



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, September 24, 2020 at 3:00 pm
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Meeting number (access code): 1-408-418-9388 Access Code: 146 637 5023 Passcode: 1234

Our Mission

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and skilled nursing needs.

AGENDA

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
(Limited to 15 Minutes)
4. PATIENT IN THE BOARD ROOM (5 Minutes)
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the August 27, 2020 NCCSP Board Minutes*
 - B. Policy Governance Monitoring Reports
 - i. ACTION: *Motion to Accept the Dashboards and Executive Summary*
 - ii. Information Services Executive Report

C. ACTION: *Motion to Approve the Recommendation of the Medical Executive Committee to Approve Medical Staff Privileges for Dia Arpon, M.D., Dileep Borra, M.D., Debra Knapp, APNP, George S. Manatt, M.D., Gbolahan D. Oyinloye, M.D., Brian Smith, M.D., Gabriel Ticho, M.D.*

D. Board Policies

i. Distribution of Policy Index and Board Policies

6. BOARD EDUCATION

A. Diversity, Equity, and inclusion: Perspective and Opportunities for Engagement with the Hmong Community (15 Minutes) – Mai Ger Moua and Chue Xiong

7. BOARD DISCUSSION AND ACTION

A. ACTION: *Motion to Recommend the 2021 Budget for Adoption* (20 Minutes) - J. Meschke

B. CEO Report and Board Work Plan (5 Minutes) – M. Loy

C. ACTION: *Motion to Accept the August Financial Statements* (5 Minutes) – J. Meschke

D. Chief Medical Officer’s Executive Report (5 Minutes) – R. Gouthro

E. Chief Nursing Officer’s Executive Report (5 Minutes) – J. Bracken

F. Operational Plan Update (5 Minutes) – J. Nickel

G. EDUCATION: Governance Effectiveness Survey Results (5 Minutes) – J. Zriny

H. ACTION: *Approval of the Policy Governance Manual* (15 Minutes) – J. Zriny

I. EDUCATION: Board Competency Self-Evaluation Results (5 Minutes) – J. Zriny

J. Review of Board Calendar for 2020-2021 (5 Minutes) – J. Zriny

8. MOTION TO MOVE INTO CLOSED SESSION

A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* – J. Peaslee

9. RECONVENE TO OPEN SESSION AND REPORT OUT ON POSSIBLE ACTION ON CLOSED SESSION ITEM(S)

10. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

11. BOARD EXPERIENCE OPTIMIZER

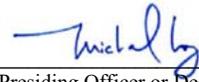
12. ADJOURN

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO:

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

DATE: 09/18/2020 TIME: 4:00 PM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

August 28, 2020

3:00 p.m.

Wausau Board Room

Present via conference phone (due to Covid19)

X	Eric Anderson	X	Randy Balk	X	Ben Bliven
X	John Breske	X	Kurt Gibbs	X	Jason Hake
X	Lance Leonhard	X	Robin Stowe	X	Gabe Ticho
X	Pat Voermans	X	Romey Wagner	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

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

Guests: Stephany Tatro, Lori L.

Call to Order

- Meeting was called to order at 3:01 p.m.

Chairman's Announcements

- Romey Wagner was thanked for his service on the Board and to the community.
 - R. Wagner expressed how he has appreciated each member of the Board, all the work that has been done and that will continue to be done, with the importance to take care of those who can't take care of themselves.

Public Comment for Matters Appearing on the Agenda

- None

Patient in the Board Room

- Stephanie Tatro, Community Treatment Case Manager introduced Lori, an individual who has received services from North Central Health Care (NCHC). Lori shared her experiences and those of some family members about services received from NCHC such as Community Treatment, Community Corner Clubhouse, Relapse Prevention, Counseling, Psychiatry, nursing home care, all over the past 12+ years. NCHC has been a comfort to her and her family and she mentioned how appreciative she is for all NCHC has done for her and her family.

Consent Agenda and Monitoring Reports

- **Motion**/second, Anderson/Bliven, to approve the Consent Agenda and Monitoring Reports. Motion carried.

Board Discussion and Action

- Approve Slate of Nominations of NCCSP Board Officers
 - Due to the resignation of Romey Wagner who was the Chair-Elect, the Governance Committee is recommending the following slate of Board Officers: Eric Anderson as Chair-Elect and Kurt Gibbs as Secretary/Treasurer.
 - The Board Members were asked if there were other members they would like to nominate; no additional nominations were made.
 - **Motion**/second, Leonhard/Wagner, to approve the slate of officers as presented. Motion carried.

- Election of NCCSP Board Officers
 - **Motion**/second, Leonhard/Hake, to approve the recommended slate of nominations for NCCSP Board Officers and elect Eric Anderson as Chair-Elect and Kurt Gibbs as Secretary/Treasurer. Motion carried.

- CEO Report and Work Plan – M. Loy
 - Several items were highlighted including:
 - The State has decided to withdraw their funding of \$70,000 for renovations to a site we had slated for a Youth Crisis Stabilization Facility (the former Hillcrest property). An alternative is being explored to use the current area being used for the Crisis Stabilization program as a pilot site if the State approves. This location would be a temporary location as this area of the campus is slated to be demolished in the renovations in 2022. We continue to strive to finalize by 4th quarter of this year.

- Memorandum of Agreement for the Sober Living Program in Langlade County – M. Loy
 - The Sober Living Program was a project approved in 2019 for which funding was raised, property secured, and came with a 5-year commitment. The project was suspended due to bids for construction of the property substantially exceeding budget to the standards required to operate the program as a CBRF.
 - Langlade County has committed to do the construction themselves rather than hire a contractor, will manage the project, and deliver the site according to specifications outlined in the bidding documents. The project is back on line to the original intent.
 - NCHC should be able to operate the program for 5 years with a goal to scale the continuum of care with other programs and services around recovery in the community. All is subject to grant funding; NCHC could pull out if there is no additional funding or the County rescinds the financial commitment.
 - **Motion**/second, Stowe/Ticho, to approve the Memorandum of Agreement for the Sober Living Program in Langlade County. Motion carried.

- Financial Report – J. Meschke
 - A financial review was provided. New to the report are annotations in the summary which references the income statement and a new line item for Cares Act funds.
 - Additional Cares Act payment, slightly under \$500,000, was received today for both nursing facilities.
 - **Motion**/second, Hake/Ticho, to approve the July Financial Statements. Motion carried.

- Chief Medical Officer Update on Quality Improvement – R. Gouthro, M.D.
 - Currently seeing a trend of increasing suicides; speculations are that we are facing a post-Covid suicide epidemic. Deaths have increased (doubled). CDC released a report on 8/14 that 10.7% of respondents seriously considered suicide in the 30 days prior to survey; significantly higher than 2018 responses over a prior 12 month period.
 - Culture of Safety needs to be created to be successful. Our organization needs to be exceptionally competent in: education, evaluation, and intervention.
 - Our goal is for NCHC to be a leader in the region for mental health services and education, and work closely with the Medical College of Wisconsin and others in developing these competencies.

- Chief Nursing Officer's Executive Report – J. Bracken
 - Much energy has been spent creating a nursing services department, a framework to move forward (over 40% of workforce are direct care staff); to build bridges and create relationships.
 - A mission statement was developed which includes staff using core values of nursing practice i.e. integrity, diversity, and clinical excellence.
 - Nursing leadership structure is being solidified.
 - Behavioral Health Services will be a great focus i.e. leadership structure will have support in place including a Director of Nursing for all BHS and work with other operational leaders.
 - Developing a culture of lifelong learning i.e. education program.
 - Improving the quality program, enhancing hand hygiene program, updating and developing policies and procedures, etc.

- Operational Plan Update – J. Nickel
 - Highlights of the 2020 Operational Plan were provided. Executive Management Team will be evaluating the 2021 Operational Plan.
 - Youth Hospital facility completion expected in the next month followed by completion of the Crisis Stabilization facility.
 - Key initiatives of High Performance Culture are being brought to the forefront again after being put on hold at the onset of the 2020 health pandemic.
 - Recruitment for Safety and Security Officers is under way.

- Update on the Campus Renovations and Financial Modeling – M. Loy
 - A review of the initial Master Facility Plan was provided including how we will service the debt. More detail to revenues and expenses will be provided as we operationalize and have actuals.
 - Dr. Ticho suggested that it may be confusing to understand the difference between Crisis Stabilization and the Crisis Center and suggested it may make sense to consider a name change.

- Discussion and Possible Action on Strategic Initiatives
 - Leading a Culture of Safety Towards Zero Harm – M. Loy
 - In June discussion was focused specifically on a commitment of the organization to put staff and patients in the best position with the goal of zero harm. Goal is for the Board to have clarity about our objectives which will help identify clear initiatives for the Board to continue to drive developing a culture of safety and zero harm.
 - Consider looking beyond our organization to see what is needed to keep our community safe and in recovery i.e. access to housing and food
 - Gathering information on what specifically impacts the suicide rate and how to change it; review national vs. community levels; obtain data to drive specific initiatives to identify themes and better address gaps and initiatives.
 - Another safety measure is overall quality of life of our clients/patients/residents.
 - Accurate measures are key to identify and address goals.

Board Calendar and Future Agenda Items - M. Loy

- September's meeting will include:
 - 2021 budget review
 - Compensation plan review discussion and considerations to fund any recommendation
 - Governance
- An email will be forwarded asking you to complete two items:
 - Self-evaluation on Board competencies (rate yourself on how you exemplify in each area)
 - A governance questionnaire about how well this group is governing

Board Experience Optimizer

- Please complete the Board Experience Optimizer and provide feedback
 - The Board Optimize has been updated with a link to the survey (1-2 minutes)
 - Your responses help make sure meetings meet your needs and expectations

Adjourn

- **Motion**/second, Bliven/Anderson, to adjourn the meeting at 4:45 p.m. Motion carried.

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2020

PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%	6.8%	6.8%					7.8%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%	85.1%					77.7%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%	89.8%	84.5%					87.4%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%	4.9%	10.9%					9.3%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%	15.8%	28.0%					12.9%	11.4%
Nursing Home Star Rating - MVCC	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★					★★★★	★★
Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★					★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02	0.66					0.77	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07	6.25					2.81	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267	226					284	320
Hospital Length of Stay - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22	5.10					5.64	5.86 Days
Hospital Length of Stay - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96	10.08					11.19	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%	18.8%	18.3%					18.8%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%	1.37%	1.31%					1.27%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%	75.4%	70.3%					71.6%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%	38.8%	39.5%					39.2%	33.5%
Average Cost Per Day	↘	\$67,000-\$70,000	\$81,197	\$82,542	\$73,304	\$94,807	\$79,437	\$75,220	\$97,104	\$79,838					\$82,519	\$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%	12.2%					1.9%	-4.5%

↗ 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.
Retention Rate	Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end. YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

SERVICE

Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score
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QUALITY

Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for 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.
Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Hospitalization Length of Stay - NCHC	Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.
Hospitalization Length of Stay - Diversions	Average length of stay for patients on out-of-county placements that have discharged in month of report.

COMMUNITY

No Show Rate	Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.
Hospitalization Rate	The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

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.
Average Cost Per Day	Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.
Net Income	Net earnings after all expenses have been deducted from revenue.

