



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.

Friday, April 23, 2021 at 8:00 AM
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:** 123 733 2371

AGENDA

- 1. Call to Order**
- 2. Public Comment (15 Minutes)**
- 3. Approval of the March 18, 2021 Executive Committee Meeting Minutes**
- 4. Review of Draft NCCSP Board Agenda for April 29, 2021**
- 5. Policy Issues for Discussion and Possible Action**
 - A. HSRI Final Report
- 6. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
- 7. Educational Presentations/Outcome Monitoring Reports**
 - A. CEO Report
 - B. Organizational and Program Dashboards
 - C. March Financials
 - D. Board Work Plan
- 8. Next Meeting Date & Time, Location, Future Agenda Items**
 - Board Retreat Agenda for May 27, 2021
 - Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board.
 - Next Meeting: **Thursday, May 20, 2021, at 3:00 p.m.** in the North Central Health Care Board Room

9. Announcements

10. 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: 04/20/2021 TIME: 9:00 AM BY: D. Osowski

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

March 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, Dejan Adzic, Toni Kellner

Call to Order

- A. Meeting was called to order at 3:01 p.m. by Chairman Gibbs.

Public Comment

- A. No public comment

Approval of the February 18, 2021 Executive Committee Meeting Minutes

- A. **Motion**/second, Wylie/Anderson, to approve the February 25, 2021 Executive Committee Meeting minutes. Motion carried.

Policy Issues for Discussion and Possible Action

- A. Overview of Planned Lincoln Industries Operational changes include:
- In 2020 North Central Health Care (NCHC) assumed management of Lincoln Industries at the same time as Pine Crest Nursing Home. Lincoln Industries provides adult day services and pre-vocational services out of Tomahawk and Merrill. Lincoln County approached NCHC to take on Lincoln Industries in 2020 where we could consolidate costs and help lessen the burden to Lincoln County. The Tomahawk facility was sold, and the program's hub transitioned to a local church. Members and community were accepting of the changes. The Merrill property is a less than quality facility and not in compliance. The cost to repair is too high to proceed with remodeling.
 - The Covid pandemic in early 2020 caused the program to close which contributed greatly to a significant loss of revenue in 2020 resulting in a \$200,000 deficit. At one point in 2020 the membership dropped from 112 to 16. With communities slowly opening now, membership is currently around 69 however, roughly 60% of the membership have not re-engaged in programming. Without making changes it is projected there would be a \$360,000 loss for 2021 for Lincoln County.
 - This is not a required program for the county to provide nor is it supported by grants or other funding. Had Covid not impacted the program as it did, we feel it would be operating well today as we managed the declining participation over time.

- NCHC’s goal is to move toward community-based employment (Pre-Voc) rather than a sheltered workplace. Members needing sheltered work would be transported to the Wausau location at Northern Valley Industries (about a 20-minute commute) and the Merrill location would be closed.
 - The Committee felt a presentation of the status of the program along with options for the future of the program be provided first to the Lincoln County Board for review and a decision. Should Lincoln County want to continue with the program but not finance the negative impact, the NCCSP Board would need to discuss.
 - C. Wylie will place this topic on the appropriate agendas in Lincoln County for discussion in April.
- B. Creation of Finance Committee-Roles and Responsibilities, and Potential Appointments
- Loy approached Chairman Gibbs with the recommendation to create a Finance Committee due to the significant number of new Board members, the major renovations occurring, and changes to programs. It would be beneficial for a Finance Committee to have a greater depth of knowledge into the financial details of the organization and would provide our Chief Financial Officer an opportunity to engage in more depth with the Committee given the limited time during regular Board meetings.
 - With the preliminary report from the administrative review that the Board approved in January unavailable yet, Chairman Gibbs recommended waiting to determine the roles, responsibilities, and appointments of the Finance Committee until the review is complete to consider any potential recommendations.
 - Suggestion was made to add financials as a standing item on the Executive Committee until a Finance Committee is re-established. Also, Bylaws may need to be amended with the authorization of ad hoc committees.

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Educational presentations/Outcome Monitoring Reports

- A. CEO Report – M. Loy
- COVID-19: back to normal as much as we can be except masks will continue to be worn throughout the building; in person visitations will begin within the next week or two.
 - State survey recently completed at Mount View Care Center. Received only a few low-level citations. Survey team was very complimentary.
 - We are anticipating The Joint Commission survey at any time. Also, the annual survey for recertification of our Behavioral Health Services is scheduled for next week.
- B. Organizational and Program Dashboards
- After reviewing all program dashboards, several focus areas identified include turnover and access for outpatient and community treatment. We have seen improvement in access rates but continue to work to improve the process for better outcomes. We have also been receiving referrals for community treatment which are not appropriate for that program.
- C. Board Work Plan
- All items are in progress

D. December, January, and February Financials

- December financials and year end audit are in process. The audit is scheduled to be complete and presented to the Board in April.
- January and February financials will be reviewed with the Board. Initially we were close to \$1 million loss. After a review of every line item, we identified several errors which brought the loss to \$700,000. February is in the black. March census is soft, but we are adjusting and making progress on improving.
- We are reforecasting and realigning our expense structure for 2021 also.

Next Meeting Date & Time, Location, Future Agenda Items

- A. Review of Draft NCCSP Board Agenda for March 25, 2021
- The Purchasing Policy will be pulled for this month to allow for additional review.
 - Will remove Lincoln Industries discussion based on today's discussion.
 - To expand sober living in Marathon County with a lease for an 8-bed facility. Executive Committee suggested meeting immediately preceding the Board meeting on March 25 to review the details, and if approved, Board would act on the recommendation at the March 25 Board meeting.
- B. Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board
- C. Next Meeting: Thursday, April 15, 2021, at 3:00 p.m. in the North Central Health Care Board Room

Announcements

- A. C. Wylie noted Lincoln County has an appointment for Corporation Counsel, Carrie Johnson, who will start March 29, 2021.

