placements: We had 267 days in July, with this lower rate remaining quite consistent through Spring and Summer as we hone in on strategies to avoid diversion but still have needs for more complex cases beyond our scope and/or COVID-pending patient rooming situations. One patient is still at Trempealeau and has been for months, but will finally be discharging in the near future. COVID-19 results-pending conflicts preventing admission have decreased, and we continue to work on process flow.
 - Net Income: Census has continued to be low throughout July, averaging around 11 to 12 patients per day; however staffing has been kept to cover quick opening of the COVID positive unit during this time of high community spread. We continue to work to call off staff when appropriate. We have improved our ability to take patients in lieu of COVID-pending status, where this was creating more diversions in the prior two months.
- ❖ **Medically Monitored Treatment (MMT)**
- The Medically Monitored Treatment program has been temporarily suspended due to COVID-19. The data being reported is prior to or as lag due the temporary suspension.
- ❖ **Outpatient**
- Retention: The 67.4% outcome is a calculated rate that is forecasting based on what the final year to date would be if the vacancies are not filled. We have a new employee start in July and another starting orientation in September. We have an interview scheduled a therapist position for the Antigo location. We are recovering with our vacant positions in this area relative to the turnover we've experienced.
 - No Show: The target is 8-10%, with July being 21.5% and YTD being 20.7%. Starting in April we are able to separate the no show data for therapy and psychiatry which provides more specific data. The data shows that therapy has a higher no show rate than psychiatry. A No Show policy and procedure was implemented on 7/20/20.
 - Net Income: The target is \$5,774-\$8,661, with July being (\$41,343). YTD remains below target. Expenses are being managed, but revenue is below target. The impact of no shows continues to have a negative impact on revenue. The implementation of the enhanced No Show policy is anticipated to have a positive impact on managing resources.
- ❖ **Psychiatry**
- Patient Experience: The target is 81-83%, with July being 91.7% but not enough to get back to the YTD target of 81-83%. We hope to continue this trend with the goal of improving YTD outcome
 - No Show: The target is 8-10%, with July being 15.1% and YTD being 16.5%. Starting in April we were able to separate the no show data for therapy and psychiatry which provides more specific data. An enhanced No Show policy and procedure was implemented on 7/20/20.
 - Net Income: The target is \$10,386-\$15, 578, with July being \$11,531. July is the first month in 2020 to hit target. We will continue to monitor this trend with the goal of improving YTD outcome.
- ❖ **Day Services**
- Net Income: Day Services continued to be impacted by COVID-19 with guidelines and recommendations for smaller gatherings and social distancing. We operated in July at maximum occupancy based on our current restrictions to maintain safe and sanitary practices. Net income will continue to be a challenge as we learn our new operating environment.

❖ **Residential Group Home**

- Vacancy: Overall improved to 9.4% in July from 11.0% in June. Projections show the vacancy rate improving for August with continued success of recruitment for open positions. YTD we remain off target at 11.3% with a goal of 7-9%.

❖ **Residential Services**

- Vacancy: Residential Services rate rose to 19.5% in July from 10.2% in June. The reason for the large jump was a large number of retirements and that is why the retention rate remains at 100%. We are seeing a solid applicant flow and anticipate the vacancy rate to improve for August and will get back on track YTD by the end of the third quarter.
- Net Income: Residential Services monthly net income target is \$3,845 to \$5,768 and in July we had a net loss of \$261. We continue to see positive movement month over month, Forest Jackson continues to be our opportunity area and as operations continue to adjust we anticipate hitting our goal for the month of August and future months to come.

❖ **Aquatic Services:**

- Net Income target for Aquatic Services is \$2,275 - \$3,413 per month. For July net income exceeded target at \$5,196. Net income YTD remains negative at (\$4,145) below target but is showing improvement from June. Aquatic Services slowly began on June 1 as a result we anticipate an increase in revenue by adding back a Physical Therapist who was out on leave and a new Physical Therapy Assistant to increase our number of patients we can serve.

❖ **MVCC Overall:**

- Vacancy: The month of July showed an 8.5% vacancy rate with a target range of 7-9%; however, the year to date while improving down to 12.3%, remains above target. Focus remains on determining changes with student's full time equivalent statuses when returning to school and ongoing recruitment to fill those openings in September. We currently have another Nurse Aide class scheduled for September and have 4 staff that will be in this course.
- Retention: We had 2 resignations for the month of July; 1 involuntary resignation and 1 voluntary resignation due to relocation out of state. July's retention rate is at 87.4% and YTD we are at 78.4% which is a trend improvement from June. The Mount View team continues to focus on retention looking for ways to reduce caregiver burnout and improve work life balance for these high turnover positions.
- Nursing Home Star Rating: Nursing Home Star Rating for Mount View remains a 3 Star. At this time with the COVID-19 pandemic there is a suspension of all health care surveys. Mount View was due for its annual survey and with this suspension the opportunity to improve health surveys star rating is on hold at this time. We are still awaiting a verification visit for a self-report that resulted in a citation that will negatively affect our star rating when it is re-enforced.

❖ **Pine Crest Overall:**

- Readmission: Annual average target is 10%-12%. Pine Crest experienced a 16.7% readmission rate for the month of July, which exceeds the established target. This percentage is elevated based on the low number of admissions that occurred during the month. YTD remains slightly off track at 13.8% with an active action plan in place for improvement.
- Nursing Home Star Rating: Pine Crest will remain at an overall 3 star rating through 2020. Improvement in the quality metric domain of the rating system was experienced over the past month, improving from 3 to 4 stars. Submission of staffing data reconvened in August with the staffing star rating anticipating to be updated in October.
- Average Net Income: Target is \$24,836-\$37,253 per month. For the month of July a negative net income of (\$223,682) was experienced, with a positive net income of \$56,017 YTD. July's number does not include additional state CPE funds that were received. An annualized adjustment would have account for approximately \$300,000 in additional revenue for the month. This adjustment will be made and accounted for in the month of August.

Support Programs

❖ **Nutrition Services**

- Vacancy: Nutritional Services vacancy improved in July but the year to date remains slightly above target at 9.1% (target is 7-9%). We expect this to hit target shortly.
- Retention: Nutrition Services retention rate remains approximately 22% off target year to date. We had an 8% turnover rate in June that was reduced to 3.5% in July. Turnovers continue to vary between people being promoted internally and external losses usually to non-healthcare organizations. As stated in the overall NCHC dashboard a new strategy has been formulated and implementation started early July which will has already shown improvement to these numbers and we anticipate this trend to continue.

❖ **Human Resources**

- Retention: Human Resources had one employee turnover, our Human Resources Coordinator; as a result the retention rate was not achieved. This position has been filled and the program has no further vacancies, with no further vacancies the retention number should improve over the remainder of the year.

❖ **Marketing and Communications**

- Retention: Marketing and Communications had one of the two staff members relocate to be closer to family. The position has since been filled.

❖ **Patient Access Services**

- Retention: Due to a voluntary termination earlier in the year, and the relative small size of the Patient Access Services group, it is projected that another employee may resign prior to the end of the year.



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North Central Community Services Program Board

Nominating Slate and Ballot for 2020 Board Officers
Term: Unexpired Term Beginning September 2020

VICE CHAIR:

- Eric Anderson
- _____

SECRETARY/TREASURER:

- Kurt Gibbs
- _____

Name: _____

2020 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Review of Board Policy	Board	Jan-20	Board reviews and approves all Board Policies by December 31	Ongoing, Policies have been dispersed equally and timely throughout the year.	Open												
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The HSRI team will be circling back with a few key informants on the impacts of COVID as an addition to their work thus far. Report is expected in the 4th Quarter 2020. Community engagement will be on hold.	Open												
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending												
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	The written evaluation has been completed but the in-person review of the evaluation has not been completed.	Open												
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open												
Recommend Annual Budget to Counties	Board	Apr-20	Budget recommendation to the Counties by October 1st	The first draft of the Budget was reviewed the week of August 17th. On target for September Board meeting presentation.	Open												
Develop a Board Recruitment Plan	Governance Committee	Jun-20	Board Recruitment Plan reviewed and approved by the NCCSP Board	The Governance Committee met on Wednesday August 19th and developed a priority index for recruitment and development. Plan will be approved by Board in September.	Open												
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	The Executive Committee is working on reviewing and proposing new performance standards for 2021. This work will likely continue through October.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	Initial presentation made at June Board meeting. Subsequent Board presentations will continue as the Board works to articulate a Diversity, Equity, and Inclusion strategy for the organization. An internal team is also working on developing supporting structure to these initiatives.	Open												
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	Performed annually at the September NCCSP Board meeting. The self-evaluation has been updated and is being sent to the Board in advance of the September Board meeting.	Open												
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Board will review current plan performance and approve the plan for the upcoming year in December.	Pending												
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	A plan for the annual review in September has been made by the Governance Committee and is being prepared.	Open												
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	The Executive Committee is working to prepare the Annual CEO Succession Exercise for the Board's October meeting.	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in November.	Pending												
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Board will review current plan performance and approve the Utilization Review Plan for the upcoming year in December.	Pending												
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Following the Board Self-Evaluation discussion in September, a development plan and calendar will be developed for 2021.	Pending												
Provide Monthly Program and Service Report	Executive Committee	Monthly	CEO provides a monthly Programs and Services report to the Executive Committee	Ongoing.	Open												