2020 - Primary Dashboard Measure List

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD
North Central Health Care	People	Vacancy Rate	↘	9.6%		7-9%	7.8%
		Retention Rate	↗	85.1%		82-84%	77.7%
	Service	Patient Experience	↗	81.0		81-83%	87.4%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	9.3%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	12.9%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.77
		Zero Harm - Employees	↘	3.60		Monitoring	2.81
		Out of County Placements	↘	320	/	220 per month	284
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	5.64
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	11.19
		Community	No Show Rate	↘	12.9%		8-10%
	Hospitalization Rate		↘	/	/	Monitoring	1.27%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	71.6%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.2%
		Average Cost Per Day	↘	\$76,395	/	\$67,000-\$70,000	\$82,519
		Net Income	↗	-4.5%	/	2-3%	1.9%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	62.5%
	Service	Patient Experience	↗	81-83%	93.7%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$652 - \$978 per month	(\$2,361)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Community Treatment	People	Vacancy Rate	↘	7-9%	2.0%
		Retention Rate	↗	82-84%	81.1%
	Service	Patient Experience	↗	81-83%	91.0%
	Quality	Zero Harm - Patients	↘	Patients	0.10
		Zero Harm - Employees	↘	Employees	2.81
	Community	Hospitalization Rate	↘	Monitoring	1.43%
	Finance	Net Income	↗	\$21,802 - \$32,703 per month	\$89,036

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Crisis & CBRF	People	Vacancy Rate	↘	7-9%	7.3%
		Retention Rate	↗	82-84%	62.5%
	Service	Patient Experience	↗	81-83%	82.9%
	Quality	Zero Harm - Patients	↘	Patients	15.77
		Zero Harm - Employees	↘	Employees	2.81
	Community	Hospitalization Rate	↘	Monitoring	2.67%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	(\$5,290)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Hospital	People	Vacancy Rate	↘	7-9%	20.0%
		Retention Rate	↗	82-84%	58.3%
	Service	Patient Experience	↗	81-83%	82.5%
	Quality	Hospital Readmission Rate	↘	10-12%	9.3%
		Zero Harm - Patients	↘	Monitoring	4.68
		Zero Harm - Employees	↘	Monitoring	2.81
		Out of County Placements	↘	220 per month	284
		Hospital Length of Stay - NCHC	↘	Monitoring	5.64
		Hospital Length of Stay - Diversions	↘	Monitoring	11.19
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	(\$170,091)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MMT	People	Vacancy Rate	↘	5-7%	8.4%
		Retention Rate	↗	82-84%	73.6%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.81
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	(\$35,501)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Outpatient	People	Vacancy Rate	↘	7-9%	9.1%
		Retention Rate	↗	82-84%	64.3%
	Service	Patient Experience	↗	81-83%	91.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.21
		Zero Harm - Employees	↘	Monitoring	2.81
	Community	No Show Rate	↘	8-10%	20.7%
		Hospitalization Rate	↘	Monitoring	0.81%
	Finance	Net Income	↗	\$5,774 - \$8,661 per month	(\$14,489)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Psychiatry	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	71.8%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.81
	Community	No Show Rate	↘	8-10%	16.3%
		Hospitalization Rate	↘	Monitoring	1.16%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	(\$35,631)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.6%
		Retention Rate	↗	82-84%	82.8%
	Service	Patient Experience	↗	81-83%	98.3%
	Quality	Zero Harm - Patients	↘	Monitoring	1.23
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	(\$29,020)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Group Homes	People	Vacancy Rate	↘	7-9%	10.3%
		Retention Rate	↗	82-84%	94.5%
	Service	Patient Experience	↗	81-83%	94.3%
	Quality	Zero Harm - Patients	↘	Monitoring	1.01
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	\$37,466

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Services	People	Vacancy Rate	↘	7-9%	12.8%
		Retention Rate	↗	82-84%	95.8%
	Service	Patient Experience	↗	81-83%	94.3%
	Quality	Zero Harm - Patients	↘	Monitoring	1.10
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	\$8,533

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	86.4%
	Service	Patient Experience	↗	81-83%	98.1%
	Quality	Zero Harm - Patients	↘	Monitoring	0.19
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	(\$3,349)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MVCC	People	Vacancy Rate	↘	7-9%	11.7%
		Retention Rate	↗	82-84%	75.4%
	Service	Patient Experience	↗	81-83%	87.8%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	11.8%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.55
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	\$159,767

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pine Crest	People	Vacancy Rate	↘	7-9%	8.1%
		Retention Rate	↗	82-84%	80.2%
	Service	Patient Experience	↗	81-83%	82.0%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	12.4%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	1.75
		Zero Harm - Employees	↘	Monitoring	2.81
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	\$102,280

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Housekeeping and Laundry	People	Vacancy Rate	↘	7-9%	7.1%
		Retention Rate	↗	82-84%	69.3%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	\$349,580

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Nutrition Services	People	Vacancy Rate	↘	7-9%	9.5%
		Retention Rate	↗	82-84%	55.2%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	\$264,589

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Business Operations	People	Vacancy Rate	↘	5-7%	1.2%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	\$72,782

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Human Resources	People	Vacancy Rate	↘	5-7%	2.1%
		Retention Rate	↗	82-84%	70.0%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	\$53,439

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Informatics	People	Vacancy Rate	↘	5-7%	4.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	\$218,326

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Marketing & Communication	People	Vacancy Rate	↘	5-7%	2.6%
		Retention Rate	↗	82-84%	75.0%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	\$28,703

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Organizational Development	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	\$34,212

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Access Services	People	Vacancy Rate	↘	5-7%	0.7%
		Retention Rate	↗	82-84%	81.3%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	\$52,081

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Financial Services	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.81	
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	\$65,421

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pharmacy	People	Vacancy Rate	↘	5-7%	1.2%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.81	
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	\$27,365

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Transportation	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.81	
	Finance	Net Income	↗	\$720 - \$1,080 per month	\$9,059



North Central Health Care

Person centered. Outcome focused.

Dashboard Executive Summary

September 2020

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for is 7.0-9.0%. We exceeded our vacancy target for the month of August at 6.8% as well as YTD at 7.8%. We continue to have strong recruitment numbers, averaging 32 hires per month. We continue to be focusing on ways to retain those who join our organization especially within the first year where turnover has increased recently.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. We were tracking towards a 77.7% YTD rate which remains below target. We continue to develop initiatives to increase retention and have brought these strategies to our Management Team to implement. With a diminished ability to have our normal engagement with new employees, we are seeing higher than normal first year turnover rate increases. Employee pulse surveys are a tool to find out engagement level and health of our workforce, we completed our third pulse survey in early September with plans to compare the results to our July survey to track progress and trending data.

Service

❖ **Patient Experience**

NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. For the month of August, we exceeded our target at 84.5% bringing us to YTD at 87.4%. Despite exceeding our target for the eighth consecutive month, August was the lowest month since January. This is due to lower than usual scores in our Outpatient programs where the greatest decreases in scores were in the areas of access and of their primary therapist which are being addressed by program leadership. Further, we are seeing lower ratings in our nursing homes due to operational and policy changes related to Covid-19.

Quality

❖ **Hospital Readmission Rate**

The Readmission Rate is a 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 month of August, we met our target at 10.9%. Overall year to date, hospital readmissions are exceeding the target range at 9.3%. Despite meeting the target, this month we did see an increase from the previous month of 4.9% due to fluctuations with higher readmissions related to increased stress as a result of the ongoing pandemic as well as seeing an increase in new clients presenting to NCHC.

❖ **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 August between the two facilities was a readmission rate of 28% and year to date we are within target with a 12.9% readmission rate. This increase was more of a relative outcome change versus an increase in total number of readmissions. Readmission rate performance in August was driven by our low volumes due to the Covid outbreak in our rehab unit in Mount View Care Center and lower overall rehab census at Pine Crest.

❖ **Nursing Home Star Rating - MVCC**

We have a target of 4 Stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current rating is a 3 star as of August. Due to new Covid-19 guidelines, CMS and the State of Wisconsin have suspended many sections of the 5 star report which affects our ability to impact this rating until the moratorium is lifted. Mount View remains in its annual certification window and with normal survey activities resuming, we expect to have our annual survey soon.

❖ **Nursing Home Star Rating – Pine Crest**

Pine Crest continues to be rated as an overall 3 star facility. The quality metric domain resides at a 4 star rating. We are not anticipating an increase to the overall star rating for the remainder of the year.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization meaning that we do not set a target and instead watch for trending. 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 August, our rate was at 0.66, down from the previous month of 1.02 leading to a year to date rate of 0.77. The performance YTD is not as strong as 2019 outcomes. We are monitoring our falls and continuing with suicide prevention as these occurrences remain the primary driver of this rate.

❖ **Zero Harm – Employees**

Year to date we are averaging 2.81 as our harm rate which is an improvement when compared to 2019 where we averaged a 3.60 harm rate. We are also developing a new employee injury and illness reporting tool in SafetyZone that will continue to aide in early identification and intervention opportunities.

❖ **Out of County Placements**

We continue to move close to the target of 220 diversion days per month. This is a vast improvement, and we expect it to improve further with the opening of the Youth Hospital. Cases that continue to be diverted to outside facilities, and may continue to have this need, are Gero-psychiatric cases which we have identified opportunity in this process and have begun working toward solutions. We have 3 current complex cases that may negatively impact September's Out of County Placement days.

❖ **Hospital Length of Stay – NCHC**

Overall, the Hospital Length of Stay at NCHC is reasonable at 5.64 days YTD, which is in line with 2019 and an appropriate length of stay for inpatient level of stabilization. August's rate was 5.10 days, down from 5.22 days in July.

❖ **Hospital Length of Stay – Diversions**

This month, we saw an increase from an average of 7.45 in 2019, to an average of 11.19 YTD. This has been primarily affected by two factors: one individual's stay at Trempealeau was over 6 months long (complex case w/history of multiple suicide attempts; step-down placement issues); several cases (discussed in Out of County Placements outcome above) requiring lengthy stays at Winnebago and Mendota due to geriatric psychiatry care needs and delay in Protective Placements. These issues will be addressed by a team tasked with improving the care and efficiency of service provision for these cases.

Community

❖ **No-Show Rate (OP/Psychiatry)**

The No-Show Rate is reflective of the average daily same day cancellation and no-show rate for outpatient counseling and psychiatry patients. The target established for 2020 is 8-10%. August's rate was 18.3% leading to an YTD rate of 18.8%. A policy and procedure was implemented in July to allow for alternate service options for clients who repetitively do not show for their scheduled appointments and we have begun the Open Access Clinic which accepted its first patient on 7/20/20. There are thirteen clients that are currently being served through Open Access.

❖ **Hospitalization Rate**

Hospitalization Rate is a new monitoring measure for 2020 which measures the percentage of active patients of any mental health service who are hospitalized for psychiatric needs within the current month, divided by all active patients for those services. August's monitoring outcome was 1.31% which is down slightly from the previous month of 1.37% leading to overall rate of 1.27%.

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is essentially a productivity/efficiency measure. The 2020 target is 60- 62%. This measure for August is 70.3%. This outcome is not within target range. The primary driver for the unfavorable result is gross revenue being well under budget due to Covid related volume changes.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for August is 39.5%, which is favorable to the target. Support areas continue to stay below the budget targets on an expense basis.

❖ **Average Cost Per Day**

The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impact this outcome when expense reductions don't follow to the same degree. The target is \$67,000-\$70,000 per day. For August, the average cost per day outcome is \$79,838 which highlights an operational inefficiency. This has decreased from July driven by contracted providers and staff and diversion expenses being less than the prior month. This measure is unfavorable year-to-date as billed revenue has not kept pace with expenses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3% and year to date we are at 1.9%. For August the measure is 12.2%. August receipt of CARES Act funding and Certified Public Expenditures funding is driving the August favorability.

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 2020 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.

Human Service Operations

❖ Clubhouse:

- Retention Rate: Target is 82-84% - Clubhouse remains at 75% for August and is now at 62.5% YTD. Clubhouse functions with three staff, a manager and two unit based staff. Clubhouse member participation remained steady with average daily attendance at 18 down slightly from 20 the previous month. Clubhouse has one vacant position. Although this position is vacant, it is unlikely we will need to fill it the remainder of this year based on our participation numbers and member needs.
- Net Income: YTD, Clubhouse revenue continues to be below target. The target is \$652 to \$978 with the current month deficit at \$501. Although this is below target range for the month, for the year we remain at a deficit YTD of \$2,361. Participation has been steady despite COVID-19. Primary member participants continue to be non-CCS clients and therefore not billable. Clubhouse received 7 referrals, had 6 tours, and 6 returning members for the month of August. Active membership is 113, up from 107 in July. Staff has weekly contacts with Community Treatment, Inpatient staff, Therapists, and the CBRF to advocate for clients who need our services.

❖ Crisis & CBRF

- Retention Rate: In July & August, we had two resignations that contributed to this outcome. In response, a new schedule has been implemented to allow longer shifts with more days off to adequately cover staffing needs. In addition, weekly emails are being sent in response to staff requests for more communication and continued positive feedback.

❖ Hospital

- Retention Rate: For August, we did not achieve the target for this measure due to scheduling concerns with shifts, weekends and our patient population requiring individuals who have the desire to do this type of work. This makes team culture, workflow efficiency, and staff support extremely important in retaining those who do choose to do this line of work. We continue to work with nurses to define areas of improvement that will improve job satisfaction. In addition, we are recruiting for a Director of Nursing to increase nursing support and begin to tackle workflow inefficiencies, staff education and staff support.
- Vacancy Rate: Our Substance Abuse Counselor (SAC) position remains open, and one Nurse retired due to the high demand of the position. Recruitment for the Inpatient SAC/Crisis Social Worker will begin in the month of September. Our Inpatient Nurse Manager has started to take on nursing students which will provide a flow of on the job trials resulting in a steady recruitment pool in the future.
- Out of County Placements: This is referenced above in NCHC's organizational dashboard results overview.