Adjournment

- **Motion** to adjourn by Anderson, second by Leonhard. Motion carried. Meeting adjourned at 4:06 p.m.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO



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Meeting number (access code): 1-408-418-9388 Access Code: XXX XXX XXXX

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
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 March 25, 2021 NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the March 18, 2021 Executive Committee Meeting
 - iii. Policy Governance Monitoring Reports
 1. Recent State, Federal, and Accreditation Reports –
 - a. Mount View Care Center Annual Survey Report
 - b. Mount View Care Center Complaint Survey
 - c. Pine Crest Complaint Survey

- iv. Executive Operational Reports

- 6. BOARD EDUCATION
 - A. Community Treatment Programs (20 Minutes) – J. Hintz

- 7. BOARD DISCUSSION AND ACTION
 - A. CEO Report and Board Work Plan – M. Loy

 - B. ACTION: *Motion to Accept the Dashboards and Executive Summary* (5 Minutes) – M. Loy

 - C. ACTION: *Motion to Accept the March Financials* (5 Minutes) – J. Meschke

 - D. ACTION: *Motion to Approve Market Adjustments for Certified Nursing Assistants, Dietary, and Housekeeping Positions* (10 Minutes) – M. Loy

 - E. ACTION: *Approve Contract with Aegis for Restorative Nursing Program* (5 Minutes) – J. Nickel

 - F. ACTION: Review and Approval of Board Policy – *Motion to Approve the following Policies:*
 - i. *Strategic Planning Policy*
 - ii. *Budget Policy*

- 8. BOARD CALENDAR AND FUTURE AGENDA ITEMS

- 9. BOARD EXPERIENCE OPTIMIZER

- 10. ADJOURN

NOTICE POSTED AT: North Central Health Care
COPY OF NOTICE DISTRIBUTED TO:
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Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 04/23/2021 TIME: 4:00 PM BY: D. Osowski



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: April 20, 2021
TO: North Central Community Services Program Board Executive Committee
FROM: Michael Loy, Chief Executive Officer
RE: CEO Report – April 2021

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

We have been experiencing a small uptick in COVID activity in the last couple of weeks. As of April 19th, we have 12 staff out with symptoms or exposures related to COVID-19. There are currently 4 positive cases, 4 tests pending, and the other four are exposure cases. We currently have 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. There are employees out on leave who did not vaccinate who are still required to quarantine.

Unfortunately, with two positive employee cases occurring in Mount View Care Center we now have Northern Reflections (long-term care), South Shore (post-acute care), and the Vent Unit on enhanced precautions. There is one long-term care resident who has tested positive. With positivity rates increasing and the cases above, we have had to restrict visitation and return to weekly testing. The earliest these units can come off enhanced precautions is April 30th.

We have also been dealing with a recent outbreak in our Community Living programs in our Supported Apartment settings where a few clients and staff have contracted COVID. These units are on enhanced precautions as well, with clients being quarantined in their apartments. Outbreaks have been small in scale and the symptoms mild, especially in individuals who have been vaccinated. This outbreak will have expense implications and some tangential revenue impacts into our Day and Prevocational programs.

Annual Audit

The presentation of the annual audit will be delayed another month to the May Board meeting. With the turnover of the entire Accounting Department within the last year, it has been tremendously time consuming to sort through the work papers from previous years. This is a decision made in conjunction with our CFO and WIPFLI, our audit partner. I have been receiving regular updates and there are no major concerns, it is only taking time to replicate previous audit work to ensure consistent presentation of the financials. The other mitigating factor that will delay the actual final audit completion until later in the year is the information needed from the federal government relative to COVID payments is needed and the reporting portals remain closed at this time.

Campus Renovations

The Campus Renovations continue to move forward on schedule. The bid package for the “D” wing renovations, the location of the remodel for the adult psychiatric inpatient hospital, detox, crisis and emergency services, and residential treatment programs is set to go out in early May. Work on this phase (Phase 3), is set to commence in June. In June, once we have direction from the Marathon County Board on the final size of Mount View Care Center, we will update and finalize design plans for Phase 4. When design work has been completed on this phase, estimators will provide updated projections on construction costs prior to bidding. We continue to believe that we will need to gain the County Board’s support for additional bonding authority prior to letting the bids necessary to complete the project. Initial presentations on these needs and the factors driving the situation were recently presented to the Marathon County Health & Human Services and Human Resources, Finance & Property Committees. Chairs of both Committees also recently toured the campus renovations complete thus far.

Temporary Program Modifications

We are considering the feasibility of splitting our new 16-bed Crisis Stabilization Facility into an adult and youth unit to provide a better temporary solution for Emergency and Crisis Services during Phase 3 of the renovations. This could end up being a longer-term option that would alleviate a need for an additional phase in our campus renovations for the Youth Crisis Stabilization Facility. An overview of the situation will be provided at the Executive Committee Meeting.

Sober Living Project

The new facility is open and has its first tenants. We are presenting an Update to the Langelade County Board at their April meeting and planning a grand opening celebration event in May.

Lincoln Industries

An update on the changes that are needed for the Lincoln Industries operations is being presented to the Lincoln County Board on Tuesday April 20, 2021. An update will be provided at the Executive Committee meeting.

Portage County Health Care Center (PCHCC)

The assessment has been completed. Based on the current operating situation at PCHCC, deteriorating market conditions, facility conditions and needs, and margin risks, NCHC has sent Portage County notification that we will not be pursuing any partnership arrangement at this time.

Adult Protective Services Manager Retiring

Brenda Christian has announced that she will be retiring on May 21, 2021. Brenda has been an employee of North Central Health Care for over 34 years. Brenda has led the Adult Protective Services Department for many years and her contributions to Elder Abuse Awareness have been significant. We will be commencing a search for a new APS Manager immediately and have plans to appoint an interim manager for the program.

