



## **OFFICIAL NOTICE AND AGENDA**

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

**Thursday, March 18, 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:*

**Phone Number:** 1-408-418-9388 **Access Code:** 187 996 0349 **Meeting Password:** 1234

### **AGENDA**

- 1. Call to Order**
- 2. Public Comment (15 Minutes)**
- 3. Approval of the February 18, 2021 Executive Committee Meeting Minutes**
- 4. Policy Issues for Discussion and Possible Action**
  - A. Overview of Planned Lincoln Industries Operational Changes
  - B. Creation of Finance Committee –Roles and Responsibilities, and Potential Appointments
- 5. Operational Functions Required by Statute, Ordinance, or Resolution**
  - A. None
- 6. Educational Presentations/Outcome Monitoring Reports**
  - A. CEO Report
  - B. Organizational and Program Dashboards
  - C. Board Work Plan
  - D. December, January, and February Financials
- 7. Next Meeting Date & Time, Location, Future Agenda Items**
  - Review of Draft NCCSP Board Agenda for March 25, 2021
  - Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board.
  - Next Meeting: **Thursday, April 15, 2021, at 3:00 p.m.** in the North Central Health Care Board Room

8. **Announcements**

9. **Adjournment**

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**NOTICE POSTED AT:** North Central Health Care

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,  
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 03/12/2021 TIME: 4:15 PM BY: D. Osowski

**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 202, 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.



## MEMORANDUM

DATE: March 17, 2021  
TO: North Central Community Services Program Board Executive Committee  
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 17<sup>th</sup>, we have 8 staff out with symptoms or exposures related to COVID-19, potential exposure, or vaccine reactions. All but two are from Pine Crest in Merrill. There are currently 0 positive cases, 5 tests pending, and no employees out with vaccine reactions. 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.

## 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

## 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.

### 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.

### 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.

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%
	Community	Same Day Cancellation and No-Show Rate	↘	15-18%	16.1%	15.5%
		% 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%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	33.3% (3/9)	52.0%
		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%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	73.8%	62.9%
		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)

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  
Income Statement  
For the Period Ending January 31, 2021