- Net Income: Hospital census has been slightly higher for the month of August as compared to July as we continue to develop and implement strategies surrounding rooming of COVID results-pending patients. Despite this, our census remains below our target of 15. Expense management is our biggest opportunity as we continue to adjust staffing based on census when appropriate, however patients needing 1:1 and patients with high levels of aggression have prevented this at times, as safety is a priority.
- ❖ **Medically Monitored Treatment (MMT)**
- The Medically Monitored Treatment program has been temporarily suspended due to Covid. The data being reported is prior to or as lag due the temporary suspension.
- ❖ **Outpatient**
- Retention Rate: The 64.3% outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. We continue to use the Employee Pulse Survey results to inform opportunities to support employee engagement.
 - No Show Rate: The target is 8-10%, with August being 19.8% and YTD being 20.7%. The no show rate has slowly decreased since June. Starting in April we are able to separate the no show data for therapy and psychiatry which provides more specific data. The data shows that therapy has a higher no show rate than psychiatry. A No Show policy and procedure was implemented on 7/20/20. It is anticipated that the no show rate will continue to decline with the implementation of the no show policy.
 - Net Income: The target is \$5,774-\$8,661, with July being (\$18,794). YTD remains below target. Expenses are being managed, but revenue is below target. The impact of no shows continues to have a negative impact on revenue. The implementation of the enhanced No Show policy is anticipated to have a positive impact on managing resources; a second factor that is impacting soft revenue in both July and August is employees taking more vacation time.
- ❖ **Psychiatry**
- Patient Experience: The target is 81-83%, with August being 67.9%. There is a low return rate of surveys specific to psychiatry services. This is believed to be a factor in high fluctuation of results.
 - No-Show Rate: The target is 8-10%, with August being 16.3% and YTD being 16.3%. Starting in April we were able to separate the no-show data for therapy and psychiatry which provides more specific data. An enhanced no-show policy and procedure was implemented on 7/20/20. At this time there are six psychiatry clients that are being served through Open Access due to frequent no shows. The no show rate is anticipated to decrease as consumers are referred to Open Access.
 - Net Income: The target is \$10,386-\$15,578, with August being negative \$28,337. The focus is on identifying opportunities to maximize scheduling grid utilization with the goal of improving YTD outcome.

❖ **Day Services**

- Net Income: We are experiencing less than expected revenue due to the impact of Covid. The program had been closed for 6 weeks which is approximately a \$200,000 loss between all three day programs per month. Merrill & Wausau Prevocational Services are operating at reduced client numbers returning to date either related to choice due to Covid or the community based site partners in which services were rendered due to restrictions placed on our partners with allowing our membership to return. To address issues we are starting to compile a list of nonprofits with a current focus to the Merrill area which is the most impactful to the program to begin development of new site options to allow for community based membership to return. This will also enhance service once Covid restrictions lift as we move forward in service development.

❖ **Residential Group Home**

- Vacancy rate: Vacancy rate continues to run over target due to a low number of applicants over the past few months. Turnover rate in residential is low and most of the impact in staff loss has been related to retirement and individuals going out of area for school. To address the vacancy rate we have increased the sign on bonuses and advertisement of the sign on benefit. Sign on bonuses are paid through the Governors Direct Caregiver Funding and have no impact on operational income. In addition employees are encouraged to recruit and were refreshed on the referral programs as incentive, managers are also connecting with individuals in the community through personal recruitment.

❖ **Residential Services**

- Vacancy Rate: Residential Services vacancy rate was 19.5% in July and is now only 11.4% in August; an 8.1% reduction. We continue to see a strong applicant flow and anticipate the vacancy rate to improve further in September and will get back on track YTD by the end of Q3 2020.

Nursing Home Operations

❖ **Aquatic Services:**

- Retention Rate: Aquatics retention rate goal for 2020 is 82% to 84% with YTD numbers trending at 86.4 % YTD. In August we had no turnover of staff. With a new facility and workflow; retention will be our primary focus in order to retain quality staff and provide a consistent experience for our clients.
- The Net Income target for Aquatic Services is \$2,275 - \$3,413 per month. August net income was below target at (\$2,228). Net income YTD remains negative at (\$3,349) below target but is showing improvement from July. Aquatic Services slowly began reopening on June 1 as a result we anticipate an increase in revenue by adding back a Physical Therapist who was out on leave and a new Physical Therapy Assistant to increase our number of patients we can serve. We are monitoring the current Covid alert levels and will increase clients as we can safely do so to improve overall revenue.

❖ **MVCC Overall:**

- Vacancy Rate: The month of July showed a 7.4% vacancy rate with a target range of 7-9%. Year to date we have reduced our rate to 11.7% which is above target and showing continual reduction. Focus remains on determining changes with student's full time equivalent statuses when returning to school and ongoing recruitment to fill those openings in September. We currently have another Nurse Aide class scheduled for September and have 5 staff that will be in this course.

- Retention Rate: We had 8 resignations for the month of August; 1 RN, 1LPN retirement, 1 hospitality assistant and 5 nurse aides. August retention rate is at 83.6% and YTD we are at 75.4% which is a decline from July. Of the 5 nurse aide terminations, 2 moved out of state and 3 were occasional staff. The Mount View team continues to focus on retention looking for ways to reduce caregiver burnout and improve work life balance for these high turnover positions.
- Nursing Home Star Rating: Nursing Home Star Rating for Mount View remains a 3 Star. The Covid pandemic was limiting the annual surveys and it was just announced that the state will be restarting these.
- Average Net Income: The goal is \$38,717 to \$58,075 per month. For August we showed a gain of \$159,767 which was driven improved payer mix and an additional CARES Act payment. During August we were limited on resident placement with our rehab unit remaining on enhanced precautions with our Covid positive situation. As we have cleared and are now accepting residents, we anticipate an increase in our occupancy for September.

❖ **Pine Crest Overall:**

- Readmission Rate: Pine Crest experienced a 7.7% rate for the month of August, which was a favorable month over month decrease. The year-to-date rate still resides slightly over target at 12.4%, with the target range being 10-12%. Rates continue to be reviewed on a monthly basis and areas of opportunity are addressed for those hospitalizations found to be preventable.
- Nursing Home Star Rating: Pine Crest continues to be rated as an overall 3 star facility. The quality metric domain resides at a 4 star rating. As an ongoing review we are not anticipating an increase to the overall star rating for the remainder of the year based on a citation received in 2019.
- Average Net Income: For the month of August a positive net income of \$762,223.00 was experienced, with a positive net income of \$818,240 YTD. These numbers reflect state CPE funds and an additional CARES act payment that were realized during the month. Proceeds from both these items amounted to \$808,000.

Support Programs

❖ **Nutrition Services**

- Retention Rate: Nutrition Services retention rate remains off target year to date. Turnovers continue to vary between people being promoted internally and external losses usually to non-healthcare organizations. As stated in the overall NCHC dashboard a new strategy has been formulated and implementation started early July which will has already shown improvement to these numbers.

❖ **Human Resources**

- Retention Rate: Human Resources had one employee turnover our Human Resources Coordinator; as a result the retention rate was not achieved. This position has been filled and the program has no further vacancies, with no further vacancies the retention number should improve over the remainder of the year.

❖ **Patient Access Services**

- Retention Rate: Retention has been stabilizing; we have two newer hires that have been doing great. Weekly huddles occur via WebEx due to about half of the staff being offsite at different locations. The retention rate will remain stable as staff are all feeling very positive and confident in their positions.

Department	Domain	Outcome Measure	2019 YTD	↕	2020 Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Community Treatment	QUALITY	% of treatment plans completed within required timelines	93.2%	↗		95.9% (116/121)	98.9% (95/96)	94.0% (94/100)	94.0% (80/85)	96.1% (99/103)	98.8% (79/80)	98.4% (122/124)	96.3% (52/54)
Community Treatment	COMMUNITY	Average days from referral to initial appointment	65.7 days	↘		69.8 days (1953/28)	79.5 days (1589/20)	92.2 days (1291/14)	68.8 days (1582/23)	53.4 days (962/18)	51.1 days (3680/72)	142.4 days (3132/22)	61.3 days (1165/19)
Community Treatment	COMMUNITY	Hospitalization rate of active patients	/	↘		1.45%	1.86%	1.27%	1.97%	1.54%	1.50%	1.10%	0.82%
Community Treatment	QUALITY	Employment rate of Individual Placement and Support (IPS) Clients	53.2%	↗		49.0%	44.0%	42.0%	37.0%	39.0%	42.0%	42.0%	45.0%
Community Treatment	COMMUNITY	% of eligible CCS and CSP clients admitted within 60 days of referral	42.2%	↗		15.5% (9/58)	25.0% (10/40)	35.1% (13/37)	36.7% (11/30)	63.2% (12/19)	45.5% (15/33)	32.3% (10/31)	39% (16/41)
Crisis & CBRF	QUALITY	Youth Crisis: Number and average length of stay for out of county placements of adolescents (13-17 years old)	12.8 diversions (7.2 days)	↗		12 diversions (10.0 days)	7 diversions (8.4 days)	5 diversions (6.5 days)	11 diversions (8.1 days)	6 diversions (5.6 days)	5 diversions (5.8 days)	16 diversions (7.3 days)	9 diversions (10.8 days)
Crisis & CBRF	QUALITY	Youth Crisis: Avoid youth diversions with a length of stay of less than 72 hours	10.2%	↗		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis & CBRF	COMMUNITY	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of discharge	52.4%	↗		57.8%	55.9%	52.2%	56.8%	64.0%	64.1%	62.0%	57.8%
Crisis & CBRF	COMMUNITY	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of discharge	56.5%	↗		61.8%	74.7%	62.9%	66.7%	74.4%	88.2%	71.2%	67.4%
Crisis & CBRF	QUALITY	Court Liaison: % of settlement agreements and commitments extended	78.8%	↗		75.0%	90.0%	69.0%	81.8%	88.9%	82.8%	83.3%	86.7%
Crisis & CBRF	COMMUNITY	Court Liaison: Compliance rate with court liaison policy	96.2%	↗		81.7%	97.3%	98.7%	96.9%	98.8%	93.6%	100.0%	95.0%
Crisis & CBRF	COMMUNITY	Court Liaison: % of individuals with commitment and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	73.0%	↗		33.3% (3/9)	50.0% (3/6)	40.0% (2/5)	75.0% (3/4)	0.0% (0/1)	100.0% (3/3)	100.0% (4/4)	85.7% (6/7)
Crisis & CBRF	QUALITY	CBRF: % of patients who kept their follow-up outpatient appointment, if applicable	93.9%	↘		80.0% (12/15)	76.9% (10/13)	61.1% (11/18)	87.5% (21/24)	87.0% (20/23)	97.5% (33/34)	93.3% (28/30)	96.5% (28/29)
Crisis & CBRF	QUALITY	CBRF: % of patients connected to a Primary Care Provider within 7 days of admission	100.0%	↘		100.0% (15/15)	100.0% (15/15)	95.5% (20/21)	100.0% (24/24)	100.0% (20/20)	97.5% (33/34)	100.0% (30/30)	100.0% (29/29)
Crisis & CBRF	COMMUNITY	CBRF: % of patients admitted within 24 hours of referral	95.9%	↗		100.0% (15/15)	100.0% (16/16)	100.0% (24/24)	100.0% (24/24)	100.0% (20/20)	100.0% (34/34)	100.0% (30/30)	100.0% (29/29)
Crisis & CBRF	COMMUNITY	Mobile Crisis: Ratio of voluntary to involuntary commitments	1.67 to 1	↗		1.72 to 1	2.00 to 1	2.16 to 1	2.22 to 1	2.26 to 1	1.55 to 1	1.76 to 1	2.80 to 1
Hospital	QUALITY	Average days for initial counseling appointment post-hospital discharge (Shared with OP)	65.7%	↘		4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days	13.9 days
Hospital	QUALITY	Average days for initial psychiatry appointment post-hospital discharge (Shared with OP)	86.9%	↘		1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days	14.0 days
Hospital	QUALITY	Detox: Average length since previous admission	266.4 days	↗		325.4 days	268.7 days	390.6 days	277.9 days	506.7 days	307.3 days	372.1 days	386.4 days
Hospital	QUALITY	Detox: % of Detox patients admitted to substance abuse programming after discharge	65.3%	↘		50.0% (5/10)	27.3% (3/11)	0.0% (0/7)	11.1% (1/9)	0.0% (0/5)	25.0% (3/12)	0.0% (0/5)	0.0% (0/5)
Hospital	COMMUNITY	Ratio of adult patient days at NCHC vs Out of County Placements	1.17 to 1	↗		1.18 to 1	1.08 to 1	1.67 to 1	1.33 to 1	1.04 to 1	1.74 to 1	1.28 to 1	1.54 to 1
MMT	QUALITY	MMT: Successful program completion rate	69.9%	↗		87.5% (14/16)	76.2% (16/21)	75.0% (12/16)	75.0% (3/4)	N/A	N/A	N/A	N/A
MMT	QUALITY	MMT: Compliance rate with discharge plan 60 days post-discharge	58.1%	↗		11.1% (1/9)	42.9% (9/21)	42.9% (9/21)	0.0% (0/0)	N/A	N/A	N/A	N/A
Outpatient	QUALITY	Average days for initial counseling appointment post-hospital discharge (Shared with IP)	65.7%	↘		4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days	13.9 days
Outpatient	QUALITY	Average days for initial psychiatry appointment post-hospital discharge (Shared with IP)	86.9%	↘		1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days	14.0 days
Outpatient	COMMUNITY	% of patients offered an appointment within 4 days of screening by a referral coordinator	66.5%	↗		8.0%	6.0%	3.5%	17.0%	5.7%	9.8%	3.1%	23.0%
Outpatient	COMMUNITY	Criminal Justice Post-Jail Release Access Rate (within 4 days of release)	73.4%	↗		0.0%	4.5%	0.1%	44.0%	28.0%	7.1%	21.7%	20.0%
Outpatient	QUALITY	Day Treatment: Successful Program completion rate	62.8%	↗		33.3% (2/6)	0.0% (0/3)	33.3% (1/3)	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMUNITY	Day Treatment: Average number of days from referral to start of day treatment	8.9 days	↘		55 days (331/6)	8 days (38/5)	11 days (1)	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMUNITY	Hospitalization rate of active patients	1.90%	↘		0.93%	0.56%	0.57%	0.52%	1.16%	1.07%	0.77%	0.90%
Outpatient	COMMUNITY	Same day cancellation and no-show rate	12.5%	↘		20.1%	18.1%	18.1%	24.0%	21.4%	22.5%	21.5%	19.8%
Outpatient	QUALITY	OWI - 5 Year Recidivism Rate	18.6%	↘		23.5%	9.7%	6.5%	9.5%	18.8%	25.0%	12.5%	12.0%



North Central Health Care

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MEMORANDUM

DATE: September 15, 2020
TO: North Central Community Services Program Board
FROM: Thomas Boutain, Information Services Executive
RE: Monthly IS Report

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

1. **Cerner Millennium Behavioral Health Electronic Medical Record (EMR) Implementation Update:** Through its foundational EMR, Cerner's work with NCHC will help facilitate integrated care across its mental and behavioral health services including psychiatric, emergency, rehabilitation, community treatment, and more.