SOBER LIVING FACILITY - Adjusted Pro Forma 8/21/2020

Budget Year	Project Start-up	Project Start-Up w/Bid	Project Start-up Adjusted	2021	2022	2023	2024	2025
BUILDING AND IMPROVEMENTS EXPENSE								
Building Purchase	135,000	130,000	130,000					
Exterior Renovations	25,000	18,132						
Interior Renovations	75,000	129,053						
Parking Lot Repair/Replacement/Site Work	25,000	69,045						
Contingency		32,434						
Alt. Bid - New Windows, Window Coverings, Insulation		26,189						
Improvements Sub-Total	125,000	274,853	150,000					
Building and Improvements Expense Sub-Total	260,000	404,853	280,000					
Operating Expenses								
Apricity Sober Living Model	10,000	10,000	10,000					
Furnishings TV/Beds/Sofas/Tables/Chairs,etc	5,000	5,000	5,000		-	-	-	-
Program Expenses	1,000	1,000	1,000	5,000	5,000	5,000	5,000	5,000
Utilities (Heat/AirCon/Water/Sewer)	1,500	-	-	3,000	3,030	3,060	3,091	3,122
Waste removal	720	-	-	720	727	734	742	749
Telephone/Internet/Cable	-	-	-	4,300	4,343	4,386	4,430	4,475
Lawn/Snow Removal	600	-	-	-	-	-	-	-
Cleaning and other Supplies	500	500	500	5,000	5,000	5,000	5,000	5,000
Food	-	-	-	12,000	12,120	12,241	12,364	12,487
Linens/Bedding/Towels	600	600	600	300	-	300	300	300
Utensils/Kitchen appliances	600	600	600	300	300	300	300	300
Dishwasher/Washer/Dryer/Garbage Disposal	1,800	1,800	1,800	-	-	-	-	-
Travel Expense	-	-	-	500	500	500	500	500
Minor Building Repairs/maintenance	-	-	-	-	-	-	-	-
IT Device Support	-	-	-	1,650	1,667	1,683	1,700	1,717
North Central Healthcare Coordinator	-	-	-	60,000	61,800	31,827	32,782	16,883
Operating Expenses Sub-Total	22,320	19,500	19,500	92,770	94,487	65,033	66,208	50,533
Total Expenses	282,320	699,206	299,500	92,770	94,487	65,033	66,208	50,533
Rental Revenue	-	14,700	14,994	29,400	29,988	30,588	31,200	31,824
Langlade County Levy	-	20,000	20,000	20,000	20,000	20,000	20,000	20,000
City One-time	150,000	150,000	150,000					
County One-time	130,000	130,000	130,000					
Donations	130,000	110,200	110,200					
Grants								
Other Funding Source								
Total Revenues	410,000	424,900	425,194	49,400	49,988	50,588	51,200	51,824
Net Operation	127,680	(274,306)	125,694	(43,370)	(44,499)	(14,445)	(15,009)	1,291
Balance Impacts Fund Balance	127,680	(274,306)	125,694	(43,370)	(44,499)	(14,445)	(15,009)	1,291

MEMORANDUM OF UNDERSTANDING
BY AND BETWEEN
NORTH CENTRAL HEALTH CARE
AND
LANGLADE COUNTY

THIS AGREEMENT is made and entered into by and between North Central Health Care (“NCHC”) and Langlade County (“County”), each of which is organized and existing under the laws of the State of Wisconsin, which are signatories to this Agreement.

RECITALS

WHEREAS, NCHC proposes to operate a sober living program, for a trial period not to exceed five (5) years at a facility owned by Langlade County (NCHC Program Application dated February 11, 2018 is attached hereto and incorporated by reference herein to establish the original intent of NCHC and County); and

WHEREAS, County has purchased the facility located at 915 First Avenue, Antigo, Wisconsin, and agrees to own, maintain, and insure this property, maintain the zoning permits for use as sober living facility, and contribute Twenty Thousand (\$20,000.00) per year for a period not to exceed five (5) years toward the operation of a sober living facility (County Resolutions Nos. 13-2019 & 38-2019 are attached hereto and incorporated by reference herein); and

WHEREAS, County proposes to complete actions required to obtain a “closure” letter from the Wisconsin Department of Natural Resources (DNR) regarding the environmental status of this property as reported on Bureau of Remediation & Redevelopment Tracking System (BRRTS) given the property’s prior use as a railroad corridor

WHEREAS, County proposes to remodel the facility to “certifiable” Community Based Residential Facility (CBRF) standards as set forth in Wisconsin Administrative Code Chapter 83 and agrees to not seek any licensure of the facility without NCHC’s prior approval; and

WHEREAS, the parties propose to negotiate and enter into a Facility Maintenance and Use Agreement that establishes the responsibility of each party regarding the maintenance and use of the leased premises.

NOW THEREFORE, it is agreed between the parties’ governing bodies that:

After the County obtains a “closure” letter from the DNR and obtains confirmation in certifies in writing, an, that the facility is “certifiable” to the CBRF standards, then NCHC agrees to operate a sober living program using the Apricity Services model for up to eight (8) females, located at 915 First Avenue in Antigo, Wisconsin consistent with the terms of this Agreement

SECTION ONE: DEFINITIONS

The following definitions shall apply to this Agreement:

“Agreement” means this Memorandum of Understanding regarding the establishment of and the creation of a sober living facility located at 915 First Avenue, Antigo, Wisconsin.

“Facility” means the property located at 915 First Avenue, Antigo, Wisconsin.

“Governing Body” means the County Board of Langlade County and the North Central Community Services Program Board.

“Member Party” means North Central Health Care and Langlade County, respectively.

“Sober Living” is a recovery focused supportive housing program, operating under the guidance of the Apricity model. Program requirements include but are not limited to a “housing mentor” that resides at the facility and a “sober living coordinator” that is responsible to monitor, evaluate and coordinate the housing, meals, supplies, and the requirements of operation under the Apricity Services license.

SECTION TWO: PURPOSE OF AGREEMENT

This Agreement is created for the purpose of describing the responsibilities of Langlade County and NCHC for the creation and operation of a sober living facility.

SECTION THREE: LANGLADE COUNTY RESPONSIBILITIES

Langlade County will be responsible for the following:

1. Own a facility located 915 First Avenue, Antigo.
2. Maintain the zoning permits for use as sober living facility.
3. Contribute Twenty Thousand (\$20,000.00) per year for a period not to exceed five (5) years toward the operation of a sober living facility.
4. Obtain a “closure” letter from the Wisconsin Department of Natural Resources (DNR) regarding the environmental status of this property as reported on Bureau of Remediation & Redevelopment Tracking System (BRRTS) given the property’s prior use as a railroad corridor.
5. Certify in writing that the facility is “certifiable” to the CBRF standards.

6. Lease the facility to NCHC subject to the terms of a Facilities Maintenance and Use Agreement.
7. Provide NCHC with the County's eligibility requirements for individuals to reside at the sober living facility and/or to participate in the sober living program.

SECTION FOUR: NORTH CENTRAL HEALTH CARE RESPONSIBILITIES

NCHC will be responsible for the following:

1. Operate a sober living environment under the Apricity Services license for a trial period not to exceed five (years) at a facility located at 915 First Avenue, Antigo, Wisconsin.
2. Applying the County's eligibility requirements, make sober housing available for up to eight (8) female residents of Langlade County.
3. Lease the facility from the County subject to the terms of a Facilities Maintenance and Use Agreement.
4. Provide data to the County on an annual basis, including: the number of participants in the program, operating revenues and expenditures and reporting of outcomes for individuals completing the program.
5. Employ the appropriate staff, both professional and support, for the purpose of providing sober living utilizing the Apricity model.
6. Pursue alternative sources of revenues to operate the sober living facility, including grants, rents, scaling program to other partner Counties, etc.
7. Assist the County in evaluating the sober living program, and identifying future uses of this facility in the event the program is discontinued or this Agreement is terminated.

SECTION FIVE: LEASE OF FACILITY

The Member Parties agree to enter into a Facilities Maintenance and Use Agreement for this Facility.

SECTION SIX: INDEMNIFICATION

Each party shall indemnify the other Member Parties and their respective agents and employees, from and against any and all claims, damages, losses, and expenses, including reasonable attorney's fees incurred in the necessary prosecution or defense of any action, arising out of performance or nonperformance by that Member Party of any of its obligations under this Agreement and which is caused in whole or in part by that Member Party's negligent act or

omission, or that of its agents or employees, or anyone employed by it or for whose acts that it may be liable, or for any breach by it of any of the terms of this Agreement.