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
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PEOPLE

Vacancy Rate	↘	7-9%	6.1%	6.1%	8.6%										6.9%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%										34.4%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66	0.67										0.67	N/A

SERVICE

Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8	65.6										66.4	61.0
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QUALITY

Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%										13.2%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%										13.9%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★										★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84										0.91	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	4.46										3.13	2.84

COMMUNITY

Out of County Placements	↘	230-250	236	140	169										182	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46	0.47										0.39	N/A

FINANCE

Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%	70.0%										72.2%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%										38.5%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%										-6.9%	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 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 C 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.
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QUALITY

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

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 by 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%	8.6%	6.9%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.3%	34.4%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.67	0.67	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	65.6	66.4	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	14.4%	13.2%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	12.8%	13.9%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.84	0.91	0.74
		Zero Harm - Employees	↘	Monitoring	4.46	3.13	2.84
	Community	Out of County Placements	↘	230-250	169	182	269
		Client Diversity Composite Index	↗	Monitoring	0.47	0.39	/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	70.0%	72.2%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	38.6%	38.5%	39.0%
Net Income		↗	2-3%	-6.9%	-6.9%	0.4%	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	2.3%	4.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.2%	8.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	58.8
	Quality	Zero Harm - Patients	↘	Monitoring	0.26	0.18
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	91.8% (78/85)	95.4%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%	56.2% (41/73)	48.4%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	33.3% (5/15)	38.1%
		Average Days from Referral to Initial Appointment	↘	55-60 days	72.6 days (1016/14)	73.1 days
		Hospitalization Rate of Active Patients	↘	Monitoring	2.58%	3.03%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	72.3%	72.1%
Net Income		↗	\$10,457-\$15,686 Per Month	\$94,920	\$110,322	

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%)	11.4%	66.4%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	42.9*	54.5
	Quality	Zero Harm - Patients	↘	Monitoring	8.23	5.20
		% of Patients who kept their Follow-up Appointment	↗	90-95%	77.8% (7/9)	87.5%
		% of Patients Admitted within 24 hours of Referral	↗	90-95%	100% (31/31)	100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	59.1%	58.0%
		Net Income	↗	\$1,747-\$2,620 Per Month	(\$12,640)	(\$14,318)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	4.5%	6.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.6%	51.2%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	64.5	56.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	3.00
		Hospital Readmission Rate	↘	10-12%	9.9%	11.7%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	37.7 days	25.4 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	15.5 days	16.1 days
	Community	Average Days since previous Detox Admission	↗	330-360 days	482.2 days	357.3 days
		Out of County Placements	↘	150-170	152	146
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	79.5%	86.9%
Net Income		↗	\$13,382-\$20,073 Per Month	(\$237,225)	(\$159,624)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	8.3%	2.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	36.4%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	90.0*	85.2
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	14.49
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	64.7%	67.6%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$63,826)	(\$14,714)

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	85.7*	86.2
	Quality	Average Work Order Day Attendance	↗	20-25	19	18
		% of Members Working 15 or More Hours Per Month	↗	80-85%	96.0%	92.7%
	Community	Active Members Per Month	↗	110-120	106	103
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	77.6%	75.4%
		Net Income	↗	\$536-\$804 Per Month	(\$5,097)	(\$3,544)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	10.7%	5.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.7%	14.8%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	25.0
	Quality	Zero Harm - Patients	↘	Monitoring	5.80	12.66
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%	63.2%	59.2%
		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	169	182
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP within 60 days	↗	80-85%	100.0% (1/1)	66.7%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	238.8%	300.8%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$11,451)	(\$15,407)

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%)	7.3%	29.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	96.6
	Quality	Zero Harm - Patients	↘	Monitoring	1.02	0.74
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	139.6%	121.8%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$92,596)	(\$71,578)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	3.3%	2.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	6.7%	26.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	40.0*	57.1
	Quality	Zero Harm - Patients	↘	Monitoring	2.22	2.27
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	75.1%	76.1%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$28,757	\$21,246

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	15.9%	13.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.4%	44.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	57.1*	64.7
	Quality	Nursing Home Readmission Rate	↘	10-12%	4.8%	7.4%
		Zero Harm - Residents	↘	Monitoring	1.69	2.52
		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%	61.6%	64.5%
Net Income		↗	\$30,636-\$45,954 Per Month	(\$55,803)	(\$121,103)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	5.1%	6.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	27.3*	38.1
	Quality	Zero Harm - Patients	↘	Monitoring	0.80	1.17
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	33.1 days	23.2 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	15.1 days	15.3 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	15.0%	11.1%
		Same Day Cancellation and No-Show Rate	↘	15-18%	17.0%	16.1%
	Community	% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%	18.7%	14.2%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%	21.7%	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	0.88%	0.97%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	114.0%	130.0%
		Net Income	↗	\$12,534-\$18,802 Per Month	(\$22,745)	(\$19,495)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	15.4%	13.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.0%	61.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	28.6*	39.1
	Quality	Zero Harm - Residents	↘	Monitoring	4.79	4.92
		Nursing Home Readmission Rate	↘	10-12%	21.1%	22.0%
		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%	60.9%	64.3%
Net Income		↗	\$20,559-\$30,839 Per Month	(\$132,350)	(\$172,112)	

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%)	11.8%	47.2%
	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	\$6,851	\$6,503

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	7.5%	7.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	20.4%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	50.0*	80.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.85	0.91
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	42.3%	43.7%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$16,105)	(\$47,479)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	0.0%	1.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.7%	27.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	85.7*
	Quality	Zero Harm - Patients	↘	Monitoring	0.08	0.09
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	95.2% (60/63)	95.8%
		% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	26.7% (4/15)	42.5%
	Community	Average Days from Referral to Initial Appointment	↘	55-60 days	106.5 days (117/11)	84.1 days
		Hospitalization Rate of Active Patients	↘	Monitoring	0.00%	0.17%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	70.0%	65.7%
		Net Income	↗	\$14,139-\$21,208 Per Month	\$103,643	\$137,102

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	18.18	10.50
		Hospital Readmission Rate	↘	10-12%	31.6%	17.7%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	7.5 days	15.7 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	11.5 days	11.3 days
	Community	Out of County Placements	↘	50-60	17	36
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	65.1%	70.3%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$52,829)	(\$41,577)

Dashboard Executive Summary

April 2021

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2021 is 7.0-9.0%. For March we met our vacancy target with a rate of 8.6% and a year-to-date average of 7.0%; however, the vacancy rate from February to March increased by 2.5%. We are facing escalating wage inflation pressure, especially in our direct care and front-line staff wages that need to be addressed quickly.

