



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, May 20, 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: 187 033 1549

AGENDA

- 1. Call to Order**
- 2. Public Comment (15 Minutes)**
- 3. Approval of the April 23, 2021 Executive Committee Meeting Minutes**
- 4. Review of Draft NCCSP Board Agenda for May 27, 2021**
- 5. Policy Issues for Discussion and Possible Action**
 - A. Action: Recommendation of Budget Priorities and Guidelines for 2022 Budget
- 6. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. Action: Consideration of Program Modification of Day Treatment and Intensive Outpatient Programs in Langlade County
 - B. Action: Consideration of the Request to Langlade, Lincoln, and Marathon Counties for Funds Available from the American Rescue Plan Act
- 7. Educational Presentations/Outcome Monitoring Reports**
 - A. CEO Report
 - B. Organizational and Program Dashboards
 - C. April Financials
 - D. Board Work Plan

8. Consider Motion to Convene in Closed Session

- A. Pursuant to Wis. Stat. sec. 19.85(1)(c) “considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility,” sec. 19.85(1)(e) “deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session,” and sec. 19.85(1)(g) “conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved; to wit, to receive, review, and discuss the receipt of independent counsel’s report on the organization and benefits granted certain employees of NCHC including, without limitation, the legal ramifications associated with the provision of benefits.

9. Reconvene in Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If Any

10. Next Meeting Date & Time, Location, Future Agenda Items

- Board Agenda for June 24, 2021
- Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board.
- Next Meeting: **Thursday, June 17, 2021, at 3:00 p.m.** in the North Central Health Care Board Room

11. Announcements

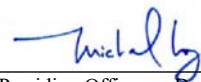
12. Adjournment

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: 05/18/2021 TIME: 1:00 PM BY: D. Osowski

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

April 23, 2021

8:00 AM

NCHC – Wausau Board Room

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

Others Present: Michael Loy, Jarret Nickel, Dejan Adzic

Guests: Jason Hilger, Langlade County Manager

Call to Order

- A. Meeting was called to order at 8:03 a.m. by Chairman Gibbs.

Public Comment

- A. No public comment

Approval of the March 18, 2021 Executive Committee Meeting Minutes

- A. **Motion**/second, Stowe/Anderson, to approve the March 18, 2021 Executive Committee Meeting Minutes. Motion carried.

Review of the Draft NCCSP Board Agenda for April 29, 2021

- A. April 29, 2021 NCCSP Board Agenda was reviewed.

Policy Issues for Discussion and Possible Action

- A. HSRI Final Report
- We are under contract with HSRI to review the mental health system including data, services array, and communities' needs, to develop an intermediate and long-term approach to building a modern mental health system for our community. The work was paused the review due to the 2020 pandemic. The community engagement portion will not be completed due to the constraints of not being able to meet in person. A draft report will be available for review in May.

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Educational Presentations/Outcome Monitoring Reports

- A. CEO Report
- COVID continues to ebb and flow with a small uptick recently in activity. About 70% of staff and 90% of Mount View Care Center residents have been vaccinated and the same for residential; about 70% of the Pine Crest residents have also completed their vaccination. Staff vaccination rates at Pine Crest are lower. Staff who are vaccinated and exposed but do not have symptoms are able to continue to work. Without the vaccination the staff will be on a 10-day quarantine. Some who have been vaccinated have tested positive but have minimal symptoms.

- DHS continues to provide recommendations and we follow enhanced precautions on units when there is a positive case. When a resident test is positive, even if vaccinated, we cannot admit to that unit which ultimately impacts revenues. Currently, if there are no new positive tests at MVCC, we will be able to admit next week Friday, April 30. There has also been a small outbreak in the supported apartments with one facility on quarantine.
- The financial audit was delayed originally from March to April and will move to April in the future. Wipfli has completed the audit except for the COVID-related funding. We are waiting for the IRS to open their portal to access the information needed to finish the audit.
- We have recently been recognized in the Environments for Aging Design Showcase publication in recognition of our nursing home renovation project. One of our architectural firm partners, MKM, had submitted the project which was then selected. The nursing home tower is on schedule for completion in July. We are preparing for bids to be let for the D Wing renovation in the next few weeks. This includes the hospital, crisis, MMT, and loading dock. We are working on temporary program modifications for phasing of this project to maximize space and census while the project is in progress.
- Sober Living in Langlade County will have a grand opening event in May; waiting on furniture delivery at this time but the program is operating and doing well.
- Lincoln County Board was provided with an overview of the proposed changes to the Lincoln Industries programs. The changes were anticipated over time, but the pandemic accelerated the timeline which also resulted in a loss of membership thereby creating a financial issue. Our staff are working with families to better understand the changes. It was important to emphasize that the program is not closing but rather making a transition that the State is pushing through policy. C. Wylie noted that M. Loy provided an exceptional presentation and answered the many questions that arose. NCHC will continue to work with Lincoln County, the members, and their families on the upcoming transitions.
- Portage County Health Care Center analysis was provided to the County Executive and the Chair of their Nursing Home Committee. The assessment did not have a compelling case to pursue regionalization. There are a lot of issues financially with low census and lack of an ability to increase supporting tax levy. At this point there is too much risk for NCHC. If they approach us to help assure minimalizing risk, we may be able to reconsider.
- CLA study is in progress and anticipate having it available for the May Board meeting.
- The Adult Protective Services Director is retiring after 34 years. Recruitment has begun and we are expecting a seamless transition. K. Gibbs wished Ms. Christian well and asked to extend the Board's appreciation for her 34 years of tremendous service.

B. Organizational and Program Dashboards

- Vacancy rates are being driven by direct care staff and is the reason there is a proposal for market adjustments coming. Mount View has not hired a CNA since September 2020. Two to three years ago we had matched the market with increased wages. Currently there is no applicant flow, and our vacancies will continue to grow. Last September we completed a compensation study, but the Board's decision was to not implement it due to uncertainties of the pandemic and our financial status. We are struggling now with an increasing census and the large number of vacancies. We have an imperative to increase wages for CNA's to help retain staff and encourage a stronger pool of applicants. In addition, we do not want to burn out staff from working extra hours. The plan will be to implement the wage adjustment in June 2021.