SECTION SEVEN: DISPUTE RESOLUTION

It is understood and agreed that all disputes which may arise under or in connection with this Agreement shall be resolved by mediation between the parties.

In order to invoke this dispute resolution procedure, a Member Party shall file a written notice setting forth the details of the dispute. The notice shall state that the Member Party is electing to resolve the dispute under the provisions of this Section.

Every effort shall be made to resolve disputes under this Section in a timely manner but, in no event, no longer than thirty (30) days from the date of the notice unless waived by the Member Party.

SECTION EIGHT: MISCELLANEOUS

1. Notices. Notices under this Agreement to a Member Party shall be sufficient if delivered to the regular business office of the Member Party.
2. Amendments to Agreement. This Agreement may be amended at any time if the amendment is approved by a majority vote of the Member Parties acting through their respective Governing Body.
3. Effective Date of Amendments. Any amendment of this Agreement shall become effective upon receiving notice of the approval of the amendment by the respective Governing Body of the Member Parties.
4. Severability. Should any portion, term, condition or provision of this Agreement be decided by a court of competent jurisdiction to be illegal or in conflict with any law of the State of Wisconsin, or be otherwise rendered unenforceable or ineffectual, the validity of the remaining portions, terms, conditions and provisions shall not be affected thereby.
5. Agreement Complete. The foregoing constitutes the full and complete Agreement of the parties. There are no oral understandings or agreements not set forth in writing herein.
6. Prohibition Against Assignment. No Member Party may assign any right, claim or interest it may have under this Agreement; and no creditor, assignee or third-party beneficiary of any Member Party shall have any right, claim, or title to any part, share, interest, fund or asset of the other Member Party.

7. Execution. This Agreement shall be executed on behalf of each Member Party, upon approval thereof by its Governing Body, by duly authorized officials. This Agreement may be executed in several counterparts, each of which shall be an original and all of which shall constitute but one and the same agreement.
8. Cooperation. It is the intention and agreement of the Parties that each Party shall provide its advice and full cooperation to the other Party, its employees, advisors, agents, contractors, and others working on their behalf, upon request, with respect to the performance under this Agreement, including, but not limited to, providing reasonable access to information, documents, plans, and other information held or created by or for any Party with respect to activities necessary or relevant to the performance hereunder, and upon request fully participating in any discussions between the Parties, their employees, advisors, agents, contractors, and others working on their behalf. The Parties acknowledge that the promise of such cooperation is a material inducement to the respective parties to entering into this Agreement.
9. Good Faith. The Parties agree to cooperate and act in good faith to meet the terms of this Agreement. As to the deadlines described in this Agreement, the Party seeking any extension shall deliver the request in writing to the other Party prior to the expiration of the deadline. In that case and as to other requests, the response shall not be unreasonably withheld or unduly delayed.
10. Waiver. A waiver by any party in any instance of any of the terms or conditions of this Agreement or of any breach or default of this Agreement shall not constitute a waiver of such terms or conditions for the future or a waiver of any subsequent breach or default hereunder.

SECTION NINE: TERM OF AGREEMENT

1. This Agreement shall be effective upon ratification and approval by the Governing Body of the respective Member Parties and shall remain in effect for a period of five (5 years).
2. Dissolution by Mutual Agreement. The parties agree that this Agreement may be dissolved during its term by mutual agreement between the Member Parties. Examples of reasons for consideration of dissolution by mutual agreement would be (1) mutual agreement that the NCHC is unable to sustain the operational expenses provided for under this Agreement; (2) change in funding priorities, goals, or objectives that may require different utilization of this Facility; (3) change in economic factors that warrant new consideration of the focus of the Agreement or; (4) other legitimate reasons. A Member Party may not withdraw from this Agreement prior to the end of the term of the Agreement unless by mutual agreement of the other member parties.
3. Destruction of Facility. Should the Facility be destroyed by fire or other natural cause, however caused, the County shall, to the extent of available insurance proceeds (within a

reasonable period of time and in not more than one hundred and eighty (180) days) rebuild the Facility in the condition it was preceding the casualty loss. The parties may decide, by mutual agreement, to not proceed with reconstruction of the Facility and not continue to operate the program provided for under this Agreement.

IN WITNESS WHEREOF, the Governing Body of each Member Party hereto have executed this Agreement as of this ____ day of _____, 2020.

NORTH CENTRAL HEALTH CARE

LANGLADE COUNTY

MEMORANDUM

DATE: August 14, 2020
TO: North Central Community Services Program Board
FROM: Jill Meschke, Chief Financial Officer
RE: Monthly CFO Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting.

1) Financial Results:

The financials show a loss for July of (\$274,087), compared to the targeted loss of (\$27,163) resulting in a negative variance of (\$246,923). ❶

2) Revenue Key Points:

- Overall revenue for July was short of budgeted target by (\$270,722). Net patient revenue was unfavorable to plan by (\$828,770). ❷ Mount View Care Center received an excess Supplemental Payment award in July of \$561,153, ❸ which improved the overall revenue results.
- Mount View Care Center census averaged 162 compared to the target of 183. Pine Crest census averaged 123 compared to the target of 155.
- Volume is the primary driver of the net patient revenue shortfall in the nursing homes accounting for (\$155,467) in Mount View and (\$185,716) in Pine Crest.
- The hospital census averaged 11 to a budget of 15 for the month of July resulting in a shortfall from net patient revenue plan of (\$94,033).
- Net patient revenue for the outpatient areas combined is short from plan by (\$347,659) in July.
- Administrative and bad debt write offs totaled (\$25,433) ❹ in July.
- In the month of July, all CARES Act funding was reclassified from Other Grant Revenues to Other Revenue. ❺ No additional CARES Act funding was received.

3) Expense Key Points:

- Overall expenses for July were favorable to plan \$28,077. ❻
- Salaries are \$321,043 ❼ favorable to budget for July in direct care programs and \$104,393 ❽ favorable to budget in indirect programs. This is partially due to suspension of merit increases and utilization of contract staff and providers.
- Benefits expenses are favorable to plan by \$182,544 ❿ driven by health insurance favorability of \$220,634.
- Contracted services of providers and staff represent the greatest unfavorable variance from plan of (\$460,528). ⓫ This offsets the favorable salaries results.
- Drugs expense was unfavorable to budget (\$175,344) ⓬ in July due to the addition of pharmacy services to Pine Crest Nursing Home. This expense is offset by additional revenue.
- Diversions were unfavorable to plan (\$65,980) ⓭ in July.

North Central Health Care
Balance Sheet
For the Period Ending July 31, 2020

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	4,349,075	3,909,172
Accounts Receivable		
Net Patient Receivable	5,599,710	5,033,951
Outpatient WIMCR & CCS	4,076,250	3,410,333
Nursing Home Supplemental Payment	(82,590)	875,000
County Appropriations Receivable	420,035	(872,868)
Net State Receivable	428,749	358,704
Other Accounts Receivable	711,499	320,909
Inventory	446,283	427,687
Prepaid Expenses	972,688	851,878
Total Current Assets	<u>16,921,699</u>	<u>14,314,766</u>
Noncurrent Assets		
Investments	12,084,000	13,646,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	91,690	41,962
Pool Project Receivable	1,732,590	3,213,262
Net Pension Assets	-	5,559,798
Nondepreciable Capital Assets	15,390,262	999,315
Net Depreciable Capital Assets	20,699,163	10,298,549
Total Noncurrent Assets	<u>50,997,705</u>	<u>34,758,886</u>
Deferred Outflows of Resources (Pensions)	<u>22,152,585</u>	<u>10,270,680</u>
TOTAL ASSETS	<u><u>90,071,990</u></u>	<u><u>59,344,332</u></u>

	<u>Current YTD</u>	<u>Prior YTD</u>
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	29,249	29,249
Trade Accounts Payable	756,023	400,559
Accrued Liabilities		
Salaries and Retirement	2,302,652	2,200,187
Compensated Absences	2,857,188	1,702,169
Health and Dental Insurance	670,000	847,000
Bonds	360,000	-
Interest Payable	163,538	-
Other Payables and Accruals	1,599,917	464,077
Payable to Reimbursement Programs	220,000	220,000
Unearned Revenue	(325,189)	(565,730)
Total Current Liabilities	<u>8,633,378</u>	<u>5,297,511</u>
Noncurrent Liabilities		
Net Pension Liability	9,445,451	944,541
Long-Term Portion of Capital Lease Liability	58,140	85,346
Long-Term Projects in Progress	13,321,306	343,429
Long-Term Debt and Bond Premiums	9,153,235	-
Patient Trust Funds	61,972	41,962
Total Noncurrent Liabilities	<u>32,040,105</u>	<u>1,415,278</u>
Deferred Inflows of Resources (Pensions)	<u>11,508,078</u>	<u>10,993,103</u>
TOTAL LIABILITIES	52,181,560	17,705,892
NET POSITION		
Net Investment in Capital Assets	36,070,146	11,297,864
Pool Project Restricted Capital Assets	1,732,590	3,213,262
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	1,571,207	387,268
Undesignated	(2,611,395)	27,390,031
Net Income / (Loss)	127,881	(1,649,984)
TOTAL NET POSITION	37,890,429	41,638,441
TOTAL LIABILITIES AND NET POSITION	<u><u>90,071,990</u></u>	<u><u>59,344,332</u></u>

