



## **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, July 22, 2021 at 4:00 PM**  
North Central Health Care - Wausau Board Room  
1100 Lake View Drive, Wausau, WI 54403

### **AGENDA**

- 1. Call to Order**
- 2. Public Comment (15 Minutes)**
- 3. Approval of the June 3, 2021, June 17, 2021, June 24, 2021, and July 2, 2021 Executive Committee Meeting Minutes**
- 4. Review of Draft NCCSP Board Agenda for July 29, 2021**
- 5. Educational Presentations/Outcome Monitoring Reports**
  - A. CEO Report
  - B. Organizational and Program Dashboards
  - C. June Financials
  - D. Board Work Plan
  - E. Update on State Grant
- 6. 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 discuss status of personnel changes and implementation of Board direction regarding legal positions and alternatives.
- 7. Reconvene in Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If any.**

**8. Next Meeting Date & Time, Location, Future Agenda Items**

- A. Board Agenda for August 26, 2021 – Meeting in Antigo
- B. Committee members are asked to bring ideas for future discussion and educational presentations to the NCCSP Board
- C. Next Meeting: **Thursday, August 19, 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

  
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Presiding Officer or Designee

DATE: 07/19/2021 TIME: 11:00 AM BY: D. Osowski

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

June 3, 2021

6:30 PM

NCHC – Wausau Board Room

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

Others Present: Andy Phillips, von Briesen & Roper, Ben Bliven

### Call to order

- A. Meeting was called to order at 6:30 p.m. by Chairman Gibbs.

### Consider Motion to Convene in Closed Session

- A. **Motion** by Stowe, 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 discuss implementation of Board direction regarding certain personnel and otherwise legal positions and alternatives.
- B. Second by Wylie. Roll call taken. All indicated Aye.

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

- A. **Motion**/second, Stowe/Leonhard to reconvene in open session at 8:25 p.m. Motion carried.
- B. Statement following closed session: We are continuing discussions regarding an employment issue.

### Adjournment

- A. **Motion**/second, Stowe/Leonhard, to adjourn the meeting at 8:30 p.m. Motion carried.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

June 17, 2021

3:00 p.m.

Wausau Board Room

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

Staff Present: Jill Meschke, Jarret Nickel

Others Present: Andy Phillips, von Briesen & Roper (via phone during closed session only)

### Call to Order

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

### Public Comment

- None

### Approval of the May 20, 2021 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Leonhard, to approve the May 20, 2021 Executive Committee Meeting minutes with the addition of the following:
  - **Motion**/second, Leonhard/Stowe, to move into Open Session at 6:00 p.m.
  - **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 6:00 p.m.
- Motion carried.

### Review of Draft NCCSP Board Agenda for June 24, 2021

- J. Meschke recommended several changes to the June 24 agenda as follows:
  - Adjusting for more time of the audit presentation and Comprehensive Community Services Contracted Provider Agreements
  - Move the Strategic Plan, 10-Year Financial Forecast, and Capital Improvement Budget items to the July agenda
- Chair Gibbs noted a closed session may be added to the agenda.
- **Motion**/second, Wylie/Anderson, to approve the draft agenda with noted changes. Motion carried.

### Policy Issues for Discussion and Possible Action

- Sober Living Program Expansion
  - Information had previously been shared to add a women's sober living facility in Wausau. Potential property has been identified for this facility. However, we are requesting more analysis to obtain additional clarification and potential partnerships.

- Physician Recruitment Process
  - A sub-group of our compensation committee will be established to review physician compensation and offers for recruitment (not hiring process) which will be brought to the Board for approval. Research will include contacting other like organizations in the State and private organizations to provide context on physician recruitment processes i.e., Brown County, Mendota, Winnebago, and Fond du Lac.
  - A Compensation policy is slated for review in August which will include physician compensation.

#### Operational Functions Required by Statute, Ordinance, or Resolution

- Action: Review of Compensation Provided for Interim CEO
  - J. Meschke was asked to fill the role of Interim CEO and the committee is being asked to consider additional compensation due to the increase in responsibility. HR Standard recommends a split in the difference of the two positions however, there is currently only a difference of \$10,000 between the CFO and CEO salary ranges.
  - **Motion**/second, Anderson/Stowe, to approve an additional annual amount of \$10,000 be given to J. Meschke while in the Interim CEO role effective June 17, 2021. Motion carried.

#### Education Presentations/Outcome Monitoring Reports

- CEO Report
  - When the CEO report was written 12 staff were out with symptoms or exposures related to Covid-19; today just 2 staff are out with tests pending and 0 residents testing positive.
  - A request was submitted to the State requesting each unit operate as a separate and distinct area which could avoid closing the entire nursing home for admissions during outbreak status on a unit. Unfortunately, the State denied our request.
  - The CNA requirements efforts have been tremendous with 35 new employees in orientation this week and 21 directly related to those given the increase by the Board. We now have a waiting list for CNA's and can be selective in who is hired. We have seen improvements in vacancy and turnover rates already. Anticipate improvement in budget and staffing by July.
  - We expect possession of the nursing tower by the end of July with tours for the Board and community in August. Furniture is ordered and should be in place by end of August with residents moves around Labor Day.
  - Bid opening is today for the D Wing renovations with 60+ participants anticipated for the bid opening.
- Organizational and Program Dashboards
  - Vacancy and turnover rates are seeing improvements. It was a good month for hospital readmissions. The Executive Summary is printed and available in hard copy and will be included in the Board Packet.