- We are expecting rate increases in the next State budget. If the State does not provide the increases for nursing homes, there will likely be several closures around the State. More detailed information will be provided to the Board.
 - American Rescue Plan may have allocations for provisions to nursing homes which Loy will investigate.
 - Wisconsin Counties Association (WCA) and National Counties Association indicates there is money for nursing homes but how it will be distributed is unknown. WCA says the states have the money but it will not cover wages. May add to agenda for discussion at May Board meeting.
 - Readmission rates are above target; nursing home readmissions are high, and we are working with hospitals to be in a better position to admit and avoid hospital readmissions.
- C. March Financials
- Revenues continue to be soft; 2021 budget was based on “new normal” with COVID and belief that revenues would begin to increase by now, but they remain soft and vulnerable to COVID operational changes. Expense management and staffing redeployment are being done. We are currently at a \$1.36 million YTD loss. There needs to be some level of patience as we are likely to get additional unanticipated funding mid-summer as we did in 2020. Financials are being closely monitored.
- D. Board Work Plan
- Annual report is being developed now.
 - Audit should be ready as well as fund balances.
 - The Committee was encouraged to think about budget priorities and guidelines for the May Executive meeting and Board retreat. Will present some ideas heard from meetings i.e., outpatient and access issues as budget priority for next year. Bring your input from counties in budget priorities.

Next Meeting Date & Time, Location, Future Agenda Items

- A. Board Retreat Agenda for May 27, 2021
- B. Next meeting is scheduled for Thursday, May 20, 2021 at 3:00 p.m.

Announcements

- A. Review is continuing. Have had scheduling challenges with some interviews but K. Gibbs expects to provide a report at the Board meeting next week.
- B. M. Loy was asked to provide a general overview on recent discussions with law enforcement and corporation counsel.

Adjournment

- A. **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 8:51 a.m. Motion carried.

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, May 27, 2021 at 12:00 pm

Northcentral Technical College, 1000 W Campus Drive, Wausau WI 54401,
Professional Conference Center, Room 1004A & B

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

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. ELECTIONS
 - A. Election of Officers
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the April 29, 2021 NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the April 23, 2021 Executive Committee Meeting and March 23, 2021 Nursing Home Operations Committee Meeting
 - iii. Policy Governance Monitoring Reports
 1. Recent State, Federal, and Accreditation Reports –
 - a. DHS 34 Program Survey Report
 - iv. Executive Operational Reports
6. BOARD DISCUSSION AND ACTION
 - A. Presentation of the 2019 Audit (30 Minutes) – Kim Heller, WIPFLI
 - i. ACTION: *Motion to Accept the 2020 Audit*
 - ii. ACTION: *Motion to Accept the 2020 Fund Balance Statement*
 - B. CEO Report and Board Work Plan (5 Minutes) – M. Loy
 - C. ACTION: *Motion to Accept the Dashboards and Executive Summary* (5 Minutes) – M. Loy

- D. ACTION: *Motion to Accept the April Financials* (5 Minutes) – J. Meschke
- E. ACTION: *Motion to Approve City-County Information Technology Commission Intergovernmental Agreement* (5 Minutes) – M. Loy
- F. ACTION: *Motion to Approve City-County Information Technology Commission Operating Agreement* (5 Minutes) – M. Loy
- G. ACTION: *Motion to Appoint Dr. Chet Strebe to the City-County Information Technology Commission* (5 Minutes) – M. Loy
- H. ACTION: *Motion to Approve the Mission, Vision, End Statements* (20 Minutes) – M. Loy
- I. ACTION: *Motion to Approve the Strategic Plan* (30 Minutes) – M. Loy
- J. ACTION: *Review and Accept the 10-Year Financial Forecast* (30 Minutes) – J. Meschke
- K. ACTION: *Motion to Approve the 3-Year Strategic Plan for Mount View Care Center and Pine Crest* (60 Minutes) – M. Loy
- L. ACTION: *Motion to Recommend 2022 Capital Improvement Budget* (10 Minutes) – M. Loy
- M. ACTION: *Motion to Approve the Comprehensive Community Services Contracted Provider Agreements* (30 Minutes) – M. Loy
- N. ACTION: *Motion to Recommend the 2022 Budget Priorities and Guidelines* (20 Minutes) – M. Loy
- O. ACTION: *Motion to Approve the Emergency Mental Health Services Plan* (20 Minutes) – R. Gouthro

7. BOARD CALENDAR AND FUTURE AGENDA ITEMS

8. BOARD EXPERIENCE OPTIMIZER

9. ADJOURN

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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: 05/21/2021 TIME: 4:00 PM BY: D. Osowski

MEMORANDUM

DATE: May 18, 2021
TO: North Central Community Services Program Board Executive Committee
FROM: Michael Loy, Chief Executive Officer
RE: Recommendation of Budget Priorities and Guidelines for 2022 Budget

The Executive Committee has the responsibility of providing budget guidelines and priorities of the member counties to the NCCSP Board by June 1 of each year. These recommendations proceed the Annual Board Meeting in May of each year. Per the Joint County Agreement, the Executive Committee is charged with coordinating the efforts of the Board in the creating and updating of program development plans as part of the annual budget development which establish intermediate and long-range goals based upon community needs assessment, which are explicit about tradeoffs and the impact of changes to the member Counties system.

A copy of the 2021 budget guidelines and priorities is attached as reference.

For 2022, preliminary discussions on this matter have resulted in the following considerations for next year's budget guidelines and priorities.