North Central Health Care
Income Statement
For the Period Ending July 31, 2020

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	7,265,472	8,744,432	(1,478,959)	-16.9%	50,721,510	59,197,182	(8,475,672)	-14.3%
Patient Contractual Adjustments	(2,575,585)	(3,225,774)	650,189	20.2%	(17,704,030)	(21,707,166)	4,003,136	18.4%
Net Patient Revenue	4,689,888	5,518,658	(828,770)	-15.0%	33,017,480	37,490,016	(4,472,535)	-11.9%
County Revenue	417,915	418,151	(236)	-0.1%	2,925,402	2,927,054	(1,651)	-0.1%
Contracted Service Revenue	57,777	71,167	(13,390)	-18.8%	380,325	498,167	(117,842)	-23.7%
Grant Revenues and Contractuals	(2,023,717)	183,767	(2,207,483)	-1201.2%	1,690,781	1,286,367	404,415	31.4%
Appropriations	457,755	457,755	-	0.0%	3,204,286	3,204,286	-	0.0%
Other Revenue	3,483,263	690,708	2,792,555	404.3%	7,810,385	4,834,958	2,975,427	61.5%
Total Net Revenue	7,082,881	7,340,205	(257,324)	-3.5%	49,028,660	50,240,847	(1,212,187)	-2.4%
Direct Expenses								
Personnel Expenses	3,390,594	3,957,244	566,650	14.3%	22,878,903	26,731,134	3,852,231	14.4%
Contracted Services Expenses	1,017,515	547,343	(470,172)	-85.9%	6,809,384	3,824,734	(2,984,651)	-78.0%
Supplies Expenses	64,375	84,765	20,389	24.1%	408,170	587,689	179,519	30.5%
Drugs Expenses	542,496	367,152	(175,344)	-47.8%	3,095,726	2,568,902	(526,824)	-20.5%
Program Expenses	78,385	117,812	39,427	33.5%	555,130	814,690	259,560	31.9%
Land & Facility Expenses	20,707	26,727	6,020	22.5%	138,563	187,087	48,524	25.9%
Equipment & Vehicle Expenses	39,166	41,916	2,750	6.6%	275,217	288,013	12,796	4.4%
Diversions Expenses	140,980	75,000	(65,980)	-88.0%	1,151,102	525,000	(626,102)	-119.3%
Other Operating Expenses	182,306	151,435	(30,870)	-20.4%	1,095,569	1,055,107	(40,462)	-3.8%
Total Direct Expenses	5,476,523	5,369,394	(107,130)	-2.0%	36,407,763	36,582,355	174,592	0.5%
Indirect Revenues								
County Revenue	171,635	171,635	-	0.0%	1,201,447	1,201,447	-	0.0%
Contracted Service Revenue	2,500	2,500	-	0.0%	22,142	17,500	4,642	26.5%
Other Revenue	31,007	56,250	(25,243)	-44.9%	334,769	393,750	(58,981)	-15.0%
Total Net Revenue	216,988	230,385	(13,398)	-5.8%	1,570,303	1,612,697	(42,394)	-2.6%
Indirect Expenses								
Personnel Expenses	1,179,954	1,269,361	89,407	7.0%	7,849,937	8,683,996	834,059	9.6%
Contracted Services Expenses	11,030	5,000	(6,030)	-120.6%	40,524	35,000	(5,524)	-15.8%
Supplies Expenses	124,878	123,616	(1,262)	-1.0%	546,940	865,313	318,373	36.8%
Drugs Expenses	788	4,167	3,379	81.1%	698	29,167	28,469	97.6%
Program Expenses	15,360	20,671	5,311	25.7%	176,421	144,696	(31,726)	-21.9%
Land & Facility Expenses	289,017	309,619	20,602	6.7%	2,043,325	2,167,330	124,005	5.7%
Equipment & Vehicle Expenses	133,783	124,554	(9,228)	-7.4%	851,354	871,879	20,525	2.4%
Other Operating Expenses	371,678	404,706	33,028	8.2%	2,760,224	2,897,940	137,716	4.8%
Total Indirect Expenses	2,126,486	2,261,693	135,207	6.0%	14,269,422	15,695,321	1,425,898	9.1%
Total Operating Expenses	7,603,010	7,631,087	28,077	0.4%	50,677,186	52,277,676	1,600,490	3.1%
Metrics								
Indirect Expenses/Direct Expenses	38.8%	42.1%			39.2%	42.9%		
Direct Expense/Gross Patient Revenue	75.4%	61.4%			71.8%	61.8%		
Non-Operating Income/Expense								
Interest Income/Expense	(17,064)	(30,833)	13,769	-44.7%	(174,923)	(215,833)	40,910	-19.0%
Donations Income	(10,672)	-	(10,672)	0.0%	(32,867)	-	(32,867)	0.0%
Other Non-Operating	(1,318)	(2,500)	1,182	-47.3%	1,686	(17,500)	19,186	-109.6%
Total Non-Operating	(29,055)	(33,333)	4,278	-12.8%	(206,103)	(233,333)	27,230	-11.7%
Net Income (Loss)	(274,087)	(27,163)	(246,923)	909.0%	127,881	(190,799)	318,680	-167.0%

North Central Health Care
Statement of Cash Flows
For Month Ending July 31, 2020

Cash, Beginning of Period (June 30, 2020)		5,090,805
Operating Activities		
Net Income (Loss)	(274,087)	
Adjustments to Reconcile Net Income		
Depreciation	(218,405)	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	(104,275)	
Prepaid Expenses	44,984	
Transfer from Pine Crest	192,928	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	(136,937)	
Accrued Current Liabilities	(1,037,386)	
Net Change in Patient Trust Funds	(2,898)	
Unearned Revenue	<u>657,662</u>	
Net Cash from Operating Activities		(878,414)
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	49,899	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	<u>-</u>	
Net Cash from Investing Activities		49,899
Financing Activities		
Appropriations Advancement	-	
Bonds and Interest	105,785	
Net Change in Purchase/Sale of Investments	<u>(19,000)</u>	
Net Cash from Financing Activities		<u>86,785</u>
Net Increase (Decrease) in Cash During Period		<u>(741,730)</u>
Cash, End of Period (July 31, 2020)		4,349,075

North Central Health Care
Statement of Revenues and Expenses
For the Period Ending July 31, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>MTD Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>YTD Variance</u>
Total Operating Revenue	7,299,868	7,573,091	(273,223)	50,608,453	51,871,044	(1,262,591)
Salaries and Wages	3,300,752	3,684,159	(383,407)	22,341,049	24,960,448	(2,619,399)
Fringe Benefits	1,244,925	1,534,946	(290,021)	8,266,714	10,402,182	(2,135,468)
Departments Supplies	1,041,971	875,712	166,259	6,557,761	6,118,080	439,680
Purchased Services	896,978	573,406	323,572	5,753,877	4,070,512	1,683,365
Utilitites/Maintenance Agreements	525,196	360,279	164,917	3,630,962	2,514,724	1,116,238
Personal Development/Travel	21,145	43,740	(22,596)	165,543	306,148	(140,605)
Other Operating Expenses	172,373	209,059	(36,686)	1,033,197	1,458,413	(425,216)
Insurance	41,355	43,611	(2,256)	290,256	303,943	(13,687)
Depreciation & Amortization	217,336	222,842	(5,506)	1,486,725	1,559,892	(73,167)
Client Purchased Services	140,980	75,000	65,980	1,151,102	525,000	626,102
	<u>7,603,010</u>	<u>7,622,754</u>	<u>(19,744)</u>	<u>50,677,186</u>	<u>52,219,342</u>	<u>(1,542,157)</u>
Nonoperating Income	<u>29,055</u>	<u>30,833</u>	<u>(1,778)</u>	<u>196,612</u>	<u>215,833</u>	<u>(19,221)</u>
Excess Revenue/(Expense)	<u>(274,087)</u>	<u>(18,830)</u>	<u>(255,257)</u>	<u>127,880</u>	<u>(132,465)</u>	<u>260,345</u>