❖ **Turnover**

Turnover is a new metric for the Dashboard, replacing retention rate. The reason for the change was to be able to benchmark our organization with industry standard metrics. Our annual target is 20-23%. In March, we experienced a rate of 3.3% which was above target at projected annual rate of 34.4% when you annualize our three-month year-to-date experience. Action plans are being developed in three programs with the highest turnover percentages and 1st quarter reviews with leadership will be occurring. As with the vacancy indicator, competitive wage pressure is driving our turnover experience.

❖ **Organization Diversity Composite Index**

Organization diversity composite index is a new monitoring metric for 2021 and does not have a target. We experienced a score of 0.67 for March which is calculated as a weighted composite of the diversity of NCHC's workforce, management, and Board, relative to the demographics of Marathon County. An index score of 1.0 indicates that our workforce matches the community demographics, an index score below 1.0 indicates that there is a gap. We are working to develop an overall Diversity and Inclusion strategy for our workforce to improve this index rate.

Service

❖ **Patient Experience (Net Promotor Score)**

For 2021 we are measuring patient experience using net promotor score or NPS. Net promotor score is used in the industry to measure and predict customer loyalty based on one survey question, "Likelihood to Recommend." Our target for 2021 is set at 55-61. For the month of March, we saw the greatest number of surveys returned collectively. As a result, we once again exceeded our target at 65.6 although this was decrease from the previous month. All programs will continue with their action plans to continue to improve response rate and therefore overall NPS and hopefully continue this favorable trend.

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. March's rate was 14.4% for a YTD rate of 13.2%. This is in part due to the high readmission rate we are experiencing in our Youth Hospital. Please see the program specific summary for more information on this.

❖ **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 March between the two facilities was a readmission rate of 12.8%. Pine Crest Nursing Home experienced a 21.1% 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 Star Rating**

We have a target of 4 stars for both buildings using the Nursing Home Star Rating as determined by 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. MVCC did have a strong annual survey which will reflect on quarter 2 updates to the nursing home compare website.

❖ **Zero Harm – Patient**

The Zero Harm indicators 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 March, we saw this decrease from the previous month to .84. Falls with injury and suicide attempts were the primary contributing factors to this rate. We are continuing to focus efforts on developing and implementing action plans to target this rate.

❖ **Zero Harm – Employees**

Zero Harm remains a monitoring metric with an experience rate of 4.46 for the month of March. Continued efforts remain for reducing employee injury with the most recent events being related to transferring or individuals served. Learning & Development has rolled out an organizational training to direct care workers to improve proper lifting and transferring techniques. Proper ergonomics and safety efforts are also now a part of our new hire orientation.

Community

❖ **Out of County Placements**

For 2021, the target for this measure is 230-250. For the month of March, we once again exceeded this at 169 days with a YTD of 182 days. Efforts surrounding diversions are proving to be effective.

❖ **Consumer Diversity Composite Index**

The Consumer Diversity Composite Index is a new metric and does not have a target as it is a monitoring metric. We experienced an index of 0.47 for March which is calculated as a weighted composite of the diversity of NCHC's consumers (patients, residents, consumers, and clients, relative to the demographics of Marathon County. A score of 1.0 would mean that the consumers we serve reflect 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 March is 70.0%. This outcome is not within target range. The primary driver for the unfavorable result is gross revenue being under budget further than direct expense which strains how much we capture per each dollar of revenue.

❖ **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 March is 38.6%, which is favorable to the target. Support areas are below budget expense targets and are helping to alleviate operating losses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2021 is 2-3%. In March, the result is (-6.9%). Net patient revenue unfavorability from 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.

PROGRAM FINANCIAL OUTCOMES WILL BE ADDRESSED IN AN UPDATED EXECUTIVE SUMMARY TO THE BOARD ONCE THE PROGRAM DIRECTORS HAVE HAD TIME TO REVIEW THIS INFORMATION.

Behavioral Health Services Programs

❖ **Adult Community Treatment:**

Turnover: The result for March was 2.2% with a monthly target of 1.7%-1.9% to achieve the annual target of 20-23%. The forecasted year-to-date turnover is projecting to exceed the target positively at 8.8%. We had one individual resign in March.

% of Treatment Plans Completed within Required Timelines: The March result is 91.8 % with a target of 96-98% and YTD result of 95.4%. This equates to seven treatment plans being completed outside the timeframe. There was an error in managing the due dates while an employee was out on FMLA. This outcome will continue to be monitored closely to ensure compliance.

% Eligible CCS and CSP clients admitted within 60 days of referral: The percentage for March 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. Education to internal referral sources has occurred and the rate of appropriate referrals will continue to be monitored. The appropriate referral volume nearly doubled from February to March. Managers are closely monitoring caseload sizes and rate of discharge. Also, leadership is looking to regionalize the Referral Coordinator position to allocate resources more efficiently and streamline the referral process.

Average days from referral to initial appointment: In March, the average was 72.6 days with a target of 55-60 days and YTD result is 73.1 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. Education to internal referral sources has occurred and the rate of appropriate referrals will continue to be monitored. The appropriate referral volume nearly doubled from February to March. Managers are closely monitoring caseload sizes and rate of discharge. Also, leadership is looking to regionalize the Referral Coordinator position to allocate resources more efficiently and streamline the referral process.