- 1) Expand Outpatient Counseling in all three counties. Expansion of counseling would equate to a levy demand of \$20,000 per 1.0 FTE added. To meet demand concerns, the recommendation would be to add 5 counselors in Marathon County, and 1 additional each in Langlade and Lincoln Counties.
- 2) To develop a Targeted Case Management team as a shared service in Emergency & Crisis Services. A team of five individuals work actively case manage the approximately 250 individuals that each of our Counties has on a commitment or settlement agreement at any given time. Each case manager would have a case load of approximately 40-50 individuals. The total net cost of this program would be estimated to be approximately \$200,000 split amongst the three counties.
- 3) To identify a technology solution to be deployed in all vehicles of law enforcement officials within the three counties to enable on scene crisis tele-health video assessment capabilities before taking an individual into custody.
- 4) The Antigo school district would like a 2nd person to respond to crisis situations in the schools. There is currently only one Crisis Professional in Langlade County during normal business hours.
- 5) Langlade County has requested that NCHC investigate incorporating Therapeutic Youth Mentoring as a required competency for our Outpatient and Community Treatment staff.
- 6) The District Attorney in Langlade County would like NCHC to perform all AODA screens in the Jail without a charge to facilitate pre-trial drug treatment programming.

BUDGET GUIDELINES & PRIORITIES

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

BUDGET GUIDELINES

Present a formal proposed budget document in a similar format to prior year's budget documents with the following key elements included:

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

BUDGET PRIORITIES

The Budget Priorities for 2021 from the perspective of our three county partners are as follows:

- Continue the implementation of past priorities and initiatives laid out in previous Budgets that are multi-year efforts that continue into the new budget year.
- Identify opportunities to provide more expansive mental health and recovery services in the county jails.
- Develop a plan for increasing the ability for onsite Medical Clearance by transitioning Emergency and Crisis Services to a more comprehensive Psychiatric Emergency Department.
- Educate stakeholders on the Human Services Research Institute's strategic plan recommendations and prepare implementation activities.
- Ensure the Sober Living Facility in Langlade County becomes operational.



Michael Loy

From: Robert Gouthro
Sent: Friday, April 30, 2021 5:26 PM
To: Michael Loy
Subject: FW: Antigo Day Treatment

FYI – We are not applying for the recertification of Antigo Day Treatment at this time. This move is more an admin action than anything else as it has not been in operation in some time, and the site reviewer made it clear we should not reapply for programs that are not in operation. I asked Janelle to summarize the service history and it is included below.

Have a good weekend,

Rob

From: Janelle Hintz
Sent: Friday, April 30, 2021 4:40 PM
To: Robert Gouthro <RGouthro@norcen.org>
Subject: Antigo Day Treatment

I sent an email to DQA and our DHS surveyor notifying them that we will not be recertifying Antigo Day Treatment at this time.

- We have not provided Day Treatment services in Antigo since September 2019.
- We stopped providing services due to staff vacancies and low census. We did not try to open during Covid.
- Guidance from DHS surveyor is we should not certify programs if we aren't providing services.
- We will re-evaluate at the end of the public health emergency to determine the need for this service in Antigo and re-apply for certification if needed.
- Lincoln and Langlade County residents can access Day Treatment in Wausau. (I need to check with Dr. Pelo on the status of Day Treatment referrals)
- Day Treatment is 12 hours per week of group, so it's resource intense to provide this services. Below is number of people services in Antigo from August 2018-September 2019 when the group was stopped.

August 2018	9
September 2018	3
October 2018	6
November 2018	3
December 2018	No Census
January 2019	No Census
February 2019	No Census
March 2019	5
April 2019	3
May 2019	No new clients (group active w/ April clients)
June 2019	No Census
July 2019	4
August 2019	3
September 2019	2

North Central Health Care
2020 Summary of Covid-19 Relief Funding, Expenses Attributable to Covid, and Revenue Losses

COVID-19 RELIEF FUNDING	Shared	Marathon	Lincoln	Langlade	MVCC	PCNH	NCHC Total
HHS Provider Relief Fund - General Distributions	1,082,465	-	-	-	-	663,161	1,745,626
HHS Provider Relief Fund - SNF Distributions	-	-	-	-	520,000	-	520,000
HHS Provider Relief Fund - SNF Infection Control	-	-	-	-	282,600	242,000	524,600
Wisconsin State Funding	-	-	-	-	58,000	17,400	75,400
Other Assistance - WPS Inclusa Targeted Relief	77,837	-	-	-	-	11,903	89,740
	1,160,302	-	-	-	860,600	934,463	2,955,365
COVID-19 EXPENSES							
Healthcare Personnel	6,500	-	-	-	92,699	84,908	184,107
Healthcare Supplies	147,910	12,133	2,971	746	174,945	76,266	414,971
Admin & General Personnel	573,939	83,734	8,837	6,710	352,265	467,463	1,492,949
Fringe Benefits	203,154	29,307	3,093	2,349	155,737	193,330	586,970
Other G&A Expenses	449,579		1,543	312	5,081	39,591	496,105
	1,381,082	125,174	16,443	10,116	780,728	861,558	3,175,102
Net Losses due to Covid-19	(220,780)	(125,174)	(16,443)	(10,116)	79,872	72,905	(219,736)
LOST REVENUES (Allowable in Federal Reporting)							
Lost Revenue from Budget	64,204	(898,838)	(1,040,758)	(751,166)	(1,172,269)	(466,141)	(4,264,967)
Lost Revenue from Prior Year	145,311	(961,794)	(1,630)	(69,175)	(2,307,830)		(3,195,119)
Average	104,758	(930,316)	(521,194)	(410,170)	(1,740,050)	(466,141)	(3,730,043)
Distribution of Shared Programs & Support							
Population Percentage by County		74%	15%	11%			
Shared Programs & Support		(85,856)	(17,403)	(12,762)			
2020 Total Covid Financial Impact		(1,141,346)	(555,041)	(433,049)	(1,660,178)	(393,235)	(3,949,779)

MEMORANDUM

DATE: May 18, 2021
TO: North Central Community Services Program Board Executive Committee
FROM: Michael Loy, Chief Executive Officer
RE: CEO Report – May 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

As of May 18, we have 5 staff out with symptoms or exposures related to COVID-19. There are currently 3 positive cases and 2 tests pending. 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. At this time, we continue to require masks of all staff and visitors regardless of their vaccination status.