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

- **Data Collection** - June/July 2020 – Living Document
Contract negotiations finalized at the end of March and significant pre-implementation work took place in the months following. IMS team members and business partners participated in regularly scheduled meetings with Cerner consultants to review project workbooks, receive answers to questions, and collaborate as workbooks were completed. Information gathered from various areas (e.g. Clinical, Patient Accounting/Finance, and Registration/Scheduling), in a standard format, allowed Cerner to prepare for System Design & Build next steps.
- **System Design & Build** - July/September 2020 - In Progress
Data collection gathering is wrapping up and our Cerner consultants have begun to set the stage for transitioning our conversations to system design and build. NCHC and Cerner teams will collaborate to complete system configuration in preparation for the Future State Workflow Review event.
- **Future State Workflow Review** - September/October 2020 – Upcoming
Teams will review and validate end-to-end, future-state workflows based on NCHC's configuration, and review points of workflow integration with other departments/ programs and roles.

- **Super User Training** - October/November 2020
IMS, Super Users, and department leaders will walk through all registration, scheduling, patient accounting, and other workflows in the system. Super Users receive training on the solution's best practice workflows, as seen in the Future State Workflow Review event, to prepare them to lead End User training.
 - **Integration Testing & Data Migration** - December 2020
Teams will test and confirm data flows between integrated system as expected and successfully migrate applicable data from legacy system (TIER) to Cerner Millennium.
 - **End User Training** - December 2020/January 2021
Cerner collaborates with NCHC on the development of End User training plans. Super Users deliver End User training to staff to prepare them for using Cerner Millennium. End Users are required to receive training prior to using the system.
 - **Conversion Prep & User Training** - January 2021
Information Management Systems (IMS) receives User Management training to support and manage user accounts. Cerner will provide the IMS team the knowledge/tools to perform system maintenance tasks and prepare the production environment, staff, and devices for Go Live. Overall readiness assessment for Go Live event conducted.
 - **Go Live** - January 2021
Teams will begin using Cerner Millennium to register and schedule patients who need to receive care on or after the Go Live date and ensure all needed information is available in the new system. Once fully prepared for Go Live, all staff will begin registering, scheduling, charting, and completing all day-to-day tasks in Millennium.
 - **Post Launch Health Checks** – February/March/April 2021
At 30, 60, and 90 days post Go Live, Cerner and the NCHC team will evaluate/document End User and organizational satisfaction, gather opportunities for improvement based on feedback/usage metrics, and as needed, establish short and long-term action plans.
2. **Information Management System (IMS) Update:** Our team is focused on the completion of data workbooks for our Cerner electronic health record implementation. We are in the process of validating forms between our current workflows and future workflows. The goal of this process is to standardize the patient experience for what questions they are asked and streamline documentation. Besides Cerner, we are also focused on updating our support model for the other applications within NCHC. This support model will help to give our team the ability to have defined areas of emphasis so they can work side-by-side with other NCHC staff to make our applications the best they can be.

3. **Health Information Management (HIM) Update:** We have welcomed three new members to the team this year due to some well-deserved retirement celebrations. A majority of our year so far has been training and onboarding those team members with the most recent hire being the end of August. We are excited for these three as they bring over 33 years of HIM experience as well as a brand new graduate from UW-Stevens Point. As we refine our processes we are finding opportunities for improvement and efficiencies. HIM is also involved in the Cerner project to understand the future state of our medical record on the mental and behavioral health side of our organization.



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Dia L. Arpon, M.D. Appoint/Reappoint 11-01-2020 to 10-31-2021
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee
 Locum Locum Agency: _____
 Contract Contract Name: _____

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
 (Chief Medical Officer or Designee Signature) 9/4/20
 (Signature Date)

MEC ACTION

MEC recommends that:

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

[Signature] Dilip Borra MD.
 (MEC Committee or Designee Signature) 9/17/20
 (Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
 (Date)

Response: Concur
 Recommend further reconsideration

 (Governing Board Signature) _____ (Signature Date)

 (Chief Executive Officer Signature) _____ (Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Dileep Borra, M.D. Appoint Reappoint 12-01-2020 to 11-30-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

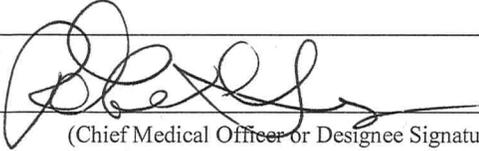
Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Locum Contract
Locum Agency: _____
Contract Name: _____

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____



(Chief Medical Officer or Designee Signature)

2/4/20

(Signature Date)

MEC ACTION

MEC recommends that:

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

(MEC Committee or Designee Signature)

(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Debra A. Knapp, APNP Appoint/Reappoint 10-01-2020 to 09-30-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Locum Contract
Locum Agency: _____
Contract Name: _____

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature] _____
(Chief Medical Officer or Designee Signature) 9/4/20
(Signature Date)

MEC ACTION

MEC recommends that:

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

B. A. Dileep Borramo _____
(MEC Committee or Designee Signature) 9/17/20
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature) _____
(Signature Date)

(Chief Executive Officer Signature) _____
(Signature Date)



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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider George S. Manatt, M.D. Appointment Period 10-31-2019 to 01-31-2021
Time Period

Current Privileges Medical (Includes Family Practice, Internal Medicine)
 Psychiatry Medical Director
 Mid-Level Practitioner

Medical Staff Category Courtesy Active
 Provisional Consulting

Provider Type Employee
 Locum Locum Agency: Jackson + Coker
 Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

Category Reason: Remove provisional 10-31-2020

_____ Type Reason: _____



PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

CMO RECOMMENDATION

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

Comments: _____

(Chief Medical Officer or Designee Signature)

9/4/20

(Signature Date)

MEC ACTION

MEC recommends that:

- The amendment(s) be approved
- Action be deferred on the amendment(s)
- The amendment(s) be denied

B. H. Dileep Royra MD

(MEC Committee or Designee Signature)

9/17/20.

(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Gbolahan D. Oyinloye, M.D Appointment Period 10-31-2019 to 02-28-2021
Time Period

Current Privileges Medical (Includes Family Practice, Internal Medicine)
 Psychiatry Medical Director
 Mid-Level Practitioner

Medical Staff Category Courtesy Active
 Provisional Consulting

Provider Type Employee
 Locum Locum Agency: Daily Care, LLC
 Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

Category Reason: Remove provisional 10-31-2020

_____ Type Reason: _____



PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

CMO RECOMMENDATION

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

Comments: _____

(Chief Medical Officer or Designee Signature)

9/4/20

(Signature Date)

MEC ACTION

MEC recommends that:

- The amendment(s) be approved
- Action be deferred on the amendment(s)
- The amendment(s) be denied

B. A. Dileep Borra MD

(MEC Committee or Designee Signature)

9/17/20.

(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Brian D. Smith, M.D. Appoint/Reappoint 12-01-2020 to 11-30-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director
Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Contract
 Locum
Locum Agency: _____
Contract Name: Aspirus

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
(Chief Medical Officer or Designee Signature) 9/4/20
(Signature Date)

MEC ACTION

MEC recommends that:

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

B. A. Dheep Gowda MD
(MEC Committee or Designee Signature) 9/17/20
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature) _____
(Signature Date)

(Chief Executive Officer Signature) _____
(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Gabriel C. Ticho, M.D. Appoint/Reappoint 11-01-2020 to 10-31-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Locum Contract
Locum Agency: _____
Contract Name: Gabriel Ticho, LLC

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
(Chief Medical Officer or Designee Signature)

9/4/20
(Signature Date)

MEC ACTION

MEC recommends that:

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

B. A. Diley Boyva MD
(MEC Committee or Designee Signature)

9/17/20
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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navigating
the
curve

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2021 EXECUTIVE BUDGET

2021 EXECUTIVE BUDGET

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North Central Community Services Program

Board of Directors,

The Blueprint for our 2020 Budget was quickly scrapped as we entered the pandemic phase of COVID-19 in March. Our best laid plans became a process to continuously reforecast and adjust on a month-to-month basis. In the third year of our 5 to 50 Vision we had intended to sharpen our focus to have 20/20 vision, but instead we confidently moved into crisis management. Despite the challenges, we have yet to be deterred in our long-term march. We remain steadfast on our path to operationalizing all the necessary elements for sustained organizational viability, to get NCHC to our 50th Anniversary, and set ourselves up for the next 50 years. To create an organization that lives on long past our lives, delivering on our historical promise of *Lives Enriched and Fulfilled*. Our plan for 2021 is based on how our lives are forever changed in the wake of the past several months and our expectations for the future.

We are now a mere 18 months away from our 50th Anniversary in March of 2022. As we present the Budget for 2021, we are uncertain as to exactly when life will get back to normal, or even what normal may mean. We're striving to not only see through this pandemic, but life on the other side. If anything, the pandemic only accelerated trends already in motion. Expanding mental illness and addiction services, and declining long-term care operations are where the tides are headed. Most dominantly, progressive changes in long-term care are accelerating as we move into 2021 with census reductions in Mount View Care Center (28% lower) and Pine Crest (36% lower). Our expectations for our two nursing homes are truly being redefined by strong market forces we are contending with, impacting the entire organization with it. As we look towards the final leg on our 5 to 50 Vision, we are staring down the final turn. Knowing it is in the turns, not the straight stretches, where racers move their position. Curves can take even the best drivers off the road when taken with too much speed. We will be leaning into and seeing through the curve ahead.

Navigating the Curve

Each year, our budget begins with a re-commitment to our long-term financial strategy for *Viability and Choice*. We are a financially viable organization by providing increasing value in driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective. Achieving *Viability* brings *Choice*, the choice to invest in our programs, people, and resources needed to redefine the work we do. *Viability and Choice* for NCHC are encompassed in the following long-term financial targets that we build each budget on:

1. 3-5% compound annual growth rate
2. Reducing the ratio of indirect to direct expenses
3. Reducing the ratio of direct expense to gross patient revenue
4. Annual contingency funding of 1.5% of the annual operations budget
5. Attaining 90 days cash on hand
6. Reducing the tax levy funding as a % of the budget
7. Capital expense (investment) of greater than 5% of budget
8. Ability to service campus renovation debt
9. Achieving a 2-3% annual net operating income

The projections for the first three financial goals were laid out in 2016 and our progress over the course of the last several years is outlined below:

	2017 Baseline	2018 Budget	2019 Budget	2020 Budget	2021 Budget	2022 Target
(1)	\$60M	\$66.7M	\$70.1M	\$90M	\$91.5M	\$70M
(2)	42.5%	38.3%	39.4%	41.3%	42.1%	37%
(3)	64%	66%	64.7%	62.3%	64.6%	60%

Our revenue growth for 2021 is approximately \$23.8M above the original target of \$67.7M which is obviously the most notable achievement to date. Unprecedented growth since the 2017 baseline has been to the tune of approximately \$31.5M or 52.5% over the four year period. We far exceeded our targets early on in the endeavor and continue to make progress. Even with a declining long-term service line, I expect this organization to eclipse \$100M in revenue in the near future.

...continued





While growth remains important, operating margin improvements must become laser focused in the next 18-24 months. Our renovations will help to achieve these priorities. In this budget we moved in the wrong direction with our ratio of indirect to direct expenses of 41.3% to 42.1%. The same can be said for the ratio of direct expense to gross patient revenue moving from 62.5% to 64.6%. We have some work to do to get to our targets for 2022 at 37% and 60% respectively.