- May Financials
  - The Executive Management Team is making it an increased focus on financials especially in behavioral health areas.
- **Motion**/second, Stowe/Anderson, to approve the CEO Report. Motion carried.
- **Motion**/second, Leonhard/Wylie, to accept the Organizational and Program Dashboards, May Financials and Board Work Plan and move to full Board at the June meeting. Motion carried.

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

- A. **Motion by** Anderson, 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 discuss implementation of Board direction regarding certain personnel and otherwise legal positions and alternatives. Second by Stowe. Roll call. All ayes. Motion carried. Meeting convened in closed session at 3:32 p.m.

#### Reconvene to Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If any

- **Motion**/second, Leonhard/Anderson, to reconvene in open session at 4:30 p.m. Motion carried.

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

- July 15, 2021, at 3:00 p.m., NCHC Wausau Board Room

#### Announcements

- No announcements.

#### Adjourn

- **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 4:40 p.m. Motion carried.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

June 24, 2021

4:40 PM

NCHC – Wausau Board Room

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

### Call to order

- A. Meeting was called to order at 4:40 p.m. by Chairman Gibbs.

### Consider Motion to Convene in Closed Session

- A. **Motion** by Leonhard, 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 discuss implementation of Board direction regarding certain personnel and otherwise legal positions and alternatives.
- B. Second by Wylie. Roll call taken. All indicated Aye.
- C. Attending in Closed Session was Attorney Andy Phillips, von Briesen & Roper

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

- A. **Motion**/second, Stowe/Wylie, to reconvene in open session at 5:35 p.m. Motion carried.
- B. Discussion with counsel is continuing.

### Adjournment

- A. **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 5:40 p.m. Motion carried.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

July 2, 2021

9:00 AM

NCHC – Wausau Board Room

Present:	X	Kurt Gibbs	X	Deb Hager	X	Lance Leonhard
	X	Robin Stowe	X	Cate Wylie		

### Call to order

- A. Meeting was called to order at 9:00 a.m. by Chairman Gibbs.

### Consider Motion to Convene in Closed Session

- A. **Motion** by Leonhard, 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 discuss implementation of Board direction regarding certain personnel and otherwise legal positions and alternatives.
- B. Second by Stowe. Roll call taken. All indicated Aye.
- C. Attending in Closed Session was Attorney Andy Phillips, von Briesen & Roper

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

- A. **Motion**/second, Stowe/Wylie, to reconvene in open session at 10:05 a.m. Motion carried.
- B. No announcements were made.

### Adjournment

- A. **Motion**/second, Wylie/Leonhard to adjourn the meeting at 10:06 a.m. Motion carried.





## MEMORANDUM

DATE: July 15, 2021  
TO: North Central Community Services Program Board Executive Committee  
FROM: Jill S. Meschke, Interim Chief Executive Officer  
RE: CEO Report – July 2021

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

### COVID-19 Response

As of July 15, we have 2 staff out with symptoms or exposures related to COVID-19. There are currently no positive cases, and no 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. We continue to require masks of all staff and visitors regardless of their vaccination status.

Currently there are no units at either Mount View or Pine Crest on Enhanced Precautions. Both nursing homes are open for admissions and visitation. Regular testing at Mount View and Pine Crest continues. June was the first month in over a year where admissions were not limited due to Covid-19.

### Campus Renovations

The Campus Renovations continue to move forward on schedule. The Nursing Tower is on track for completion July 23. Furniture is anticipated to be in place by the end of August. Resident moves are scheduled and times for employee, neighborhood, and Board tours are being determined.

Construction begins on D wing August 1. A \$5 million grant has been approved in the State of Wisconsin budget to aid in the construction of the new behavioral health spaces on the Wausau campus. The process for approval and receipt of these funds is as follows.

- NCHC will seek approval to have the funds granted to Marathon County through submitting a written request to the Secretary of the Building Commission for inclusion on a future agenda explaining how NCHC will meet the criteria defined in State Statute
- Provide plans and specifications on the project to the Wisconsin Division of Facilities Development
- A grant agreement will be written to provide for requirements to be continued after grant funds have been received, including contracting with Forest, Oneida, and Vilas Counties to provide certain services for 10 years
- Provide evidence of payment for construction costs to be reimbursed

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%	6.9%	5.8%							7.3%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%	2.9%	2.3%	2.9%							33.3%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66	0.67	0.63	0.65	0.68							0.66	N/A
SERVICE																
Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8	65.6	59.6	60.4	59.6							62.6	61.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%	14.4%	9.1%	0.0%							12.2%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%	12.5%	10.0%							12.6%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★							★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85	1.19	0.49							0.88	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08	3.18	1.21							3.00	2.84
COMMUNITY																
Out of County Placements	↘	230-250	236	140	169	96	143	194							163	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46	0.47	0.45	0.43	0.43							0.45	N/A
FINANCE																
Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%	70.0%	72.0%	73.8%	80.5%							73.8%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%	37.2%	40.5%							38.0%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%	-7.6%	1.1%							-5.1%	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 Count  
YTD calculation: Weighted average of each month's Diversity Composite Index rate.

