



## **OFFICIAL NOTICE AND 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, March 25, 2021 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: 187 282 3763 Passcode: 1234

### **Our Mission**


*Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.*

## **AGENDA**

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
  - A. Appointment of Ben Bliven to the North Central Health Foundation, Inc. Board
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 February 25, 2021 NCCSP Board Minutes*
    - ii. FOR INFORMATION: Minutes of the February 18, 2021 Executive Committee Meeting
    - iii. Policy Governance Monitoring Reports
      - a. Recent State, Federal, and Accreditation Reports – None
    - iv. CEO Report and Board Work Plan (5 Minutes) – M. Loy
    - v. Executive Operational Reports

- vi. FOR ACTION: Review and Approval of Board Policy
    - a. Cash Management
    - b. Fund Balance
    - c. Risk Reserve Guidelines
    - d. Write-Off of Accounts Receivable
  - vii. ACTION: *Motion to Approve the Recommendations of the Medical Executive Committee to reappointment of Robert Gouthro MD, Bababo Opaneye MD, Jean Baribeau-Anaya PA-C, and appointment of Heidi Heise APNP*
6. BOARD EDUCATION
    - A. Update on the Campus Renovations and Debt Service Model (15 Minutes) – M. Loy
    - B. Update on Physician Recruitment Plan (10 Minutes) – M. Loy
    - C. The Role of the Governing Body in Achieving Zero Harm and Leading a Culture of Safety (10 Minutes) – M. Loy
  7. BOARD DISCUSSION AND ACTION
    - A. ACTION: *Motion to Accept the Dashboards and Executive Summary* (5 Minutes) – M. Loy
    - B. ACTION: *Motion to Accept the January and February Financials* (5 Minutes) – J. Meschke
  8. CONSIDERATION OF A MOTION TO MOVE INTO CLOSED SESSION
    - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* – J. Peaslee
  9. MOTION TO RETURN TO OPEN SESSION
  10. POSSIBLE ANNOUNCEMENTS OR ACTION RESULTING FROM CLOSED SESSION
  11. BOARD CALENDAR AND FUTURE AGENDA ITEMS
  12. BOARD EXPERIENCE OPTIMIZER
  13. 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: 03/19/2021 TIME: 4:00 PM BY: D. Osowski

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

**February 25, 2021**

**3:00 p.m.**

**Wausau Board Room**

Present via conference phone (due to Covid19) unless otherwise noted (HCC)

X	Eric Anderson	X	Randy Balk	EXC	Chad Billeb
X	Ben Bliven	X	John Breske	X	Kurt Gibbs
EXC	Deb Hager	X	Lance Leonhard	X	Dave Oberbeck
X <sub>(HCC)</sub>	Robin Stowe	X	Gabe Ticho	X	Pat Voermans
X	Bob Weaver	X	Cate Wylie		

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

Others Present: John Sauer, Leading Age  
Dejan Adzic, Asst. Marathon County Corp. Counsel  
Paul Gilk, Lincoln County Board Member

Call to Order

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

Chairman Announcements

- The review authorized by the Board at the January meeting is proceeding. A preliminary draft report is anticipated for the Board at the March meeting.

Public Comments for Matters Appearing on the Agenda

- None

Patient in the Board Room

- Toni Kellner, Community Living Program Director, introduced a resident from the Community Living Program who shared how the program has helped her with her independence and work experience.

Nomination and Appointment of NCCSP Board Member to the North Central Health Foundation, Inc. Board

- The Foundation was created in the 1980's as a funding vehicle to purchase a property in the community with donated funds. It is its own legal entity and not under control of NCHC. The link between the entities has been through the CEO position, however the Foundation Board prefers someone from the NCCSP Board serve on the Foundation. About a year ago a partnership was developed to jointly employ an Executive Director of the Foundation on a 2-year pilot to expand what we're doing with the Foundation, raise funds, and enhance what we can do to support programs and services. Hiring the

Director was paused due to Covid, but we would like to revisit if there is funding available for this partnership. The Board representative would be part of these efforts.

- If interested in serving on the Foundation Board, please contact Chairman Gibbs. The appointment will then move forward at the March Board meeting.

#### Committee Assignments – Chairman Gibbs

- Committee assignments will be placed on hold should there be any recommendations that may come from the Board review as there may be opportunities for restructuring of committees and Board oversight responsibilities.

#### Consent Agenda and Monitoring Reports

- **Motion**/second, Leonhard/Bliven, to approve the Consent Agenda and Monitoring Reports. Loy reviewed his CEO Report. Chairman Gibbs provided highlights of the Governor's budget. Motion carried.

#### Board Education

- Update on the Skilled Nursing Industry in Wisconsin – John Sauer, CEO, Leading Age Wisconsin
- Program Overview – Emergency and Crisis Services – M. Loy
- The Board's Role in Achieving Zero Harm and Leading a Culture of Safety will be moved to March Board agenda

#### Board Discussion and Action

- Highlights of the Dashboards and Executive Summary were provided.
  - Turnover rate is an annualized number i.e., January's turnover was 2.8% (January, May, August/Sept. are typically higher turnover months due to 'clean-up of records' of occasional staff who have not worked recently); we anticipate this number to come down throughout the year.
  - New measure for Organization Diversity Composite Index takes the four statistically significant minority populations in our community (Hmong/Asian, Spanish/Latino, Black/African American, Native American) and compares the community percentages of minority groups with the percentage of our workforce. If the index is 1.0 our workforce perfectly matches our community, if the number is above 1.0 we are more diverse, and if below 1.0 we are less diverse. This is a monitoring outcome only.
  - Patient Experience (Net Promoter Score) is new this year. Of a 5-point scale any ratings that are 4 are removed (5 is best and 1 is least) then it subtracts the 1, 2, and 3 responses from 5. We are currently below our target mostly due to low number of survey responses. Our first goal is to improve the survey volumes.
  - Client Diversity Composite Index is also new and works just like the workforce diversity index comparing to patient population. Currently we are less diverse than we would like to be.
- **Motion**/second, Leonhard/Anderson, to accept the Dashboards and Executive Summary. Motion carried.
- December Preliminary Financial Statements and January Financials

- Request was made to defer approval of financial statements until March. With an entirely new accounting staff and the CFO still in her first year, staff have been asked to push for accuracy in the statements and in addition the 2020 audit process has begun which is also adding to their workload volume.
- M. Loy provided an overview which included how Covid impacted the operations financially. Even with Cares Act funding it didn't cover all the losses. In addition, there were large volumes of staff out with Covid over extended periods of time for the months of November and into December, admissions to the nursing homes were significantly hindered as units had to be closed to admissions during outbreaks, there were also additional expenses related to mandatory weekly testing of staff and residents from November through January.
- Reforecasting of the 2021 budget is in progress to adjust to current census and patient volumes.
- **Motion**/second, Balk/Leonhard, to postpone action of the December and January financials until the March Board meeting. Motion carried.
- Modifications to the Medical Staff Bylaws - M. Loy
  - a. Modification allows residents in 3<sup>rd</sup> and 4<sup>th</sup> years of residency to moonlight (work for our organization) which gives them more advanced and extensive training and allows us to expand psychiatry services in crisis and inpatient on nights and weekends. Medical Staff has considered this change and is very supportive. To do this we have to create a new classification of membership on the Medical Staff for privileges and to go through the credentialing process, etc.
  - b. **Motion**/second, Leonhard/Anderson, to approve the changes in the Medical Staff Bylaws as presented. Motion carried.
- Purchasing Policy – D. Adzic
  - From discussion at the January Board Meeting the following revisions have been made to the Purchasing Policy:
    - A. Procurement Thresholds and Approval Levels
      - 1. Micro Purchases
        - Budgeted purchases must be approved by a member of the Senior Management Team. Non-budgeted purchases may be approved by the Chief Financial Officer.
      - 2. Small Purchases
        - Includes purchases ranging from \$10,000-\$74,999 but does not include public work improvement projects that exceed \$30,000 (should read \$25,000)
        - Budgeted purchases must be approved by an Executive. Non-budgeted purchases must be approved by the CEO but must be reported to the Board.
      - 3. Medium Purchases
        - Includes purchases ranging from \$75,000-\$249,999 but does not include public work improvement projects that exceed \$30,000 (should read \$25,000)
        - Budgeted purchases must be approved by the Chief Financial Officer. Non-budgeted purchases must be approved by the Board.

- Price and rate quotes must be obtained from at least three (3) qualified sources. Price rate quotes must be documented in writing and retained by organization for audit and other purposes. For non-budgeted medium purchases, the Board may require, on a case-by-case basis, that specific items are procured according to large purchase standards and competitive bidding procedures.
- o Following the discussion, it was felt that additional changes should be considered regarding the limits and process in which emergency non-budgeted purchase approvals would occur so as not to hinder the operations of the organization but to include the appropriate oversight and approvals in these circumstances.
- o **Motion**/second, Stowe/Leonhard, for K. Gibbs, M. Loy, and D. Adzic to prepare additional proposed changes purchasing emergency non-budgeted items and present to the Board for review and approval at the March Board meeting. Motion carried.
- Consulting Services Agreement with CliftonLarsonAllen for Skilled Nursing Market Assessment, Operational Benchmarking, and Corresponding Strategic Planning – M. Loy
  - a. Proposal is for scope of work that the Nursing Home Operations Committee had recommended to put forward a policy recommendation to our counties relative to size and scope of our nursing homes. The proposal includes a three-phase approach as outlined in the packet document. We feel we need to do this to determine appropriate changes to our master facility plan at NCHC as well as with Pine Crest and potential renovation options. We also need to determine appropriate size and scope of facilities relative to our market, as well as regionalization efforts between our counties and the potential with Portage County.
  - b. **Motion**/second, Leonhard/Ticho, to empower the CEO to enter into an agreement as outlined. Motion carried.

#### Consideration of a Motion to Move into Closed Session

- **Motion**/second, Leonhard/Stowe, to postpone the closed session review for Report of Investigations Related to Corporate Compliance Activities and Significant Events to the March meeting of the Board. Motion Carried.

#### Board Calendar and Future Agenda Items

- As outlined and possible preliminary report on Board Review as authorized by the Board

#### Board Experience Optimizer

- Within 24 hours of the Board meeting a brief survey will be sent via email to each Board member. The Experience Optimizer is a Board governance effectiveness tool. Results are shared with the Board chair which helps in preparing and moving the Board forward.

#### Adjourn

- **Motion**/second, Anderson/Stowe, to adjourn the meeting at 5:15 p.m. Motion carried.



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

**February 18, 2021**

**3:00 PM**

**NCHC – Wausau Board Room**

Present:       X       Eric Anderson       X       Kurt Gibbs       X       Lance Leonhard  
                  X       Robin Stowe        X       Cate Wylie

Others Present: Michael Loy, Jarret Nickel

Call to Order

- A. Meeting was called to order at 3:03 p.m. by Chairman Gibbs

Public Comment

- A. No public comment

Approval of the January 25, 2021 Executive Committee Meeting Minutes

- A. **Motion**/second, Leonhard/Stowe, to approve the January 25, 2021 Executive Committee Meeting minutes. Motion carried.

Policy Issue for Discussion and Action

- A. Executive Committee Recommendation to the NCCSP Board for Election of Secretary/Treasurer Officer Position
- Following discussion, due to recent and number of changes to the Board, the committee tabled the recommendation until the Annual Meeting of the Board scheduled for May.

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Educational presentations/Outcome Monitoring Reports

- A. CEO Report – M. Loy
- Our CFO, Jill Meschke, new to the organization as of March 2021, has recently had to replace the Director of Accounting and an Accountant in the last 2-3 months. Bobby Splinter joined NCHC as the Director of Accounting within the last month however, the accountant position remains open. With additional support from Wipfli, we hope to have preliminary financials available for the Board to review. Financials from October to year end were significantly off from overall performance due to the impact of Covid during peak months of November and December. For 2-3 consecutive weeks there were between 80-100 staff out each week due to Covid which led to a large overrun. Our two nursing homes had to restrict admissions at that time which resulted in Medicare being about half of what was expected, and youth hospital and adult hospital also had low census. No additional Cares Act funding was received during that time and there is no guarantee of more funding. It is also typical at year-end for outpatient volumes to be lower during the holidays. Census is rebounding somewhat in 2021.