One of the biggest expenses for any organization are salaries and benefits. The 2021 Budget does not specifically provision for wage adjustments in the program budgets and benefits remain stable at 2020 levels. However, if we are able to get back to normal operations where we hit or exceed our targets, and there is not a whiplash effect on our health plan claims, we should be able to do something for our staff by the 2nd quarter of next year. This will likely not take on the form of a merit program, but market adjustments relative to addressing the priorities identified in our recent compensation program evaluation. The next year will be a great opportunity to overhaul our performance management system while still hoping to provide salary adjustments to keep up with the marketplace. There are a lot of unknowns yet, but will hopefully be in position to accomplish something by the 2nd quarter of 2021.

Contingency Funding

Contingency funding took a hit in the 2020 budget where we experienced a drop from 2.68% (\$1,882,000) in 2019 to 1.1% (\$1,000,000). For the 2021 Budget, our target of 1.5% of the annual operating budget would equate to a target of approximately \$1.375M. We are happy to report that our budget establishes a \$1.4M contingency made up of the \$1M in Board Designated Contingency as well as \$400,000 in operational contingency funding, thereby hitting our target.

Cash Position

Managing cash was never more important than it was in 2020. As volumes dropped in March and April due to COVID-19, we anticipated burning through approximately \$600,000 in cash per month in the "new normal". With CARES Act funding and good management, we were able to mitigate these losses and generally maintain a solid cash position. We're going into 2021 with the expectation that we can get back to building our overall cash position to our 90 days cash on hand target. The pandemic showed why it is absolutely critical in any business, especially a volume-based business, to be prepared to weather black swan events such as the pandemic we've experienced.

Tax Levy Funding

Starting in the coming year, government budgets will be expected to be pressured and will likely continue to be for a protracted period, as opposed to the general recovery of the broader economy. We expect the next several years to be challenging for our County partners. We will continue to do our part, but the pressures of being asked to absorb costs to continue through other revenue source growth while having unfunded demands for increased services is a clear risk to the organization. Our approach to improving our tax levy efficiency as a percentage of our overall operating budget continues into 2021, if only slightly. For the upcoming year, our total tax levy support is maintained at \$5,493,063 or 5.95% of the \$91.5M Budget. This is a slight efficiency improvement from 2020 of 0.15%. Of the total tax levy support, our skilled nursing operations make up nearly \$2M (approximately 36%) of the total funding from County tax levy.

Capital Funding

Our capital expense target is 5% of our annual operating budget. Capital expense includes both depreciation and new capital spending. For 2021, our total capital expense is slated at 3.8% of budget with \$3,115,989 in depreciation, and \$405,400 in new capital spending. With where we sit, we are reserving capacity for our new campus renovation assets to come online. Over the next couple years, our financials are going to be making big swings with new debt service, additional depreciation and impairment of assets, and as major capital investments slow down.

...continued

We will be well on our way to servicing our debt related to the campus renovations in 2021, with new debt service of \$868,448 factored into the budget. We also are able to continue servicing the debt related to the Pine Crest renovations. Debt service relative to the campus renovations will continue to be built in over the next three budget years. We're confident in our ability to service the debt with the operational improvements and new revenue sources in the years ahead.

Key Priorities for 2021

A budget is a promise, and speaks to the values an organization has. We're growing, and preparing to be stronger for the long-haul. The long-term, as opposed to short-term thinking is what drives us. There's an uneasiness that naturally comes in long-term sustained change efforts that take time, but it's those deep moves that change the course. Our priorities in 2021 are to:

- Continue to strengthen the quality and reliability of our services
- Expand our mental health and recovery continuums of care
- Bring our new capital assets online successfully
- Manage our declining and evolving long-term care operations

Our biggest strategic endeavors are around physical space and technology that will be coming online in the next two years. Very soon, we will be thinking about a new strategic plan once we've accomplished our *5 to 50 Vision*. Truly, 2021 is the final corner for us to start to close the loop on a number of major long-term initiatives.

As I close this year's Budget Letter, I want to thank Jill Meschke, our Chief Financial Officer for all the work that went into developing her first budget here at NCHC. Jill, took a zero-based budget approach that allowed her and our Management Team to challenge long held assumptions about our revenue and cost structures. Essentially, we started from a zero base as opposed to an increase off the current spending levels. We also reexamined allocations and budgeting practices in general. It was a lift, and I appreciate the effort. Also, thank you to Jessica Meadows, our Communications and Marketing Director, for her work on the Budget document. Our approach this year is to present a condensed Executive Budget prior to working through the County budget process, and then circle back with the more comprehensive Adopted Budget document in December that our Board is accustomed to. The final document will provide a complete view into how we will achieve the End Statements of the NCCSP Board in the coming year. It will be a plan to be excited about as we work to achieve all we have in front of us.



With each day we're given, together we can make it a great day!

A handwritten signature in black ink that reads "Michael Loy". The signature is fluid and cursive, written over a white background.

Michael Loy, CEO
North Central Health Care



CHIEF FINANCIAL OFFICER EXECUTIVE SUMMARY

For the budget year ending December 31, 2021, North Central Health Care is projecting annual revenues of \$91,538,586, which is a \$2,042,194 or 2.3% increase over the 2020 budget year. Services of planned growth include Crisis Services, new Youth programming, Community Treatment, Aquatic Services, and Pharmacy with the addition of services to Pine Crest Nursing Home. Alternatively, there are plans for a few revenue decreases in the Day Services operations and Skilled Nursing Facilities.

During 2021 more of the continuing renovations will be coming online particularly in Mount View Care Center. With this mid-year transition, North Central Health Care will begin to depreciate the new assets. There are plans for fewer other additions to the annual capital expenditures budgets going forward. For 2021, the total approved capital expenditures budget is \$405,400. Debt service payments for the campus financing begin in 2021 with a first year obligation of \$868,448.

Budget Assumptions

There are a few salary budgeting methodology changes in 2021. Most significantly in 2021, all approved positions are budgeted for fully whereas in prior years a 5% salary vacancy was incorporated for all programs over 20 FTEs and over \$1,000,000 of annual salary expense. During the 2020 operating year, North Central Health Care did not continue with expected merit increases. Likewise in 2021 there is currently no budget for merit increases. The overall salaries budget in 2021 is \$38,850,626, which is \$4,285,754 or 9.0% reduced from the 2020 budget. 2021 staffing budget totals 813 FTEs, which is reduced 56 FTEs or 6.4% from the 2020 budget. These changes are primarily driven by census changes in the skilled nursing facilities.

Employee benefits expense in 2021 is \$13,322,800, which is \$1,249,200 or 8.6% less than the 2020 budget. Benefit expense as a percentage of wages in 2021 is 34.29%. Primary changes in employee benefits include a reduction in health and dental insurance expenses based on actuary forecasting for the remainder of 2020 and through 2021 and an increase in PLT leave time liability as employees are taking less time off than they have in the past. Wisconsin Retirement System is keeping contribution rates consistent from 2020 at 6.75%.

In the 2021 budget, an accounting methodology was changed to account for capital depreciation within programs rather than at an organizational level. This enables the ability to evaluate program performance accounting for full costs.

Investments in technology continue into 2021 by bringing the electronic medical record (EMR) system, Cerner, online. With improvements in technology come increased costs for maintenance agreements. Other approved capital expenditures total \$405,400 in the 2021 budget. Approximately half of the planned expenses are IT-related for computer and network investments. Other 2021 planned capital purchases include equipment in the residential sites and replacements of items past their useful lives.

...continued

CHIEF FINANCIAL OFFICER EXECUTIVE SUMMARY

Service Line Highlights

Program service lines include Behavioral Health Services, Community Behavioral Health Services, Community Living, Skilled Nursing Facilities, Pharmacy, and Other Services.

The Behavioral Health Services line includes the following programs: Adult Psychiatric Hospital, Other Institutions, Crisis CBRF, Crisis Services, Lakeside Recovery Medically Monitored Treatment (MMT) Program, Youth Psychiatric Hospital, and the Youth Crisis Stabilization Facility (new in 2021). In 2021, the Hospital is budgeting for a census of 14 versus the 2020 budget of 15. Lakeside Recovery is budgeting for an average daily census of eight. The Youth Hospital is targeting a daily census of six and the Youth Crisis Stabilization Facility is targeting a census of six. In 2021 with the opening of the Youth programming, the budget for diversions has been reduced to \$750,000.

Community Behavioral Health Services include Outpatient, Community Treatment, and Clubhouse. The 2021 budget projects growth in the Outpatient and Community Treatment areas and expects Clubhouse to remain consistent year over year.

Community Living Services include Day Services and Residential. Throughout 2020 Day Services has seen a decline due to Covid-19 and this trend is expected to continue. Residential Services in both Supported Apartment and Group Home settings are anticipated to remain consistent through 2021.

The Skilled Nursing Facilities Service Line includes Mount View Care Center and Pine Crest Nursing Home. The 2020 Mount View budgeted census was 183. During the summer of 2021, Mount View Care Center will begin its transition into the newly constructed nursing tower. In order to prepare for this transition, the 2021 Mount View daily census will be limited to 145 by January 1 and 132 by July 1. The acuity level of the residents is predicted to increase which will eventually increase the Medicaid reimbursement rate. Pine Crest Nursing Home census is budgeted for 155 in 2020. In the 2021 budget, the target census will be 100.

Pharmacy Services has added support to Pine Crest Nursing Home in 2020, which has increased the program budget into 2021.

Other Services include Demand Transportation and Aquatic Services. Aquatic Services relocated into their new facility in 2020 and are projecting an increase in revenue to the 2021 budget.

Summary

The plan for 2021 sees some new facilities coming online, new depreciation expenses related to those facilities, and the beginning of debt service payments. In addition, census adjustments are occurring in the Skilled Nursing Facilities, which is resulting in changes to budget assumptions in staffing and expense management.



A handwritten signature in black ink that reads "J Meschke".

Jill Meschke, CFO
North Central Health Care



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.

The information for Budget Priorities & Guidelines will be presented for the final version of this 2021 budget document.

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 for 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.

2021 COUNTY APPROPRIATIONS (LEVY) REQUESTS

A key Budget Guideline is to itemize levy requests versus having one bundled levy request per County. The detailed itemization will also be reflected in each County budget to ensure transparency of taxpayer support. The following is the levy request detail for each program by County for 2021.

DIRECT SERVICES

Direct Services programs have specific locations in each County therefore the revenues and expenses can be directly reported to these programs. There is no tax levy support for Direct Services.

SHARED SERVICES

Shared Services programs requiring levy are detailed below. Shared Services programs are based in Marathon County but each County has equal access to their use. All revenues and expenses for these programs are proportionately allocated based on population. Allocations based on population are reviewed every five years per the Agreement between the counties. Most recently this was reviewed in 2015. Currently this equates to an allocation of 11% for Langlade County, 15% for Lincoln and 74% for Marathon County. Levy numbers below may not represent these percentages precisely as the grants and base county allocations from the State vary by County.

SHARED SERVICES	LANGLADE	LINCOLN	MARATHON	TOTAL
Hospital Psychiatry	–	101,952	389,630	491,582
Crisis	107,790	298,067	1,470,465	1,876,322
Contract Services	43,086	119,143	587,772	750,000
TOTAL	\$150,876	\$519,162	\$2,447,867	\$3,117,905

MARATHON COUNTY ONLY PROGRAMS

North Central Health Care operates a number of programs directly for Marathon County that require tax levy support to operate. The largest of these programs is Mount View Care Center (MVCC).

Community Corner Clubhouse	92,000
Aquatic Therapy Pool	342,345
Mount View Care Center	1,500,000
TOTAL	\$1,934,345

LINCOLN COUNTY ONLY PROGRAMS

During 2020, North Central Health Care incorporated the management of Pine Crest Nursing Home (Pine Crest). This is a program that requires tax levy support to operate.

Pine Crest Nursing Home	440,815
TOTAL	\$440,815

TOTAL TAX LEVY REQUEST FOR 2021

	LANGLADE	LINCOLN	MARATHON	TOTAL
TOTAL 2021 LEVY	\$150,876	\$959,997	\$4,382,212	\$5,493,065



BUDGET & FINANCIAL STATEMENTS

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DEFINITION OF TERMS

Self-Pay: Funding received from the patient.

Medicare: Medicare is a federal governmental program, providing funding for the elderly and qualified disabilities.

Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care, such as Family Care.

Insurance: Funding from commercial insurance.

WIMCR (WI Medicaid Cost Reporting)/CCS Reconciliation: Additional Medicaid funding available for specific programs intended to offset some of the Medicaid deficits in governmental organizations. This funding is available for certified programs in governmental organizations.

Supplemental Payment: Additional funding available for nursing homes intended to offset some of the Medicaid deficit. This funding is only available to governmental nursing homes.