❖ **Adult Crisis Stabilization CBRF:**

Turnover: The Adult Crisis CBRF had a turnover rate of 11.4% in March, due to one employee moving to another NCHC program and the Operations Manager vacating the position. The addition of a Clinical Coordinator to co-lead the ACSF given the increase in acute care clients and hospital step-downs should improve guidance and support for ACSF staff, as well as the Operations Manager who has been hired.

% of Patients that kept their Follow Up Appointment: March showed a dip below target at 77.8% which equates to 7 out of 9 individuals that did keep their follow up appointment. We will work with linkage workers and service facilitators to ensure encouragement of keeping appointments; also, with Cerner coming, we hope to be able to have patients utilize patient portals and reminder texts/emails for patient appointments.

Direct Expense/Gross Patient Revenue: Average census on the ACSF in March was below the target of 12 at an average census of 7.87 for the month. The hospital unit is utilizing the ACSF for additional stabilization more frequently, however, there has been a recent decrease in walk-in clients needing this level of care in March.

Net Income:

We expect to see a stabilization of this measure for March, given that the MMT staff have now been relocated to other programs.

❖ **Adult Inpatient Psychiatric Hospital:**

Turnover: The March turnover rate of 2.6% remains over target range. One Behavioral Health Technician finished nursing school and took a position elsewhere; one RN finished her Nurse Practitioner degree and took a position elsewhere given there were no open NP position on the hospital unit.

Average days for initial counseling appointment post-hospital discharge: This measure did not meet target, with an average of 37.7 days until outpatient therapy appointment. The Outpatient clinic is seeing minimal availability within their schedules and so inpatient clinicians are working to get appointments for patients at outside clinics if there is a need for immediate post-discharge appointments.

Average days for initial psychiatry appointment post-hospital discharge: This measure did not meet target, with an average of 15.5 days post-discharge for an outpatient psychiatry appointment. While this did not meet target, it is far superior to wait times for psychiatry at outside clinics, which at many are 2-3 months. Also, having psychiatry daily while hospitalized, generally patients are not ready for medication review, monthly injections, etc. in less than one month's time. We will continue to prioritize high risk discharges in scheduling outpatient post-discharge appointments.

❖ **Clubhouse:**

Average Work Order Day Attendance: The March was result was 19 with a target of 20-25 and YTD result of 18. The member outreach calls will be increased to continue to encourage participation. Staff will be reaching out to 3-6 members per week.

Active Members per month: The March was result was 106 with a target of 110-120 and YTD result of 103. The member outreach calls will be increased as stated above.

❖ **Aquatic Services**

Vacancy Rate: Aquatics opened a lifeguard position in March to accommodate a growing census and opening to the public. This position has already been filled and the vacancy rate for April will be 0%.

❖ **Crisis & Emergency Services**

Vacancy: The rate in March is 10.7%, a significant increase, as the Operations Manager position became open as well as a Linkage Coordinator position. The Linkage Coordinator who vacated the position accepted the open Court Liaison position.

Turnover: Turnover was 3.7% in March, as the Operations Manager had her last day. Interviews are in progress for the position, with six potential candidates interviewing.

Patient Experience: It appears that, for the Crisis program, despite having surveys being returned for March, we had one returned with a score of “fair” and one returned with a score of “very good” essentially cancelling each other out, resulting in a score of 0% for patient experience. With Cerner implementation, it is hoped that patient portals and ability to text/email will improve the ability to get surveys returned more effectively and action plans are designed to target both return and scores.

% of Crisis Assessments with Documented Linkage and follow up within 24 hours: This rate increased to 63.2% in March but did not yet meet target. Root Cause Analysis results to determine barriers to completion include difficulty finding time on exceptionally busy days in the center and inconsistency in the hand-off and completion rate from worker to worker. Next step is development of action plans to target these areas.

❖ **Adult Day Services**

Turnover Rate: Adult Day and Prevocational Services experienced one employee resignation due to a retirement which caused a turnover rate of 7.3%. No further retirements or turnover is expected for April and we anticipate this metric hitting target for 2021.

❖ **Group Homes**

Turnover Rate: Group Homes were off target for turnover rate with two employees resigning causing a turnover rate of 6.7%. Engagement interviews have started to work on retention strategies and implement a personalized approach to each employee.

Patient Experience: March experienced a drop in patient experience due to a relatively low return rate. The low evaluation score was reviewed, and an action plan was put into place to address the issue. The action plan including improved communication to family of their loved one’s health and condition.

❖ **MVCC**

Vacancy Rate: The month of March showed a 15.9% vacancy rate with a target range of 7-9%. Focus remains on ongoing recruitment to fill openings. We currently have 27 open CNA positions, 1 open respiratory therapy position, and 8 open nurse positions. Our recruitment challenge continues largely related to a small applicant pool, with our last CNA hire in September. In March we hired a full-time nurse on the vent unit. Pine Crest received approval to facilitate emergency CNA course training which should positively impact our efforts in recruitment. We are currently interviewing candidates for this CNA program and bringing them onboard as hospitality assistants until the class starts. This will assist in taking some of the non-direct care tasks off the current CNAs workload.

Turnover Rate: The month of March showed a 2.4% 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 an attendance issue, one nurse left to work somewhere else, and two CNA stopped reporting to work. We have also experienced several staff reduce their FTE status which typically indicates they have taken a job elsewhere. We will be holding employee focus groups the middle of April to get feedback on retention strategies going forward.

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 increased visitations, small group activities and nice weather, 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.

❖ **Outpatient Services**

Patient Experience: The result for March was 27.3% with a target of 55-61% and YTD result of 38.1%. The focus for Patient Experience is return rate. Now that we are providing in-person services we can hand the surveys directly to clients at the time of service and encourage their participation. 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 March is 33.1 days with a target of 8-10 days and a YTD result of 23.2 days. With many providers' caseloads being at capacity they are not accepting new clients. However, we are working to blocking time each week for hospital discharges to address this specific access need.