- Renovation discussions are occurring with the general contractor and architect. Remodeling cost of D-wing came in considerably over budget and the total project cost is also off by \$2.5 million. We are working with Michael Peer on cash flow projections and will determine the gap of the project and if additional money may be needed for completion. We are also reviewing the original concept and whether we need to lower the bed capacity; a discussion which would also then need to be held with the county board.
  - The Governor's proposed budget includes several priority items that would impact NCHC: Medicaid reimbursement increases for nursing homes, substance abuse treatment and behavioral health, improved funding for medically monitored treatment (MMT), medically assisted treatment and general suicide treatment and prevention services. Also included is funding for two regional crisis response centers, crisis stabilization facilities, county crisis and respite, a grant for CART teams, and for a forensic community treatment program.
  - Sober Living in Antigo is on target to open mid-March.
  - Hope House reopened, is full, and has a waiting list of 7.
- B. Organizational and Program Dashboards
- 2021 dashboards variances were reviewed; highlights included:
  - Highest months for turnover are January, May, and August, with December as a 'clean up' of occasional staff who are no longer picking up hours.
  - Diversity composite index is a new measure for monitoring purposes. It is to identify if we are attracting diverse individuals to our organization both as employees and patients.
  - A priority we're working on is to obtain good solid data for Client Diversity Composite Index.
  - Patient Experience (Net Promoter Score) is derived from a 5-point scale. The calculation removes the middle ('good') scores for more meaningful data in addition to a minimum sample size of 30 surveys; unfortunately, as a whole our volume was down. Also, we will follow-up on surveys identifying poor scores to the extent possible (if the respondent provided contact information).
  - We continue to work on financials to populate the dashboards.
- C. Board Work Plan
- No changes from last month

#### Next Meeting Date & Time, Location, Future Agenda Items

- A. Next Meeting: Thursday, March 18, 2020 at 3:00 p.m. in the North Central Health Care Board Room

#### Announcements

- A. Chairman Gibbs thanked the Board for their support in his role as Chair and offered his availability via phone and/or email at any time with questions, concerns, agenda items, etc.
- B. R. Stowe noted that Langlade County is anticipating onboarding a County Manager in March and according to the Tri-County Agreement would be the county representative on the NCCSP Board.

#### Adjourn

- **Motion** to Adjourn by Stowe, second by Anderson. Motion carried. Meeting adjourned at 3:58 p.m.



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**MEMORANDUM**

DATE: March 19, 2021  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: CEO Report

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

COVID-19 Response

As of March 18<sup>th</sup>, we have 3 staff out with symptoms or exposures related to COVID-19, potential exposure, or vaccine reactions. There are currently 0 positive cases, and 2 of the 3 are returning to work on the 19<sup>th</sup>. We are following CDC guidelines where individuals do not have to quarantine in situations where they have been vaccinated and subsequently exposed to an individual with a known COVID case. If they become symptomatic then they would be required to quarantine. Our COVID related absences are related to individuals who have chosen not to vaccinate. There are no longer any additional COVID related leave benefits available to employees for these absences, but they are eligible to use paid leave.

Our vaccination program has gone into maintenance mode where we are only offering vaccines to new employees and employees who have reconsidered being vaccinated with a clinic once every 3-4 weeks. We work with the hospitals to provide vaccinations to new nursing home admissions who have not been vaccinated or have recently started their vaccination protocol. We are now doing in-person visits and allowing visitation in our nursing homes. Required COVID testing for staff has moved from twice per week to monthly which is a huge reduction in labor costs. Except for masking, operations are returning to normal.

Preliminary Year-End, January, and February Financials

We continue to work with our auditors to close out our 2020 year-end financials. Our initial overall loss has improved over earlier estimates, as has our initial January financials despite both remaining projected losses. February volumes have improved across the organization except for the adult hospital which had lower admissions than budget for the month. Our February results are back in positive territory.

CLA Operational Assessment and Strategic Planning for MVCC and Pine Crest

The project has been initiated beginning with the market assessment. Initial market assessment data is being reviewed. The objective to deliver a finalized product to the NCCSP Board at the May Retreat still appears to be on track.

## Campus Renovations

The new 16-bed Adult Crisis Stabilization Unit is ready for occupancy but continues to be held up based on receiving the program certification approval from the State. This delay has impacted the opening of the 8-bed Youth Crisis Stabilization Unit. The new Skilled Nursing Tower continued to move along according to schedule with a projected completion date at the end of July. Plans for the "D" wing renovations have been approved with this phase has now moved back to starting in June. This phase of the project will take approximately 9 months and will include the adult inpatient hospital, crisis and emergency services, detox, and residential treatment programs. We are working on final cost estimates and bidding activities. An update on the campus renovations will be provided to the County Board on March 18<sup>th</sup> and at the March NCCSP Board meeting.

## Objectives and Key Results (OKRs) for Q2

We have made significant progress in deploying our OKRs for Q2 in March. Our priorities are:

### *Objective 1: Improve the quality and reliability of our services*

- Establish organizational and departmental competency checklists for each clinical position by June 15
- Reduce adverse events each quarter
- Establish functional improvement quality indicators for each program by the end of Q2
- Increase Patient Experience survey volumes AND Net Promoter Scores each quarter

### *Objective 2: Expand our mental health and recovery continuum of care*

- Increase Outpatient Encounters each quarter
- Open Youth Crisis Stabilization Facility by May 18<sup>th</sup>

### *Objective 3: Bring new capital assets online*

- Sunset TIER by December 31 (Cerner Go-Live in May)
- Complete the "D" Wing renovations for the hospital, detox, Crisis, and MMT programs by December 31
- Complete the final design of the Mount View building by June 30

### *Objective 4: Manage our declining and evolving long-term care operations*

- Implement CLA Operational Assessment and Strategic Plan recommendations by December 15
- Increase CMI and PDPM average reimbursement rates each quarter
- Increase rehab referral conversation rates and average days per quarter

## MVCC Annual State Survey

We concluded a very successful annual State recertification survey in Mount View Care Center during the week of March 8<sup>th</sup>. We are anticipating our Joint Commission reaccreditation survey very soon as well as the annual survey for Pine Crest and all our behavioral health recertifications in the coming weeks. Survey activity is starting to thaw as the pandemic conditions have continued to improve.

### Sober Living Project

The new facility is slated to be opened in the first part of April. Final install of furniture and the security system are still slated for completion prior to opening.

### Portage County Health Care Center

The assessment is nearing completion. An update will be provided at the Executive Committee and NCCSP Board meeting.

2021 Board Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Establish Facility Use Agreements	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three counties	Legacy agreements remain in place. The updated base Lease Agreement for Marathon County is pending in the Corporation Counsel's Office.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute report completion and community engagement will continue to be on hold into 2021 due to COVID-19. The Board should consider whether or not they want to cease the project in its entirety.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted Diversity, Equity, and Inclusion Plan	An internal employee directed committee is being formed to develop recommendations and a plan to the Board in 2021. We continue to focus on improving the quality of the Dashboard data capture for the DEI monitoring outcomes.	Open												
Annual Review of Board Policies	Board	Jan-21	Board reviews and approves all Board Policies by December 31	Ongoing, policies are distributed across the 2021 calendar.	Open												
Approve Training Plan for Counties	Board	Jan-21	Conduct quarterly stakeholder meetings with each of the three county partners	Pending.	Open												
CEO Appraisal	Executive Committee	Jan-21	Executive Committee reviews appraisal with CEO	The 2020 CEO evaluation process has not been initiated at this point.	Open												
Annual Report	Board	Mar-21	Annual Report released and presentations made to County Boards	Initial report production has begun.													
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April	The audit process is well underway and is slated for presentation in April.	Open												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board														
Determine Budget Guidelines and Priorities	Executive Committee	Apr-21	Budget guidelines and priorities of the member Counties are communicated to the Board by June 1st														
Nomination and Election of Board Officers	Board	Apr-21	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May														
Recommend Annual Budget to Counties	Board	May-21	Budget recommendation to the Counties by October 1st														
Annual Review of Board End Statements	Board	May-21	Adoption of End Statements with any modifications by June 1st														
Selection of Independent Certified Public Accounting Firm	Executive Committee	May-21	Engagement Letter approved by Executive Committee by October 1st														
Evaluate NCCSP Board Effectiveness	Board	Aug-21	Conduct annual review of the effectiveness of Board's Policy Governance Model and provide recommendations to the Board														
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September Board meeting														

2021 Board Work Plan

<u>Objective</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measure(s) of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Review and Approve Board Development and Recruitment Plan	Governance Committee	Aug-21	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board														
Review and Approve Performance Standards	Executive Committee	Sep-21	Adopt Annual Performance Standards														
Approve Annual Quality and Safety Plan	Board	Oct-21	Approve plan in December														
Review CEO Succession Plan	Board	Oct-21	Review and update CEO succession plan														
Review and Approve CEO Compensation Plan	Executive Committee	Nov-21	Approve CEO Compensation Plan for the upcoming year by December														
Approve Utilization Review Plan	Board	Nov-21	Approve plan in December														
Board Development Plan and Calendar	Governance Committee	Nov-21	Approve Board Development Plan and Calendar for the upcoming year at the December meeting														



# North Central Health Care

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## MEMORANDUM

DATE: March 2021  
TO: North Central Community Services Program Board  
FROM: Dr. Robert Gouthro, Chief Medical Officer  
RE: CMO Report – NCHC Education Update

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March is a major month for medical education with the main Residency Match occurring. The Match is the culmination of a seven-month recruitment process involving the pairing of nearly 40,000 applicants from all over the world with residency and specialty training programs in the United States. On the third Friday of every March, medical students and international medical graduates hold their collective breaths as they find out where they have matched, and where they will be training for the years that follow.

With this, the March CMO Board Report will introduce its new resident class and provide updates on NCHC educational activities. These activities will increase the quality of care, provider competency, and access for our patients seeking Mental Health services, while working to make NCHC the mental health educational leader in the region.

### **Residency & Education:**

- Introducing the 2021-22 MCW-CW Psychiatry Program interns:



Dr. Anton Akulov



Dr. Tana Beck



Dr. Maghav Sharma

- Dr. Anton Akulov. Dr. Akulov was a psychiatrist in Russia for 10 years. He has recently been active in US research and has a very strong background in psychodynamic psychotherapy.

- Dr. Tana Beck. Hometown Madison, Wisconsin. Lengthy community outreach history and interest in rural medicine.
  - Dr. Maghav Sharma. Currently lives in Marshfield, Wisconsin. He has previously volunteered at Community Corner Clubhouse, completed a number of rotations within the Aspirus system, and his Uncle is a doctor in the area.
- The MCW-CW Psychiatry Program will hold its first graduation on June 21<sup>st</sup>, 2021. Location and scope of activities have yet to be determined.
- The first Phase of DBT training has completed for all of our therapy staff. We are now moving to the second phase with year-long supervision and practice for 5 therapists that will become our local experts. One organization having this level of expertise is rare. Fully trained DBT Practitioners are highly sought after, and their presence will significantly increase our overall quality of care for the many clients we serve with personality traits that impede their path to wellbeing.
- We continue to develop formalized mental health therapy training programs. Although NCHC has participated in training of mental health addiction counselors, therapists, and more, our participation has been based on random connections and conversations. Kim Van Ermen, Dr. David Pelo, Judy Rannow, and Janelle Hintz, have been working to formalize this process with planned, targeted, specialized training schedules with unified onsite supervision. We will begin this upcoming academic year with the training of 4 Therapy providers. During this small pilot, we will continue to build formal relationships with local educational institutions, such as UW-Stevens Point and UW-Green Bay, to insure we have a pipeline for future talent. This program will allow us to train high quality providers, assist with hiring known quantities, and increase patient access.
- NCHC is also working to centralize and focus our training of midlevel providers. During the next academic year, we will begin training 3 APNP students with NCHC ties. Many Midlevel's do not have the ability to train in Mental Health settings with the acuity of NCHC. Mimicking psychiatry training, our new approach will vary training experiences to allow for well-rounded graduates that we know will be able to handle the rigor needed to be successful as a NCHC provider.
- MCW-CW's Advocates in Medicine Pathway (AMP), a program designed to make medical school more accessible to students from backgrounds underrepresented in medicine, will have two students shadowing with NCHC providers beginning the last week of March.



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**MEMORANDUM**

DATE: March 18, 2021  
TO: North Central Community Services Program Board  
FROM: Jaime Bracken, Chief Nursing officer  
RE: Monthly Nursing Services Report

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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:

**Program Updates:**

**Infection Prevention and Control**

- In early March we wrapped up the coordinated vaccine clinics with Walgreens as well as our internal clinics for all NCHC staff. We will continue to offer the vaccination series to employees and residents as we are able based on the availability of the vaccine through DHS.
- The infection control team continues to provide support and education for all our care areas. They have done a great job with monitoring our PPE compliance as well as provide dedicated hands-on training across the organization. In this stage of the pandemic, many staff are at risk of becoming complacent, so it is imperative that we continue to reinforce our safety measures.

**Education Program/ Staff Development**

- The nursing education team continues offer support to our clinical units as we continue to prepare for state survey and Joint Commission visits across our programs. The team has started conducting mock medical emergency drills and have made great improvements to our emergency response policy and procedures.
- The team is also working with the Cerner implementation team to assist in creating training documents based on our current workflows to ensure a smooth transition.

**Behavioral Health Services**

- Joint Commission has been our major focus for our BHS areas as we are approaching the end of our survey window. A great deal of work goes into survey preparation and the team has done a fantastic job. We continue to increase our mock tracers and audits to focus on high-risk areas such as use of restraints, seclusion, and ligature risks. The team has several action plans in place, and we will continue this process well beyond our survey to ensure long-term compliance.
- The team continues to be an active member of the Cerner implementation team. The team is focusing on our workflows and how we transition to Cerner to ensure best practice with nursing workflows and be able to utilize Cerner to its full potential.