### SERVICE

Patient Experience (Net Promoter Score)

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

### QUALITY

Hospital Readmission Rate

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

Nursing Home Readmission Rate

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

Nursing Home Star Rating

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

Zero Harm Patients

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

Zero Harm Employee

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

### COMMUNITY

Out of County Placement

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

Diversity, Equity, and Inclusion Access Equity Gap

Identify number of consumers served and index their demographics against the demographics of service area. An access equity gap will be established base 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%	5.8%	7.3%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.9%	33.3%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.68	0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	59.6	62.6	61.0
	Quality	Hospital Readmission Rate	↘	10-12%			11.8%
		Nursing Home Readmission Rate	↘	10-12%	10.0%	12.6%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring			0.74
		Zero Harm - Employees	↘	Monitoring	1.21	3.00	2.84
	Community	Out of County Placements	↘	230-250			269
		Client Diversity Composite Index	↗	Monitoring			/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	80.5%	73.8%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	40.5%	38.0%	39.0%
		Net Income	↗	2-3%	1.1%	-5.1%	0.4%

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	4.3%	5.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.7%	28.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	70.0
	Quality	Zero Harm - Patients	↘	Monitoring		
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%		
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%		
		Average Days from Referral to Initial Appointment	↘	55-60 days		
		Hospitalization Rate of Active Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	94.4%	76.9%
		Net Income	↗	\$10,457-\$15,686 Per Month	\$2,115	\$82,780

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	1.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	33.1%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	33.3*	49.0
	Quality	Zero Harm - Patients	↘	Monitoring		
		% of Patients who kept their Follow-up Appointment	↗	90-95%		
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%		
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	45.3%	56.2%
		Net Income	↗	\$1,747-\$2,620 Per Month	\$4,556	(\$9,146)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	8.7%	6.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.4%	40.1%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	21.7*	40.5
	Quality	Zero Harm - Patients	↘	Monitoring		
		Hospital Readmission Rate	↘	10-12%		
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		
		Average Days since previous Detox Admission	↗	330-360 days		
	Community	Out of County Placements	↘	150-170		
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	90.0%	93.7%
		Net Income	↗	\$13,382-\$20,073 Per Month	(\$80,010)	(\$118,029)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	9.1%	5.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	37.2%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	100.0*	85.7
	Quality	Zero Harm - Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	70.5%	69.9%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$22,386)	(\$16,333)

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	73.3*	84.9
	Quality	Average Attendance Per Work Day	↗	20-25	22	19
		% of Members Working 15 or More Hours Per Month	↗	80-85%	29.1% (23/79)	19.2%
	Community	Active Members Per Month	↗	110-120	79	94
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	150.3%	79.0%
		Net Income	↗	\$536-\$804 Per Month	(\$13,941)	(\$4,257)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	10.7%	6.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	7.7%	31.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	/	28.6
	Quality	Zero Harm - Patients	↘	Monitoring		
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%		
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	5-10%		
	Community	Out of County Placements Days	↘	230-250		
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%		
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	118.2%	234.8%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$31,034)	(\$15,730)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	3.6%	1.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	14.5%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	88.9*	94.7
	Quality	Zero Harm - Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	95.0%	104.6%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$46,290)	(\$53,026)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	0.0%	4.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	49.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	81.3
	Quality	Zero Harm - Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	74.2%	73.4%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$18,216	\$25,145

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	5.5%	12.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	1.8%	34.5%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	40.0*	54.7
	Quality	Nursing Home Readmission Rate	↘	10-12%	5.3%	8.3%
		Zero Harm - Residents	↘	Monitoring	0.26	2.51
		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%	87.5%	68.1%
		Net Income	↗	\$30,636-\$45,954 Per Month	\$320,643	(\$62,932)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	0.0%	3.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	5.6%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	66.7*	68.6
	Quality	Zero Harm - Patients	↘	Monitoring		
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		
		Day Treatment Program Completion Rate	↗	40-50%		
		OWI - 5 Year Recidivism Rate	↘	13-15%		
	Community	Same Day Cancellation and No-Show Rate	↘	15-18%		
		% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%		
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%		
		Average Number of Days from Referral to Start of Day Treatment	↘	16-20 days		
		Hospitalization Rate of Active Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	84.7%	115.3%
		Net Income	↗	\$12,534-\$18,802 Per Month	(\$3,241)	\$115

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	6.5%	11.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.2%	45.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	45.5*	42.2
	Quality	Zero Harm - Residents	↘	Monitoring	0.36	3.40
		Nursing Home Readmission Rate	↘	10-12%	14.3%	17.4%
		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%	99.1%	69.3%
		Net Income	↗	\$20,559-\$30,839 Per Month	(\$135,139)	(\$152,358)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	20.0%	6.5%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	40.0%	136.9%
	Quality	Zero Harm - Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	0.0%	0.0%
		Net Income	↗	\$582-\$873 Per Month	\$2,877	\$6,503

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	12.5%	7.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	5.6%	12.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	81.8
	Quality	Zero Harm - Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	48.3%	42.2%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$49,633)	(\$35,041)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	2.6%	3.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	19.1%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	93.3
	Quality	Zero Harm - Patients	↘	Monitoring		
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		
		% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%		
	Community	Average Days from Referral to Initial Appointment	↘	55-60 days		
		Hospitalization Rate of Active Patients	↘	Monitoring		
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	90.2%	71.8%
		Net Income	↗	\$14,139-\$21,208 Per Month	(\$98,339)	\$69,239

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%	14.3%	4.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	30.8%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	100.0*	77.8
	Quality	Zero Harm - Patients	↘	Monitoring		
		Hospital Readmission Rate	↘	10-12%		
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		
	Community	Out of County Placements	↘	50-60		
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	89.4%	82.9%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$70,450)	(\$65,892)



## Dashboard Executive Summary

### July 2021

#### Organizational Dashboard Outcomes

##### People

###### ❖ Vacancy Rate

The Vacancy Rate target range for 2021 is 7.0-9.0%. June marks the second month in a row we met our vacancy target with a rate of 5.8% and a year-to-date average of 7.3%. We anticipate with the recent wage changes that vacancy rate will continue 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 June, we experienced a rate of 2.9% which was above target at projected annual rate of 33.3%.