North Central Health Care
Review of 2020 Programs by Service Line
For the Year-to-Date Period Ending July 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
BEHAVIORAL HEALTH SERVICES							
Hospital	2,119,428	2,523,747	(404,320)	2,559,998	2,543,398	(16,600)	(420,920)
Hospital Psychiatry	223,378	249,640	(26,262)	967,059	977,750	10,691	(15,571)
Psychiatry Residency	183,162	183,750	(588)	250,549	264,028	13,479	12,890
Contract Services	-	-	-	1,297,783	547,164	(750,619)	(750,619)
Crisis	394,595	347,374	47,221	1,582,205	1,422,695	(159,511)	(112,289)
MMT	75,960	561,856	(485,896)	714,823	908,051	193,228	(292,668)
CBRF	572,174	709,071	(136,897)	453,576	709,071	255,495	118,599
Youth Hospital (eff: April for Exp)	-	377,540	(377,540)	66,666	669,677	603,011	225,471
Subtotal-Behavioral Health	3,568,696	4,952,977	(1,384,281)	7,892,658	8,041,832	149,174	(1,235,107)
COMMUNITY SERVICES							
Outpatient Services-Marathon Co	715,757	914,561	(198,804)	1,150,658	1,164,475	13,816	(184,987)
Outpatient Services-Lincoln Co	180,388	244,533	(64,145)	207,007	379,618	172,611	108,466
Outpatient Services-Langlade Co	180,452	401,508	(221,056)	276,430	476,888	200,458	(20,598)
Outpatient Psychiatry	602,045	688,608	(86,563)	2,343,154	2,393,175	50,021	(36,542)
Community Treatment Adult- Marathon	2,734,509	2,617,937	116,572	2,657,965	2,617,937	(40,028)	76,543
Community Treatment Adult- Lincoln	541,137	448,233	92,903	393,468	448,233	54,765	147,669
Community Treatment Adult- Langlade	364,199	407,517	(43,318)	307,061	407,517	100,456	57,138
Community Treatment Youth-Marathon	3,227,361	2,281,465	945,897	2,993,744	2,281,465	(712,280)	233,617
Community Treatment Youth-Lincoln	1,037,852	1,058,400	(20,548)	990,678	1,058,400	67,722	47,174
Community Treatment Youth-Langlade	852,370	817,250	35,120	812,017	817,250	5,233	40,354
Clubhouse	112,744	174,427	(61,682)	185,799	228,093	42,294	(19,388)
Sober Living	-	74,667	(74,667)	171	74,667	74,496	(171)
Subtotal-Community Services	10,548,814	10,129,105	419,709	12,318,152	12,347,718	29,565	449,274
COMMUNITY LIVING							
Adult Day Services-Marathon	302,557	484,391	(181,834)	324,261	424,384	100,123	(81,711)
Prevocational Services-Marathon	295,257	453,250	(157,993)	379,783	513,258	133,475	(24,518)
Prevocational/Day Services-Langlade	139,605	220,500	(80,895)	167,128	220,500	53,372	(27,523)
Lincoln Industries-Lincoln	559,719	1,110,083	(550,364)	729,109	1,110,083	380,974	(169,390)
Andrea St Group Home	277,601	305,667	(28,065)	250,306	293,010	42,703	14,638
Chadwick Group Home	299,802	310,333	(10,531)	235,284	302,607	67,323	56,791
Bissell Street Group Home	331,035	331,333	(298)	231,535	317,924	86,389	86,091
Heather Street Group Home	248,853	264,833	(15,981)	253,567	298,626	45,059	29,079
Jelinek Apartments	455,847	468,417	(12,570)	403,838	429,375	25,537	12,967
River View Apartments	412,548	365,750	46,798	328,319	362,434	34,115	80,913
Forest Street Apartments	207,035	360,500	(153,465)	311,982	342,287	30,305	(123,160)
Fulton Street Apartments	146,243	151,083	(4,840)	214,334	211,654	(2,680)	(7,520)
Youth Crisis Stabilization Group Home	-	-	-	1,511	-	1,511	1,511
Subtotal-Community Living	3,676,102	4,826,141	(1,150,039)	3,830,958	4,826,142	998,206	(151,833)
NURSING HOMES							
MVCC Daily Services	11,628,122	11,444,623	183,500	11,972,276	12,761,021	788,745	972,245
MVCC Ancillary Services	1,177,957	1,231,262	(53,305)	653,964	789,864	135,900	82,594
Aquatic	371,484	596,570	(225,086)	600,201	796,271	196,070	(29,016)
Pine Crest-Daily Services	7,419,363	7,670,542	(251,179)	7,610,262	7,927,684	317,421	66,243
Pine Crest-Ancillary Services	822,326	764,750	57,576	832,551	764,750	(67,801)	(10,226)
Subtotal-Nursing Home	21,419,252	21,707,746	(288,494)	21,669,255	23,039,589	1,370,334	1,081,840
Pharmacy	4,179,616	3,781,397	398,220	3,911,427	3,781,397	(130,031)	268,189
OTHER PROGRAMS							
Birth To Three	467,742	-	467,742	467,742	-	(467,742)	0
Protective Services	411,594	-	411,594	424,884	-	(424,884)	(13,290)
Demand Transportation	229,054	251,944	(22,890)	162,110	251,944	89,834	66,944
Subtotal-Other Programs	1,108,390	251,944	856,446	1,054,736	251,944	(802,792)	53,654
Total NCHC Service Programs	44,500,870	45,649,310	(1,148,440)	50,677,186	52,288,621	1,614,457	466,017
Base County Allocation	2,925,402	2,927,054	(1,651)				(1,651)
Nonoperating Revenue	174,508	215,833	(41,325)				(41,325)
County Appropriation	3,204,286	3,204,288	(2)				(2)
Grand Total NCHC	50,805,066	51,996,485	(1,191,418)	50,677,186	52,288,621	1,611,435	423,039

North Central Health Care
Review of Services in Langlade County
For the Year-to-Date Period Ending July 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	180,452	401,508	(221,056)	276,430	476,888	200,458	(20,598)
Community Treatment-Adult	364,199	407,517	(43,318)	307,061	407,517	100,456	57,138
Community Treatment-Youth	852,370	817,250	35,120	812,017	817,250	5,233	40,354
Sober Living	-	74,667	(74,667)	171	74,667	74,496	(171)
Day Services	139,605	220,500	(80,895)	167,128	220,500	53,372	(27,523)
	1,536,626	1,921,442	(384,815)	1,562,806	1,996,822	434,015	49,200
Shared Services							
Inpatient	233,137	277,611	(44,474)	281,600	279,774	(1,826)	(46,300)
Hospital Psychiatry	24,572	27,460	(2,889)	106,376	107,553	1,176	(1,713)
Residency Program	20,148	20,213	(65)	27,560	29,043	1,483	1,418
Youth Hospital	-	96,902	(96,902)	7,333	73,664	66,331	(30,571)
CBRF	62,939	77,998	(15,059)	49,893	77,998	28,105	13,046
Crisis	43,405	38,211	5,194	174,043	156,497	(17,546)	(12,352)
MMT (Lakeside Recovery)	8,356	61,804	(53,449)	78,630	99,885	21,255	(32,194)
Outpatient Psychiatry	66,225	75,747	(9,522)	257,747	263,249	5,502	(4,020)
Protective Services	45,275	-	45,275	46,737	-	(46,737)	(1,462)
Birth To Three	47,889	-	47,889	47,889	-	(47,889)	0
Group Homes	112,656	117,998	(5,342)	94,639	117,998	23,359	18,017
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	142,756	60,188	(82,568)	(82,568)
	664,602	793,944	(129,342)	1,315,205	1,265,848	(49,356)	(178,698)
Total NCHC Programming	2,201,228	2,715,386	(514,158)	2,878,011	3,262,670	384,659	(129,499)
Base County Allocation	465,810	465,810	-				-
Nonoperating Revenue	11,281	16,701	(5,420)				(5,420)
County Appropriation	88,011	88,011	-				-
Excess Revenue/(Expense)	2,766,330	3,285,908	(519,578)	2,878,011	3,262,670	384,659	(134,918)

North Central Health Care
Review of Services in Lincoln County
For the Year-to-Date Period Ending July 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	180,388	244,533	(64,145)	207,007	379,618	172,611	108,466
Community Treatment-Adult	541,137	448,233	92,903	393,468	448,233	54,765	147,669
Community Treatment-Youth	1,037,852	1,058,400	(20,548)	990,678	1,058,400	67,722	47,174
Lincoln Industries	559,719	1,110,083	(550,364)	729,109	1,110,083	380,974	(169,390)
	2,319,096	2,861,250	(542,154)	2,320,262	2,996,335	676,073	133,919
Shared Services							
Inpatient	317,914	378,562	(60,648)	384,000	381,509	(2,490)	(63,138)
Inpatient Psychiatry	33,507	37,446	(3,939)	145,059	146,662	1,603	(2,336)
Residency Program	27,474	27,563	(88)	37,582	39,604	2,022	1,934
Youth Hospital	-	56,631	(56,631)	10,000	175,790	165,790	109,159
CBRF	85,826	106,361	(20,535)	68,036	106,361	38,325	17,790
Crisis	59,189	52,106	7,083	237,331	213,404	(23,926)	(16,843)
Outpatient Psychiatry	90,307	103,291	(12,985)	351,473	358,976	7,503	(5,481)
MMT (Lakeside Recovery)	11,394	84,278	(72,884)	107,223	136,208	28,984	(43,900)
Protective Services	61,739	-	61,739	63,733	-	(63,733)	(1,994)
Birth To Three	70,413	-	70,413	70,413	-	(70,413)	0
Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	194,667	82,074	(112,593)	(112,593)
	757,763	846,238	(88,475)	1,669,517	1,640,590	(28,927)	(117,402)
Total NCHC Programming	3,076,859	3,707,488	(630,629)	3,989,779	4,636,925	647,146	16,516
Base County Allocation	484,153	484,153	-				-
Nonoperating Revenue	15,745	23,280	(7,534)				(7,534)
County Appropriation	302,845	302,845	-				-
Excess Revenue/(Expense)	3,879,602	4,517,765	(638,164)	3,989,779	4,636,925	647,146	8,982