AODA Block Grant (Alcohol and Other Drug Abuse): Funding used for alcohol and substance abusers, prevention and intervention programs, and programs and services for women and youth; 20% of funds must be used for prevention programming and at least 10% must be expended on programs and services designed for women. It is also known as SAPTG (Substance Abuse Prevention and Treatment Block Grant).

MH Block Grant (Mental Health Block Grant): Funding used in mental health priority program areas, which may include Community Support Programs, Supported Housing, Jail Diversion, Crisis Intervention, Family and Consumer Peer Support and Self-Help, Programs for Persons with Mental Illness and Substance Abuse Problems, and Community Mental Health Data Set Development.

IDP Funds (Intoxicated Driver Program): Funding used to cover costs resulting in unanticipated deficits in the county's IDP funding.

CST Expansion (Coordinated Service Teams): Funding used to expand mental health services to youth and families.

Certified MH Program (Certified Mental Health): Funding used for the purpose of matching funds to federal financial participation for Medicaid-covered services provided by a program that is certified by the department under DHS 34, Subpart III (Crisis Intervention); DHS 36 (Comprehensive Community Services); or DHS 63 (Community Support Services).

85.21 Transportation Grant: Funding used to provide transportation to elderly and disabled residents of Marathon County.

Children's LTS (Children's Long Term Support): Funding used to provide a range of different services for children who are living at home or in the community and have substantial limitations in multiple daily activities as the result of developmental disabilities, severe emotional disturbances, and/or physical disabilities.

Family Support (Family Support for Families Who Have a Child with Severe Disabilities-FSP): Funding used for families of a child with severe disabilities to purchase goods or services not funded through other sources that will enable the child to reside with his/her parent(s), reduce stress in the family, and avoid out-of-home placement. This is limited to \$3,000 per family annually.

OWI Surcharges (Operating While Intoxicated): Funding received for providing court-ordered assessments to OWI offenders.

COP (Community Option Program): Funding of last resort to conduct assessments, develop care plans, and to provide community-based services to individuals who otherwise would be at risk of institutional care.

DVR (Division of Vocational Rehabilitation): Funding used to coordinate supported employment services for individuals with mental illness.

Contracted Services: Funding provided through a contract. This could be a contract with an organization, another county, a provider, etc.

Other: Other sources of funding included in direct service programs related to their programs. This could include such items as donations, reimbursement for meals provided in programs such as Day Services, or other funding related to a specific program.

Allocated Revenue: Revenue received in overhead programs and allocated to revenue generating programs. This includes such items as medical record sales, rebates, purchasing discounts, cafeteria sales, interest income, etc.

Base County Allocation: This is also referred to as Community Aids. This is funding from the State as additional funding for programs providing services to those funded by Medicaid. This may be used as required Medicaid Match and/or to help offset Medicaid deficits.

County Appropriations (Tax Levy): Funding received directly from the sponsoring counties.



COMBINING STATEMENT OF REVENUE & EXPENSES

	2021 BUDGET:			2020 BUDGET:		
	TOTAL	HUMAN SERVICES OPERATIONS	SKILLED NURSING FACILITIES	TOTAL	HUMAN SERVICES OPERATIONS	SKILLED NURSING FACILITIES
REVENUE						
Net Patient Service Revenue	69,429,762	41,372,737	28,057,024	71,073,700	36,812,700	34,261,000
Other Revenue						
State Match/Addendum	3,486,414	3,486,414	-	1,904,700	1,904,700	-
State Grant-in-Aid	5,133,169	5,133,169	-	5,017,805	5,017,805	-
Department and Other Revenue	7,626,179	6,045,365	1,580,814	5,637,122	3,707,534	1,929,588
Counties' Appropriations	5,493,062	3,552,247	1,940,815	5,493,065	3,552,250	1,940,815
Total Other Revenue	21,738,824	18,217,195	3,521,629	18,052,692	14,182,289	3,870,403
TOTAL REVENUE	\$91,168,586	\$59,589,932	\$31,578,653	\$89,126,392	\$50,994,989	\$38,131,403
EXPENSES						
Direct Expenses	63,672,563	45,512,882	18,159,680	63,651,681	39,828,090	23,823,591
Indirect Expenses	27,866,023	14,447,050	13,418,973	26,344,711	12,036,899	14,307,812
TOTAL EXPENSES	\$91,538,586	\$59,959,932	\$31,578,654	\$89,996,392	\$51,864,989	\$38,131,403
Operating Income (Loss)	(370,000)	(370,000)	(0)	(870,000)	(870,000)	-
Non-operating Gains /(Losses)						
Interest Income	370,000	370,000	-	370,000	370,000	-
Gain/(loss) Disposal of Assets	-	-	-	-	-	-
Total Nonoperating Gains (Loss)	370,000	370,000	-	370,000	370,000	-
Income (Loss)	\$0	\$0	(\$0)	(\$500,000)	(\$500,000)	-

BUDGET TO BUDGET COMPARISON

	2021 BUDGET REVENUE	2021 BUDGET EXPENSE	VARIANCE FUNDED BY STATE BCA/ APPROPRIATION	2020 BUDGET REVENUE	2020 BUDGET EXPENSE	VARIANCE FUNDED BY STATE BCA/ APPROPRIATION
BEHAVIORAL HEALTH SERVICES						
Adult Psychiatry Hospital	4,555,280	7,056,499	(2,501,219)	5,069,376	6,488,873	(1,419,497)
Contract Services (State Institutes)	-	898,901	(898,901)	-	937,995	(937,995)
Crisis CBRF	1,489,380	1,199,870	289,509	1,215,550	1,215,550	-
Crisis Services	1,009,513	3,165,620	(2,156,107)	595,498	2,438,905	(1,843,407)
Lakeside Recovery (MMT)	1,065,266	1,584,919	(519,653)	963,181	1,556,658	(593,477)
Youth Psychiatry Hospital	1,969,473	2,445,952	(476,479)	1,006,773	1,506,773	(500,000)
Youth Crisis Stabilization Facility	756,571	1,048,781	(292,209)	-	-	-
Subtotal	10,845,483	17,400,543	(6,555,060)	8,850,378	14,144,754	(5,294,376)
COMMUNITY BEHAVIORAL HEALTH SERVICES						
Outpatient Services	3,987,495	8,040,999	(4,053,503)	3,983,790	7,695,125	(3,711,335)
Community Treatment	17,046,030	15,761,361	1,284,668	13,081,374	13,081,374	-
Clubhouse	210,774	324,866	(114,093)	299,017	391,017	(92,000)
Subtotal	21,244,298	24,127,226	(2,882,928)	16,661,465	202,533,529	(3,572,064)
COMMUNITY LIVING						
Day Services	2,904,179	3,354,772	(450,593)	3,888,385	3,888,385	-
Residential Services – Group Homes	2,179,253	1,767,363	411,889	2,078,000	2,078,000	-
Residential Services – Apartments	2,043,422	2,015,060	28,363	2,307,000	2,307,000	-
Subtotal	7,126,854	7,137,195	(10,341)	8,273,385	8,273,385	-
OTHER SERVICES						
Birth-to-Three	770,624	860,917	(90,293)	-	-	-
Protective Services	9,967	99,401	(89,433)	-	-	-
Demand Transportation	474,675	396,127	78,547	431,904	431,904	-
Aquatic Services	1,173,112	1,332,720	(159,608)	1,022,691	1,365,036	(342,345)
Subtotal	2,428,378	2,689,166	(260,787)	1,454,595	1,796,940	(342,345)
SKILLED NURSING FACILITIES						
Daily Services	27,111,145	30,076,163	(2,965,019)	34,079,853	36,777,351	(2,697,498)
Rehab and Ancillary Services	3,150,390	1,502,490	1,647,900	2,110,735	1,354,052	756,683
Subtotal	30,261,535	31,578,654	(1,317,119)	36,190,588	38,131,403	(1,940,815)
Pharmacy	8,635,806	8,605,802	30,004	6,482,394	6,482,394	-
Total	80,542,354	91,538,586	(10,996,231)	78,615,521	89,996,392	(11,380,871)
Base County Allocation	5,133,169	-	5,133,169	5,017,805	-	5,017,805
County Appropriation	5,493,062	-	5,493,062	5,493,065	-	5,493,065
Non-Operating Revenue	370,000	-	370,000	370,000	-	370,000
TOTAL REVENUE/EXPENSE	\$91,538,586	\$91,538,586	-	\$89,496,391	\$89,996,392	(\$500,000)



BUDGET BY COUNTY

	LANGLADE	LINCOLN	MARATHON	TOTAL
HUMAN SERVICES OPERATIONS				
PROGRAM REVENUE				
Direct Services	3,354,505	5,385,697	14,507,712	23,247,915
Shared Services	1,636,413	1,950,611	13,636,963	17,223,987
Base County Allocation	623,077.39	874,466.36	3,635,625.59	5,133,169
TOTAL PROGRAM REVENUE	\$5,613,996	\$8,210,775	\$31,780,301	\$45,605,071
PROGRAM EXPENSES				
Direct Services	3,450,073	5,094,735	14,983,758	23,528,567
Shared Services	2,663,633	3,407,026	20,422,185	26,492,843
TOTAL COST OF SERVICES	\$6,113,706	\$8,501,761	\$35,405,943	\$50,021,410
Excess Revenue/(Expense)	(499,710)	(290,986)	(3,625,642)	(4,416,339)
Non-Operating Revenue	23,698	32,329	313,973	370,000
County Appropriation	342,969.24	467,685.32	2,399,247.64	3,209,902
Excess Revenue/(Expenses) After County Appropriation	(133,043)	209,028	(912,422)	(836,437)

SKILLED NURSING FACILITIES

PROGRAM REVENUE				
Nursing Home Revenue	-	10,830,263	16,280,882	27,111,145
Nursing Home Ancillary Revenue	-	707,672	2,442,718	3,150,390
TOTAL PROGRAM REVENUE	-	\$11,537,935	\$18,723,600	\$30,261,535
PROGRAM EXPENSES				
Nursing Home Expenses	-	11,849,732	18,226,431	30,076,163
Nursing Home Ancillary Expenses	-	8,420	1,494,070	1,502,490
TOTAL PROGRAM EXPENSES	-	\$11,858,152	\$19,720,501	\$31,578,654
Excess Revenue/(Expense)	-	(320,218)	(996,901)	(1,317,119)
County Appropriation	-	440,815	1,500,000	1,940,815
Excess Revenue/(Expense) After County Appropriations	-	120,597	503,099	623,696

AQUATIC SERVICES

Direct Services Revenue	-	-	1,173,112	1,173,112
Direct Services Expense	-	-	1,332,720	1,332,720
Excess Revenue/(Expense)	-	-	(159,608)	(159,608)
County Appropriation	-	-	342,345	342,345
Excess Revenue/(Expense) After County Appropriation	-	-	182,737	182,737

PHARMACY

PROGRAM REVENUE				
Direct Services Revenue	-	-	8,635,806	8,635,806
Direct Services Expense	-	-	8,605,802	8,605,802
Excess Revenue/(Expense)	-	-	30,004	30,004

BUDGET WITH COUNTY APPROPRIATION (TAX LEVY)