###### ❖ 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 0.68 for June 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 June, we met our target at 59.6 remaining steady with a YTD score of 62.6 which continues to exceed target. Returns dipped just slightly therefore all programs will continue with their action plans to continue to improve response rate. Programs that are not meeting their NPS target or seeing returns are working on improvements to favorably target this measure.

##### 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. For the first time this year, June's readmit rate was 0.0% for both hospitals. Efforts in both hospitals appears to be yielding positive results.

❖ **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 June between the two facilities was a readmission rate of 10.0% which is right at our target of 10 to 12%. Our annual trending rate is 12.6% which is lower than that of 2019 at 13.5%.

❖ **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 3 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 June, we saw this drop from May's rate of 1.19 to just 0.49, the lowest so far this year for YTD of .88. Falls with injury as well as suicide attempts are the main contributor to this rate and are being targeted through various prevention methods.

❖ **Zero Harm – Employees**

Zero Harm remains a monitoring metric with an experience rate of 1.21 for the month of June. 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 continue to be 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 June, we had 194 total days which is within target. Efforts surrounding diversions are continuing to be effective as this number remains favorable.

❖ **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 0.43 for May 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 June is 80.1%. 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 June is 40.5%, 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 June, the result is 1.1%. 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 June was 4.7% with a monthly target of 1.7%-1.9%. To achieve the annual target of 20-23%. The YTD result is 28.0%. There is one voluntary termination at the manager position. The individual found another opportunity within the community. The second termination was a retirement from the mental health tech position after many years of service.

**Direct Expense/Gross Patient Revenue:** The result for June is 94.4% and YTD result is 76.9%. Expenses are being managed and are under budget. Revenue is lower than target. The training leading to Cerner Go Live and implementation as well as decreased productivity due to learning a new system have had a negative impact on productivity.

**Net Income:** The result for June is \$2,115 and YTD result is \$82,780. Expenses are being managed and are under budget. Revenue is lower than target. The training leading to Cerner Go Live and implementation as well as decreased productivity due to learning a new system have had a negative impact on productivity.

❖ **Adult Crisis Stabilization CBRF:**

**Patient Experience:** This measure did not meet target in June at 33.3%, based on 6 surveys returned. Clients consistently want more staff interaction and activities. The new operations manager and clinical coordinator have met with staff one-on-one to discuss client interaction expectations and will be developing an updated unit schedule.

**Direct Expense/Gross Patient Revenue:** This was over the budgeted ratio, continuing to reflect budgeted expected revenue for a 12-bed unit. Also, it was found during this month's payroll the two staff who HR was to have moved over to the hospital program in February/March, as they were MMT staff who were re-positioned into open budget positions, are still being charged to the Crisis Stabilization unit. HR has now re-confirmed that the individuals are in the correct budget.

❖ **Adult Inpatient Psychiatric Hospital:**

**Turnover:** The June turnover rate remained at 2.4%. One RN resigned unexpectedly the night before his shift, citing discomfort and stress with the BHS patient population and desire to working long-term care. Nursing leadership had met with him to discuss any support needed after he struggled emotionally after a medical emergency on the unit, including offering EAP services. Recruitment has improved some, with the BHT who graduated with her nursing degree coming out of orientation and taking an RN position in July.

**Patient Experience:** The patient experience score was 21.7 for June, with 23 surveys returned, still indicating a need for score improvement. There were many positive comments and comments reflecting needs/frustrations include no sunlight/outdoor area, the meals, staff communication. Improvement measures will include continually increasing unit activities and working with staff on customer service.

**Direct Expense/Gross Patient Revenue:** This measure was at 90% for June, with Direct Expenses for June \$55,506 being less than budgeted which is positive, however Gross Patient Revenue was \$85,000 less than budgeted. Leadership will work with Accounting to determine the monthly discrepancy in expected patient revenue, the continued lower average census from years prior to COVID, and any remaining solutions for “No Roommate” statuses causing diversions, although the shared rooms and patient illness severity upon admission will make this challenging until renovations provide single rooms.

**Net Income:** Net income was (\$80,010), not meeting the dashboard target, however doing well compared to the budgeted monthly loss of (\$122,637) resulting in a positive variance for the month of \$42,637 and positively affecting the YTD overall loss of (\$60,542). A loss in Net Patient Revenue of (\$5756), overtime due to open RN positions/staying over resulted in (\$6281), call time for last-minute openings (last-minute call-ins have been an issue, as well as the last-minute resignation by one RN) at (\$3476), and Administrative Write-offs of (\$14,321) contributed to not meeting dashboard target. The write-offs will be researched to determine why this was so high for June.

❖ **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 continues.

**Net Income:** Program was off target with a loss of (\$22,386) on a target of \$3,364. Revenue is the major factor for the variance with all expenses at or exceeding target. Mask mandates were a challenge in June with several local pools opening without mask restrictions. We have begun a trial of no masks for members in our aquatics program as result.

❖ **Clubhouse:**

**Percentage of Members Working 15 or more Hours Per Month:** The result for June was 29.1% of our members working 15 hours or more. This was calculated by taking our monthly attendance of 79 unduplicated and dividing by 23 members for the month of June that attended and are working 15 hours or more. We continue to receive referrals for members that have employment goals and work together with DVR to help secure members employment.

**Active Members per month:** The result for June is 79 and YTD result is 94. While the result remains below target there was an increase from May. We continue to attempt and offer mobile reach-out. We had 9 returning members, 7 referrals, 2 tours, 2 new members and 17 members went to an inactive status.

**Direct Expense/Gross Patient Revenue:** The result for June is 150.3% and YTD result is 79.0%. Expenses are being managed and are under budget. Revenue is lower than target. Actions are in place to increase attendance and active members per month to increase revenue.