For MVCC all units are currently on Enhanced Precautions due a positive staff cases and not admitting until 5/19 testing – which if no further cases occur, we should be admitting again (except for the vent unit) by Friday or Saturday. Our current testing frequency is weekly because of the outbreak and not the positive case percentage in the County, but as long as we do not identify another positive through 5/27, we will be able to return to monthly testing by 5/31. Pine Crest is open.

We have made an operation decision to make both rehab units required both residents and staff be vaccinated. We will not take unvaccinated admissions or allow unvaccinated staff to work on these units at any time. With approval from the State, because these units are separate and distinct, we should be able to avoid any further outbreak issues where we would have to stop taking admissions to these units. This strategy should position us to stabilize and strengthen our financial position.

CNA Recruitment Efforts

The response to the Board's action in April has been tremendously successful out of the gate. We estimate that we need to hire 49 people to fill our open FTEs. As of May 14, after one week of advertising we had 37 applicants and 23 interviews and 4 hires. This week and next week we have an additional 20 interviews that are scheduled and not reflected in the totals as of last week. As of today, we have 7 hires and 7 offers pending. Retention has also been bolstered positively.

Campus Renovations

The Campus Renovations continue to move forward on schedule. The Nursing Tower is on track for completion July 23rd, 2021. First floor punch list and approval meeting with DHS is tentatively scheduled for the 1st week of June. Floors 2,3,4 will follow in consecutive weeks as the floors are complete. Anticipated operational after Labor Day weekend.

Parking lot paving will be this week for the 2nd of the three parking lots and in mid to late June for the parking lot directly in front of the pool.

D Wing Remodel – Bid packages go out next week, May 17th and will be due June 4th. Anticipated start date for the D wing (behavioral health) is June 17th. Completion for D Wing is 12 months from start date. Once the bids come in an updated budget will be communicated as soon as possible to understand what the direction forward will be.

The MVCC remodel design work (Phase 4) will begin once we D Wing renovations begin.

We have been notified by Marathon County that will need to vacate our Lake View building facilities by December 31, 2021. This will impact our Wausau Adult Day Services program and Youth Community Treatment offices. The Adult Day Services program was already in the process of securing an off-campus location but the Youth Community Treatment space in the renovations as part of Phase 4 will not be available until mid-2022 at the earliest. We are now in a position that we need to temporarily secure and lease a space for this staff to move to prior to their final renovated space is available. This was not anticipated and is being necessitated by the move of Marathon County Social Services to the NCHC campus.

State Budget Related Activity

In recent weeks we hosted two members of the Legislature's Joint Finance Committee, the Interim Department of Health Services Secretary, and on May 19, Governor Tony Evers is coming to NCHC for a press conference and to tour our new facilities. All of this activity is due to the position NCHC is in with the investments in our facilities to expand mental health resources and we are being heralded as an example for how the budget can advance care in Wisconsin. More will be reported at the Executive Committee.

Crisis Stabilization Facilities

The Adult Crisis Stabilization Facility was occupied on May 18 at approximately 4pm. We have opened one 8-bed unit to start as we are currently working with the State to make minor modifications to open the other 8-bed unit for the Youth Crisis Stabilization program. We expect that to be approved and to open this program in the next 4-6 weeks.

Hope House – Antigo

The new facility is open and has its first tenants. The community Open House event will be held at 915 First Avenue in Antigo and is scheduled on Monday May 24, 2021 from 3-6pm. There are currently 3 women occupying the facility with 1 referral being processed with a tentative admit date in the first week of June. We are tracking and prioritizing women by status of whether or not they have children in placements. Of the women residing in the home, 2 have children that are in the custody of their fathers and 1 has children in foster care. There are 2 women placed as part of their probation conditions and 1 was a self-referral.

In Hope House – Wausau, we have 4 current residents with 1 returning the 1st week of June following a relapse, 1 scheduled to occupy following inpatient treatment that is ending May 26th, and 1 transitioning from the McClellan property.

Adult Protective Services Manager Recruitment

Brenda Christian's last day is Friday May 21, and we have appointed an interim APS Manager, Jennifer Thompson. Interviews begin the week of May 24th.

Lincoln Industries Transition

The survey to membership gave good indications that prevocational services clients are willing to commute (with NCHC transportation) to Wausau for non-community-based employment and training services. We will continue to work to move clients to community-based services where possible. We have successfully secured a new Adult Services location with a local church and will be transitioning clients to this location sometime mid-summer. Occupancy of the current Lincoln Industries facility should occur by mid to late summer.

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
PEOPLE																
Vacancy Rate	↘	7-9%	6.1%	6.1%	8.6%	10.1%									7.7%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%	2.9%									34.3%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66	0.67	0.63									0.66	N/A
SERVICE																
Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8	65.6	59.6									64.0	61.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%	14.4%									13.6%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%									13.2%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★									★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85									0.90	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08									3.26	2.84
COMMUNITY																
Out of County Placements	↘	230-250	236	140	169	96									160	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46	0.47	0.45									0.42	N/A
FINANCE																
Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%	70.0%	72.0%									72.2%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%									37.6%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%									-6.0%	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. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards for both Pine Crest and MVCC.
Zero Harm Patients	Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000
Zero Harm Employee	Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.
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%	10.1%	7.7%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.9%	34.3%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.63	0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	59.6	64.0	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	14.4%	13.6%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	10.3%	13.2%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.85	0.90	0.74
		Zero Harm - Employees	↘	Monitoring	3.08	3.26	2.84
	Community	Out of County Placements	↘	230-250	96	160	269
		Client Diversity Composite Index	↗	Monitoring	0.45	0.42	/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	72.0%	72.2%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	36.9%	37.6%	39.0%
		Net Income	↗	2-3%	-5.1%	-6.0%	0.4%