Average Days for Initial Psychiatry Appointment Post-Hospital Discharge: The result for March is 15.1 days with a target of 8-10 days and YTD result of 15.3 days. There is some improvement with the new psychiatry provider starting to accept patients. We will be looking at reallocating resources to support both inpatient and outpatient to address the need for hospital discharge appointments.

% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator: The result for March is 18.7% 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. The two groups that are being developed at this time include OWI Group for individuals on a Driver Safety Plan and a CBT (Cognitive Behavioral Therapy) group.

❖ **Pine Crest**

Vacancy Rate: The 15.4% 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, which we have struggled to fill given the competitive wages offered by other healthcare providers and local manufacturing entities. Pine Crest is continuing to work towards hosting Northcentral Technical College affiliated nursing assistant program clinicals, which will serve as an applicant pool. NCHC applied to the state to manage its own nursing assistant program at the beginning of April, with clinicals being at Pine Crest. This will serve as an additional venue to recruit applicants from.

Turnover Rate: Experienced turnover rate for the month of March trended slightly down at 4% on a target of 1.7%-1.9%. 6 positions termed for the following reasons: focus on school; pursue a career outside healthcare (X2); retirement; competitor offering higher wage; and other. Program will be rolling out stay interviews in the month of April that will assist in our management of employee perception of their work experience. Employee Appreciation Committee will continue as an established forum to address moral and engagement related measures.

Patient Experience: Eight survey responses were received during the month with a resulting net promoter score of 28.6 on a target of 55-61. This is a slight decline month over month and is attributed to one rating

of “poor”. No significant concerns were noted in the survey responses outside of general comments related to limited visitation and dining services. Both items are actively being addressed as we lessen our restrictions based on updated CMS guidelines and the decline in our community’s positivity rates.

Hospital Readmission Rate: Program experienced a 21.1% rehospitalization rate for the month of March, exceeding the target of 10%-12%. Of the 11 hospitalizations that occurred, all were deemed unavoidable. Four of the hospitalizations were on the same patient who experienced uncontrolled bleeding from his dialysis site. Concern was expressed with the hospital case workers on the questionable stability of the patient.

Nursing Home Quality Star Rating: The quality star rating remained unchanged month of month, being at a 3 star. As reviewed previously, the current rating accounts for an assessment window that ended in June of 2020. We are anticipating improvement to the rating, which will be updated in late April based on additional clinical process measures that were implemented in Q3 of 2020.

❖ **Supported Apartments**

Patient Experience: Supported apartments patient experience dropped below target at 50. This was due to one poor submission with opportunities provided to improve. These opportunities included the care of the client and condition of the apartment. Both issues have been addressed and will be applying solutions across the entire program to avoid similar dissatisfaction in the future.

❖ **Youth Community Treatment:**

Turnover: The result for March was 2.7% with a monthly target of 1.7%-1.9% to achieve the annual target of 20-23%. The YTD result is 27.2%. There were two employees that resigned to take other opportunities at outside organizations. We expect this to be time limited experience that will not result in the final year-to-date turnover to be below target.

% of Treatment Plans Completed within Required Timelines: The March result is 95.2% with a target of 96-98% and YTD result of 95.8%. This equates to three treatment plans being completed outside the timeframe and missing the target by one treatment plan. There is not a pattern of non-compliance. This outcome will continue to be monitored closely to ensure compliance.

% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral: The percentage for March was 26.7% with a target of 60-70% and a YTD result of 42.5%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The appropriate referral volume nearly doubled from February to March. Managers are closely monitoring caseload sizes and rate of discharge. Also, leadership is looking to regionalize the Referral Coordinator position to allocate resources more efficiently and streamline the referral process.

Average Days from Referral to Initial Appointment: In March, the average was 106.5 days with a target of 55-60 days and YTD result is 84.1 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. Education to internal referral sources has occurred and the rate of appropriate referrals will continue to be monitored. The appropriate referral volume nearly doubled from February to March. Managers are closely monitoring caseload sizes and rate of discharge. Also, leadership is looking to regionalize the Referral Coordinator position to allocate resources more efficiently and streamline the referral process.

❖ **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 31.6%, above our target of 10-12% and significantly increased from prior months. Our team identified some factors contributing to this increase. Factors identified include: 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, readmission of youth who may have been able to be safe in less restrictive environments or with outpatient support, youth with emerging personality disorder traits who get positive reinforcement from hospital admission, 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 youths being served in NCHC's 23-hour Youth Crisis program as a means of preventing hospital readmission. Implementation planning for our Youth Crisis Stabilization program continues and this program will be used as both a step-down from hospitalization and an alternative to hospitalization when it can be done safely. We have also begun evaluating and refining our programming to ensure our treatment schedule is best meeting youth needs while here. We will now, additionally, be identifying and tracking each individual patient readmitted and gathering information about factors contributing to the readmission to identify additional themes that we can target with action.

Average Days for Initial Psychiatry Appointment Post-Hospital Discharge: Target is 8-10 days, and the average length was 11.5 days in March and 11.3 YTD. This is a promising decrease from February but still short of target. 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. We have begun to track additional data related to this measure with the aim of better identifying the barriers to outcome achievement. Since beginning this tracking, we have determined that the length of time to see a NCHC provider is 15.2 days and length for external provider is 10.2 days. There is ongoing effort to increase child psychiatry time at NCHC and this will occur with a new Child Psychiatrist onboarding this summer. Our Social Worker now begins any initial Psychiatry referral with parents and the youth as early as possible during the hospital stay as paperwork from the youth, parent, and school are required before an appointment is scheduled. Frequent prompts and support to parents, youth and school staff have been helpful in getting this referral packet completed and referrals submitted as quickly as possible.

Financial Measures: 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, February increased to 5.36 and March decreased to 3.47 for a quarterly average of 4.24. To increase average census further, we are pursuing and, have made progress on, 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. We are currently accepting 12-year-olds on a case-by-case basis with medical evaluation being handled when possible, by our Psychiatrist/Medical Director. We will be able to accept all eligible 12-year-olds once we identify a physician to supervise our medical staff (of Physician's Assistants and Nurse Practitioners). A candidate to fill this role has been identified. 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. An agreement has been developed by Corporation Counsel and is being finalized.