**Net Income:** The result for June is (\$13,941) and YTD result is (\$4,257). Expenses are being managed and are under budget. Revenue is lower than target. Actions are in place to increase attendance and active members per month to increase revenue.

❖ **Crisis & Emergency Services**

**Vacancy:** The vacancy rate for Crisis Services in June was 10.7%. The transport position opened, as the transport worker is finishing her bachelor's degree soon and accepted a Crisis Professional position. Two Crisis Professionals were terminated in June for not meeting NCHC Core Values in their treatment of a client struggling with alcohol addiction and failing to document their contact with the client. One Master's level Crisis Professional is orienting and doing well. An offer is being extended to a bachelor's level candidate interviewed in early July.

**Turnover:** This rate of 7.7% for June reflects the two employee terminations. Current projects to increase staff support include implementation of targeted supervision topics monthly and re-designed staff 1:1 format to promote increased support and professional growth.

**Patient Experience:** The Crisis program had no survey returns in June. This occurs more months that not and is largely due to the information being sent out post-encounter, due to the nature of the encounter given we wouldn't ask for feedback during or immediately after a mental health crisis. Cerner implementation will encourage patient portals that could encourage increase in responses, although barriers continue to be homelessness/transience of many clients/patients preventing mailed survey success. The team will investigate whether there could be follow-up via phone/in-person encouragement down the road with linkage & follow-up.

**Percentage of Crisis Assessments with Documented Linkage and follow up within 24 hours:** This rate was 47.3% in June, not meeting target. However, the Clinical Coordinator and BHS Acute Care Director tracked this daily throughout May to ensure follow-up call completion by the Crisis team. They were just under 100% in compliance with completing daily follow-up calls, with only two days that had some calls not made until the next morning. In investigating, what appears to be occurring is that in our protocols that the workers try again if they don't reach an individual, and with unpredictable crisis client volume, some calls are being made past the exact 24-hour mark but were in fact made. This will be investigated more thoroughly to determine if modifications need to be made on the data capturing end, or the crisis process end. We have implemented the daily auditing, however, need to modify the process additionally to determine if there is a way to still ensure call completion during high client volume times.

**Net Income:** Net income for the Crisis program was (\$31,034). Overtime and call time account for \$7500 of the loss, largely accounting for the loss past the budgeted Net Income of (\$21,482).

❖ **Adult Day Services**

**Net Income:** May experienced a loss of (\$46,290) in large part due to continued challenges with attendance. We have seen almost full membership return but rates of participation are down almost 50 percent due to Covid-19 distancing restrictions. We are implementing physical barriers and adjusting procedures to increase the number of members allowed at a time.

❖ **MVCC**

**Patient Experience:** Our net promotor score in June was below our 55-61 target at 40.0. The unfavorable comments are related to environmental factors such as noise level and shared bathrooms. This will improve with our transition to the new tower in September. Activities has been an area that has scored lower as well. We recently started facilitating small group activities and will be starting up community outings again which should help improve the satisfaction scores.

**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**

**Same Day Cancellation and No-Show Rate:** The result for June was 18.4% with the YTD result of 17.3%. After a spike in May, the rate is coming back down but remains outside the target. We will continue to follow the no show policy and monitor to ensure we can get back within the target range on a consistent basis.

**OWI Recidivism Rate:** The result for June is 21.4% and YTD result is 12.7%. This will be monitored to determine if the spike is a seasonal increase or if there are other factors. The YTD result continues to exceed the target.

**Net Income:** The result for June is (\$53,700) and YTD result is \$115. Expenses are being managed and are under budget. Revenue is lower than target. The training leading to Cerner Go Live and implementation as well as decreased productivity due to learning a new system have had a negative impact on productivity.

❖ **Pine Crest**

**Turnover:** Turnover trended slightly upward month over month with an experienced rate of 3.2% on a targeted range of 1.7% - 1.9%. Four positions termed; two hospitality assistants leaving to pursue opportunities outside of health care, one C.N.A. to pursue a role as medical assistant (MA), and one occasional C.N.A. who has not picked up in several months. We do anticipate hiring back the C.N.A. who pursued an opportunity as a MA, as they appreciate the environment at Pine Crest as compared to their new employer. Continued progress has been experienced in C.N.A. recruitment efforts as we work to fill the remaining vacancies.

**Patient Experience:** Eleven survey responses were received during the month with a resulting net promoter score of 45.5 on a target of 55-61. No significant concerns were identified in the survey findings. One continued concern continues to be food service, which has been consistent throughout the pandemic due to reliance on room trays. Program will continue to audit room trays to ensure for appropriate appearance, taste, and temperature.

**Nursing Home Readmission Rate:** Rates trended slightly up for the month of June with an experienced rate of 14.3% on a range of 10%-12%. Four transfers occurred during the month with none being identified as preventable. Rehospitalizations continue to be assessed monthly to identify areas of opportunity for improvement.

**Nursing Home Quality Star Rating:** The quality star rating remained unchanged month over month, being at a 3 star. 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. Next star rating update will occur in late July.

**Net Income:** The program experienced a loss of (\$135,139) for the month of June. This can be largely attributed to census below target of 100 due to continued impacts of Covid-19 and limited admissions.

❖ **River View Terrace (RCAC):**

**Vacancy:** Turnover for June was high with low applicant pools. Wage bands have been adjusted and posted externally increasing applicant flow.

**Turnover:** Like vacancy rate, high turnover resulted from increased wages throughout our community and low unemployment rates. We have adjusted pay bands and implemented action plans to address staff issues and concerns including monthly staff meetings.

❖ **Supported Apartments**

**Vacancy:** Low applicant pools continue because of a state and local workforce shortage. Media campaigns have been launched to improve applicant flow.