North Central Health Care
Review of Services in Marathon County
For the Year-to-Date Period Ending July 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	715,757	914,561	(198,804)	1,150,658	1,164,475	13,816	(184,988)
Community Treatment-Adult	2,734,509	2,617,937	116,572	2,657,965	2,617,937	(40,028)	76,543
Community Treatment-Youth	3,227,361	2,281,465	945,897	2,993,744	2,281,465	(712,280)	233,617
Day Services	597,814	937,641	(339,827)	704,043	937,641	233,598	(106,229)
Clubhouse	112,744	174,427	(61,682)	185,799	228,093	42,294	(19,388)
Demand Transportation	229,054	251,944	(22,890)	162,110	251,944	89,834	66,944
Aquatic Services	371,484	596,570	(225,086)	600,201	796,271	196,070	(29,016)
Pharmacy	4,179,616	3,781,397	398,220	3,911,427	3,781,397	(130,031)	268,189
	12,168,340	11,555,941	612,399	12,365,949	12,059,222	(306,727)	305,672
Shared Services							
Inpatient	1,568,377	1,867,571	(299,195)	1,894,398	1,882,115	(12,284)	(311,479)
Inpatient Psychiatry	165,300	184,734	(19,434)	715,624	723,535	7,912	(11,522)
Residency Program	135,540	135,975	(435)	185,406	195,381	9,974	9,539
Youth Hospital	-	279,380	(279,380)	49,333	495,561	446,228	166,848
CBRF	423,409	524,712	(101,303)	335,646	524,712	189,066	87,763
Crisis Services	292,000	257,057	34,943	1,170,832	1,052,794	(118,038)	(83,094)
MMT (Lakeside Recovery)	56,210	415,773	(359,563)	528,969	671,957	142,989	(216,574)
Outpatient Psychiatry	445,513	509,570	(64,057)	1,733,934	1,770,950	37,016	(27,041)
Protective Services	304,579	-	304,579	314,414	-	(314,414)	(9,835)
Birth To Three	349,440	-	349,440	349,440	-	(349,440)	0
Group Homes	1,044,635	1,094,169	(49,534)	877,565	1,094,169	216,604	167,070
Supported Apartments	1,221,673	1,345,750	(124,077)	1,258,474	1,345,750	87,276	(36,800)
Contracted Services	-	-	-	960,359	404,901	(555,458)	(555,458)
	6,006,676	6,614,691	(608,015)	10,374,394	10,161,825	(212,569)	(820,584)
Total NCHC Programming	18,175,015	18,170,632	4,384	22,740,342	22,221,047	(519,296)	(514,912)
Base County Allocation	1,975,438	1,977,091	(1,653)				(1,653)
Nonoperating Revenue	147,482	175,853	(28,371)				(28,371)
County Appropriation	1,681,290	1,681,290	-				-
Excess Revenue/(Expense)	21,979,225	22,004,865	(25,640)	22,740,342	22,221,047	(519,296)	(544,936)

North Central Health Care
Review of Services in Mount View Care Center
For the Year-to-Date Period Ending July 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	2,403,594	2,093,873	309,721	2,558,023	2,343,540	(214,483)	95,237
Legacies	5,158,961	5,263,374	(104,412)	4,900,269	5,888,707	988,438	884,025
Post Acute Care	1,509,396	1,439,938	69,458	1,715,561	1,745,870	30,309	99,767
Vent Unit	2,556,171	2,647,438	(91,267)	2,798,422	2,782,904	(15,518)	(106,784)
Nursing Home Ancillary	32,747	58,333	(25,587)	34,537	58,333	23,796	(1,790)
Rehab Services	1,145,210	1,172,929	(27,719)	619,427	731,530	112,103	84,385
Total NCHC Programming	12,806,079	12,675,885	130,194	12,626,240	13,550,885	924,645	1,054,839
County Appropriation	875,000	875,000	-				-
Excess Revenue/(Expense)	13,681,079	13,550,885	130,194	12,626,240	13,550,885	924,645	1,054,839
Aquatic	371,484	596,570	(225,086)	600,201	796,271	196,070	(29,016)

North Central Health Care
Review of Services in Pine Crest Nursing Home
For the Year-to-Date Period Ending July 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	1,535,309	4,629,916	(3,094,606)	1,236,303	4,642,399	3,406,096	311,490
Rehab Care (Post Acute)	4,154,142	1,276,410	2,877,733	4,759,633	1,382,196	(3,377,438)	(499,705)
Hospice Care	542,767	650,939	(108,172)	633,030	743,434	110,404	2,232
Special Care	1,187,144	1,113,277	73,867	981,296	1,159,656	178,360	252,227
Nursing Home Ancillary	208,986	204,167	4,819	285,257	204,167	(81,090)	(76,271)
Rehab Services	613,340	560,583	52,756	547,295	560,583	13,289	66,045
Total NCHC Programming	8,241,689	8,435,292	(193,603)	8,442,814	8,692,434	249,620	56,017
County Appropriation	257,142	257,142	0				0
Excess Revenue/(Expense)	8,498,831	8,692,434	(193,603)	8,442,814	8,692,434	249,620	56,017

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending July 31, 2020

	<u>MTD</u>	<u>YTD</u>	<u>Prior YTD</u>
Inpatient			
Administrative Write-Off	16,486	218,893	38,940
Bad Debt	3	4,414	599
Outpatient			
Administrative Write-Off	8,196	83,541	59,833
Bad Debt	(15)	1,297	2,529
Nursing Home Daily Services			
Administrative Write-Off	229	16,931	8,560
Bad Debt	478	2,041	1,437
Nursing Home Ancillary Services			
Administrative Write-Off	-	352	1,858
Bad Debt	-	-	-
Pharmacy			
Administrative Write-Off	6	109	845
Bad Debt	-	379	14
Grand Total			
Administrative Write-Off	24,917	319,825	110,036
Bad Debt	466	8,131	4,579

North Central Health Care
Invested Cash Reserves
For the Period Ending July 31, 2020

<u>Institution</u>	<u>Length</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Amount</u>
People's State Bank	365 Days	8/21/2020	1.74%	500,000
Abby Bank	730 Days	8/29/2020	2.57%	500,000
Abby Bank	730 Days	9/1/2020	2.57%	500,000
PFM Investments	273 Days	9/8/2020	1.66%	492,000
Abby Bank	365 Days	10/29/2020	1.82%	500,000
PFM Investments	365 Days	12/4/2020	1.60%	490,000
CoVantage Credit Union	456 Days	12/9/2020	2.00%	500,000
PFM Investments	365 Days	12/17/2020	1.80%	490,000
Abby Bank	365 Days	12/30/2020	1.40%	500,000
PFM Investments	365 Days	12/30/2020	1.60%	980,000
Abby Bank	730 Days	1/6/2021	2.65%	500,000
BMO Harris	335 Days	1/26/2021	1.50%	500,000
CoVantage Credit Union	456 Days	1/29/2021	2.00%	300,000
PFM Investments	368 Days	2/14/2021	1.60%	490,000
CoVantage Credit Union	455 Days	2/19/2021	2.00%	500,000
Abby Bank	730 Days	2/25/2021	2.69%	500,000
CoVantage Credit Union	455 Days	3/3/2021	2.00%	500,000
CoVantage Credit Union	730 Days	3/8/2021	2.72%	500,000
PFM Investments	271 Days	4/5/2021	0.25%	486,000
BMO Harris	334 Days	4/30/2021	0.75%	500,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
PFM Investments	365 Days	7/8/2021	0.45%	487,000
Total Invested Funds				12,065,000
Weighted Average	459.31 Days		1.73%	Interest

North Central Health Care
Fund Balance Review
For the Year-to-Date Period Ending July 31, 2020

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	35,366,582	2,878,011	12,432,593	50,677,186
General Fund Balance Targets				
Minimum (20% Operating Expenses)	7,073,316	575,602	2,486,519	10,135,437
Maximum (35% Operating Expenses)	12,378,304	1,007,304	4,351,407	17,737,015
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	7,323,316	825,602	2,736,519	10,885,437
Maximum Target	12,628,304	1,257,304	4,601,407	18,487,015
Total Net Position at Period End	50,805,067	2,766,330	12,378,433	65,949,829
Fund Balance Above/(Below)				
Minimum Target	43,481,750	1,940,728	9,641,914	55,064,392
Maximum Target	38,176,763	1,509,026	7,777,025	47,462,814
<i>County Percent of Total Net Position</i>	<i>77.0%</i>	<i>4.2%</i>	<i>18.8%</i>	<i>100.0%</i>
Share of Invested Cash Reserves	9,309,022	506,875	2,268,103	12,084,000
<i>Days Invested Cash on Hand</i>	<i>56</i>	<i>38</i>	<i>39</i>	<i>51</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	14,943,626	1,216,061	5,253,208	21,412,895
Invested Cash Reserves Above/(Below) Target	(5,634,604)	(709,186)	(2,985,106)	(9,328,895)