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	6.7%	4.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.7%	20.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	83.3*	65.2
	Quality	Zero Harm - Patients	↘	Monitoring	0.27	0.20
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	78.9% (45/57)	90.4%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%	58.0% (40/69)	50.7%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	38.1% (8/21)	36.8%
		Average Days from Referral to Initial Appointment	↘	55-60 days	64.2 days (642/10)	71.0 days
		Hospitalization Rate of Active Patients	↘	Monitoring	4.70%	3.45%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	77.3%	73.5%
		Net Income	↗	\$10,457-\$15,686 Per Month	\$73,991	\$101,239

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%)	0.0%	49.7%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	54.5*	54.5
	Quality	Zero Harm - Patients	↘	Monitoring	8.30	5.98
		% of Patients who kept their Follow-up Appointment	↗	90-95%	100.0% (2/2)	86.7%
		% of Patients Admitted within 24 hours of Referral	↗	90-95%	100.0% (42/42)	100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	52.7%	56.9%
		Net Income	↗	\$1,747-\$2,620 Per Month	(\$1,495)	(\$11,112)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	4.5%	5.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.9%	53.1%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	34.6	45.1
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	2.25
		Hospital Readmission Rate	↘	10-12%	14.5%	12.5%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	18.3 days	24.5 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	13.5 days	15.5 days
		Average Days since previous Detox Admission	↗	330-360 days	268.2 days	335.0 days
	Community	Out of County Placements	↘	150-170	76	129
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	82.6%	86.3%
		Net Income	↗	\$13,382-\$20,073 Per Month	(\$32,746)	(\$127,904)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	8.3%	4.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	27.3%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	80.0*	82.7
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	10.87
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	100.2%	72.6%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$20,158)	(\$16,075)

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	92.9*	88.4
	Quality	Average Attendance Per Work Day	↗	20-25	17	18
		% of Members Working 15 or More Hours Per Month	↗	80-85%	86.0%	91.0%
	Community	Active Members Per Month	↗	110-120	108	104
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	59.7%	71.1%
		Net Income	↗	\$536-\$804 Per Month	\$2,313	(\$2,080)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	7.7%	6.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.1%	23.4%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	20.0
	Quality	Zero Harm - Patients	↘	Monitoring	8.09	11.52
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%	58.7%	59.1%
		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	96	160
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%	50.0% (1/2)	62.5%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	301.5%	301.0%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$816)	(\$11,759)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	3.7%	0.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	21.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	90.0*	94.9
	Quality	Zero Harm - Patients	↘	Monitoring	0.49	0.68
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	83.9%	110.4%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$27,336)	(\$60,517)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	9.4%	4.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	6.9%	40.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	62.5
	Quality	Zero Harm - Patients	↘	Monitoring	1.12	1.98
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	71.2%	74.9%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$28,517	\$23,064

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	18.2%	14.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	1.8%	39.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	55.6*	61.5
	Quality	Nursing Home Readmission Rate	↘	10-12%	8.3%	7.8%
		Zero Harm - Residents	↘	Monitoring	3.34	2.72
		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%	59.6%	63.3%
		Net Income	↗	\$30,636-\$45,954 Per Month	(\$52,061)	(\$103,843)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	2.7%	5.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	62.5*	44.8
	Quality	Zero Harm - Patients	↘	Monitoring	2.15	1.42
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	18.0 days	22.5 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	13.1 days	14.8 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	4.7%	9.1%
	Community	Same Day Cancellation and No-Show Rate	↘	15-18%	16.2%	16.1%
		% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%	20.3%	16.6%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%	40.0%	18.5%
		Average Number of Days from Referral to Start of Day Treatment	↘	16-20 days	N/A	N/A
		Hospitalization Rate of Active Patients	↘	Monitoring	1.33%	1.06%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	118.9%	127.0%
		Net Income	↗	\$12,534-\$18,802 Per Month	\$8,717	(\$12,442)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	18.4%	14.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.3%	55.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	42.9*	40.0
	Quality	Zero Harm - Residents	↘	Monitoring	3.90	4.66
		Nursing Home Readmission Rate	↘	10-12%	11.8%	18.4%
		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%	61.2%	63.6%
		Net Income	↗	\$20,559-\$30,839 Per Month	(\$113,431)	(\$157,441)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	12.5%	2.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	47.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	/
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.00
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	0.0%	0.0%
		Net Income	↗	\$582-\$873 Per Month	\$6,321	\$6,503

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	7.7%	7.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	15.4%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	80.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.43	0.79
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	39.3%	42.6%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$20,181)	(\$40,654)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	5.3%	2.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.7%	28.6%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	92.3
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.07
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	100.0% (17/17)	96.2%
		% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	41.0% (16/39)	41.8%
	Community	Average Days from Referral to Initial Appointment	↘	55-60 days	132.6 days (1857/14)	101.1 days
		Hospitalization Rate of Active Patients	↘	Monitoring	0.26%	0.19%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	76.4%	68.8%
		Net Income	↗	\$14,139-\$21,208 Per Month	\$33,613	\$111,230

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%	5.0%	1.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	10.0%	30.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	-100.0*	75.0
	Quality	Zero Harm - Patients	↘	Monitoring	10.20	10.43
		Hospital Readmission Rate	↘	10-12%	14.3%	16.9%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	17.0 days	15.9 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	10.8 days	11.2 days
	Community	Out of County Placements	↘	50-60	20	32
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	107.6%	77.4%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$95,507)	(\$55,060)

Dashboard Executive Summary

May 2021

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2021 is 7.0-9.0%. For April we met our vacancy target with a rate of 10.1% and a year-to-date average of 7.7%. We anticipate with the recent wage changes that vacancy rate will begin to trend in the right direction as application flow has increased significantly and turnover has slowed down.