	2021 BUDGET EXPENSES	NET BILLED REVENUE	GRANT FUNDING	SUPPL PAY/ CCS/ WIMCR	OTHER FUNDING	BASE CO ALLOCATION	COUNTY LEVY	2021 BUDGET REVENUE	% OF PROGRAM FUNDED BY LEVY
BEHAVIORAL HEALTH SERVICES									
Adult Psychiatric Hospital	4,206,123	4,037,922	-	-	136,670	33,686	-	4,208,278	0.00%
Adult Hospital Psychiatry	2,548,717	63,020	-	-	2,442	756,607	491,582	1,313,652	37.42%
Psychiatry Residency	1,085,243	-	-	-	315,226	-	-	315,226	0.00%
Contracted Services (State Institutes)	898,901	-	-	-	-	-	750,000	750,000	100.00%
Crisis CBRF	1,199,870	1,329,208	-	100,000	60,171	-	-	1,489,380	0.00%
Crisis Services	3,165,620	560,220	-	340,000	109,293	155,082	1,876,320	3,040,915	61.70%
Lakeside Recovery (MMT)	1,449,749	812,003	85,000	36,000	101,016	593,477	-	1,627,495	0.00%
Youth Psychiatric Hospital	1,360,709	1,754,321	-	-	-	-	-	1,754,321	0.00%
Youth Hospital Psychiatry	1,085,243	214,500	-	-	652	-	-	215,152	0.00%
Youth Crisis Stabilization Facility	1,048,781	339,150	417,360	-	61	-	-	756,571	0.00%
Subtotal	18,048,957	9,110,344	502,360	476,000	725,531	1,538,852	3,117,902	15,470,989	20.15%
COMMUNITY BEHAVIORAL HEALTH SERVICES									
Outpatient Services	3,556,269	1,668,313	602,785	25,000	339,996	789,220	-	3,425,313	0.00%
Outpatient Psychiatry	4,484,729	1,309,803	-	65,000	31,683	2,687,097	-	4,093,583	0.00%
Community Treatment – Adult	6,579,164	5,228,511	370,907	1,223,800	86,792	98,000	-	7,008,010	0.00%
Community Treatment – Youth	9,182,198	8,364,114	1,007,241	571,000	193,664	-	-	10,136,020	0.00%
Clubhouse	324,866	156,420	51,000	-	3,354	-	92,000	302,774	30.39%
Subtotal	24,127,226	16,727,160	2,031,934	1,884,800	655,489	3,574,317	92,000	24,965,700	0.37%
COMMUNITY LIVING									
Day Services	4,315,090	2,115,706	667,120	-	901,945	-	-	3,684,771	0.00%
Residential Services - Group Homes	1,767,363	2,177,296	-	-	1,956	-	-	2,179,253	0.00%
Residential Services - Apartments	2,015,060	2,039,098	-	-	4,324	-	-	2,043,422	0.00%
Subtotal	8,097,513	6,332,100	667,120	-	908,225	-	-	7,907,446	0.00%
OTHER SERVICES									
Demand Transportation	396,127	54,000	285,000	-	135,675	-	-	474,675	0.00%
Aquatic Services	1,173,112	936,755	-	-	236,356	-	342,345	1,515,457	22.59%
Subtotal	1,569,239	990,755	285,000	-	372,031	-	342,345	1,990,132	17.20%
SKILLED NURSING FACILITIES									
MVCC Long-Term Care	4,069,119	1,911,213	-	550,000	484,904	-	500,004	3,446,120	14.51%
MVCC Legacies Dementia Care	6,862,780	4,848,636	-	1,184,577	513,621	-	751,298	7,298,132	10.29%
MVCC Post-Acute Care	2,650,081	1,882,655	-	220,000	207,055	-	170,573	2,480,283	6.88%
MVCC Ventilator Care	4,644,452	3,807,507	-	456,000	214,715	-	78,125	4,556,347	1.71%
MVCC Rehab and Ancillary Services	1,494,070	2,036,000	-	-	406,718	-	-	2,442,718	0.00%
Pine Crest Post-Acute Care	2,593,580	1,676,080	-	-	44,434	-	-	1,720,514	0.00%
Pine Crest Long-Term Care	7,267,241	4,689,746	-	2,485,787	258,205	-	197,983	7,631,721	2.59%
Pine Crest Special Care	1,938,980	1,608,823	-	-	63,351	-	242,832	1,915,006	12.68%
Pine Crest Rehab & Ancillary Services	8,420	700,000	-	-	7,672	-	-	707,672	0.00%
Subtotal-Nursing Home	31,528,721	23,160,660	-	4,896,364	2,200,674	-	1,940,815	32,198,513	6.03%
Pharmacy	8,605,802	8,212,378	-	-	423,428	-	-	8,635,806	0.00%
TOTALS	\$91,977,459	\$64,533,398	\$3,486,414	\$7,257,164	\$5,285,379	\$5,113,169	\$5,493,062	\$91,168,586	6.03%



BUDGET BY FUNDING

PAYER	GROSS CHARGES		EXPENSES		FUNDING BY PAYER		FUNDED BY OTHER SOURCES	
		%				%		%
Self Pay	7,784,406	7.8%	7,323,087		5,043,901	7.0%	(2,279,185)	11.6%
Medicare	20,568,795	20.6%	21,053,875		13,327,538	18.5%	(7,726,336)	39.4%
Medicaid	67,694,390	67.8%	59,500,081		51,119,703	71.1%	(8,380,378)	42.7%
Insurance	3,752,483	3.8%	3,661,544	2,431,419	(1,230,125)	6.3%		
TOTAL	\$99,800,074	100.0%	\$91,538,586		\$71,922,562	100.0%	(\$19,616,024)	100.0%

FUNDING	AMOUNT	%	EXPENSES
Self Pay	5,043,901	5.5%	
Medicare	13,327,538	14.6%	
Medicaid	43,862,539	47.9%	
Insurance	2,431,419	2.7%	
Supplemental Pay	4,896,364	5.3%	
WIMCR	719,000	0.8%	
CCS Reconciliation	1,641,800	1.8%	72,695,512
State Addendums	3,486,414	3.8%	
Community Aids	5,133,169	5.6%	
County Appropriation	5,493,062	6.0%	
All Other	5,503,379	6.0%	18,843,074
	\$91,538,586	100.0%	\$91,538,586

REVENUE BUDGET COMPARISONS

DESCRIPTION	2017 BUDGET	2018 BUDGET	2019 BUDGET	2020 BUDGET	2021 BUDGET	2020-2021 % OF CHANGE
Skilled Nursing Facility Gross Revenue	25,808,000	24,342,000	25,859,000	43,791,000	28,588,024	
Skilled Nursing Facility Contractual Adjustments	(7,767,000)	(7,343,000)	(8,077,000)	(14,045,000)	(7,675,414)	
Net Skilled Nursing Facility Revenue	18,041,000	16,999,000	17,782,000	29,746,000	20,912,611	-42.24%
Outpatient Services Gross Revenue	26,722,000	31,642,000	32,405,800	34,538,000	41,758,644	
Outpatient Services Contractual Adjustments	(10,474,200)	(11,696,200)	(11,377,900)	(11,569,300)	(12,419,999)	
Net Outpatient Services Revenue	16,247,800	19,945,800	21,027,900	22,968,700	29,338,645	21.71%
Psychiatric Hospital Gross Revenue	7,653,000	8,050,000	8,600,000	10,512,000	11,205,501	
Psychiatric Hospital Contractual Adjustments	(3,753,000)	(3,675,000)	(4,348,000)	(5,073,000)	(5,135,738)	
Net Psychiatric Hospital Revenue	3,900,000	4,375,000	4,252,000	5,439,000	6,069,764	10.39%
Pharmacy Gross Revenue	8,996,000	8,847,000	10,860,000	13,400,000	18,247,904	
Pharmacy Contractual Adjustments	(4,948,000)	(4,747,000)	(6,160,000)	(7,320,000)	(10,035,526)	
Net Pharmacy Revenue	4,048,000	4,100,000	4,700,000	6,080,000	8,212,378	25.97%
Net Patient Revenue	42,236,800	45,419,800	47,761,900	64,233,700	64,533,398	0.46%
State Addendums	2,132,700	2,130,700	2,242,500	1,904,700	8,382,778	77.28%
State Grant-In-Aid	3,901,436	3,901,436	5,017,805	5,017,805	5,133,169	2.25%
County Appropriations	7,671,118	7,631,118	6,305,831	5,493,065	5,493,062	0.00%
Other Income	5,928,723	7,615,924	8,782,624	12,847,122	7,996,179	-60.67%
TOTAL REVENUE	\$61,870,777	\$66,698,978	\$70,110,660	\$89,496,392	\$91,538,586	2.23%

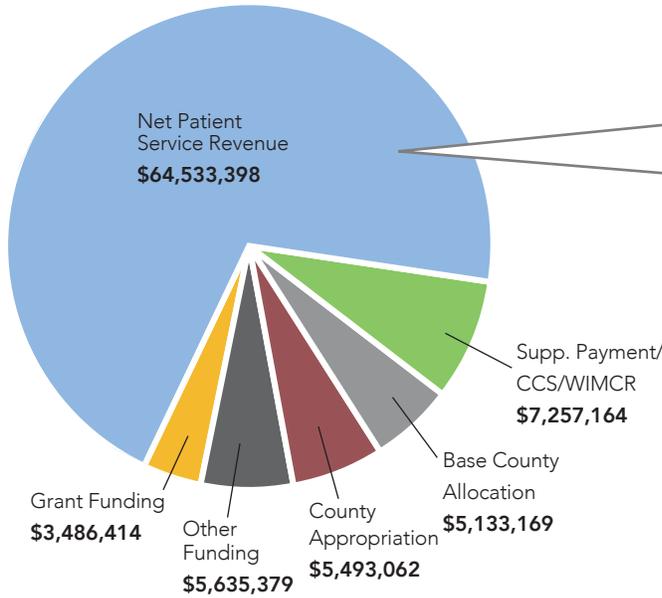
EXPENSE BUDGET COMPARISONS

DESCRIPTION	2017 BUDGET	2018 BUDGET	2019 BUDGET	2020 BUDGET	2021 BUDGET	2020-2021 % OF CHANGE
Salaries and Wages	30,474,824	32,738,156	34,459,665	43,136,380	39,825,626	-8.31%
Employee Benefits	11,626,000	11,938,000	12,800,000	17,975,000	13,322,800	-34.92%
Program Supplies and Expense	8,781,340	9,212,902	11,029,065	14,966,097	18,630,140	19.67%
Purchased and Contracted Services	6,907,349	8,795,473	7,744,683	9,317,668	13,952,605	33.22%
Utilities	611,447	611,447	611,447	853,447	851,661	-0.21%
Education and Travel	351,817	428,000	467,800	458,800	551,434	16.80%
Depreciation and Insurance	2,118,000	2,175,000	2,198,000	2,389,000	3,654,319	34.63%
State Institutes	1,000,000	800,000	800,000	900,000	750,000	-20.00%
TOTAL EXPENSES	\$61,870,777	\$66,698,978	\$70,110,660	\$89,996,392	\$91,538,586	1.68%

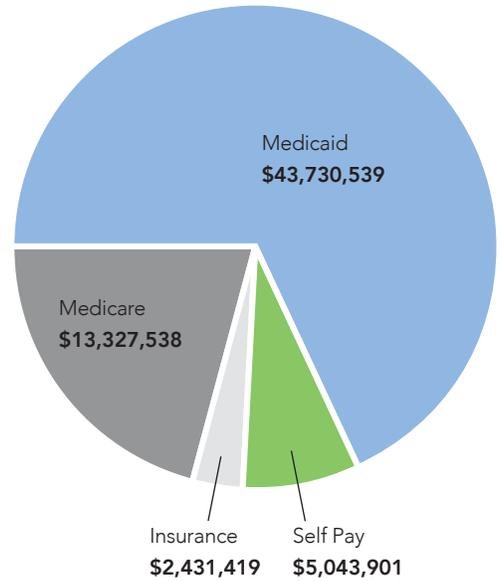


REVENUE & EXPENSE OVERVIEW

2021 Total Revenue: **\$91,538,586**



Net Patient Service Revenue by Payer Source
\$64,533,398



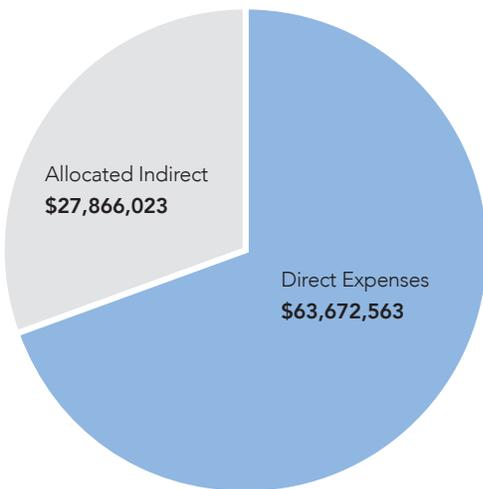
Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care such as Family Care.

Medicare: Medicare is a federal governmental program providing funding for the elderly and qualified disabilities.

Self-Pay: Funding received from the patient.

Insurance: Funding received from commercial insurance.