**Turnover:** Individual apartment meetings have been set up to discuss with staff opportunities to stay with the organization and improve employee satisfaction. Results from these meetings will begin in July and August with expected impact in September.

**Net Income:** May experienced a loss of (\$49,633) which was off target. Apartment vacancies in Jelinek and Forest/Jackson continue to impact net income with lost revenue. Forest/Jackson is projected to continue to decline while environmental issues are addressed.

❖ **Youth Community Treatment:**

**Patient Experience:** There were no returned surveys for the month of June so there is no result. The YTD result remains above target at 93.3. We continue to hand out surveys and encourage consumers to complete the surveys.

**Direct Expense/Gross Patient Revenue:** The result for June is 90.2% and YTD result is 71.8%. Expenses are being managed and are under budget. Revenue is lower than target. The training leading to Cerner Go Live and implementation as well as decreased productivity due to learning a new system have had a negative impact on productivity.

**Net Income:** The result for June is (\$98,339) and YTD result is \$69,239. Expenses are being managed and are under budget. Revenue is lower than target. The training leading to Cerner Go Live and implementation as well as decreased productivity due to learning a new system have had a negative impact on productivity.

❖ **Youth Crisis Stabilization Facility:**

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

❖ **Youth Psychiatric Hospital:**

**Vacancy:** Youth Hospital's vacancy rate in June was 14.3%. This is a result of open nurse and CAN positions. There is a .9 FTE and .3 FTE nurse positions and a .3 CNA position vacant. Internal moves into these positions did not go as planned in June leaving positions open. The Youth Acute Care director position is also posted and recruitment efforts are underway.

**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. June's average daily census was the lowest to date at 2.9. To increase average census further, we are pursuing and two specific actions. We are working towards accepting youth ages 12-17 versus 13-17. A plan for this has been established and expected to begin in August. 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 an invitation to enter into an agreement has been sent to neighboring counties.



North Central Health Care  
Income Statement  
For the Period Ending June 30, 2021

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Direct Revenues</b>								
Patient Gross Revenues	6,642,108	8,227,158	(1,585,050)	-19.3%	41,955,011	49,551,973	(7,596,962)	-15.3%
Patient Contractual Adjustments	(2,530,659)	(2,887,063)	356,405	-12.3%	(15,095,992)	(17,389,820)	2,293,828	-13.2%
Net Patient Revenue	4,111,450	5,340,095	(1,228,645)	-23.0%	26,859,019	32,162,153	(5,303,134)	-16.5%
County Revenue	427,764	427,764	-	0.0%	2,566,585	2,566,585	-	0.0%
Contracted Service Revenue	91,698	100,823	(9,125)	-9.1%	623,009	616,199	6,810	1.1%
Grant Revenues and Contractuals	223,553	333,635	(110,082)	-33.0%	1,702,427	2,002,545	(300,118)	-15.0%
Appropriations	502,687	502,687	-	0.0%	3,016,122	3,016,122	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	1,993,485	552,481	1,441,004	260.8%	4,547,213	3,316,388	1,230,824	37.1%
Total Direct Revenue	7,350,637	7,257,486	93,151	1.3%	39,341,125	43,679,992	(4,338,867)	-9.9%
<b>Indirect Revenues</b>								
County Revenue	170,209	171,802	(1,593)	-0.9%	1,021,252	1,030,811	(9,559)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	13,500	18,000	(4,500)	-25.0%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	20,132	36,567	(16,435)	-44.9%	204,500	270,420	(65,920)	-24.4%
Allocated Revenue	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Revenue	181,193	211,369	(30,176)	-14.3%	1,256,854	1,319,231	(62,378)	-4.7%
Total Operating Revenue	7,531,830	7,468,854	62,975	0.8%	40,597,978	44,999,223	(4,401,245)	-9.8%
<b>Direct Expenses</b>								
Personnel Expenses	3,382,715	3,494,627	111,913	3.2%	19,459,185	20,557,084	1,097,900	5.3%
Contracted Services Expenses	1,015,925	905,358	(110,566)	-12.2%	5,138,601	5,388,584	249,983	4.6%
Supplies Expenses	60,623	56,311	(4,312)	-7.7%	415,288	347,936	(67,352)	-19.4%
Drugs Expenses	487,857	453,337	(34,519)	-7.6%	3,049,856	3,114,382	64,526	2.1%
Program Expenses	64,778	73,300	8,522	11.6%	409,056	436,597	27,541	6.3%
Land & Facility Expenses	69,701	71,083	1,382	1.9%	402,485	421,695	19,210	4.6%
Equipment & Vehicle Expenses	55,207	62,803	7,596	12.1%	305,433	410,279	104,846	25.6%
Diversions Expenses	28,925	79,500	50,575	63.6%	819,893	477,000	(342,893)	-71.9%
Other Operating Expenses	157,445	171,980	14,535	8.5%	971,264	1,043,643	72,379	6.9%
Total Direct Expenses	5,323,176	5,368,300	45,124	0.8%	30,971,061	32,197,200	1,226,139	3.8%
<b>Indirect Expenses</b>								
Personnel Expenses	1,183,415	1,162,944	(20,471)	-1.8%	6,539,313	6,844,784	305,471	4.5%
Contracted Services Expenses	6,600	3,500	(3,100)	-88.6%	56,228	21,000	(35,228)	-167.8%
Supplies Expenses	73,308	98,090	24,782	25.3%	424,955	511,742	86,787	17.0%
Drugs Expenses	492	-	(492)	0.0%	2,297	-	(2,297)	0.0%
Program Expenses	20,464	15,663	(4,801)	-30.7%	139,527	128,256	(11,272)	-8.8%
Land & Facility Expenses	294,855	270,139	(24,716)	-9.1%	1,978,834	1,623,131	(355,703)	-21.9%
Equipment & Vehicle Expenses	98,337	88,227	(10,111)	-11.5%	636,765	550,697	(86,069)	-15.6%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	477,111	565,983	88,872	15.7%	2,004,388	3,104,094	1,099,706	35.4%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	2,154,582	2,204,546	49,964	2.3%	11,782,307	12,783,703	1,001,396	7.8%
Total Operating Expenses	7,477,758	7,572,846	95,088	1.3%	42,753,367	44,980,903	2,227,535	5.0%
<b>Metrics</b>								
Indirect Expenses/Direct Expenses	40.5%	41.1%			38.0%	39.7%		
Direct Expense/Gross Patient Revenue	80.1%	65.3%			73.8%	65.0%		
<b>Non-Operating Income/Expense</b>								
Interest Income/Expense	(24,209)	(30,833)	6,624	-21.5%	(49,095)	(185,000)	135,905	-73.5%
Donations Income	(2,176)	-	(2,176)	0.0%	(28,752)	-	(28,752)	0.0%
Other Non-Operating	-	-	-	0.0%	(20,091)	-	(20,091)	0.0%
Total Non-Operating	(26,385)	(30,833)	4,449	-14.4%	(97,938)	(185,000)	87,062	-47.1%
<b>Net Income (Loss)</b>	80,457	(73,159)	153,615	-210.0%	(2,057,451)	203,320	(2,260,771)	-1111.9%
<i>Net Income</i>	1.1%	-1.0%			-5.1%	0.5%		