### **Long- Term Care**

- Mount View Care Center had a successful state survey in early March. The survey went extremely well, and the team received many compliments at the exit survey. We have action plans in place for the tags received and for other areas we identified through our tracer and rounding process. This is a great win for that team!
- Both nursing home teams have started in-person visitation and are working on a phased approach to open visitation to all residents. Opening visitation is vital for our residents however we must ensure that we are following the recommended infection control precautions.
- The Pine Crest facility is also in their survey window and are conducting tracers and audits as part of their preparation. We anticipate another good survey with them as well.

### **Pharmacy**

- The pharmacy team is focusing on the Cerner implementation to ensure our medication administration workflows will translate into the new electronic medical record. Medication administration is a very high-risk area, so it is important that we get this right. We will also implement bar code scanning which will aid in reducing medication administration errors as well.

### **Clinical Excellence and Quality**

- We are on track to roll out our updated Falls Prevention Program in the 2<sup>nd</sup> quarter.
- The leadership team continues to focus on other areas to continue to address adverse events such as medication errors, wounds, and facility acquired infections.
- I am currently in the process of revamping our quality committees for the nursing homes. This will provide standardization and collaboration across both facilities and the ability to better track the work that is being done within the programs.



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: March 17, 2021  
TO: North Central Community Services Program Board  
FROM: Thomas Boutain, Information Services Executive  
RE: Monthly IS Report

---

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

### **Cerner Millennium Behavioral Health Electronic Medical Record (EMR) Implementation Update (Updates are in bold):**

*Through its foundational EMR, Cerner's work with NCHC will help facilitate integrated care across its mental and behavioral health services including psychiatric, emergency, rehabilitation, community treatment, and more.*

*The high-level timeline was drafted to assist leaders and staff with planning/preparation for the targeted Cerner Millennium Go Live in January 2021. Based on checkpoint evaluations between Cerner and NCHC at numerous key project stages, and as the COVID-19 pandemic landscape evolves, orders/guidelines at various local and national levels influenced the proposed timeline.*

*When I last reported updates in October, I shared we were planning to host Cerner on-site for a Future State Workflow Review event. The outcome of that event proved to be extremely valuable in uncovering workflow gaps and complexities, which translated into a need for more dialog/solution-seeking than originally anticipated. The event also served as a critical juncture in identifying risks/challenges with the initially proposed pharmacy integration solution. After carefully considering the impact of these factors, a joint decision was made to adjust the timeline.*

*NCHC concluded that making an additional investment now and implementing PharmNet as part of the original implementation, clinical safety issues could be addressed. PharmNet improves medication ordering, verification, and administration safety measures. Implementing PharmNet will extend our timeline, which is currently under review.*

- **System Build and Validation**

Data collection gathering has wrapped up for core areas and our Cerner consultants have begun to transition our conversations to system build and validation. NCHC and Cerner teams will collaborate to complete system configuration and testing/validation post training environment refresh.

- ***Cerner Consultants (e.g., Clinical, Core, Patient Accounting/Finance, and Registration/Scheduling) are building out our training environment and regularly seek clarification/feedback from our IMS team to confirm understanding during this iterative process.***
- ***Consultants added for Transaction Services, Health Information Management, and Pharmacy (PharmNet).***

- *A Project “Issue” Tracking process implemented for Cerner and NCHC to monitor progress towards resolving break/fix scenarios, identifying solutions for workflows, and/or answering feature/functionality questions recorded during the Future State Workflow event and follow-up testing.*
  - *An internal Super User “Kick Off” meeting held, in advance of the Future State Workflow Review event, to review the importance of the Super User role in the implementation and set the stage for expectations/involvement moving forward.*
- **Super User Training**

IMS, Super Users, and department leaders will walk through all registration, scheduling, patient accounting, pharmacy, and other workflows in the system. Super Users receive training on the solution’s best practice workflows, as seen in the Future State Workflow Review event, to prepare them to lead End User training.

    - *Super Users and their respective Directors completed Super User Participation Agreements to highlight the knowledge, skills, abilities, and traits needed to be a successful Super User.*
    - *We successfully continue to leverage the temporary location, within Lake View Heights, for Cerner Millennium training delivery, testing, and other project-related events.*
    - *Cerner Consultants were scheduled onsite February 16 through February 18 to deliver Inpatient Workflows Super User Training sessions.*
    - *Cerner Consultants were onsite the week of March 1 to deliver Super User Training sessions for:*
      - *Health Information Management (HIM)*
      - *Billing/Patient Financials*
    - *Cerner Consultant is scheduled to be onsite March 23 through March 24 to deliver Pharmacy Workflows Super User Training sessions.*
    - *Initial Decision Point discussions held with Directors/Leaders to help begin the transition from understanding how to perform workflow tasks, to identifying the who, what, where, when, and why gaps within workflows.*
- **Integration Testing & Data Migration**

Teams will test and confirm data flows between integrated system as expected and successfully migrate applicable data from legacy system (TIER) to Cerner Millennium.

    - *Demographic, Encounter, Allergy, and Medication data migrated into the Cerner Training Domain, for a small group of patients from the legacy system, for the IMS team to validate.*
    - *First phase data validation exposed an opportunity to clean-up Allergy and Medication information, in the legacy system, to reduce manual adjustments within Cerner before final data migration.*
    - *A larger data sample for Allergies, Demographics, and Encounter data has been migrated and data validation is underway.*
    - *After Medication clean-up is completed, expand data migration to include the entire file, to capture file build/import timings and spot check random patient/client migrated data.*

- **End User Training**  
Cerner collaborates with NCHC on the development of End User training plans. Super Users deliver End User training to staff to prepare them for using Cerner Millennium. End Users are required to receive training prior to using the system.
- **Conversion Prep & User Training**  
Information Management Systems (IMS) receives User Management training to support and manage user accounts. Cerner will provide the IMS team the knowledge/tools to perform system maintenance tasks and prepare the production environment, staff, and devices for Go Live. Overall readiness assessment for Go Live event conducted.
- **Go Live**  
Teams will begin using Cerner Millennium to register and schedule patients who need to receive care on or after the Go Live date and ensure all needed information is available in the new system. Once fully prepared for Go Live, all staff will begin registering, scheduling, charting, and completing all day-to-day tasks in Millennium.
- **Post Launch Health Checks**  
At 30, 60, and 90 days post Go Live, Cerner and the NCHC team will evaluate/document End User and organizational satisfaction, gather opportunities for improvement based on feedback/usage metrics, and as needed, establish short and long-term action plans.

**Information Management System (IMS) Update:** Our days have been filled with Super User Training, data migration, and workflow mapping for the Cerner implementation. We are also in the final stages of sharing an IT ticketing system with CCITC so we can improve the IT experience for NCHC. This ticketing system will be a new avenue for IT metrics and request tracking. We will use the new system for the Cerner go-live and be able to report out and trend issues.

**Health Information Management (HIM) Update:** March is Health Information Training month, so we have been busy helping to communicate the important work we do daily. Our campaign topics include: “Health Information is Human Information”, “Snapping a Pic Puts Your Job at Risk”, “Privacy Pickles...They’re a Big Dill”, “You and Me [AREN’T] Going Phishing in the Dark”, and “When in Doubt, Don’t Give it Out (Safely Releasing Patient Information)”.



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: March 19<sup>th</sup>, 2020  
TO: North Central Community Services Program Board  
FROM: Jarret Nickel, Operations Executive  
RE: Monthly Operations Report

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

**Campus Renovation & Improvement:** As you walk onto our Wausau Campus you can see the major changes that have occurred with the nursing tower in recent months. Completion of the nursing tower remains on target for end of Q3. Our Adult Behavioral Health Services remodel is anticipated to begin towards the end of Q2. We still are awaiting our Adult Crisis Stabilization Facility licensure which has been with the state since early December. Once we receive approval, we can move operations into the new facility and our Youth Crisis Stabilization Facility is set to operate in the previous space of our Adult Crisis Stabilization Facility.


**Skilled Nursing Operations:** State survey processes resumed, and Mount View Care Center (MVCC) was due for an annual evaluation. This survey process results in an average of 7 citations for Wisconsin facilities and 9 nationally. We are pleased to announce that the survey resulted in only 2 low level citations. This is great news as it validates the quality of care and service we provide to our residents as well as pushes us closer to being a five-star facility. Census growth has occurred in both buildings with peaks that we have not experienced in 6+ months. We anticipate this census growth to continue throughout 2021 as we begin our path to normal operations.

**Youth Hospital:** Census continues to be a challenge with major peaks and valleys occurring throughout the month. As we progress with our remodel and open our Youth Crisis Stabilization facility and expanded Crisis Services, we will look for a more stable census. Operationally February marked the 4<sup>th</sup> month of being open to our community and we have seen increased efficiencies and practices each month which is expected to continue through our first year of operations.

**Community Living:** February took the place of a traditional January from a weather perspective which resulted in multiple days of closures or low census for our Adult Day Services. Our residential locations continue to have strong census numbers with minimal vacancies that are usually filled within the same month. We anticipate membership return to occur throughout the remainder of Q1 and into Q2 with Covid-19 vaccine become available to the populations we serve.

**Covid-19 Screening & Support:** As I write this report, we have experienced our lowest number of staff out per day since July of 2020, a total of 3 staff. This number reflects a combination of vaccinations amongst our employees and residents as well as community positivity rates consistent decline. We still are requiring all staff and visitors to wear masks while on our campus as well as self-screening to prevent anyone with active symptoms from entering our facilities.

**Workforce Status Update:** As we continue to see the demand for services rise, we also see the demand on our workforce increase. 2021 is proving to be one of the most challenging years to recruit with monthly numbers averaging 16, compared to 32 for 2020. With these challenges in recruitment, we continue to invest and train our managers on retention and keeping the staff we have engaged and happy. We are also seeking creative ways to increase our recruitment numbers through non-traditional partnerships and engagement in schools throughout our area. Through the combination of our retention and recruitment efforts we anticipate we will be able to continue meeting our vacancy targets for 2021.

<b>Policy Title:</b> Cash Management	 <b>North Central Health Care</b> <small>Person centered. Outcome focused.</small>
<b>Policy #:</b> 105-302	<b>Program:</b> Administration 105
<b>Date Issued:</b> 3/15/2021	<b>Policy Contact:</b> Chief Financial Officer

### 1. Purpose

The purpose of the policy is to formulate sound cash management practices to ensure operations needs are met and plan for achievement of strategic outcomes while adhering to proper audit guidelines.

### 2. Definitions

**Capital Expenditures:** Includes moveable and fixed equipment, building and building improvements and Information Technology purchases over \$2,500 with a useful life over one year.


**Contingency:** A provision for an unforeseen event or circumstance.

**Operating Cash:** Cash used for operations such as payroll and accounts payable.

### 3. Policy

Having adequate cash is essential for the daily operations of North Central Health Care (NCHC) as well as desirable for contributing to achieving overall strategic outcomes. This policy delegates responsibility to the Chief Financial Officer to assure adequate cash is available to meet the daily operational needs of the organization, prepare for unforeseen events, and plan for future cash needs.

Cash shall be maintained in the general account to meet operational needs. The amount of Operating Cash maintained, on average, will be equal to the anticipated monthly expenditures plus ten percent. Cash shall be designated and encumbered to meet approved Capital Expenditures and, in an amount approved by the NCCSP Board for Contingency. Cash may also be designated as directed and approved by the NCCSP Board for designated purposes such as program expansions, or other specified items as defined in a strategic plan. Remaining cash after the above criteria is met shall be invested based on the NCHC Investment Policy but may be transferred from investments to meet cash obligations as designated above. Internal controls and audit guidelines are established, documented, and followed in the handling of cash.

<b>Policy Title:</b> Fund Balance	 <p data-bbox="899 180 1463 233">North Central Health Care</p> <p data-bbox="984 235 1377 262">Person centered. Outcome focused.</p>
<b>Policy #:</b> 105-306	<b>Program:</b> Administration 105
<b>Date Issued:</b> 3/15/2021	<b>Policy Contact:</b> Chief Financial Officer

### 1. Purpose

The purpose of the policy is to maintain stable fund balances and to secure viability of the continued growth and future of North Central Health Care.

### 2. Definitions

Net Position: Represents each county’s share of ownership in the organization

Operational Surplus: Excess revenue over expenses from operations

Operational Deficit: Excess expense over revenues from operations

Invested Cash Reserves: Cash that has been invested, such as certificates of deposit


Operating Cash: Cash in the general checking account used for operations such as payroll and accounts payable

### 3. Policy

It is the policy of North Central Health Care to monitor the fund balances of each county on a regular basis and report the activity to each county’s Finance Director.

The unrestricted fund balance for each county will be monitored with a minimum and maximum target applied to review adequacy of the balance. The minimum target is 20 percent of operating expenses and the maximum target is 35 percent of operating expenses. In addition to the targeted fund balance, each county’s fund balance will include a risk reserve of \$250,000. Invested Cash Reserves will be applied to each county based on the county’s overall Net Position within the organization. Targeted days of invested cash on hand will be 90 days of annual operating expense. At the end of the fiscal year, the Operational Surplus or Operational Deficit for each county is applied to the fund balance. This is outlined in the annual audit report.