❖ **Turnover**

Turnover is a new metric for 2021, replacing retention rate. The reason for the change was to be able to benchmark our organization with industry standard metrics. Our target for 2021 is 20-23% annualized. In April, we experienced a rate of 2.9% which was above target at projected annual rate of 34.3%. We are anticipating stability within our high turnover populations after the wage adjustments were announced in May.

❖ **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 0.63 for April and 0.66 YTD, 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 April, we saw the greatest number of surveys returned collectively. As a result, we met our target at 59.6 although this continues to decrease from month to 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. April's rate was 14.4% for a YTD rate of 13.6%. We've seen readmission rates increase in our Adult Hospital readmission rate as the readmission rate in our Youth Hospital significantly decreased. 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 April between the two facilities was a readmission rate of 10.3% which is in line with our target of 10 to 12%. This is an improvement from March with a rate of 12.8% in large part due to action plans for Pine Crest to reduce readmissions. The action plan includes stronger communication between the referring provider and facility to ensure all information is received timely and is accurate.

❖ **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 remain steady from the previous month to .85. 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 3.08 for the month of April. 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 April, we once again exceeded this at just 96 days with a YTD of 160 days. Efforts surrounding diversions are proving to be effective as we have yet to see this number this low for this year.

❖ **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 0.45 for April and 0.42 YTD, 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 relative to our community.

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 April is 72.0%. 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 April is 36.7%, 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 April, the result is (-5.1%). 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.

Behavioral Health Services Programs

❖ **Adult Community Treatment:**

Turnover: The result for April was 4.7% with a monthly target of 1.7%-1.9% to achieve the annual target of 20-23%. The YTD result is 20.7%. There is one involuntary termination due to performance issues and a voluntary resignation. Both positions were RN's. The voluntary resignation was based on the individual's interest in a competitor sign on bonus.

% of Treatment Plans Completed within Required Timelines: The April result is 78.9% with a target of 96-98% and YTD result of 90.4%. The treatment plans that were not completed within the time frame are isolated to one team. The Director and Clinical Coordinators will be meeting to identify actions to address this outcome for the team that is impacted.

% Eligible CCS and CSP clients admitted within 60 days of referral: The percentage for April was 38.1% with a target of 60-70% and a YTD result of 36.8%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

Average days from referral to initial appointment: In April, the average was 64.2 days with a target of 55-60 days and YTD result is 71.0 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Education is being provided to internal programs/referral sources regarding purpose of Community Treatment services, program appropriateness and medical necessity requirements. The goal is to decrease the number of referrals that are not appropriate for Community Treatment. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

❖ **Adult Crisis Stabilization CBRF:**

Direct Expense/Gross Patient Revenue: This measure was well above target for April, at 52.7%, as like the adult hospital, patient revenues did not meet targets set based on prior year outcomes. The team will work on staffing down when possible, however currently has multiple APS emergency protectively placed clients on the unit who are requiring increased care and monitoring, and our understanding is that finding placements is a major challenge currently as we see individuals staying for quite some time in our setting.

Net Income: Net income for the ACSF improved to (\$1495) in April due to completion of fully transfer of MMT staff, as well as adjusting the staff schedule to decrease overstaffed shifts and overlaps. We continue to work toward achieving a positive income by utilizing the ACSF when possible and appropriate for clients who need support but do not need hospitalization level of care and decreasing any lingering staff overtime.

❖ **Adult Inpatient Psychiatric Hospital:**

Turnover: The April turnover rate of 4.9% remains over target range. One BHT finished nursing school and took a position elsewhere. We set expectations for the new Nurse Manager to significantly increase time spent supporting and guiding nursing/tech staff on the unit, as this was an area of need. In addition, nursing leadership worked to re-define the Charge Nurse role to provide additional support and oversight for nursing/tech staff 24 hours/day.

Patient Experience: In April, our patient experience score was below target at 34.6 with YTD being within target. We had many surveys returned which is crucial in understanding our overall NPS. Action plans to address this measure will be implemented with a PDSA completed and Quality Committee oversight.

Hospital Readmission Rate: In April, the readmission rate of 14.5% was above range. Patients who were readmitted in April included two patients with primary diagnosis of Borderline Personality Disorder, three patients with primary psychosis-related disorders, one patient in the process of Protective Placement w/difficulty finding accepting placement, and one with primary AODA diagnosis. BHS Acute Care and Community Treatment/Outpatient approaches to improving readmission rates for NCHC clients with Borderline Personality Disorder include recent training for CT/OP providers in DBT, and individualized plans for the Acute Care interactions that guide toward increased ACSF (Crisis CBRF) utilization-- and engagement plans for their stays there—and decreased use of hospital stays as well as shorter lengths of stay with step-down to ACSF when hospitalized. Gaps in AODA services prevailing since COVID, and the room & board portion of treatment funding being uncovered by MA & grants, contribute to challenges in helping support clients with AODA issues. BHS Acute Care leadership is working with APS to better understand placement challenges.

Average days for initial counseling appointment post-hospital discharge: This measure did not meet target but did improve significantly to an average of 18.3 days until outpatient therapy appointment. The Outpatient clinic continues to work on prioritizing hospitalized patients in getting schedule openings and when necessary inpatient social workers are working to get appointments for patients at outside clinics if there is need for sooner appointments.

Average days for initial psychiatry appointment post-hospital discharge: This measure improved to an average of 13.5 days until outpatient psychiatry appointment but is not yet within target range. While this does not meet target, it remains superior to wait times for psychiatry at outside clinics. It is at an appropriate length post-discharge, given medication reviews or changes would not generally be necessary within 2 weeks of hospital discharge.

Average Days since previous Detox Admission: In April, this measure did not meet target range and was an average of 268.2 days. As mentioned above, AODA services continue to be a challenge in the later stages of the pandemic. We did recently utilize open FTE from the Scribe position that will be unneeded post-Cerner implementation, to be able to take on one of the MMT staff, who is a CSAC and is now providing more AODA treatment and referral services on inpatient and assisting with occasional AODA referral needs on ACSF as well.