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Direct Revenues</b>								
Patient Gross Revenues	6,663,158	8,424,480	(1,761,322)	-20.9%	6,663,158	8,424,480	(1,761,322)	-20.9%
Patient Contractual Adjustments	(2,554,843)	(2,955,003)	400,160	-13.5%	(2,554,843)	(2,955,003)	400,160	-13.5%
Net Patient Revenue	4,108,315	5,469,477	(1,361,162)	-24.9%	4,108,315	5,469,477	(1,361,162)	-24.9%
County Revenue	427,764	442,514	(14,750)	-3.3%	427,764	442,514	(14,750)	-3.3%
Contracted Service Revenue	98,630	90,383	8,247	9.1%	98,630	90,383	8,247	9.1%
Grant Revenues and Contractuals	321,904	334,369	(12,465)	-3.7%	321,904	334,369	(12,465)	-3.7%
Appropriations	340,952	340,952	-	0.0%	340,952	340,952	-	0.0%
COVID-19 Relief Funding	23,200	-	23,200	0.0%	23,200	-	23,200	0.0%
Other Revenue	625,689	553,981	71,708	12.9%	625,689	553,981	71,708	12.9%
Total Direct Revenue	5,946,455	7,231,677	(1,285,222)	-17.8%	5,946,455	7,231,677	(1,285,222)	-17.8%
<b>Indirect Revenues</b>								
County Revenue	170,209	171,802	(1,593)	-0.9%	170,209	171,802	(1,593)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	2,250	3,000	(750)	-25.0%
Grant Revenues and Contractuals	31,900	-	31,900	0.0%	31,900	-	31,900	0.0%
Appropriations	161,735	161,735	-	0.0%	161,735	161,735	-	0.0%
Other Revenue	19,824	36,777	(16,953)	-46.1%	19,824	36,777	(16,953)	-46.1%
Allocated Revenue	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Revenue	386,669	373,313	13,355	3.6%	386,669	373,313	13,355	3.6%
Total Operating Revenue	6,333,123	7,604,990	(1,271,867)	-16.7%	6,333,123	7,604,990	(1,271,867)	-16.7%
<b>Direct Expenses</b>								
Personnel Expenses	3,501,114	3,424,913	(76,201)	-2.2%	3,501,114	3,424,913	(76,201)	-2.2%
Contracted Services Expenses	557,032	857,655	300,623	35.1%	557,032	857,655	300,623	35.1%
Supplies Expenses	62,082	59,048	(3,034)	-5.1%	62,082	59,048	(3,034)	-5.1%
Drugs Expenses	456,429	549,167	92,738	16.9%	456,429	549,167	92,738	16.9%
Program Expenses	95,491	74,600	(20,891)	-28.0%	95,491	74,600	(20,891)	-28.0%
Land & Facility Expenses	21,529	69,674	48,145	69.1%	21,529	69,674	48,145	69.1%
Equipment & Vehicle Expenses	24,679	81,147	56,469	69.6%	24,679	81,147	56,469	69.6%
Diversions Expenses	146,869	79,500	(67,369)	-84.7%	146,869	79,500	(67,369)	-84.7%
Other Operating Expenses	196,029	176,421	(19,608)	-11.1%	196,029	176,421	(19,608)	-11.1%
Total Direct Expenses	5,061,252	5,372,125	310,873	5.8%	5,061,252	5,372,125	310,873	5.8%
<b>Indirect Expenses</b>								
Personnel Expenses	1,156,446	1,139,746	(16,700)	-1.5%	1,156,446	1,139,746	(16,700)	-1.5%
Contracted Services Expenses	8,347	3,500	(4,847)	-138.5%	8,347	3,500	(4,847)	-138.5%
Supplies Expenses	60,150	88,903	28,753	32.3%	60,150	88,903	28,753	32.3%
Drugs Expenses	1,173	-	(1,173)	0.0%	1,173	-	(1,173)	0.0%
Program Expenses	27,065	25,021	(2,044)	-8.2%	27,065	25,021	(2,044)	-8.2%
Land & Facility Expenses	295,751	271,798	(23,952)	-8.8%	295,751	271,798	(23,952)	-8.8%
Equipment & Vehicle Expenses	133,205	99,450	(33,755)	-33.9%	133,205	99,450	(33,755)	-33.9%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	428,105	471,882	43,777	9.3%	428,105	471,882	43,777	9.3%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	2,110,241	2,100,300	(9,942)	-0.5%	2,110,241	2,100,300	(9,942)	-0.5%
Total Operating Expenses	7,171,493	7,472,424	300,931	4.0%	7,171,493	7,472,424	300,931	4.0%
<b>Metrics</b>								
Indirect Expenses/Direct Expenses	41.7%	39.1%			41.7%	39.1%		
Direct Expense/Gross Patient Revenue	76.0%	63.8%			76.0%	63.8%		
<b>Non-Operating Income/Expense</b>								
Interest Income/Expense	(17,724)	(30,833)	13,109	-42.5%	(17,724)	(30,833)	13,109	-42.5%
Donations Income	(3,446)	-	(3,446)	0.0%	(3,446)	-	(3,446)	0.0%
Other Non-Operating	-	-	-	0.0%	-	-	-	0.0%
Total Non-Operating	(21,171)	(30,833)	9,663	-31.3%	(21,171)	(30,833)	9,663	-31.3%
Net Income (Loss)	(817,200)	163,399	(980,599)	-600.1%	(817,200)	163,399	(980,599)	-600.1%
Net Income	-12.9%	2.1%			-12.9%	2.1%		

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%		

## **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: **XXX XXX XXXX** 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
1. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA  
(Limited to 15 Minutes)
2. PATIENT IN THE BOARD ROOM (5 Minutes)
3. 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 Meetings
    - iii. FOR ACTION: Review and Approval of Board Policy
      - a. Cash Management
      - b. Fund Balance

- c. Risk Reserve Guidelines
    - d. Accounts Receivable Write-Offs
  - iv. Policy Governance Monitoring Reports
    - a. Recent State, Federal, and Accreditation Reports
      - 1. MVCC Annual State Survey
  - v. CEO Report and Board Work Plan (5 Minutes) – M. Loy
  - vi. Executive Operational Reports
  - vii. ACTION: *Motion to Approve Medical Staff Appointments*

#### 4. BOARD EDUCATION

- A. Update on the Campus Renovations and Debt Service Model (10 Minutes) – M. Loy
- B. The Board's Role in Achieving Zero Harm and Leading a Culture of Safety (10 Minutes) – M. Loy
- C. Comprehensive Community Services Provider Contracts (30 Minutes) – M. Loy

#### 5. 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
- C. ACTION: *Motion to Approve Purchasing Policy* (5 Minutes) – D. Adzic
- D. ACTION: *Motion to Approve Physician Recruitment Plan* (10 Minutes) – M. Loy
- E. ACTION: *Motion to Proceed with Leasing ADDRESS to Expand Sober Living Options in Marathon County for 1-Year Pilot* (10 Minutes) – J. Nickel
- F. ACTION: *Motion to Proceed with Closing the Lincoln Industries Merrill Location and Related Program Operational Changes* (10 Minutes) – J. Nickel

#### 6. 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

#### 7. MOTION TO RETURN TO OPEN SESSION

#### 8. POSSIBLE ANNOUNCEMENTS OR ACTION RESULTING FROM CLOSED SESSION

#### 9. BOARD CALENDAR AND FUTURE AGENDA ITEMS

10. BOARD EXPERIENCE OPTIMIZER

11. 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

DRAFT