North Central Health Care  
Programs by Service Line  
For the Period Ending June 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	3,190,678	3,426,553	(235,875)	3,898,852	4,074,185	175,333	(708,174)	(60,542)
Adult Crisis Stabilization Facility	511,612	737,170	(225,558)	566,491	523,257	(43,233)	(54,878)	(268,791)
Lakeside Recovery MMT	60,697	506,417	(445,720)	66,022	530,040	464,018	(5,325)	18,298
Youth Behavioral Health Hospital	826,029	1,076,000	(249,971)	1,221,379	1,500,444	279,065	(395,351)	29,094
Youth Crisis Stabilization Facility	183,404	380,788	(197,385)	262,232	505,621	243,389	(78,829)	46,004
Crisis Services	1,439,821	1,522,714	(82,894)	1,534,201	1,609,316	75,115	(94,381)	(7,779)
Psychiatry Residency	139,272	226,960	(87,689)	209,495	140,211	(69,284)	(70,224)	(156,973)
	6,351,512	7,876,604	(1,525,092)	7,758,672	8,883,074	1,124,402	(1,407,160)	(400,689)
COMMUNITY SERVICES								
Outpatient Services (Marathon)	2,256,026	2,100,182	155,845	2,464,601	1,945,824	(518,777)	(208,575)	(362,932)
Outpatient Services (Lincoln)	542,808	658,683	(115,876)	398,398	547,281	148,884	144,410	33,008
Outpatient Services (Langlade)	417,029	944,337	(527,309)	352,174	1,280,069	927,895	64,855	400,587
Community Treatment Adult (Marathon)	2,407,209	2,636,633	(229,424)	2,116,631	2,441,251	324,619	290,578	95,195
Community Treatment Adult (Lincoln)	519,731	516,138	3,592	393,228	406,470	13,242	126,502	16,834
Community Treatment Adult (Langlade)	311,790	337,344	(25,554)	232,189	282,546	50,357	79,601	24,803
Community Treatment Youth (Marathon)	2,645,409	2,833,211	(187,802)	2,522,450	2,612,469	90,019	122,960	(97,782)
Community Treatment Youth (Lincoln)	834,595	1,303,914	(469,319)	681,864	939,867	258,003	152,731	(211,316)
Community Treatment Youth (Langlade)	719,568	878,983	(159,415)	579,827	690,911	111,084	139,741	(48,331)
Community Corner Clubhouse	120,744	149,031	(28,287)	146,287	160,524	14,237	(25,543)	(14,050)
	10,774,908	12,358,456	(1,583,549)	9,887,649	11,307,212	1,419,563	887,259	(163,985)
COMMUNITY LIVING								
Adult Day Services (Marathon)	286,677	398,650	(111,974)	274,992	298,379	23,387	11,685	(88,587)
Prevocational Services (Marathon)	231,021	265,917	(34,896)	321,653	404,732	83,079	(90,633)	48,183
Lincoln Industries	300,857	636,199	(335,343)	489,444	670,022	180,578	(188,587)	(154,765)
Day Services (Langlade)	123,228	148,145	(24,917)	173,847	157,513	(16,334)	(50,618)	(41,251)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	253,611	260,009	(6,398)	218,654	205,584	(13,069)	34,958	(19,467)
Chadwick Group Home	274,533	319,053	(44,520)	232,380	242,123	9,743	42,153	(34,777)
Bissell Street Group Home	286,494	281,406	5,088	203,683	227,763	24,079	82,810	29,167
Heather Street Group Home	212,614	227,583	(14,968)	221,666	208,034	(13,631)	(9,051)	(28,600)
Jelinek Apartments	346,242	390,610	(44,369)	348,293	356,444	8,151	(2,052)	(36,218)
River View Apartments	332,278	330,284	1,995	304,995	273,757	(31,237)	27,284	(29,242)
Forest Street Apartments	60,820	175,225	(114,406)	230,814	236,792	5,978	(169,995)	(108,428)
Fulton Street Apartments	108,672	125,605	(16,933)	188,749	142,765	(45,983)	(80,076)	(62,916)
Riverview Terrace	178,140	179,277	(1,137)	144,579	173,925	29,346	33,561	28,209
Hope House (Sober Living Marathon)	3,321	3,131	190	33,375	25,032	(8,343)	(30,054)	(8,153)
Homelessness Initiative	10,235	277	9,958	9,897	3,310	(6,588)	338	3,371
Sober Living (Langlade)	30,680	25,857	4,822	46,584	64,289	17,705	(15,904)	22,527
	3,039,422	3,767,229	(727,807)	3,443,605	3,690,465	246,860	(404,183)	(480,946)
NURSING HOMES								
Mount View Care Center	9,413,150	9,473,300	(60,150)	9,790,741	9,057,998	(732,743)	(377,591)	(792,893)
Pine Crest Nursing Home	5,862,797	5,573,247	289,550	6,776,858	6,151,310	(625,548)	(914,061)	(335,998)
	15,275,947	15,046,547	229,400	16,567,599	15,209,307	1,358,291	(1,291,652)	1,587,691
Pharmacy	3,855,115	4,354,604	(499,489)	3,497,162	4,195,240	698,078	357,953	198,589
OTHER PROGRAMS								
Aquatic Services	509,468	754,969	(245,502)	607,464	614,207	6,744	(97,996)	(238,758)
Birth To Three	287,592	384,198	(96,606)	391,803	384,198	(7,605)	(104,212)	(104,212)
Adult Protective Services	397,303	403,165	(5,862)	439,019	505,169	66,150	(41,716)	60,288
Demand Transportation	184,560	238,450	(53,890)	141,824	192,029	50,205	42,736	(3,685)
	1,378,923	1,780,783	(401,860)	1,580,110	1,695,604	115,493	(201,187)	(286,367)
Total NCHC Service Programs	40,675,826	45,184,223	(4,508,397)	42,733,276	44,980,903	2,247,626	(2,057,451)	(2,260,771)