The overall target in unrestricted fund balance shall be the higher of the maximum target of operating expenses or 90 days invested cash on hand. If the balance of the unrestricted fund balance exceeds the overall target for two consecutive years, the North Central Health Care Chief Executive Officer and Chief Financial Officer shall meet with the county Finance Director to review options for potential utilization of excess revenues. A plan for utilization will be reported back to the NCHC Board.

<b>Policy Title:</b> Risk Reserve	 <b>North Central Health Care</b> Person centered. Outcome focused.
<b>Policy #:</b> 105-0003	<b>Program:</b> Administration 105
<b>Date Issued:</b> 3/15/2021	<b>Policy Contact:</b> Chief Executive Officer

## 1. Purpose

The Risk Reserve policy is to maintain stability and estimated accuracy within the financial statements for those areas that are considered risk areas. These areas include assumptions for Accounts Receivable, Self-Funded Health Insurance, and Compliance Risk.

## 2. Definitions

Accounts Receivable: Amounts for patients/clients that have been billed, but not collected.

Self-Funded Health Insurance: Health insurance claims or related expenses paid by the organization to provide health insurance benefits for employees enrolled in the benefit.


Compliance Risks: Potential for not meeting a regulatory requirement that results in returning funds back to Medicare, Medicaid, or any third-party payers, as well as the potential for fines and/or penalties.

## 3. Policy

It is the policy of NCHC to maintain guidelines to monitor and accrue a liability for the areas that are vulnerable to risk or uncertainty.

## 4. Program Specific Procedures

- 4.1. Sufficient allowance will be maintained for patient Accounts Receivable to properly state the net accounts receivable. Revenue is recorded at gross charges and reduced to the net amount to be collected using contractual adjustments. Gross Accounts Receivable is reduced to the net amount expected to be collected through use of allowances and contractual adjustments. Management will use estimates based on history and specific payer contracts.
- 4.2. NCHC maintains a Self-Funded Health Insurance plan for employees and carries a liability for the plan. The level of the liability is determined through a claim lag analysis.
- 4.3. The annual audit process includes an independent evaluation of the reasonableness of the estimates related to the above and the process used to develop estimates. In addition to specific reserves, NCHC maintains a recorded liability for Compliance Risks which may be required for unexpected payments to third-party payers or others related to compliance violations or other events occurring prior to the balance sheet date.

<b>Policy Title:</b> Write-Off of Accounts Receivable	 <p data-bbox="899 180 1463 260">North Central Health Care Person centered. Outcome focused.</p>
<b>Policy #:</b> 105-0005	<b>Program:</b> Administration 105
<b>Date Issued:</b> 3/15/2021	<b>Policy Contact:</b> Chief Financial Officer

### 1. Purpose

The Write-Off of Accounts Receivable Policy is to provide guidance for removing certain accounts receivable charges that are deemed by Management as uncollectable.

### 2. Definitions

**Administrative:** Write-offs related to internal process error including but not limited to outstanding balances being too small to collect, denials from not obtaining prior authorization, services deemed not medically necessary, and insufficient documentation.

**Bad Debt:** Accounts uncollected due to unforeseen circumstances such as bankruptcy, death of a client, or collection agency returns.

### 3. Policy

It is the policy of North Central Health Care (NCHC) to establish a write-off process that requires authorization of write-offs and allows for efficient monitoring of the process. Write-offs will be classified as Administrative or Bad Debt in nature.

- Patient Financial Services representatives shall pursue all avenues of collection on accounts. Once all collection efforts have deemed to be exhausted, a request to write-off the account made me made.
- All write-offs must be approved by the Director of Patient Financial Services and the Chief Financial Officer.
- Write-offs shall be processed in the system upon receipt of an authorized approval through a documented and monitored segregation of duties. A detailed analysis of all write-off activity is completed and balanced to the general ledger on a regular basis, but no less than monthly. This analysis becomes part of the annual audit workflow and is reviewed by the audit firm.
- Write-off activity shall be reported to the NCHC Board of Directors with the monthly financial statements.





North Central Health Care  
Person centered. Outcome focused.

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Bababo O. Opaneye, M.D. Appoint/Reappoint 04-01-2021 to 03-31-2023  
Time Period

Requested Privileges  Medical  Mid-Level Practitioner  
 Psychiatry  Medical Director

Medical Staff Category  Courtesy  Active  
 Provisional  Consulting

Staff Type  Employee  
 Locum  Contract  
Locum Agency: Daily Care, LLC  
Contract Name: \_\_\_\_\_

**CMO PRIVILEGE RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

[Signature]  
(Chief Medical Officer or Designee Signature)

2-11-21  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- He/she be appointed/reappointed to the Medical Staff as requested
- Action be deferred on the application
- The application be denied

[Signature]  
(MEC Committee or Designee Signature)

3-18-21  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)





DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2021

PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2021 YTD	2020
Vacancy Rate	↘	7-9%	6.1%	6.1%											6.1%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%											31.8%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66											0.67	N/A
Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8											67.1	61.0
Hospital Readmission Rate	↘	10-12%	10.8%	14.3%											12.5%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%											14.5%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★											★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06											0.95	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97											2.56	2.84
Out of County Placements	↘	230-250	236	140											188	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46											0.39	N/A
Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%											72.9%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%											38.5%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%											-6.2%	0.4%

↗ Higher rates are positive  
 ↘ Lower rates are positive

## DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

### PEOPLE

Vacancy Rate

Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end.  
YTD calculation: Average of each monthly vacancy rate.

Turnover Rate

The monthly rate is determined by the number of separations divided by the average number of employees multiplied by 100. The YTD is the sum of the monthly percentages.

Diversity Composite Index

Monthly calculation: A weighted composite of the diversity of NCHC's workforce, management and Board, relative to the demographics of Marathon County.  
YTD calculation: Weighted average of each month's Diversity Composite Index rate.

### SERVICE

Patient Experience (Net Promoter Score)

Monthly calculation: A weighted average of Net Promoter Score. YTD calculation: Weighted average of each month's Net Promoter Score.

### QUALITY

Hospital Readmission Rate

Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.  
*Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.  
*Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)*

Nursing Home Star Rating

Star rating as determined by CMS Standards for both Pine Crest and MVCC.

Zero Harm Patients

Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000

Zero Harm Employee

Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month.  
YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.

### COMMUNITY

Out of County Placement

Number of involuntary days that patients spend in out of county placements who have discharged in month of report.

Diversity, Equity, and Inclusion Access Equity Gap

Identify number of consumers served and index their demographics against the demographics of service area. An access equity gap will be established based on the variability in matching the community to our service population.

### FINANCE

Direct Expense/Gross Patient Revenue

Percentage of total direct expense compared to gross revenue.

Indirect Expense/Direct Revenue

Percentage of total indirect expenses compared to direct expenses.

Net Income

Net earnings after all expenses have been deducted from revenue.

## 2021 - Primary Dashboard Measure List

↗ Higher rates are positive  
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD	2020
North Central Health Care	People	Vacancy Rate	↘	7-9%	6.1%	6.1%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.4%	31.8%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.66	0.67	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	73.8	67.1	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	14.3%	12.5%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	17.8%	14.5%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	1.06	0.95	0.74
		Zero Harm - Employees	↘	Monitoring	2.97	2.56	2.84
	Community	Out of County Placements	↘	230-250	140	188	12.9%
		Client Diversity Composite Index	↗	Monitoring	0.46	0.39	/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	70.2%	72.9%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	34.7%	38.5%	39.0%
Net Income		↗	2-3%	0.1%	-6.2%	0.4%	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	4.3%	5.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	60.0*	50.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.19	0.14
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	91.8% (45/49)	95.4%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%	47.3% (35/74)	44.5%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	33.3% (3/9)	38.1%
		Average Days from Referral to Initial Appointment	↘	55-60 days	72.2 days (433/6)	73.5 days
		Hospitalization Rate of Active Patients	↘	Monitoring	2.37%	3.26%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	81.1%	71.9%
Net Income		↗	\$10,457-\$15,686 Per Month	\$101,494	\$118,023	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	5.1%	30.6%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	87.5*	60.0
	Quality	Zero Harm - Patients	↘	Monitoring	7.38	3.69
		% of Patients who kept their Follow-up Appointment	↗	90-95%	90.9% (10/11)	87.5%
		% of Patients Admitted within 24 hours of Referral	↗	90-95%	100.0% (21/21)	100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	59.6%	60.7%
		Net Income	↗	\$1,747-\$2,620 Per Month	(\$12,359)	(\$15,157)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	7.1%	7.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.6%	61.2%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	42.1*	42.1
	Quality	Zero Harm - Patients	↘	Monitoring	6.39	4.50
		Hospital Readmission Rate	↘	10-12%	13.2%	12.8%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	13.6 days	20.9 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	15.7 days	16.7 days
		Average Days since previous Detox Admission	↗	330-360 days	283.2 days	294.9 days
	Community	Out of County Placements	↘	150-170	105	143
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	85.3%	91.0%
Net Income		↗	\$13,382-\$20,073 Per Month	(\$43,147)	(\$120,823)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	54.6%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	100.0*	82.4
	Quality	Zero Harm - Patients	↘	Monitoring	43.48	21.74
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	41.1%	44.6%
		Net Income	↗	\$2,174-\$3,261 Per Month	\$18,517	\$9,842

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	86.7*	86.7
	Quality	Average Work Order Day Attendance	↗	20-25	18	18
		% of Members Working 15 or More Hours Per Month	↗	80-85%	94.0%	87.5%
	Community	Active Members Per Month	↗	110-120	101	102
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	61.9%	74.2%
		Net Income	↗	\$536-\$804 Per Month	(\$1,400)	(\$2,768)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	3.3%	3.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	/	100.0
	Quality	Zero Harm - Patients	↘	Monitoring	10.68	16.10
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%	57.6%	57.1%
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	5-10%	0.0%	0.0%
	Community	Out of County Placements Days	↘	230-250	140	188
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%	100.0% (2/2)	60.0%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	279.5%	346.4%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$2,152)	(\$17,385)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	91.7*	94.4
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.60
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	88.8%	112.7%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$8,177)	(\$61,069)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	3.1%	1.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	100.0
	Quality	Zero Harm - Patients	↘	Monitoring	1.23	2.30
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	78.0%	76.6%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$5,812	\$17,491

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	11.6%	12.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.0%	52.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	70.0*	70.0
	Quality	Nursing Home Readmission Rate	↘	10-12%	11.5%	8.7%
		Zero Harm - Residents	↘	Monitoring	2.80	2.93
		Nursing Home Quality Star Rating	↗	★★★★	★★★	★★★
	Community	Referral Conversion Rate	↗	N/A	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	55.5-57.7%	62.6%	66.2%
Net Income		↗	\$30,636-\$45,954 Per Month	(\$33,332)	(\$153,753)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	9.5%	7.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	57.1*	50.0
	Quality	Zero Harm - Patients	↘	Monitoring	2.22	1.36
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	14.2 days	17.9 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	15.3 days	18.4 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	10.0%	11.1%
		Same Day Cancellation and No-Show Rate	↘	15-18%	16.1%	15.5%
	Community	% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%	9.3%	14.2%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%	11.7%	13.4%
		Average Number of Days from Referral to Start of Day Treatment	↘	16-20 days	N/A	N/A
		Hospitalization Rate of Active Patients	↘	Monitoring	0.81%	1.01%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	132.5%	140.7%
		Net Income	↗	\$12,534-\$18,802 Per Month	\$37,416	(\$17,871)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	14.8%	13.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	6.9%	67.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	60.0*	43.8
	Quality	Zero Harm - Residents	↘	Monitoring	5.08	4.98
		Nursing Home Readmission Rate	↘	10-12%	26.3%	19.6%
		Nursing Home Quality Star Rating	↗	★★★★	★★★	★★★
	Community	Referral Conversion Rate	↗	N/A	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	57.0-59.3%	62.6%	66.3%
Net Income		↗	\$20,559-\$30,839 Per Month	(\$244,298)	(\$191,922)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	/
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.66
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	0.0%	0.0%
		Net Income	↗	\$582-\$873 Per Month	\$7,998	\$6,330

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	7.5%	7.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	5.1%	30.6%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	100.0
	Quality	Zero Harm - Patients	↘	Monitoring	1.89	0.95
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	43.0%	44.5%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$33,437)	(\$63,166)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	2.6%	2.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	25.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	50.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.09	0.09
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	98.2% (56/57)	96.2%
		% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	33.3% (3/9)	52.0%
	Community	Average Days from Referral to Initial Appointment	↘	55-60 days	56.3 days (507/9)	67.7 days
		Hospitalization Rate of Active Patients	↘	Monitoring	0.26%	0.26%
		Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	73.8%	62.9%
Finance	Net Income	↗	\$14,139-\$21,208 Per Month	\$122,322	\$153,832	

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

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	100.0*	100.0
	Quality	Zero Harm - Patients	↘	Monitoring	13.33	6.67
		Hospital Readmission Rate	↘	10-12%	16.7%	11.6%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	15.8 days	17.7 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	14.0 days	10.6 days
	Community	Out of County Placements	↘	50-60	35	45
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	51.2%	66.5%
		Net Income	↗	\$4,973-\$7,459 Per Month	\$4,450	(\$35,952)



# North Central Health Care

Person centered. Outcome focused.