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: August 24, 2020
TO: North Central Community Services Program Board
FROM: Dr. Robert Gouthro, Chief Medical Officer
RE: CMO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

1) **Residency & Education:**

- The recently installed video system has greatly improved resident supervision, and by extension patient care, by allowing real time, unobtrusive, video observation of resident encounters prior to attending staffings.
- MCW Residents rotating on the NCHC inpatient units are placing an increased focus on medical student education this year, with an aim of improving psychiatric knowledge and training for all students, no matter specialty of interest; to increase their teaching and leadership skills; and to increase local recruitment.
- The CW Psychiatry Residency is preparing for this year's unprecedented recruitment season. Given the COVID pandemic, interview season is pushed back, residencies are not able to offer in person interviews, and the typical barriers to accepting interviews (cost of travel, travel and interview time) are now removed for applicants. This is both a positive and a negative in that it allows more the opportunity to interview with us, but with a personal investment no longer needed from applicants, it becomes more difficult to recognize those that are truly interested in our program and location.
- Dr. Butterworth will be piloting an evidence based trauma clinic to assist NCHC patients beginning in September.

2) **No-Show Rate:**

- As previously stated, the no-show rate continues to be monitored on a daily basis and data remains consistent with prior reports. Med management no-shows continue to be mildly decreased with phone contacts; therapy no shows do not appear to show the same benefit.
- The new NCHC no-show policy has been implemented as of July 1st. A few clients have begun to be transitioned to the new open access clinic, but we expect a significant increase in referrals from this source to increase later in the year as our clients have more of an opportunity to miss appointments. Again, clients will not be discharged from the clinic if they maintain interested in obtaining care, however they will be connected with our open access clinic which will allow for visits based on their availability. We will work to "meet the patients where they are" in regard to their ability to maintain a structured schedule.

3) **Patient Care and Provider Quality (BHS):**

- With Crisis Prevention Institute (CPI) train-the-trainer trainings completed, roll-out of the training has begun for the organization. Again, CPI will replace our previously utilized Management of Aggressive Behavior (MOAB) training, and is the training system most used by hospitals located within WI. CPI will provide the foundation for more consistent de-escalation, nonpharmacological response, and further ensure patient and staff safety during behavioral emergency responses.
- The Open Access Medication Management Clinic is now operational and organizational education on its existence and purpose is ongoing. It is slowly gaining use, and has already shown benefit as an access point for clients with immediate, sub crisis needs. Again, this clinic will serve current NCHC clients in assisting with non-crisis, acute issues; provider support; patient access; and maintenance of care with clients that have challenges attending scheduled appointments.
- Staffing changes have led to delay of our psycho-educational Open Access therapy groups. Roll out is now expected mid-September.
- Suicide attempts have increased nationally, and central Wisconsin has not been immune to this. Jennifer Peaslee will be presenting on NCHC occurrences during the September board meeting.
- NCHC is currently working to address increases in suicide attempts with focused training geared to our client and organizational needs. A list of 20 core competencies focused on safety risk identification and assessment have been identified, and a training program is being created to ensure a NCHC culture of safety is present. A brief presentation on this topic will be given during the August Board Meeting.
- Behavioral Health Services is working to decrease the number of steps, number of staff involved, and time needed for a person in crisis to have an outpatient appointment scheduled in order to decrease the failure points, loss to follow up, and no-show potential.
- Dr. Unal, NCHC's youth hospital medical director, is providing education to our physicians on best practices regarding various youth psycholegal and care topics in preparation for the hospital's opening. These education activities, and companion reference materials, will help to create a consistent, best practice approach, for child and adolescent care.



North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: August 20, 2020
TO: North Central Community Services Program Board
FROM: Jaime Bracken, Chief Nursing officer
RE: Monthly Nursing Services Report

The following items are general updates and communications to support the Board on key activities and/or updates of Nursing Services since our last meeting:

1. **Nursing and Clinical Staff Services Department**: A Mission and Vision for the Nursing Department has been created to set the foundation and direction of our department and how we can support all of the programs within the organization.
2. **Nursing Leadership Restructure**: A review of all nursing areas within the organization has been completed to develop and implement a structure that will provide the best clinical alignment and support. All long term care Directors of Nursing, Director of Pharmacy, Behavioral Health nurse leaders, infection control and lab services will report under the CNO. Future planning includes reviewing other areas to centralize services to provide efficient and consistent support to the clinical areas.
 - o This team will also provide nursing and clinical support to all areas with minimal nursing functions such as residential areas. This will allow collaboration and integration throughout the teams to ensure all staff is competent in their areas and to ensure safe patient care across the organization.
3. **Behavioral Health Services**: A large focus has also been spent learning and understanding our behavioral health services (BHS) program. We've identified a requisite leadership structure and are actively recruiting to fill our open positions. The structure will consist of a Director of Nursing for BHS who will oversee the nursing functions for both inpatient and outpatient areas. This will provide better collaboration across the service line as we continue to grow the program.
4. **Nursing Education**: With the organizational development team, we are working to create an action plan around our education and training requirements, new hire and on-boarding by:
 - o Developing a nurse education program to add nurse educators to the team. This will allow nursing education and organizational development to collaborate to ensure all staff has required education upon hire and on-going throughout the year.

- Creating a preceptor program for the organization. This will ensure that all staff training others are prepared and have the tools and resources to be able to on-board new staff to ensure competencies as well as a reduction in staff turnover.
5. **Clinical Excellence and Quality**: Work is beginning regarding collaboration with quality partners, providers and various members of our organization to review clinical metrics and identify gaps or areas of improvement.
- Currently working with infection prevention team to redeploy an enhanced Hand Hygiene Program for the organization. This will take our auditing to the next level and be able to provide all areas a stoplight trending report each month. The goal would be to roll this out by 10/1/20.
 - Reviewing all nursing related policies and procedures to ensure accuracy and create new documents to meet the needs of our programs.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: August 21st, 2020
TO: North Central Community Services Program Board
FROM: Jarret Nickel, Operations Executive
RE: Monthly Operations Report

The following items are general updates and communications to support the Board on key activities and/or updates of Operations since our last meeting:

1. **Workforce Status:** Our vacancy rate exceed target for the month of July which is in large part due to a continued strong recruitment campaign in 2020. Year to date we expect to achieve our goal for vacancy rate but anticipate missing our retention goal. Retention has been a challenge this year in large part due to Covid-19 and the impact to the culture of our organization. We are continuously working with our leadership teams on the importance of employee engagement during these unprecedented times.
2. **Skilled Nursing Operations:** Mount View Care Center and Pine Crest Nursing Home have done an excellent job managing operations and navigating through a continuously changing environment during the pandemic. We continue to have census challenges that can be attributed to the pandemic but also to the statewide trend of less demand for skilled nursing care. July was a strong financial month due to managing of expenses and ensuring that overtime and agency staffing was reduced and we anticipate this trend to continue through the remainder of the year.
3. **Marketing & Communications:** We continue to provide both public and internal communication on the ways in which we are adjusting our operations to provide a safe environment for those needing services. We've shifted our internal focus on communication to planning ahead for return to school and what this will mean for those impacted. As I'm writing this report we are wrapping up our employee celebration week which looked different than years past but our leadership team was able to adapt and make it equally as impactful to our employees.
4. **Community Living:** Manufacturing demands have increased over the past month resulting in more opportunities for our community living programs. We maintain full census given the restrictions of our work space to maintain social distancing and plan to continue in this model for the foreseeable future. Accommodations have been made including Plexiglas installation to provide the safest environment possible. Our residential and group homes remain near capacity. We completed one of our two renovation projections which will allow for higher acuity in the home and the second renovation will add capacity for one more client.

5. **Food Services & Environmental Support Services:** Last month I had provided information that a transition of food services and environment support services at Pine Crest was occurring on July 13th. I'm pleased to announce this transition has been extremely successful and we've already seen improvement on the day to day operations at Pine Crest. Pine Crest will continue to see the benefits of this over the next few months as we align all NCHC food and environmental support services. Our largest opportunity in these programs is related to staffing as many employees join our organization through one of these two programs and grow into other roles within NCHC, we want to continue this growth model but also create an internal model that will retain employees within the two programs.

6. **Pine Crest Pharmacy Services:** Similar to Food Services and Environmental Support Services, Pharmacy services transitioned from Young's Pharmacy to North Central Health Care on July 21st, 2020. This was a long term goal of NCHC as it was a critical component to align services as well as cost savings for Pine Crest. The transition is wrapping up and has been successful with improved work flows and communication. This transition will continue to be evaluated over the next several months to ensure resident and employee expectations are met.