Direct Expense/Gross Patient Revenue: This measure was at 82.6% in April, just over target range. Personnel and operating expenses were under budget, a very positive aspect, however there was a large discrepancy in the actual patient revenue vs. the budgeted/expected patient revenue. Payment for patient days has been excellent, however fluctuations to low census continue to be challenging to predict and are negatively affecting revenue.

Net Income: April overall loss for the adult hospital was (\$32,746), a significant improvement over past months, largely due to staffing adjustments made to accommodate low census days and provider coverage needs. BHS Acute Care leadership will continue to work toward a positive income number by working to decrease unnecessary staffing levels, overtime, and to continue to take all possible patients that were often diverted in the past.

❖ **Clubhouse:**

Average Work Order Day Attendance: The April was result was 17 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 108 with a target of 110-120 and YTD result of 104. 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 was filled initially, and the candidate has chosen to not relocate to the Wausau area, recruitment for the position has begun once again.

Net Income: Program was off target with a loss of (\$20,158) on a target of \$3,364. Revenue is the major factor for the variance with all expenses at or exceeding target. April was an improvement of almost \$40,000 to March due to increased revenue with expanding services. Services will continue to reopen from Covid-19 impacts and May's net income will continue the positive trend.

❖ **Crisis & Emergency Services**

Turnover: This was 4.1% in April, as the court liaison took a position elsewhere to learn a new skill (psychometry) with the intention of deciding whether she wants to pursue higher education in that area. The position was filled right away with an internal candidate.

Patient Experience: It appears that, for the Crisis program, no surveys were returned for April, 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.

% of Crisis Assessments with Documented Linkage and follow up within 24 hours: This rate was 58.7% in April, not meeting target. This month (beginning of May), we re-educated Crisis Professionals on follow-up call expectations, implemented an audit process, and developed a new follow-up call procedure both for the purpose of quality but also to train more positions on follow-up call assistance due to the time constraints on the Crisis Professionals on high volume days in the Crisis Center.

Court Liaison: % of Eligible Individuals with Commitment and Settlement Agreements who are enrolled in CCS or CSP within 60 days: For the month of April one person out of two referred did not get enrolled within the targeted time frame. This is partly due to Community Treatment access which is being addressed.

Direct Expense/Gross Patient Revenue: This measure of 301.5% was over target for April, as revenues gained for crisis billing were less than was projected for the month. An area of opportunity for Crisis revenue will be to ensure improvement of follow-up call completion for linkage and follow up so that revenue is captured for this service.

Net Income: Crisis saw a loss of \$816 overall in April, which is a significant improvement from the previous month with primary contributing factors being the less-than-projected billing revenue, and the allocated revenues were well under target as well. The management team will look at all aspects of crisis services, to determine if there are additional areas in which there is opportunity for increased revenue.

❖ **Adult Day Services**

Net Income: Adult Day and Prevocational Services had a loss of \$27,336 for April which was an improvement from a \$92,596 loss in March. Revenue continues to be a challenge with membership slowly returning due to Covid-19 vaccine availability. It is projected that membership will continue to return throughout the remainder of quarter two with increased revenue each month.

❖ **Group Homes**

Turnover Rate: Group Homes were off target for turnover rate with two employees resigning causing a turnover rate of 6.9%. Engagement interviews have been completed and individual strategies have been implemented to reduce turnover for the remainder of 2021.

Vacancy Rate: Vacancy rate increased to 9.4% for April in large part due to four resignations between March and April and no recruitments. Recruitment efforts have increased with radio advertisement and paid social media advertisements to increase applicant pools.

❖ **MVCC**

Vacancy Rate: The month of April showed a 18.2% vacancy rate with a target range of 7-9%. Focus remains on ongoing recruitment to fill openings. The board recently approved CNA wage increases that will go into effect on June 13th. The goal of the increase was to be at or above the market with our compensation program and to retain our exceptional staff. We are already seeing an increase in the applicant pool. We currently have 18 FTEs open in CNA positions, 1.8 FTEs open in respiratory therapy and 4.4 FTE's open in nurse positions. In April we hired a full-time respiratory therapist that will start in June, a full time CNA and a full-time hospitality assistant. 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. We have currently hired 7 employees for this class. This will assist in taking some of the non-direct care tasks off the current CNAs workload until the class starts.

Turnover Rate: The month of April showed a 1.8 turnover rate with a target of 1.7-1.9%. We had one occasional employee that left because they were not meeting the requirements of picking up hours. One CNA was an involuntary termination due to an attendance issue and one respiratory therapist left to get out of the healthcare field all together. We will be reaching out to CNAs that have left in the last year that were in good standing to see if they would come back with the recent wage increase.

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.

Net Income: MVCC experienced a loss of (\$52,061.00) for the month of April. Revenue was improved for most of the month however Covid-19 impacted the ability to admit towards the end of the month. Covid-19 continues to impact operational efficiencies and revenue due to testing requirements and admission closures. May will continue to see the effects of Covid-19 with admissions restricted through at least mid-May.

❖ **Outpatient Services**

Average Days for Initial Counseling Appointment Post-Hospital Discharge: The result for April is 18.0 days with a target of 8-10 days and a YTD result of 22.5 days. The result is improving, and provider caseloads are being reviewed monthly to determine availability for new intakes. Additional intake slots have been added to providers schedule based on availability. Additional opportunities to add hospital discharge blocks are being explored.

Average Days for Initial Psychiatry Appointment Post-Hospital Discharge: The result for April is 13.1 with a target of 8-10 days and YTD result of 14.8 days. The availability of the new psychiatry provider for Merrill and Antigo has had a positive impact. An additional provider will start seeing patients in June in the Wausau location with the ability to provide bridge appointments following hospital discharge.

Direct Expense/Gross Patient Revenue: The result for April is 118.9% and YTD result is 127.0%. Expenses are being managed and are under budget. Revenue is lower than target. This is being addressed by increasing Outpatient encounters.