## Dashboard Executive Summary February 2021

### Organizational Dashboard Outcomes

#### People

##### ❖ **Vacancy Rate**

The Vacancy Rate target range for 2021 is 7.0-9.0% which was the same goal as 2020. For February we exceeded our vacancy target with a rate of 6.1%.

##### ❖ **Turnover**

Turnover is a new metric for 2021, replacing retention rate. The reason for the change was to be able to benchmark our organization with industry standard metrics. Our target for 2021 is 20-23% annualized. February, we experienced a rate of 2.4% which was above target at projected annual rate of 31.8%. Human Resources is partnering with the three lowest departments to develop a partnership model to reduce turnover using the (Plan-Do-Study-Act) PDSA model.

##### ❖ **Workforce Diversity Composite Index**

The Workforce Diversity Composite Index is a new metric for 2021 and doesn't have a target as it's a monitoring metric. We experienced a score of 0.66 for February which is calculated as a weighted composite of the diversity of NCHC's workforce, management, and Board, relative to the demographics of Marathon County. A score of 1.0 would mean that our workforce reflects the demographics of our community, a score below 1.0 indicates we have a gap to close to become more diverse.

#### Service

##### ❖ **Patient Experience (Net Promoter Score)**

For 2021 we are measuring patient experience using the Net Promoter Score (NPS) measure. Net Promoter Score is widely used in the healthcare industry to measure and predict customer loyalty based on one survey question, "Likelihood to Recommend" on scale of 1-5 with 5 being the highest. Our target for 2021 is set at 55-61 which is comparable to our performance in 2020. For the month of February, we had more surveys returned across most programs, surpassing our totals in January. The results were strong, and we exceeded our target for February at 73.8. All programs will continue with their action plans to continue to improve response rate and overall NPS each quarter.

#### Quality

##### ❖ **Hospital Readmission Rate**

The Readmission Rate is the 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. February's rate did not meet target at 14.3% or 2.3% higher than our goal.

❖ **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 February between the two facilities was a readmission rate of 14.3%. Pine Crest Nursing Home experienced a 26.3% readmission rate causing this metric to be off target. Multiple efforts are being made to improve provider knowledge and partnership at Pine Crest to reduce unnecessary readmissions. These efforts include a stronger partnership with the facilities Medical Director and meetings between the Nursing Home Administration, Director of Nursing, and area providers to educate on the capabilities of Pine Crest.

❖ **Nursing Home Quality Star Rating**

We have a target of 4 stars for both buildings using the Nursing Home Star Rating as determined by the Center for Medicare and Medicaid Services (CMS) standards. The current quality star rating for MVCC and Pine Crest is 3 stars. Both facilities are meeting target for short term stays at 4 stars but under target for long term at 3 stars. A direct focus on long term care residents is occurring with top target areas including psychotropic medications, falls, and readmission rate.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization meaning that we do not set a target, instead we monitor trending data. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. For the month of February, we had a rate of 1.06 which is slightly higher than January's rate. For the month of February, falls were the primary contributor to this rate followed by suicide attempts and behavioral issues.

❖ **Zero Harm – Employees**

Zero Harm for employee related adverse events remains a monitoring metric with an experience rate of 2.97 for the month of February. Continued efforts remain for reducing employee injury with the most recent events being related to transferring or individuals served. Learning & Development is rolling out an organizational training to direct care workers to improve proper lifting and transferring techniques.

**Community**

❖ **Out of County Placements**

For 2021, the target for this measure is 230-250. For the month of February, we had 140 out of county placement days which exceeded our target. The opening of the Youth Hospital is proving to positively impact this measure.

❖ **Consumer Diversity Composite Index**

The Consumer Diversity Composite Index is a new metric for 2021 and doesn't have a target as it's a monitoring metric. We experienced a score of 0.66 for February which is calculated as a weighted composite of the diversity of NCHC's patients, residents, consumers, and clients, relative to the demographics of Marathon County. A score of 1.0 would mean that the consumers we're serving reflects the demographics of our community, a score below 1.0 indicates we have a gap to close to become more diverse.

## Finance

### ❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is a productivity/efficiency measure. The 2021 target is 64-67%. This measure for February is 70.2%. This outcome is not within target range. The primary driver for the unfavorable result is gross revenue being under budget further than direct expense.

### ❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses. The 2021 target is 44-47%. The outcome for February is 34.7%, which is favorable to the target. Support areas are below budget expense targets.

### ❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2021 is 2-3%. In February, the result is 0.1%. Net patient revenue underperformance relative to budget is driving overall shortfalls from budget.

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

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2021 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

## Behavioral Health Services Programs

### ❖ **Adult Community Treatment:**

**Patient Experience:** The result for February was 60.0% with a target of 55-61% and YTD result is 50.0%. A PDSA cycle has been initiated with a focus on increasing the survey return rate. Employees will be engaged in the survey process by having a conversation with consumers about the purpose of the survey and encouraging them to complete the survey. The survey comments will be shared with employees during rounding and/or operational meetings.

**% of Treatment Plans Completed within Required Timelines:** The February result is 91.8% with a target of 96-98% and YTD result of 95.4%. This equates to two treatment plans being completed outside the timeframe. This is due to human error or unpredictable circumstance. This outcome will continue to be monitored closely to ensure compliance.

**Employment rate of Individual Placement and Support (IPS) Clients:** The employment rate in February was 45.9% with a target of 46-50%. Historically, we see a trend with employment rates decreasing in December and remaining lower until Spring. We are implementing actions to include increasing employer contacts, and the manager is reviewing caseloads monthly during individual supervision with the employment specialists. Also, the team is identifying consumers that are only interested in supported education and subtracting this from the active caseload count for employment rates as they are not seeking employment.

**% Eligible CCS and CSP clients admitted within 60 days of referral:** The percentage for February was 33.3% with a target of 60-70% and a YTD result of 38.1%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals.

**Average days from referral to initial appointment:** In February, the average was 72.2 days with a target of 55-60 days and YTD result is 73.5 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals.

❖ **Adult Crisis Stabilization Facility:**

**Turnover:** The Adult Crisis Stabilization Facility had a turnover rate of 5.1% in February, up from 0% in January, due to one employee resignation. Feedback was collected, and the next staff meeting will address: understanding the client population accepted in a Crisis CBRF vs. a “typical” CBRF, working with clients with acute stabilization needs, the role the newly added Crisis Clinical Coordinator will play in providing improved clinical oversight and support for the CBRF team (comprised mostly of CNA-level Behavioral Health Techs), and reinforcing the lines of communication that are open for staff support that are sometimes underutilized.

**Direct Expense/Gross Patient Revenue:** Billing for clients decreased in February with lower census days, and the billing targets are set for the new building with targets census of 12, which is negatively affecting this outcome. Once in the new building, this should improve as the two sides with 8 beds each can be targeted to slightly different client populations and improved daily census.

**Net Income:** This historically Green category continued to be challenged by carrying MMT counselors in the CBRF budget the past months, resulting in a loss of \$12,359 in February. This should rectify as each counselor signs new job descriptions for their new areas by end of March.

❖ **Adult Inpatient Psychiatric Hospital:**

**Turnover:** The February turnover rate of 2.6% improved significantly, however is out of target still. New BHS Adult Hospital nursing management has scheduled staff meetings and 1:1's to work toward culture and morale improvement. As we navigate a period of setting new expectations for taking all patients aside from rare exceptions, and maintaining a positive and support-filled culture, there are a few select staff struggling with this change. Increased support is being provided in these cases.

**Hospital Readmission Rate:** February saw a minor increase in readmission rate, rising from 12.5% in January to 13.2% in February, both are slightly over target range. February readmissions included several who struggle with chronic, severe alcohol use but are unwilling to participate in the variety of levels of alcohol treatment, as well as an individual who continues to have difficulty maintaining mental stability post-discharge. A Care Coordination team meeting was held this week to bring this individual's providers together to determine a plan for what may be a need to include a longer hospitalization to fully stabilize.

**Average days for initial counseling appointment post-hospital discharge:** This measure did not meet target, with an average of 13.6 days until outpatient therapy appointment. It did, however, improve significantly from January. We have increased communications among BHS, Outpatient, and Patient Access leadership to improve team understanding and team communication in facilitation of services.

**Average days for initial psychiatry appointment post-hospital discharge:** This measure did not meet target, with an average of 15.7 days until outpatient psychiatry appointment. This improved significantly however still requires more work to get to target. We have increased communications among BHS, Outpatient, and Patient Access leadership to improve team understanding and team communication in facilitation of services.

**Percent of detox patients admitted to substance abuse programming post-discharge:** The target range for this is 330-360 days between detox admissions, with efforts to improve this for individuals needing detoxification services. In January, the average days were 306.5 days, and in February they were 283.2 days. These numbers are indicative of need to identify barriers and challenges to achieving higher rates of patient engagement in the population with chronic alcohol abuse disorders. The BHS Acute Care Director and the BHS AODA Coordinator have begun meeting to determine possibilities for use of grant monies for new prevention, intervention, and treatment efforts now that Medicaid funding for treatment is covering what the monies were originally intended for.

**Direct Expense/Gross Patient Revenue:** This measure was out of target range, at 85.3% in February. The first half of February saw extremely low census. Staffing was adjusted on those days; however, the abundance of professional staff required for inpatient hospitals per regulation leaves little leeway for adjustment of those positions. Leadership is working to determine the appropriate target census and staffing modifications for the duration of the pre-renovation time left.

**Net Income:** The hospital has averaged 11.11 patients in February, meeting the target census of 14 or above on only 8 out of 28 days. Our Net Income therefore did not meet the target range. Leadership is working to reset our target census at a more attainable number given the census fluctuations we've seen since the beginning of the pandemic and the ongoing issues until renovation remedies the average number of "No Roommate" requirements with our facility having only shared rooms. BHS Adult Acute Care Director will work with BHS Youth Acute Care Director to ensure shared employees are correctly allocated, as it has been determined that the salaries of shared workers are still only being billed to BHS Adult. The Director of Nursing and Nurse Manager are overseeing the calling off nursing and BHT staff on low census days, however in the hospital setting minimum ratios must be maintained for safety as it takes at least 4-6 staff to safely restrain a patient and keep the other patients away and safe.

❖ **Clubhouse:**

**Average Work Order Day Attendance:** The February result was 18 with a target of 20-25 and YTD result of 18. The member outreach calls will be increased to encouraged participation. Also, mobile outreach will be evaluated as this was put on hold due to Covid-19.

**Active Members per month:** The February was result was 101 with a target of 110-120 and YTD result of 102. The member outreach calls will be increased to encouraged participation. Also, mobile outreach will be evaluated as this was put on hold due to Covid-19.

**Direct Expense/Gross Patient Revenue:** The February was result was 61.9% with a target of 58.6%-61.0% and YTD result of 74.2%. The personnel expenses were higher than budget in February due to accrued salaries and benefits.

**Net Income:** The February was result is (\$1,400) with a target of \$536-\$804 and YTD result of (\$2,768). Grant revenues that support Community Corner Clubhouse is under budget. The reduction in grant funds will be investigated.

❖ **Crisis & Emergency Services**

**% of Crisis Assessments with Documented Linkage and follow up within 24 hours:** This rate was 57.6% for February, well below the target rate and unimproved from January. Crisis Managers are asking staff in the Annual Performance Reviews as step one of a Root Cause Analysis, to determine barriers to completion. In addition, they are beginning to run reports to determine if certain staff are not completing these calls, or if it is a widespread issue.

**Direct Expense/Gross Patient Revenue:** The target was not met for this month although improved from January. Patient revenues were down in February due to lower numbers in crisis contacts for the first half of the month.

**Net Income:** Crisis Professionals continue to achieve billing targets in relation to number of clients served. Overtime will continue to be targeted as an area of minor improvement needed but is often related to PLT coverage.

❖ **Outpatient Services**

**Vacancy:** The result for February was 9.5% with a monthly target of 7-9% and the YTD result is 7.3% which is in target. We have had success in recruiting two new employees that transferred from another program. An offer was made to an external candidate which was declined. We have an intern starting in March with the goal of developing this student and potentially hiring when education and training is complete.

**Patient Experience:** The result for February was 57.1% with a target of 55-61% and YTD result of 50.0%. A PDSA cycle has been initiated with a focus is on increasing the survey return rate. Employees will be engaged in the survey process by having a conversation with consumers about the purpose of the survey and encouraging them to complete the survey. The survey comments will be shared with employees during rounding and/or operational meetings.

**Average Days for Initial Counseling Appointment Post-Hospital Discharge:** The result for February is 14.2 with a target of 8-10 days and a YTD result of 17.9 days. The result is improving, and provider caseloads are being reviewed monthly to determine availability for new intakes.