 North Central Health Care Person centered. Outcome focused.								
Executive Management Team Operational Initiatives								
ID	Operational Objective	Current or Pending Activity on the Objective	Successful Final Outcome	Operations Responsible	Clinical Responsible	Status	Start	Targeted Completion
1	Employee Wellness and Resiliency Initiative	Wellness plan in place for 2020/2021. Biometric screening to occur throughout November and December with offerings at Wasuau Campus & Pine Crest. Deadline of March 15th, 2021.	Comprehensive Employee Wellness Program designed, objectives defined and successfully implemented.	Ops. Exec.	Employee Health Nurse	Implementing	Mar-19	Dec-20
2	Implementation of Clinical Career Tracks for Nursing and Counseling	Career tracks receiving a final review by Marketing & Communications. Once completed CNO & Operations Executive to review for posting online and for new hires in the organization.	Career tracks are establish and there is a successful communication and rollout of the program.	Ops. Exec.	CNO	Implementing	Jan-19	Dec-20
3	Campus Renovations	Youth Hospital has had minor delays related to contractor materials with an anticipated completion date of early September. CBRF anticipated completion in early October. Nursing Tower on track with majority of outside completed by end of Fall. Parking lot renovation is anticipated to be completed by the end of September.	Successful operations for 90 days in new buildings	CEO	CMO	Implementing	Jan-19	May-22
4	Youth Hospital Program	Licensure accepted and moving into certification phase. Office equipment is installed and patient furniture to be installed in early September. Program continues to be on track for opening in early Fall 2020.	Successful operations for 90 days; CMS approval	Ops. Exec.	CMO	Learning	Feb-19	Jul-20
5	Youth Crisis Stabilization Program	Weekly planning meetings occurring to review operations as well as funding of program. Location has been selected, potential operations to begin in October 2020.	Successful operations for 90 days; certified and accepted admissions	Ops. Exec.	Dr. Immler	Learning	Jan-20	Feb-21
6	Cerner Implementation	The teams have been working well together. A lot of the core data has been collected and the teams are doing data cleanup.	Go live of Cerner	IMS Exec	CMO	Implementing	Jan-19	Apr-21
7	Zero Suicide Initiative	Training of staff ongoing. Team is focusing on post-care planning and care transitions for remainder of the year.	Process established for monitoring and reduction of facility suicide attempts and facility completed suicides; creation of community zero suicide coalition	CEO	CMO	Implementing	Jan-19	Mar-20
8	Update Comprehensive Community Service Contracts	Agreement still in drafting.	New 2020 contract instituted.	CEO		Learning	Jan-19	
9	In House Security Program	SSO recruitment going well multiple candidates interviewed. Anticipated go live of program in Fall 2020 pending pandemic situation and needs of the program.	Program fully staffed and operational	Ops. Exec.	CMO	Implementing		Sep-20
10	APS Transition to ADRC	APS staff are moving to their new office location adjacent to the ADRC-CW Wausau office. Meeting with County Corporation Counsels in June to start contract negotiations. Planning for a January 1, 2021 transition at this point.	ADRC has taken full operational responsibility.	CEO	N/A	Learning	Jan-19	Dec-20
11	Overhaul and Implement Incident Command/Emergency Preparedness	EM Committee continuing to meet. Delay in process due to COVID-19 and needing to stand up Incident Command Team. Emergency preparedness policy reviewed with revisions to occur and final approval in September.	Completion of implementation plan	Ops. Exec.	CMO	Learning	Jan-19	Nov-20
12	Just Culture Program	Just Culture Program delayed at this time with focus on COVID-19 operations and employee engagement. Pulse surveys sent out to all staff with expected results in early June.	An assessment of past disciplinary actions and significant event reports. Recommendations for related updates to HR policies. Develop and send out a Just Culture survey assessment for staff.	Ops. Exec.	Quality & Clinical Transformation Director	On hold	Jan-19	Delayed
13	High Performance Culture Program	RDG2 was ready to roll out the training and education on high performance culture and was delayed due to COVID-19. Conversations started again to look at alternative roll out in Fall 2020.	Successful implementation and roll out from RDG2	CEO	Pharmacy Director	Implementing	Jan-20	Aug-21
14	Data Analytics Expansion to the Dashboard	Project is on hold until travel restrictions are lifted.	Have daily real time analytic report	IMS Exec	CMO	On hold	Jan-19	Delayed
15	Review of Purchasing Systems and Processes	Continue to evaluate inventory management efficiencies within the new campus footprint.	Recommendations are developed; purchasing policy approved by Board	CFO	N/A	Learning	Jan-19	Jan-21

MEMORANDUM

DATE: July 24, 2020
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Leading a Culture of Safety to Achieve Zero Harm

At the June Board meeting, the NCCSP Board was provided context for our Culture of Safety strategy. A quality strategy will fail without a focus on working towards delivering healthcare without causing harm. The ultimate responsibility for system based errors and their resulting costs rests with the CEO and Board of Directors. Specifically, within this context together we have thus far:

- 1) Reaffirmed the Vision for a Culture of Safety as described in the Board approved 2020 Quality, Safety & Compliance Plan:

As a regionally unequally behavioral health and skilled nursing provider, we care for the most vulnerable. They deserve our best attention to achieve a goal of zero harm. Everyone we care for should have a fair opportunity to attain their highest version of health and abilities; and no one should be disadvantaged from achieving their potential because we fail to address disparities that exist in our community.

- 2) The discussion centered on several goals for Board Engagement to effectively lead a culture of safety towards the goal of zero harm.
 - a. Goal 1: Select and Develop the Board so that it has clear competencies, focus and accountability regarding safety culture.
 - b. Goal 2: Ensure the CEO provides regular Board education on the importance of safety, the meaning on quality and safety metrics, and safety culture principles and behaviors.
 - c. Goal 3: CEO works with the Board to set direction, goals, metrics, and systems of mutual accountability for zero harm to both patients and the workforce.
 - d. Goal 4: Provide adequate agenda time for review and discussion of safety culture metrics and issues – develop standing agenda item for ongoing discussions regarding the Culture of Safety.
 - e. Goal 5: Ensure Board agenda includes time designated for the Chief Medical Officer, Chief Nursing Officer, and Director of Quality and Clinical Transformation to present quality data and quality improvement initiatives
 - f. Goal 6: Ensure Board membership includes clinical, safety, and patient/family representations.
 - i. Leverage patient stories and presentations to educate the Board
 - ii. Provide opportunities for Board member representation on appropriate safety and quality committees.

The vision and related goals for leading a culture to zero harm are now laid out before us. The Board's work will need to shift to developing frameworks for execution and maintenance of the strategy. Please review each of the goals stated above and come with questions where the goals are not inherently clear. At the July meeting, the Board will have facilitated discussion on achieving clarity around these goals and requisite tactics to achieve them.

2020 NCCSP BOARD CALENDAR

Thursday September 24, 2020 - 3:00 PM – 5:00 PM

Educational Presentation:

Diversity, Equity, and Inclusion: Perspectives and Opportunities for Engagement with the Hmong Community

2021 Budget Presentation and Recommendation

Board Action:

Annual Board self-evaluation of governance, Board calendar for upcoming year, and review of Bylaws.

Approve Direction on Market Based Compensation Plan Structure Modifications and Merit Adjustment Budget for 2021

Report of recent investigations related to corporate compliance activities and significant events.

Board Policy to Review: Policy Governance Manual; Budget Policy

Board Policy Discussion Generative Topic(s): Focus on the board's performance and areas for improvement.

Thursday October 29, 2018 – 3:00 PM – 5:00 PM

Educational Presentations:

Annual Report from the Medical Staff

Annual Quality Audit – Update on the Status of the Quality, Compliance and Safety Plan

Board Action: TBD

Board Policy to Review: CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic(s): Annual CEO Succession Planning Exercise

NO MEETING IN NOVEMBER

Restart Survey

Place Bookmark

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Tools ▾

NCCSP Board Experience Transformer

Please complete the following question set based on your most recent NCCSP Board Meeting experience. Information from this survey will be used to enhance the collective experience of the Board and to improve Governance process.

Name (Optional)

If you could do this experience over - knowing what you know now - what would you do differently?

Experience Optimizer Factors

	Yes	Could Be Better	No
Are you leaving the meeting confident in the overall performance of our organization? If not, please elaborate on the concerns you would like to have addressed in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the materials included in the Board's pre-meeting packet adequately allow you to prepare for today's meeting? If not, what would've helped you be better prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had ample opportunity for input? If not, how could we better provide an opportunity for your input?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did all members participate in an active way? If not, why do you think that happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we focus on the right issues, giving the most important issues of strategy and policy adequate time? If not, what issues should we be focusing on or giving more time to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded "No" to any of the Experience Optimizer Factors above, please elaborate with additional feedback or context.

Missed thoughts you didn't have the chance to state or questions you have.