North Central Health Care
Income Statement
For the Period Ending March 31, 2021

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	7,633,030	8,430,699	(797,669)	-9.5%	21,028,297	24,675,107	(3,646,809)	-14.8%
Patient Contractual Adjustments	(2,650,090)	(2,954,503)	304,414	-10.3%	(7,555,911)	(8,661,190)	1,105,279	-12.8%
Net Patient Revenue	4,982,941	5,476,196	(493,255)	-9.0%	13,472,386	16,013,917	(2,541,530)	-15.9%
County Revenue	427,764	427,764	-	0.0%	1,283,292	1,283,292	-	0.0%
Contracted Service Revenue	111,761	103,116	8,645	8.4%	314,000	309,900	4,100	1.3%
Grant Revenues and Contractuals	229,622	334,369	(104,747)	-31.3%	801,977	1,000,906	(198,929)	-19.9%
Appropriations	502,687	502,687	-	0.0%	1,508,061	1,508,061	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	466,760	552,481	(85,722)	-15.5%	1,575,223	1,658,944	(83,721)	-5.0%
Total Direct Revenue	6,721,534	7,396,613	(675,079)	-9.1%	18,981,690	21,775,020	(2,793,330)	-12.8%
Indirect Revenues								
County Revenue	170,209	171,802	(1,593)	-0.9%	510,626	515,406	(4,780)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	6,750	9,000	(2,250)	-25.0%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	36,606	41,467	(4,860)	-11.7%	106,064	139,810	(33,746)	-24.1%
Allocated Revenue	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Revenue	209,526	216,269	(6,743)	-3.1%	656,877	664,216	(7,338)	-1.1%
Total Operating Revenue	6,931,060	7,612,882	(681,822)	-9.0%	19,638,567	22,439,236	(2,800,669)	-12.5%
Direct Expenses								
Personnel Expenses	3,390,174	3,613,854	223,680	6.2%	9,803,232	10,136,452	333,220	3.3%
Contracted Services Expenses	816,543	908,023	91,479	10.1%	2,216,647	2,672,265	455,618	17.0%
Supplies Expenses	69,576	58,978	(10,598)	-18.0%	179,973	175,354	(4,619)	-2.6%
Drugs Expenses	577,638	572,597	(5,042)	-0.9%	1,539,810	1,663,761	123,951	7.5%
Program Expenses	106,140	72,300	(33,840)	-46.8%	246,630	218,999	(27,632)	-12.6%
Land & Facility Expenses	65,576	71,083	5,506	7.7%	192,121	210,498	18,376	8.7%
Equipment & Vehicle Expenses	64,437	64,135	(302)	-0.5%	150,561	214,350	63,790	29.8%
Diversions Expenses	107,032	79,500	(27,532)	-34.6%	351,918	238,500	(113,418)	-47.6%
Other Operating Expenses	149,437	174,746	25,309	14.5%	501,406	525,903	24,496	4.7%
Total Direct Expenses	5,346,553	5,615,215	268,662	4.8%	15,182,298	16,056,082	873,783	5.4%
Indirect Expenses								
Personnel Expenses	1,145,955	1,202,305	56,350	4.7%	3,248,766	3,374,415	125,649	3.7%
Contracted Services Expenses	10,615	3,500	(7,115)	-203.3%	26,617	10,500	(16,117)	-153.5%
Supplies Expenses	85,259	71,003	(14,256)	-20.1%	208,608	233,109	24,501	10.5%
Drugs Expenses	1,262	-	(1,262)	0.0%	3,299	-	(3,299)	0.0%
Program Expenses	12,585	26,690	14,105	52.8%	51,214	68,732	17,518	25.5%
Land & Facility Expenses	266,405	270,298	3,894	1.4%	900,185	812,395	(87,789)	-10.8%
Equipment & Vehicle Expenses	107,531	94,910	(12,621)	-13.3%	334,996	291,184	(43,812)	-15.0%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	431,865	580,237	148,372	25.6%	1,067,073	1,556,567	489,494	31.4%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	2,061,477	2,248,943	187,466	8.3%	5,840,757	6,346,902	506,145	8.0%
Total Operating Expenses	7,408,030	7,864,158	456,128	5.8%	21,023,055	22,402,983	1,379,928	6.2%
Metrics								
Indirect Expenses/Direct Expenses	38.6%	40.1%			38.5%	39.5%		
Direct Expense/Gross Patient Revenue	70.0%	66.6%			72.2%	65.1%		
Non-Operating Income/Expense								
Interest Income/Expense	4,261	(30,833)	35,095	-113.8%	(14,482)	(92,500)	78,018	-84.3%
Donations Income	(1,130)	-	(1,130)	0.0%	(6,338)	-	(6,338)	0.0%
Other Non-Operating	-	-	-	0.0%	-	-	-	0.0%
Total Non-Operating	3,131	(30,833)	33,965	-110.2%	(20,819)	(92,500)	71,681	-77.5%
Net Income (Loss)	(480,101)	(220,443)	(259,658)	117.8%	(1,363,669)	128,753	(1,492,422)	-1159.1%
Net Income	-6.9%	-2.9%			-6.9%	0.6%		