**Average Days for Initial Psychiatry Appointment Post-Hospital Discharge:** The result for February is 15.3 with a target of 8-10 days and YTD result of 18.4 days. A new psychiatry provider has started and is beginning to accept patients based on credentialing.

**% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator:** The result for January is 9.3% with a target of 20-25%. To improve therapy access we are increasing group offerings to begin in the second quarter of 2021. By providing services through groups the access to individual therapy appointments will improve. There are three active groups currently. Most recently, Intensive Outpatient Program (IOP) group was started on 3/8/21.

**Post-Jail Release Access Rate (Within 4 Days of Release):** The result for January is 11.7% with a target of 20-25%. To improve therapy access we are increasing group offerings to begin in the second quarter of 2021. By providing services through groups the access to individual therapy appointments will improve. There are three active groups currently. Most recently, Intensive Outpatient Program (IOP) group was started on 3/8/21.

**Direct Expense/Gross Patient Revenue:** The February was result was 132.5% with a target of 93.4%-97.2% and YTD result of 140.7%. It has been identified that some personnel expenses were inaccurately allocated to Outpatient, which will be corrected in March. A provider contract expense will also be eliminated in March.

**Net Income:** The February was result is \$37,416 with a target of \$12,534-18,802 and YTD result of (\$17,871). Revenue was significantly under budget in Antigo, which is due to the vacancy of a psychiatric provider. This will improve as the new provider begins providing services and increases encounters over time.

❖ **Youth Community Treatment:**

**Turnover:** The result for February was 0.0% with a monthly target of 1.7%-1.9%, to achieve the annual target of 20-23%. The YTD result is 25.2%. There is one employee that will be ending employment in March, which is the only anticipated turnover.

**Patient Experience:** There are no results for February due to no surveys being returned. The target is 55-61% and the YTD result is 50.0%. A PDSA cycle has been initiated with a focus is on increasing the survey return rate. Employees will be engaged in the survey process by having a conversation with consumers about the purpose of the survey and encouraging them to complete the survey. The survey comments will be shared with employees during rounding and/or operational meetings.

**% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral:** The percentage for February was 33.3% with a target of 60-70% and a YTD result of 52.0%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals.

**Average Days from Referral to Initial Appointment:** In February the average was 56.3 days with a target of 55-60 days and YTD result is 67.7 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals.

❖ **Youth Crisis Stabilization Facility:**

Opening of this facility is pending approval and site visit from DHS.

❖ **Youth Psychiatric Hospital:**

**Hospital Readmission Rate:** Readmission rate was 16.7%, above our target of 10-12%. We experienced a significant increase in readmissions in February. Our team identified some factors contributing to this increase and next will determine actions steps that aim to address identified factors while monitoring this measure to determine whether a trend is forming. Factors included: outpatient services not effectively begun/put into place due to family barriers or access issues, admissions of youth who could have been served safely by the Youth Crisis Stabilization program instead if it were up and running and youth who need longer-term treatment or placement and the lack of availability of those options. We have followed up with specific outpatient resources to discuss how to streamline the referral process and expedite referrals and have increased the number of youth being served in NCHC's 23 hour Youth Crisis program as a means of preventing hospital readmission. Further actions to address these factors will be explored.

**Average Days for Initial Counseling Appointment Post-Hospital Discharge:** Target of 8-10 days was not achieved and the average length from discharge to initial completed appointment is 15.8 days which does represent an improvement from the previous month. Earliest available appointments with the patient's preferred provider are often weeks out and availability of resources varies between counties. An additional factor has been cancellations and no-shows. Before a youth is discharged from the hospital, we ensure that they have a scheduled first-available therapy appointment with either an existing or new provider.

**Average Days for Initial Psychiatry Appointment Post-Hospital Discharge:** Target is 8-10 days, and the average length has been 14 days. In addition to limited child psychiatry resources, is that our Youth Hospital Medical Director who is treating youth in inpatient has been able to follow their care in an outpatient setting. Her availability, as Youth Hospital census and total number served increase, will reduce over time thus making this target more difficult to achieve. Before a youth is discharged from the hospital, we ensure that they have a scheduled first-available psychiatry appointment with either an existing or new provider.

**Direct Expense/Gross Patient Revenue & Net Income:** These measures not meeting target are a direct result of not meeting revenue targets as expenses have been under budget. Youth Hospital needs to maintain a census of 6 kids to generate budgeted revenue. January monthly average census was 3.94 and February increased to 5.36. To increase average census further, we are pursuing two specific actions. We are working towards accepting youth ages 12-17 versus 13-17. We have identified a need to serve 12-year-olds and believe we can meet their needs in our setting. Making this change involves working with the credentialing and privileging of medical and psychiatric providers and this effort is underway. Secondly, we plan to expand our service area to include additional counties so that we can accept youth from other counties when our census is low. Contracts need yet to be established with additional counties.

### **Community Living Operations**

#### **❖ Adult Day Services**

**Net Income:** Adult Day and Prevocational Services revenue continued to trend below targeted for the month of February due two primary factors. The first being February 4<sup>th</sup>-17<sup>th</sup> the programs were affected by sub-zero temps resulting in low census and closure in all four programs. Second, Programs continue to run low census due to members not returning to program and remaining safer at home. Action plans to increase revenue or projected improvements include vaccination efforts beginning March 1<sup>st</sup> for Family Care Members, outreach to membership about program return, projected returns from outreach to date 11 members returning to Merrill, and 5 returns to Wausau.

#### **❖ Group Homes**

**Net Income:** Residential services was off target for net income due to missed revenue targets in February. Main factors for the variance include state changes in bed holding billing, vacancies due to member decline, extended periods to fill due to Covid-19, and billing capabilities for CCS at Forest Street. Action plans to address these areas include a push for census with vacancies being filled at all homes by early April, Expansion of CSL services and offerings, and staffing matrix change at Forest to allow for more accurate billing.

#### ❖ **Supported Apartments**

**Turnover:** February experienced 1 retirement and 2 resignations in our Supported Apartments. The 2 resignations were due to poor fits related to position to which we've adjusted recruitment efforts and interview process to present a better job preview for candidates. Several recent hires have been interviewed via WebEx or Zoom which provides a convenient platform but presents difficulties on right fit, we will be switching to primarily in person interviewing moving forward.

### Nursing Home Operations

#### ❖ **Aquatic Services**

All targets were met for the month of February in Aquatic Services.

#### ❖ **MVCC**

**Vacancy Rate:** The month of February showed a 11.6% vacancy rate with a target range of 7-9%. Focus remains on ongoing recruitment to fill openings. We currently have 17 open CNA positions, 3 open respiratory therapy positions and 3 open nurse positions. Our challenge continues to be a small applicant pool. In February we hired a part-time nurse and a part-time respiratory therapist. Pine Crest received approval to facilitate emergency CNA course training which should positively impact our efforts in recruitment.

**Turnover Rate:** The month of February showed a 3.0% turnover rate with a target of 1.7%-1.9%. We had two occasional employees that left because they were not meeting the requirements of picking up hours. One CNA was an involuntary termination due to a performance issue, one respiratory therapist left to work at a competitor and one CNA left to seek employment outside of the healthcare industry. Our goal is to implement an employee retention program to help keep pivotal staff. This would include rounding more frequently with employees and better recognition by increasing our shout out program.

**Nursing Home Quality Star Rating:** Nursing Home Quality Star Rating for Mount View is a 3 Star with a target goal of 4 stars. The biggest opportunity for improvement appears to be in our long term stays and is specific to antipsychotics and activities of daily living. With COVID, we had several residents that were moving less and not leaving their rooms like they used to which triggered change in conditions. With the new CMS guidelines to allow indoor visitations and small group activities, we should see this improve as residents are getting out of their room more. The antipsychotic is related to our large population of dementia residents and mental illness.

**Net Income:** The goal is \$4,978 to \$7,467 per month. For February, we showed a loss of \$33,332 which was driven by census not being at budgeted occupancy of 145. Average census for the month of February was 127 which is an improvement from January but remains 18 off target. We have started a referral task force that is focused on improving referrals conversion rates and the admissions process. As a result of this team March census is trend at an average of 134 or an improvement of 7 from February. From an expense standpoint staffing matrixes are being reviewed to better understand our labor force and what is necessary based on acuity of our residents.

#### ❖ **Pine Crest**

**Vacancy Rate:** The 14.8% vacancy rate that occurred during the month exceeded our target of 7%-9%. These vacancies are tied to both floor nursing and nursing assistant positions. Program continues to work with the recruitment team monthly to discuss avenues that could be taken to improve applicant flow. Program is awaiting on a response from Northcentral Tech College on being able to conduct a nursing assistant clinic, which may serve as a venue to attract individuals into our open positions. We too are continuing to work with Titus Management to assist in recruiting these direct floor positions, with an emphasis on our existing night shift RN role that is available.

**Turnover Rate:** Experienced turnover rate for the month of February was 6.9% on a target of 1.7%-1.9%. 10 positions termed for the following reasons: pursue another job outside healthcare (3); retirement; position at local health system; no call no show; increased time investment in home business; and opportunity at a clinic with no holidays or weekends. During the month the program introduced a process to conduct new hire 30- & 90-day questionnaires. This is in addition to rolling out stay interviews that will assist in our management of employee perception of their work experience. Employee Appreciation Committee is also an established forum that is continuing to improve and address employee morale and engagement.

**Hospital Readmission Rate:** Program experienced a 26.3% rehospitalization rate for the month of February, exceeding the target of 10%-12%. Of the 11 hospitalizations that occurred, one was deemed as avoidable and resulted in provider education on care capabilities that can be offered in a nursing home setting. The remainder of the occurrences were necessary and the result of acute episodes that presented during the month.

**Nursing Home Quality Star Rating:** The quality star rating remained unchanged month of month, being at a 3 star. The picture window goes back to a period that had ended in June of 2020. Due to the onset of pandemic during this period general declines in the quality rating component were seen in nursing homes across the state. Additional audits had been introduced near the end of Q2 of 2020 to assist with increased focus on items relating to quality of care (i.e. falls, pressure areas, among others). These audits remain ongoing and are monitored through the program's Quality Assurance process.

**Net Income:** The goal is \$2,984 to \$4,476 per month. For February, we showed a loss of \$244,298 which was driven by multiple factors including missed revenue by 5% as well as staffing costs exceeding budget. Contracted staffing services continues to be the largest opportunity for expenses with an action plan developed to reduce this number by 25% each month. Revenue projections are looking stronger for March with the referral task force also assisting Pine Crest. Pine Cres has also implemented a CMI & PDPM taskforce charged with increasing our reimbursement rates allowing for a higher operating margin. We are currently early in the implementation phase with results from today's work being seen in Quarter 2.



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: March 18, 2021  
TO: North Central Community Services Program Board  
FROM: Jill Meschke, Chief Financial Officer  
RE: Monthly CFO Report

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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.

### **Financial Results:**

The financials show a loss through February of (\$782,933), compared to the targeted gain of \$349,195 resulting in a negative variance of (\$1,132,128). The month of February is reported as having a net income of \$9,282.

### **Revenue Key Points:**

- Overall revenue for January was below budgeted target by (\$1,285,222). Net patient revenue was unfavorable to plan by (\$1,361,162).
- Overall revenue for February was below budgeted target by (\$832,529). Net patient revenue was unfavorable to plan by (\$686,612).
- No significant CARES Act funding was received in January or February.
- Mount View Care Center census averaged 127 in January and February compared to a target of 145. Pine Crest census averaged 92 and 91 in January and February respectively compared to a target of 100.
- Volume is the primary driver of the net patient revenue shortfall in the nursing homes for February and March as both facilities are close to targeted Medicare census. This shortfall represents 24 percent of the year-to-date net patient revenue unfavorable variance.
- The Adult Acute Care Hospital and Stabilization Facility census averaged 12 and 11 in January and February respectively to a budget of 14 for the month resulting in a shortfall from net patient revenue plan of (\$297,131) through February. This shortfall represents 15 percent of the month's net patient revenue unfavorable variance.
- The Youth Acute Care Hospital census averaged four and five respectively for the months of January and February compared to a target census of six resulting in a negative net patient revenue variance of (\$38,969) through February.
- The inability to open the Youth Crisis Stabilization Facility contributed (\$54,822) to the net patient revenue shortfall from budget through February.
- Net patient revenue for the Outpatient was short from plan by (\$184,179) through February and Community Treatment was (\$393,258) short from plan.
- Administrative and bad debt write offs totaled (\$59,785) through February.

**Expense Key Points:**

- Overall expenses for February were favorable to plan \$1,024,435 through February.
- Salaries are (\$55,287) unfavorable to budget through February.
- Benefits expenses are favorable to plan by \$234,127 driven by health insurance favorability of \$228,035 through February.
- Contracted services of providers and staff were favorable to plan by \$315,815 through February, which offsets unfavorability in salaries.
- Drugs expense is favorable to budget \$126,956 through February, which correlates to a (\$234,709) shortfall from budgeted revenue.
- Diversion expense is (\$85,886) unfavorable to plan. Diversion expenses are 55 percent lower than in 2020 through February.