Net Income: The April result was \$8,717 with a target of \$12,534-\$18,802 and YTD result of (\$12,442). Expenses are being managed and are under budget. Revenue is lower than target. This is being addressed by increasing Outpatient encounters.

❖ **Pine Crest**

Vacancy Rate: The 18.4% 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. Program will be hosting Northcentral Tech College nursing assistant clinicals starting in the month of June. We are also anticipating an influx of applications due to the increased wage band for the position, which will improve this rate.

Turnover Rate: Experienced turnover rate for the month of April trended slightly down at 3.3% on a target of 1.7%-1.9%. 5 positions termed for the following reasons: retirement (x2), opportunity more in line with future career aspirations, position eliminated and not interested in alternative that was offered, and one no-call-no-show. Employee Appreciation Committee continues to focus on avenues to assist with improving as moral and engagement. We too are anticipating a reduction in turnover based on improved wage bands that were reviewed previously.

Patient Experience: Nine survey responses were received during the month with a resulting net promoter score of 42.9 on a target of 55-61. No significant concerns were identified in the survey responses outside of general notations related to limited visitation, call light response time, missing clothing, and dining services. All items are actively being addressed.

Nursing Home Quality Star Rating: The quality star rating remained unchanged month of month, being at a 3 star. The system was updated during the month of April. Our long-term quality measures continue to bring this component of our star rating down. Quality assurance work processes that had been established will continue, to address the metrics not meeting appropriate benchmarks as compared to state and national averages.

Net Income: The program experienced a loss of \$113,431 for the month of April. This can be largely attributed to census below target of 100 due to continued impacts of Covid-19 and limited admissions. Outside of revenue, agency expenses continue to be a challenge and with the recent wage approval interviews have begun to aide in this effort. May is projected to be a similar financial result to April with June projections looking positive due to staffing expense reduction.

❖ **Supported Apartments**

Net Income: Net income for the month of April was -\$20,181 which was off target. Apartment vacancies in Jelinek and Forest/Jackson continue to impact net income with lost revenue. Jelinek has a planned move in for May and Forest/Jackson is projected to continue to decline while environmental issues are addressed.

❖ **Youth Community Treatment:**

Turnover: The result for April was 2.7% with a monthly target of 1.7%-1.9% to achieve the annual target of 20-23%. The YTD result is 28.6%. The turnover was due to an involuntary termination due to performance issues.

% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral: The percentage for April was 41.0% with a target of 60-70% and a YTD result of 41.8%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Education is being provided to internal programs/referral sources regarding purpose of Community Treatment services, program appropriateness and medical necessity requirements. The goal is to decrease the number of referrals that are not appropriate for Community Treatment. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

Average Days from Referral to Initial Appointment: In April, the average was 132.6 days with a target of 55-60 days and YTD result is 101.1 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Education is being provided to internal programs/referral sources regarding purpose of Community Treatment services, program appropriateness and medical necessity requirements. The goal is to decrease the number of referrals that are not appropriate for Community Treatment. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

❖ **Youth Crisis Stabilization Facility:**

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

❖ **Youth Psychiatric Hospital:**

Patient Experience: In April, we had one survey returned which was rated "fair" leading to an NPS of -100. We are continuing to work on our survey administration and distribution process to increase volumes and returns and in the coming months will be working to also increase our NPS. Overall, for the year, we are exceeding the target at 75.0.

Turnover Rate: The turnover rate did not meet target for the first time in April at 10% with a YTD calculation of 30%. There has been resignation of Youth Hospital nurses who explain that they had no previous Behavioral Health Experience and have learned that inpatient psychiatric care is not for them. Hiring the initial group of staff happened quickly so that Youth Hospital could open in the established timeframe. This resulted in some hasty hiring decisions and the recognition that candidates for almost all positions had no inpatient psychiatric exposure or experience. As the program continues to develop and positions are vacated, greater care will be taken to seek candidates with some relevant experience.

Hospital Readmission Rate: Readmission rate YTD is at 16.9%, above our target of 10-12% but decreased from last month (31.6% in March to 14.3% in April). Our team identified some factors contributing to this measure. 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 instead if it were up and running, 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 increased the number of youths being served in NCHC's 23-hour Youth Crisis program as a means of preventing hospital readmission which may have supported the decrease from March to April. 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 are now, additionally, 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 Counseling Appointment Post-Hospital Discharge: Target is 8-10 days, and the average length is 15.9 YTD with April being 17 days. Before a youth is discharged from the hospital, we ensure that they have a scheduled first-available counseling 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.

Average Days for Initial Psychiatry Appointment Post-Hospital Discharge: This measure was close to meeting target in April, 10.8 days compared to a target of 8-10 days, and this is improvement from March. 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.

Direct Expense to Gross Patient Revenue and Net Income: These measures not meeting target are a direct result of not meeting revenue targets as expenses have been under budget. Youth Hospital needs to maintain a census of 6 kids to generate budgeted revenue. January monthly average census was 3.94, February increased to 5.36 and March decreased to 3.47 for a quarterly average of 4.24. April's average daily census was lowest YTD at 3.24. 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. Making this change involves working with the credentialing and privileging of medical and psychiatric providers and this effort is underway. Secondly, we plan to expand our service area to include additional counties so that we can accept youth from other counties when our census is low. An agreement has been developed by Corporation Counsel and is being finalized.

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 main agreement is finalized. Work on the Exhibits remains outstanding but we anticipate completing the task by the end of May.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is sending a draft report by the end of the week of May 17th. A presentation to the Board is anticipated in June.	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 but has been delayed due to recent demands on the Communication and Marketing team.													
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April	The audit presentation is scheduled for the May Board meeting.	Open												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board	The fund balance statements will be up for consideration at the May Board meeting.	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	The Executive Committee and NCCSP Board will discuss these recommendations at their May meetings.	Open												
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	This item is slated for the May Board meeting.	Open												
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

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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														