North Central Health Care
Programs by Service Line
For the Period Ending March 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	1,400,997	1,559,431	(158,433)	1,879,869	2,013,101	133,232	(478,872)	(25,201)
Adult Crisis Stabilization Facility	275,074	366,974	(91,900)	318,026	257,286	(60,741)	(42,953)	(152,641)
Lakeside Recovery MMT	191,190	403,683	(212,493)	69,627	327,792	258,165	121,563	45,672
Youth Behavioral Health Hospital	461,175	532,270	(71,095)	585,907	735,334	149,427	(124,732)	78,332
Youth Crisis Stabilization Facility	73,461	189,945	(116,484)	107,842	248,932	141,090	(34,381)	24,606
Crisis Services	706,086	760,599	(54,513)	752,308	794,929	42,622	(46,221)	(11,891)
Psychiatry Residency	69,579	113,481	(43,902)	104,541	69,814	(34,727)	(34,962)	(78,629)
	<u>3,177,562</u>	<u>3,926,383</u>	<u>(748,821)</u>	<u>3,818,121</u>	<u>4,447,190</u>	<u>629,069</u>	<u>(640,558)</u>	<u>(119,752)</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	673,707	625,279	48,428	1,222,153	687,881	(534,272)	(548,446)	(485,844)
Outpatient Services (Lincoln)	275,880	329,435	(53,555)	225,615	263,754	38,140	50,265	(15,415)
Outpatient Services (Langlade)	639,895	893,682	(253,786)	200,201	874,281	674,080	439,694	420,293
Community Treatment Adult (Marathon)	1,214,676	1,316,516	(101,841)	1,008,599	1,207,027	198,429	206,077	96,588
Community Treatment Adult (Lincoln)	252,983	257,380	(4,397)	162,666	201,002	38,337	90,317	33,939
Community Treatment Adult (Langlade)	148,523	168,334	(19,811)	113,951	139,489	25,538	34,572	5,727
Community Treatment Youth (Marathon)	1,328,724	1,419,224	(90,499)	1,127,650	1,296,110	168,461	201,075	77,961
Community Treatment Youth (Lincoln)	429,151	650,872	(221,721)	320,450	465,899	145,449	108,700	(76,272)
Community Treatment Youth (Langlade)	383,402	438,841	(55,439)	281,871	342,439	60,568	101,532	5,130
Community Corner Clubhouse	62,221	74,336	(12,114)	72,854	79,314	6,460	(10,633)	(5,654)
	<u>5,409,163</u>	<u>6,173,899</u>	<u>(764,735)</u>	<u>4,736,009</u>	<u>5,557,198</u>	<u>821,189</u>	<u>673,155</u>	<u>56,454</u>
COMMUNITY LIVING								
Adult Day Services (Marathon)	124,638	198,435	(73,797)	135,052	147,446	12,394	(10,414)	(61,402)
Prevocational Services (Marathon)	104,289	132,514	(28,225)	169,999	199,252	29,253	(65,710)	1,028
Lincoln Industries	122,999	317,392	(194,394)	235,525	332,426	96,901	(112,527)	(97,493)
Day Services (Langlade)	55,662	73,812	(18,149)	81,745	78,426	(3,319)	(26,083)	(21,468)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	131,699	129,302	2,397	109,171	102,652	(6,519)	22,528	(4,121)
Chadwick Group Home	132,596	158,655	(26,059)	120,000	121,369	1,369	12,596	(24,690)
Bissell Street Group Home	143,356	139,941	3,415	106,231	113,419	7,188	37,125	10,602
Heather Street Group Home	101,662	113,173	(11,512)	110,171	104,396	(5,775)	(8,509)	(17,286)
Jelinek Apartments	165,413	194,269	(28,856)	172,559	177,003	4,444	(7,146)	(24,412)
River View Apartments	165,047	164,273	774	162,017	136,665	(25,352)	3,030	(24,578)
Forest Street Apartments	20,837	87,176	(66,339)	113,854	117,615	3,761	(93,017)	(62,578)
Fulton Street Apartments	49,481	62,507	(13,026)	94,784	70,849	(23,936)	(45,303)	(36,961)
Riverview Terrace	89,053	89,651	(598)	69,543	85,978	16,434	19,509	15,836
Hope House (Sober Living Marathon)	1,451	1,572	(121)	10,553	13,544	2,991	(9,103)	2,870
Sober Living (Langlade)	5,381	12,980	(7,599)	28,917	31,826	2,909	(23,536)	(4,690)
	<u>1,413,563</u>	<u>1,875,651</u>	<u>(462,088)</u>	<u>1,720,122</u>	<u>1,832,867</u>	<u>112,744</u>	<u>(306,559)</u>	<u>(349,344)</u>
NURSING HOMES								
Mount View Care Center	4,349,444	4,723,154	(373,710)	4,712,754	4,470,866	(241,887)	(363,310)	(615,597)
Pine Crest Nursing Home	2,765,548	2,777,696	(12,148)	3,281,882	3,044,137	(237,745)	(516,335)	(249,893)
	<u>7,114,992</u>	<u>7,500,850</u>	<u>(385,858)</u>	<u>7,994,636</u>	<u>7,515,004</u>	<u>479,632</u>	<u>(879,644)</u>	<u>93,774</u>
Pharmacy	1,881,252	2,179,235	(297,984)	2,015,978	2,195,332	179,354	(134,726)	(118,630)
OTHER PROGRAMS								
Aquatic Services	257,991	376,453	(118,462)	302,132	306,990	4,858	(44,142)	(113,605)
Birth To Three	108,103	191,732	(83,629)	108,103	191,732	83,629	-	-
Adult Protective Services	208,529	201,584	6,945	247,561	250,141	2,580	(39,032)	9,525
Demand Transportation	88,231	119,448	(31,216)	83,771	94,921	11,149	4,460	(20,067)
	<u>662,854</u>	<u>889,217</u>	<u>(226,363)</u>	<u>741,568</u>	<u>843,784</u>	<u>102,216</u>	<u>(78,714)</u>	<u>(124,147)</u>
Total NCHC Service Programs	19,659,386	22,531,736	(2,872,350)	21,023,055	22,402,983	1,379,928	(1,363,669)	(1,492,422)

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. A final draft of the Lease Agreement is being reviewed and will be completed prior to the May NCCSP Board meeting.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is completing a draft of the final report to present to the Board in May but will not proceed with the implementation and community engagement portion of the engagement.	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.	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 continues but the presentation is now delayed until the May Board meeting.	Open												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board	Delayed due to the status of the audit above.	Open												
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														