North Central Health Care  
Income Statement  
For the Period Ending February 28, 2021

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Direct Revenues</b>								
Patient Gross Revenues	6,732,109	7,819,927	(1,087,818)	-13.9%	13,395,267	16,244,407	(2,849,140)	-17.5%
Patient Contractual Adjustments	(2,350,978)	(2,752,184)	401,206	-14.6%	(4,905,821)	(5,706,687)	800,866	-14.0%
Net Patient Revenue	4,381,131	5,067,743	(686,612)	-13.5%	8,489,446	10,537,720	(2,048,275)	-19.4%
County Revenue	427,764	427,764	-	0.0%	855,528	855,528	-	0.0%
Contracted Service Revenue	103,609	101,651	1,957	1.9%	202,239	206,784	(4,545)	-2.2%
Grant Revenues and Contractuals	250,451	332,169	(81,717)	-24.6%	572,355	666,537	(94,182)	-14.1%
Appropriations	502,687	502,687	-	0.0%	1,005,374	1,005,374	-	0.0%
COVID-19 Relief Funding	3,550	-	3,550	0.0%	26,750	-	26,750	0.0%
Other Revenue	482,775	552,481	(69,707)	-12.6%	1,108,464	1,106,463	2,001	0.2%
Total Direct Revenue	6,151,966	6,984,496	(832,529)	-11.9%	12,260,155	14,378,407	(2,118,252)	-14.7%
<b>Indirect Revenues</b>								
County Revenue	170,209	171,802	(1,593)	-0.9%	340,417	343,604	(3,186)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	4,500	6,000	(1,500)	-25.0%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	49,634	61,567	(11,933)	-19.4%	69,458	98,343	(28,886)	-29.4%
Allocated Revenue	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Revenue	222,418	236,369	(13,951)	-5.9%	447,352	447,947	(596)	-0.1%
Total Operating Revenue	6,374,384	7,220,864	(846,480)	-11.7%	12,707,507	14,826,354	(2,118,847)	-14.3%
<b>Direct Expenses</b>								
Personnel Expenses	2,911,944	3,097,685	185,740	6.0%	6,413,058	6,522,598	109,540	1.7%
Contracted Services Expenses	868,489	906,588	38,099	4.2%	1,400,103	1,764,242	364,139	20.6%
Supplies Expenses	48,660	57,328	8,668	15.1%	110,398	116,376	5,978	5.1%
Drugs Expenses	505,743	541,998	36,255	6.7%	962,172	1,091,165	128,993	11.8%
Program Expenses	44,599	72,100	27,500	38.1%	140,490	146,699	6,209	4.2%
Land & Facility Expenses	33,637	69,708	36,071	51.7%	55,166	139,415	84,249	60.4%
Equipment & Vehicle Expenses	58,065	69,068	11,003	15.9%	82,744	150,215	67,471	44.9%
Diversions Expenses	98,018	79,500	(18,518)	-23.3%	244,886	159,000	(85,886)	-54.0%
Other Operating Expenses	157,965	174,736	16,771	9.6%	351,970	351,157	(813)	-0.2%
Total Direct Expenses	4,727,119	5,068,709	341,589	6.7%	9,760,987	10,440,867	679,880	6.5%
<b>Indirect Expenses</b>								
Personnel Expenses	946,365	1,032,364	85,999	8.3%	2,102,811	2,172,110	69,299	3.2%
Contracted Services Expenses	7,655	3,500	(4,155)	-118.7%	16,002	7,000	(9,002)	-128.6%
Supplies Expenses	60,925	73,203	12,278	16.8%	123,349	162,106	38,757	23.9%
Drugs Expenses	864	-	(864)	0.0%	2,037	-	(2,037)	0.0%
Program Expenses	11,564	17,021	5,457	32.1%	38,629	42,042	3,413	8.1%
Land & Facility Expenses	312,153	270,298	(41,855)	-15.5%	607,904	542,097	(65,807)	-12.1%
Equipment & Vehicle Expenses	94,260	96,824	2,564	2.6%	227,465	196,274	(31,190)	-15.9%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	206,976	504,448	297,472	59.0%	635,208	976,330	341,122	34.9%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	1,640,762	1,997,659	356,897	17.9%	3,753,404	4,097,959	344,555	8.4%
Total Operating Expenses	6,367,881	7,066,368	698,486	9.9%	13,514,390	14,538,826	1,024,435	7.0%
<b>Metrics</b>								
Indirect Expenses/Direct Expenses	34.7%	39.4%			38.5%	39.2%		
Direct Expense/Gross Patient Revenue	70.2%	64.8%			72.9%	64.3%		
<b>Non-Operating Income/Expense</b>								
Interest Income/Expense	(1,019)	(30,833)	29,814	-96.7%	(18,743)	(61,667)	42,924	-69.6%
Donations Income	(1,761)	-	(1,761)	0.0%	(5,207)	-	(5,207)	0.0%
Other Non-Operating	-	-	-	0.0%	-	-	-	0.0%
Total Non-Operating	(2,780)	(30,833)	28,053	-91.0%	(23,951)	(61,667)	37,716	-61.2%
Net Income (Loss)	9,282	185,330	(176,047)	-95.0%	(782,933)	349,195	(1,132,128)	-324.2%
Net Income	0.1%	2.6%			-6.2%	2.4%		

North Central Health Care  
Programs by Service Line  
For the Period Ending February 28, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
<b>BEHAVIORAL HEALTH SERVICES</b>								
Adult Behavioral Health Hospital	1,021,127	1,028,385	(7,258)	1,262,773	1,317,423	54,650	(241,647)	47,392
Adult Crisis Stabilization Facility	185,250	241,007	(55,758)	215,563	166,445	(49,118)	(30,313)	(104,875)
Lakeside Recovery MMT	108,667	266,799	(158,132)	43,146	212,117	168,971	65,521	10,840
Youth Behavioral Health Hospital	301,367	345,330	(43,962)	373,270	477,350	104,080	(71,903)	60,117
Youth Crisis Stabilization Facility	71,663	125,701	(54,038)	67,344	160,577	93,233	4,319	39,195
Crisis Services	462,517	505,531	(43,014)	497,287	516,870	19,583	(34,770)	(23,432)
Psychiatry Residency	46,116	75,654	(29,538)	65,458	46,263	(19,195)	(19,341)	(48,732)
	<u>2,196,707</u>	<u>2,588,408</u>	<u>(391,700)</u>	<u>2,524,841</u>	<u>2,897,045</u>	<u>372,204</u>	<u>(328,134)</u>	<u>(19,496)</u>
<b>COMMUNITY SERVICES</b>								
Outpatient Services (Marathon)	424,723	413,603	11,120	790,795	446,275	(344,519)	(366,072)	(333,400)
Outpatient Services (Lincoln)	180,070	218,716	(38,646)	150,154	168,409	18,255	29,915	(20,391)
Outpatient Services (Langlade)	434,042	592,286	(158,244)	133,627	554,684	421,057	300,415	262,813
Community Treatment Adult (Marathon)	796,264	870,336	(74,071)	660,424	785,512	125,088	135,840	51,017
Community Treatment Adult (Lincoln)	158,706	170,139	(11,433)	98,448	130,749	32,301	60,258	20,868
Community Treatment Adult (Langlade)	111,312	111,463	(151)	71,364	90,397	19,033	39,948	18,882
Community Treatment Youth (Marathon)	786,434	940,638	(154,205)	654,635	850,512	195,878	131,799	41,673
Community Treatment Youth (Lincoln)	272,953	431,743	(158,790)	189,028	305,258	116,231	83,926	(42,559)
Community Treatment Youth (Langlade)	255,847	291,232	(35,385)	163,909	224,342	60,434	91,939	25,049
Community Corner Clubhouse	41,860	49,129	(7,268)	47,395	51,530	4,135	(5,535)	(3,133)
	<u>3,462,212</u>	<u>4,089,285</u>	<u>(627,073)</u>	<u>2,959,779</u>	<u>3,607,669</u>	<u>647,891</u>	<u>502,434</u>	<u>20,818</u>
<b>COMMUNITY LIVING</b>								
Adult Day Services (Marathon)	82,864	130,381	(47,517)	90,835	96,194	5,359	(7,971)	(42,158)
Prevocational Services (Marathon)	63,973	87,235	(23,262)	107,714	129,732	22,018	(43,741)	(1,244)
Lincoln Industries	70,518	210,158	(139,639)	137,605	217,972	80,366	(67,087)	(59,273)
Day Services (Langlade)	48,975	48,598	377	52,313	51,309	(1,004)	(3,338)	(627)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	84,607	84,776	(168)	69,430	66,714	(2,716)	15,177	(2,885)
Chadwick Group Home	84,253	104,019	(19,766)	81,220	79,611	(1,609)	3,033	(21,375)
Bissell Street Group Home	93,326	91,751	1,575	71,263	73,913	2,650	22,062	4,224
Heather Street Group Home	66,587	74,202	(7,615)	71,878	68,610	(3,268)	(5,290)	(10,883)
Jelinek Apartments	106,881	127,372	(20,491)	114,209	115,230	1,022	(7,328)	(19,470)
River View Apartments	109,878	107,710	2,169	111,122	89,373	(21,749)	(1,244)	(19,581)
Forest Street Apartments	(6,800)	57,162	(63,962)	78,011	76,587	(1,424)	(84,811)	(65,386)
Fulton Street Apartments	29,852	40,986	(11,135)	62,801	46,095	(16,706)	(32,949)	(27,841)
Riverview Terrace	59,173	59,767	(594)	46,514	55,786	9,271	12,659	8,677
Hope House (Sober Living Marathon)	900	1,048	(148)	6,665	9,832	3,167	(5,764)	3,020
Sober Living (Langlade)	3,471	8,653	(5,183)	4,530	20,769	16,240	(1,059)	11,057
	<u>898,459</u>	<u>1,233,819</u>	<u>(335,361)</u>	<u>1,106,108</u>	<u>1,197,725</u>	<u>91,617</u>	<u>(207,650)</u>	<u>(243,743)</u>
<b>NURSING HOMES</b>								
Mount View Care Center	2,657,512	3,107,868	(450,356)	2,965,018	2,911,277	(53,741)	(307,506)	(504,097)
Pine Crest Nursing Home	1,804,536	1,829,985	(25,449)	2,188,521	1,978,014	(210,507)	(383,985)	(235,956)
	<u>4,462,048</u>	<u>4,937,852</u>	<u>(475,804)</u>	<u>5,153,539</u>	<u>4,889,291</u>	<u>264,248</u>	<u>(691,491)</u>	<u>(211,556)</u>
Pharmacy	1,219,984	1,453,008	(233,023)	1,282,297	1,429,411	147,114	(62,313)	(85,910)
<b>OTHER PROGRAMS</b>								
Aquatic Services	166,620	248,402	(81,782)	146,936	200,806	53,870	19,684	(27,912)
Birth To Three	107,035	127,088	(20,053)	107,083	127,088	20,005	(48)	(48)
Adult Protective Services	162,830	134,389	28,441	177,288	163,004	(14,284)	(14,457)	14,157
Demand Transportation	60,321	79,632	(19,310)	56,519	61,677	5,158	3,802	(14,152)
	<u>496,807</u>	<u>589,512</u>	<u>(92,705)</u>	<u>487,826</u>	<u>552,576</u>	<u>64,750</u>	<u>8,981</u>	<u>(27,955)</u>
<b>Total NCHC Service Programs</b>	<b>12,731,457</b>	<b>14,888,021</b>	<b>(2,156,563)</b>	<b>13,514,390</b>	<b>14,538,826</b>	<b>1,024,435</b>	<b>(782,933)</b>	<b>(1,132,128)</b>

North Central Health Care  
Fund Balance Review  
For the Period Ending February 28, 2021

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	9,576,316	752,879	3,185,195	13,514,390
General Fund Balance Targets				
Minimum (20% Operating Expenses)	1,915,263	150,576	637,039	2,702,878
Maximum (35% Operating Expenses)	3,351,710	263,508	1,114,818	4,730,037
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	2,165,263	400,576	887,039	3,452,878
Maximum Target	3,601,710	513,508	1,364,818	5,480,037
Total Net Position at Period End	8,829,037	1,080,245	2,826,935	12,736,217
Fund Balance Above/(Below)				
Minimum Target	6,663,774	679,669	1,939,896	9,283,339
Maximum Target	5,227,327	566,738	1,462,116	7,256,181
<i>County Percent of Total Net Position</i>	<i>69.3%</i>	<i>8.5%</i>	<i>22.2%</i>	
Share of Invested Cash Reserves	7,020,648	858,986	2,247,914	10,127,549
<i>Days Invested Cash on Hand</i>	<i>45</i>	<i>69</i>	<i>43</i>	<i>46</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	14,167,700	1,113,849	4,712,344	19,993,892
Invested Cash Reserves Above/(Below) Target	(7,147,051)	(254,862)	(2,464,430)	(9,866,344)