North Central Health Care  
Fund Balance Review  
For the Period Ending June 30, 2021

	Marathon	Langlade	Lincoln	Total
Total Operating Expenses, Year-to-Date	30,323,949	2,382,421	10,028,427	42,734,797
General Fund Balance Targets				
Minimum (20% Operating Expenses)	6,064,790	476,484	2,005,685	8,546,959
Maximum (35% Operating Expenses)	10,613,382	833,847	3,509,949	14,957,179
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	6,314,790	726,484	2,255,685	9,296,959
Maximum Target	10,863,382	1,083,847	3,759,949	15,707,179
Total Net Position at Period End	29,201,644	2,331,878	9,142,132	40,675,654
Fund Balance Above/(Below)				
Minimum Target	22,886,854	1,605,394	6,886,447	31,378,694
Maximum Target	18,338,262	1,248,031	5,382,183	24,968,475
<i>County Percent of Total Net Position</i>	<i>71.8%</i>	<i>5.7%</i>	<i>22.5%</i>	
Share of Invested Cash Reserves	7,270,715	580,598	2,276,236	10,127,549
<i>Days Invested Cash on Hand</i>	<i>44</i>	<i>44</i>	<i>41</i>	<i>43</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	14,954,276	1,174,892	4,945,526	21,074,694
Invested Cash Reserves Above/(Below) Target	(7,683,562)	(594,294)	(2,669,290)	(10,947,146)

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 are in place. The updated base Lease Agreement for Marathon County is near finalization. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute report completion and community engagement will continue to be on hold into 2021 due to COVID-19.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted Diversity, Equity, and Inclusion Plan	An internal employee directed committee will be formed to develop recommendations and a plan to the Board in 2021.	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	CEO is working to setup quarterly stakeholder meetings with each of the three county partners to provide program updates and seek feedback on service needs.	Open												
CEO Appraisal	Executive Committee	Jan-21	Executive Committee reviews appraisal with CEO		Closed												
Annual Report	Board	Mar-21	Annual Report released and presentations made to County Boards		Open												
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April	Completed June 24	Closed												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board	Completed June 24	Closed												
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	Completed June 24	Closed												
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	Completed June 24	Closed												
Recommend Annual Budget to Counties	Board	May-21	Budget recommendation to the Counties by October 1st	The draft budget will be presented to the NCHC Board at the October 28 meeting. Recommendations to Counties to occur following that meeting.	Open												
Annual Review of Board End Statements	Board	May-21	Adoption of End Statements with any modifications by June 1st	Completed June 24	Closed												
Selection of Independent Certified Public Accounting Firm	Executive Committee	May-21	Engagement Letter approved by Executive Committee by October 1st		Open												
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	Scheduled for the October 28 Board meeting	Open												
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September Board meeting	Scheduled for the October 28 Board meeting	Open												
Review and Approve Board Development and Recruitment Plan	Governance Committee	Aug-21	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	Scheduled for the October 28 Board meeting	Open												

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 Performance Standards	Executive Committee	Sep-21	Adopt Annual Performance Standards		Open												
Approve Annual Quality and Safety Plan	Board	Oct-21	Approve plan in December	Scheduled for the December 16 meeting	Open												
Review CEO Succession Plan	Board	Oct-21	Review and update CEO succession plan	Scheduled for the December 16 meeting	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-21	Approve CEO Compensation Plan for the upcoming year by December		Open												
Approve Utilization Review Plan	Board	Nov-21	Approve plan in December	Scheduled for the December 16 meeting	Open												
Board Development Plan and Calendar	Governance Committee	Nov-21	Approve Board Development Plan and Calendar for the upcoming year at the December meeting		Open												