North Central Health Care  
Review of Services in Marathon County  
For the Period Ending February 28, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	304,056	292,936	11,120	790,795	446,275	(344,519)	(486,739)	(333,400)
Community Treatment-Adult	782,931	857,002	(74,071)	660,424	785,512	125,088	122,507	51,017
Community Treatment-Youth	786,434	940,638	(154,205)	654,635	850,512	195,878	131,799	41,673
Day Services	146,837	217,616	(70,779)	198,549	225,926	27,377	(51,712)	(43,403)
Clubhouse	26,527	33,795	(7,268)	47,395	51,530	4,135	(20,869)	(3,133)
Hope House Sober Living	900	1,048	(148)	6,665	9,832	3,167	(5,764)	3,020
Riverview Terrace	59,173	59,767	(594)	46,514	55,786	9,271	12,659	8,677
Demand Transportation	60,321	79,632	(19,310)	56,519	61,677	5,158	3,802	(14,152)
Aquatic Services	109,563	191,345	(81,782)	146,936	200,806	53,870	(37,373)	(27,912)
Pharmacy	1,219,984	1,453,008	(233,023)	1,282,297	1,429,411	147,114	(62,313)	(85,910)
	<u>3,496,726</u>	<u>4,126,787</u>	<u>(630,061)</u>	<u>3,890,729</u>	<u>4,117,268</u>	<u>226,539</u>	<u>(394,003)</u>	<u>(403,523)</u>
Shared Services								
Adult Behavioral Health Hospital	511,202	516,573	(5,371)	934,452	974,893	40,441	(423,250)	35,070
Youth Behavioral Health Hospital	216,845	249,377	(32,532)	276,220	353,239	77,019	(59,375)	44,487
Residency Program	34,126	55,984	(21,858)	48,439	34,235	(14,204)	(14,313)	(36,062)
Crisis Services	91,723	91,723	-	367,993	382,484	14,491	(276,270)	14,491
Adult Crisis Stabilization Facility	137,085	178,346	(41,261)	159,516	123,169	(36,347)	(22,431)	(77,608)
Youth Crisis Stabilization Facility	53,031	93,019	(39,988)	49,835	118,827	68,992	3,196	29,004
Lakeside Recovery MMT	7,218	124,236	(117,018)	31,928	156,967	125,039	(24,710)	8,021
Residential	552,267	668,235	(115,968)	640,994	598,450	(42,544)	(88,727)	(158,512)
Adult Protective Services	53,996	53,996	-	131,193	120,623	(10,570)	(77,197)	(10,570)
Birth To Three	79,963	94,945	(14,981)	79,999	94,945	14,946	(36)	(36)
	<u>1,737,456</u>	<u>2,126,433</u>	<u>(388,977)</u>	<u>2,720,568</u>	<u>2,957,831</u>	<u>237,263</u>	<u>(983,113)</u>	<u>(151,714)</u>
Total NCHC Programming	5,234,182	6,253,220	(1,019,038)	6,611,297	7,075,099	463,802	(1,377,116)	(555,237)
Base County Allocation	390,476	390,476	-				390,476	-
County Appropriation	546,868	546,868	-				546,868	-
Excess Revenue/(Expense)	<u>6,171,525</u>	<u>7,190,563</u>	<u>(1,019,038)</u>	<u>6,611,297</u>	<u>7,075,099</u>	<u>463,802</u>	<u>(439,772)</u>	<u>(555,237)</u>

North Central Health Care  
Review of Services in Lincoln County  
For the Period Ending February 28, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	74,297	112,943	(38,646)	150,154	168,409	18,255	(75,858)	(20,391)
Community Treatment-Adult	157,206	168,639	(11,433)	98,448	130,749	32,301	58,758	20,868
Community Treatment-Youth	272,953	431,743	(158,790)	189,028	305,258	116,231	83,926	(42,559)
Lincoln Industries	70,518	210,158	(139,639)	137,605	217,972	80,366	(67,087)	(59,273)
	<u>574,974</u>	<u>923,483</u>	<u>(348,509)</u>	<u>575,235</u>	<u>822,389</u>	<u>247,153</u>	<u>(261)</u>	<u>(101,355)</u>
Shared Services								
Adult Behavioral Health Hospital	103,622	104,711	(1,089)	189,416	197,613	8,198	(85,794)	7,109
Youth Behavioral Health Hospital	43,955	50,549	(6,594)	55,991	71,603	15,612	(12,035)	9,018
Residency Program	6,917	11,348	(4,431)	9,819	6,939	(2,879)	(2,901)	(7,310)
Crisis Services	18,592	18,592	-	74,593	77,530	2,937	(56,001)	2,937
Adult Crisis Stabilization Facility	27,787	36,151	(8,364)	32,334	24,967	(7,368)	(4,547)	(15,731)
Youth Crisis Stabilization Facility	10,749	18,855	(8,106)	10,102	24,087	13,985	648	5,879
Lakeside Recovery MMT	1,463	25,183	(23,720)	6,472	31,818	25,346	(5,009)	1,626
Residential	-	-	-	-	-	-	-	-
Adult Protective Services	10,945	10,945	-	26,593	24,451	(2,143)	(15,648)	(2,143)
Birth To Three	16,113	19,132	(3,019)	16,120	19,132	3,012	(7)	(7)
	<u>240,145</u>	<u>295,467</u>	<u>(55,322)</u>	<u>421,439</u>	<u>478,139</u>	<u>56,700</u>	<u>(181,294)</u>	<u>1,378</u>
Total NCHC Programming	815,119	1,218,950	(403,830)	996,675	1,300,527	303,853	(181,555)	(99,978)
Base County Allocation	107,273	107,273	-	-	-	-	107,273	-
County Appropriation	<u>100,006</u>	<u>100,006</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>100,006</u>	<u>-</u>
Excess Revenue/(Expense)	<u>1,022,399</u>	<u>1,426,229</u>	<u>(403,830)</u>	<u>996,675</u>	<u>1,300,527</u>	<u>303,853</u>	<u>25,724</u>	<u>(99,978)</u>

North Central Health Care  
Review of Services in Langelde County  
For the Period Ending February 28, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
<b>Direct Services</b>								
Outpatient Services	81,096	239,340	(158,244)	133,627	554,684	421,057	(52,531)	(210,774)
Community Treatment-Adult	109,812	109,963	(151)	71,364	90,397	19,033	38,448	38,297
Community Treatment-Youth	255,847	291,232	(35,385)	163,909	224,342	60,434	91,939	56,554
Sober Living	137	5,320	(5,183)	4,530	20,769	16,240	(4,392)	(9,575)
Day Services	48,975	48,598	377	52,313	51,309	(1,004)	(3,338)	(2,961)
	<u>495,869</u>	<u>694,454</u>	<u>(198,585)</u>	<u>425,742</u>	<u>941,501</u>	<u>515,759</u>	<u>70,126</u>	<u>(128,459)</u>
<b>Shared Services</b>								
Adult Behavioral Health Hospital	75,989	76,788	(798)	138,905	144,917	6,012	(62,916)	(63,714)
Youth Behavioral Health Hospital	32,234	37,070	(4,836)	41,060	52,509	11,449	(8,826)	(13,662)
Residency Program	5,073	8,322	(3,249)	7,200	5,089	(2,111)	(2,128)	(5,377)
Crisis Services	13,634	13,634	-	54,702	56,856	2,154	(41,067)	(41,067)
Adult Crisis Stabilization Facility	20,377	26,511	(6,133)	23,712	18,309	(5,403)	(3,334)	(9,468)
Youth Crisis Stabilization Facility	7,883	13,827	(5,944)	7,408	17,663	10,256	475	(5,469)
Lakeside Recovery MMT	1,073	18,467	(17,394)	4,746	23,333	18,587	(3,673)	(21,068)
Residential	16,317	19,744	(3,426)	18,939	17,682	(1,257)	(2,622)	(6,048)
Adult Protective Services	8,026	8,026	-	19,502	17,930	(1,571)	(11,475)	(11,475)
Birth To Three	10,959	13,012	(2,053)	10,964	13,012	2,048	(5)	(2,058)
	<u>191,566</u>	<u>235,401</u>	<u>(43,835)</u>	<u>327,137</u>	<u>367,299</u>	<u>40,162</u>	<u>(135,570)</u>	<u>(179,405)</u>
Total NCHC Programming	687,435	929,855	(242,420)	752,879	1,308,800	555,921	(65,444)	(307,864)
Base County Allocation	357,779	357,779	-				357,779	357,779
County Appropriation	35,031	35,031	-				35,031	35,031
Excess Revenue/(Expense)	<u>1,080,245</u>	<u>1,322,665</u>	<u>(242,420)</u>	<u>752,879</u>	<u>1,308,800</u>	<u>555,921</u>	<u>327,366</u>	<u>84,946</u>

North Central Health Care  
Review of Services in Mount View Care Center  
For the Period Ending February 28, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Post-Acute Care	427,641	404,645	22,995	411,155	418,829	7,674	16,486	30,670
Long-Term Care	303,374	554,954	(251,581)	670,271	636,792	(33,480)	(366,898)	(285,060)
Memory Care	1,007,202	928,527	78,675	1,059,759	986,501	(73,259)	(52,558)	5,416
Vent Unit	515,940	631,473	(115,533)	655,922	694,108	38,186	(139,982)	(77,347)
Nursing Home Ancillary	4,475	9,329	(4,854)	14,142	5,941	(8,201)	(9,667)	(13,055)
Rehab Services	148,882	328,940	(180,058)	153,769	169,107	15,338	(4,887)	(164,720)
Total NCHC Programming	2,407,512	2,857,868	(450,356)	2,965,018	2,911,277	(53,741)	(557,506)	(504,097)
County Appropriation	250,000	250,000	-				250,000	-
Excess Revenue/(Expense)	2,657,512	3,107,868	(450,356)	2,965,018	2,911,277	(53,741)	(307,506)	(504,097)

North Central Health Care  
Review of Services in Pine Crest Nursing Home  
For the Period Ending February 28, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Post-Acute Care	198,066	281,218	(83,152)	347,376	440,639	93,263	(149,310)	10,111
Long-Term Care	1,048,783	1,090,531	(41,748)	1,391,577	1,228,088	(163,489)	(342,795)	(205,237)
Special Care	239,539	267,345	(27,806)	322,879	320,517	(2,362)	(83,340)	(30,168)
Nursing Home Ancillary	81,581	-	81,581	5,446	-	(5,446)	76,135	76,135
Rehab Services	163,098	117,423	45,675	121,243	827	(120,416)	41,855	(74,741)
Total NCHC Programming	1,731,067	1,756,516	(25,449)	2,188,521	1,990,070	(198,450)	(457,454)	(223,899)
County Appropriation	73,469	73,469	-				73,469	-
Excess Revenue/(Expense)	1,804,536	1,829,985	(25,449)	2,188,521	1,990,070	(198,450)	(383,985)	(223,899)

North Central Health Care  
 Summary of Revenue Write-Offs  
 For the Period Ending February 28, 2021

	<u>MTD</u>	<u>YTD</u>
Adult Behavioral Health		
Administrative Write-Off	7,401	11,746
Bad Debt	42	877
Youth Behavioral Health		
Administrative Write-Off	875	875
Bad Debt	-	-
Outpatient & Community Treatment		
Administrative Write-Off	4,914	12,066
Bad Debt	84	751
Nursing Home Services		
Administrative Write-Off	-	4,197
Bad Debt	-	20,260
Pharmacy		
Administrative Write-Off	53	53
Bad Debt	-	-
Other Services		
Administrative Write-Off	7,209	8,908
Bad Debt	27	52
Grand Total		
Administrative Write-Off	20,452	37,845
Bad Debt	153	21,940

## 2021 NCCSP BOARD CALENDAR

### Thursday April 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year.

#### Agenda Items

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

Program Review: Community Treatment

Board Policy Discussion Generative Topic: Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

### May 27, 2021 – 12:00 PM – 5:00 PM (Annual Meeting & Board Retreat)

Elections: Election of Directors and Officers.

#### Board Policy to Review

- Board Strategic Planning Policy
- Budget Policy
- Capital Asset Management Policy
- Cash Management Policy
- Fund Balance Policy
- Investment Policy
- Risk Reserve Guidelines Policy
- Write-off of Accounts Receivable Policy

Board Policy Discussion Generative Topic: Focus on the strategic plan, environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization's mission, vision, end statements and compare them against its activities, governing documents, and communications.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the Board's composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Executive Committee. Approve capital projects.

## 2021 NCCSP BOARD CALENDAR

**Thursday June 24, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Corporate Compliance and Quality Obligations of the NCCSP Board – Emerging Compliance Trends

Agenda Items

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

Board Policy to Review

- Business Associates Policy
- Contract Review and Approval Policy
- Contracting with Excluded Individuals and Entities Policy
- Purchasing Policy

Program Review: Crisis and Emergency Services

Board Policy Discussion Generative Topic: Effectiveness of the Corporate Compliance Program

Restart Survey

Place Bookmark

Mobile view off

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.