2021 Total Expense: **\$91,538,586**



REVENUE & EXPENSE DETAIL

	REVENUE: NET PATIENT SERVICE REV	GRANT FUNDING	OTHER FUNDING	TOTAL REVENUE	EXPENSE: DIRECT EXPENSES	ALLOCATED INDIRECT EXP	TOTAL EXPENSES
MARATHON COUNTY DIRECT SERVICES							
Outpatient Services	1,042,115	402,175	993,735	2,438,025	1,325,922	1,055,065	2,380,986
Community Treatment - Adult	4,124,671	283,208	858,864	5,266,743	3,985,346	1,089,676	5,075,022
Community Treatment - Youth	5,208,573	219,492	245,583	5,673,648	4,283,436	1,128,348	5,411,784
Day Services	1,368,719	547,920	190,060	2,106,699	1,754,153	651,070	2,405,223
Clubhouse	156,420	51,000	95,354	302,774	240,454	84,412	324,866
Aquatic Services	936,755	-	578,701	1,515,457	839,417	493,303	1,332,720
Demand Transportation	54,000	285,000	135,675	474,675	328,877	67,250	396,127
Subtotal	12,891,253	1,788,795	3,097,971	17,778,020	12,757,605	4,569,125	17,326,729
LANGLADE COUNTY DIRECT SERVICES							
Outpatient Services	308,972	85,233	238,800	633,005	585,880	276,636	862,516
Community Treatment - Adult	346,685	32,051	332,102	710,838	423,918	200,162	624,080
Community Treatment - Youth	1,258,541	241,677	357,874	1,858,093	1,123,440	530,456	1,653,896
Day Services	222,414	70,000	18,378	310,792	210,288	99,292	309,580
Subtotal	2,136,612	428,962	947,154	3,512,728	2,343,527	1,106,546	3,450,073
LINCOLN COUNTY DIRECT SERVICES							
Outpatient Services	317,225	115,377	291,680	724,283	363,311	134,559	497,870
Community Treatment - Adult	757,155	55,648	217,627	1,030,429	642,208	237,853	880,061
Community Treatment - Youth	1,897,000	546,072	161,207	2,604,279	1,544,488	572,029	2,116,517
Lincoln Industries	524,573	49,200	693,507	1,267,280	1,167,779	432,508	1,600,287
Subtotal	3,495,953	766,297	1,364,021	5,626,271	3,717,787	1,376,949	5,094,735
SHARED SERVICES							
Adult Psychiatric Hospital	4,037,922	-	170,356	4,208,278	2,959,933	1,246,190	4,206,123
Adult Hospital Psychiatry	63,020	-	1,250,631	1,313,652	2,030,165	518,552	2,548,717
Youth Psychiatric Hospital	1,754,321	-	-	1,754,321	1,360,709	-	1,360,709
Youth Hospital Psychiatry	214,500	-	652	215,152	847,626	237,617	1,085,243
Psychiatry Residency	-	-	315,226	315,226	242,488	59,172	301,659
Contract Services (State Institutes)	-	-	750,000	750,000	750,000	148,901	898,901
Crisis CBRF	1,329,208	-	160,171	1,489,380	818,156	381,715	1,199,870
Crisis Services	560,220	-	2,480,695	3,040,915	2,015,046	1,150,574	3,165,620
Youth Crisis Stabilization Facility	339,150	417,360	61	756,571	843,176	205,605	1,048,781
Lakeside Recovery (MMT)	812,003	85,000	730,493	1,627,495	1,019,808	429,941	1,449,749
Outpatient Psychiatry	1,309,803	-	2,783,781	4,093,583	3,465,641	1,019,088	4,484,729
Residential - Group Homes	2,177,296	-	1,956	2,179,253	1,403,565	363,798	1,767,363
Residential - Apartments	2,039,098	-	4,324	2,043,422	1,585,850	429,210	2,015,060
Subtotal	14,636,541	502,360	8,648,346	23,787,247	19,342,162	6,190,363	25,532,525
SKILLED NURSING SERVICES							
MVCC Long-Term Care	1,911,213	-	1,534,908	3,446,120	2,083,209	1,985,910	4,069,119
MVCC Legacies Dementia Care	4,848,636	-	2,449,496	7,298,132	3,791,300	3,071,480	6,862,780
MVCC Post-Acute Care	1,882,655	-	597,628	2,480,283	1,526,137	1,123,944	2,650,081
MVCC Ventilator Care	3,807,507	-	748,840	4,556,347	2,967,518	1,676,934	4,644,452
MVCC Rehab/Ancillary Services	2,036,000	-	406,718	2,442,718	1,042,427	451,643	1,494,070
Pine Crest Post-Acute Care	1,676,080	-	44,434	1,720,514	1,542,957	1,050,622	2,593,580
Pine Crest Long-Term Care	4,689,746	-	2,941,975	7,631,721	4,084,066	3,183,175	7,267,241
Pine Crest Special Care	1,608,823	-	306,183	1,915,006	1,122,065	816,914	1,938,980
Pine Crest Rehab/Ancillary Services	700,000	-	7,672	707,672	-	8,420	8,420
Subtotal	23,160,660	-	9,037,853	32,198,513	18,159,680	13,369,041	31,528,721
Pharmacy	8,212,378	-	423,428	8,635,806	7,351,802	1,254,000	8,605,802
TOTAL NCHC	\$64,533,398	\$3,486,414	\$23,518,774	\$91,538,586	\$63,672,563	\$27,866,024	\$91,538,586



2022 – 2023 FORECAST

The 2022 and 2023 Budget Forecasts are continuations of the 2021 budget and in concert with our 10-year long-range financial plan. Some revenue growth can be projected within some programs due to rate increases. These forecasts also anticipate tax levy and base county allocation funding to remain level. To maintain service levels at the 2021 level, other revenue growth and expense management opportunities will need to continue to be explored in order to close the gaps.

2022 BUDGET FORECAST	TOTAL REVENUE	TOTAL EXPENSE	EXCESS REVENUE (EXPENSE)	BASE COUNTY ALLOCATION	COUNTY LEVY	EXCESS REVENUE (EXPENSE)
BEHAVIORAL HEALTH SERVICES						
Adult Psychiatric Hospital	4,300,840	4,332,307	(31,467)	33,686	-	2,220
Adult Hospital Psychiatry	304,872	2,325,179	(2,020,307)	756,607	491,582	(772,117)
Psychiatry Residency	524,682	1,117,800	(593,118)	-	-	(593,118)
Contracted Services (State Institutes)	22,500	925,868	(903,368)	-	750,000	(153,368)
Crisis CBRF	1,534,061	1,235,867	298,194	-	-	298,194
Crisis Services	1,100,740	3,260,589	(2,159,848)	155,082	1,876,320	(128,446)
Lakeside Recovery (MMT)	1,082,843	1,493,241	(410,398)	593,477	-	183,079
Youth Psychiatric Hospital	1,806,951	1,401,530	405,421	-	-	405,421
Youth Hospital Psychiatry	421,606	917,800	(496,194)	-	-	(496,194)
Youth Crisis Stabilization Facility	779,268	1,080,244	(300,976)	-	-	(300,976)
Subtotal	11,878,365	18,090,425	(6,212,061)	1,538,852	3,117,902	(1,555,307)
COMMUNITY BEHAVIORAL HEALTH SERVICES						
Outpatient Services	2,738,853	3,662,957	(924,105)	789,220	-	(134,885)
Outpatient Psychiatry	1,529,293	4,619,271	(3,089,978)	2,687,097	-	(402,880)
Community Treatment – Adult	7,120,250	6,976,539	143,712	98,000	-	241,712
Community Treatment – Youth	10,440,100	9,757,664	682,437	-	-	682,437
Clubhouse	219,857	334,612	(114,755)	-	92,000	(22,755)
Subtotal	22,048,353	25,351,043	(3,302,690)	3,574,317	92,000	363,628)
COMMUNITY LIVING						
Day Services	4,176,414	4,444,543	(268,129)	-	-	(268,129)
Residential Services - Group Homes	1,844,630	1,368,345	476,285	-	-	476,285
Residential Services - Apartments	2,104,725	2,075,512	29,213	-	-	29,213
Subtotal	8,125,769	7,888,399	237,370	-	-	237,370
OTHER						
Demand Transportation	488,915	408,011	80,904	-	-	80,904
Aquatic Services	1,218,575	1,208,305	10,270	-	342,345	352,615
Subtotal	1,707,491	1,616,316	91,174	-	342,345	433,519
SKILLED NURSING FACILITIES						
MVCC Long-Term Care	3,049,500	4,191,192	(1,141,693)	-	500,004	(641,689)
MVCC Legacies Dementia Care	6,765,778	7,068,663	(302,885)	-	751,298	448,413
MVCC Post-Acute Care	2,384,119	2,729,583	(345,465)	-	170,573	(174,892)
MVCC Ventilator Care	4,614,912	4,783,785	(168,873)	-	78,125	(90,748)
MVCC Rehab/Ancillary Services	2,315,999	1,538,892	777,107	-	-	777,107
Pine Crest Post-Acute Care	1,772,129	2,671,387	(899,258)	-	-	(899,258)
Pine Crest Long-Term Care	7,662,689	7,485,258	177,431	-	197,983	375,414
Pine Crest Special Care	1,729,625	1,997,149	(267,524)	-	242,832	(24,693)
Pine Crest Rehab/Ancillary Services	728,902	8,673	720,229	-	-	720,229
Subtotal	31,023,654	32,474,583	(1,450,929)	-	1,940,815	489,886
Pharmacy	8,894,880	8,863,976	30,904	-	-	30,904
TOTALS	\$83,678,512	\$94,284,743	(\$10,606,231)	\$5,113,169	\$5,493,062	(\$0)

2022 – 2023 FORECAST

2023 BUDGET FORECAST	TOTAL REVENUE	TOTAL EXPENSE	EXCESS REVENUE (EXPENSE)	BASE COUNTY ALLOCATION	COUNTY LEVY	EXCESS REVENUE (EXPENSE)
BEHAVIORAL HEALTH SERVICES						
Adult Psychiatric Hospital	4,429,866	4,462,276	(32,410)	33,686	-	1,276
Adult Hospital Psychiatry	632,205	2,394,934	(1,762,729)	756,607	491,582	(514,540)
Psychiatry Residency	740,423	1,151,334	(410,912)	-	-	(410,912)
Contracted Services (State Institutes)	23,175	953,644	(930,469)	-	750,000	(180,469)
Crisis CBRF	1,580,083	1,272,943	307,140	-	-	307,140
Crisis Services	1,133,763	3,358,406	(2,224,644)	155,082	1,876,320	(193,242)
Lakeside Recovery (MMT)	1,115,329	1,538,039	(422,710)	593,477	-	170,767
Youth Psychiatric Hospital	1,861,160	1,443,576	417,583	-	-	417,583
Youth Hospital Psychiatry	434,254	945,334	(511,080)	-	-	(511,080)
Youth Crisis Stabilization Facility	802,646	1,112,651	(310,005)	-	-	(310,005)
Subtotal	12,752,903	18,633,138	(5,880,235)	1,538,852	3,117,902	(1,223,481)
COMMUNITY BEHAVIORAL HEALTH SERVICES						
Outpatient Services	2,821,018	3,772,846	(951,828)	789,220	-	(162,608)
Outpatient Psychiatry	1,575,172	4,757,849	(3,182,677)	2,687,097	-	(495,580)
Community Treatment – Adult	7,333,858	7,185,835	148,023	98,000	-	246,023
Community Treatment – Youth	10,753,303	10,050,394	702,910	-	-	702,910
Clubhouse	226,452	344,651	(118,198)	-	92,000	(26,198)
Subtotal	22,709,804	26,111,574	(3,401,771)	3,574,317	92,000	264,547
COMMUNITY LIVING						
Day Services	4,301,706	4,577,879	(276,173)	-	-	(276,173)
Residential Services - Group Homes	1,699,969	1,409,395	290,574	-	-	290,574
Residential Services - Apartments	2,167,867	2,137,777	30,090	-	-	30,090
Subtotal	8,169,542	8,125,051	44,491	-	-	44,491
OTHER						
Demand Transportation	503,583	420,252	83,331	-	-	83,331
Aquatic Services	1,255,133	1,244,554	10,578	-	342,345	352,923
Subtotal	1,758,715	1,664,806	93,909	-	342,345	436,254
SKILLED NURSING FACILITIES						
MVCC Long-Term Care	3,140,985	4,316,928	(1,175,943)	-	500,004	(675,939)
MVCC Legacies Dementia Care	6,968,751	7,280,723	(311,972)	-	751,298	439,326
MVCC Post-Acute Care	2,455,642	2,811,471	(355,829)	-	170,573	(185,255)
MVCC Ventilator Care	4,753,360	4,927,299	(173,939)	-	78,125	(95,814)
MVCC Rehab/Ancillary Services	2,385,479	1,585,059	800,420	-	-	800,420
Pine Crest Post-Acute Care	1,825,293	2,751,529	(926,235)	-	-	(926,235)
Pine Crest Long-Term Care	7,892,570	7,709,816	182,754	-	197,983	380,737
Pine Crest Special Care	1,781,514	2,057,063	(275,550)	-	242,832	(32,718)
Pine Crest Rehab/Ancillary Services	750,769	8,933	741,836	-	-	741,836
Subtotal	31,954,364	33,448,821	(1,494,457)	-	1,940,815	446,358
Pharmacy	9,161,727	9,129,895	31,832	-	-	31,832
TOTALS	\$86,507,054	\$97,113,285	(\$10,606,231)	\$5,113,169	\$5,493,062	\$0



North Central Health Care has a multi-faceted process for capital budgeting and funding with each of our county partners. Capital budgeting is a process that involves the identification of potentially desirable projects for capital expenditures, the subsequent evaluation of capital expenditure proposals, and the selection of certain proposals that meet certain criteria. North Central Health Care's threshold to capitalize an asset and depreciate its use requires the purchase to be \$2,500 or more and have a useful life of two or more years. Straight-line depreciation methods are used and funding for capital assets is available for the approved year and two consecutive years. Equipment with a value of less than \$2,500 are budgeted separately and expensed within a program's budget. Movable equipment of any cost is considered an operational expense and is budgeted for and approved as either an expense or when eligible a capitalized asset. Generally, the use of capital can be summarized in the following categories:

- 1) Replacement: needed to continue current operations
- 2) Replacement: cost reduction
- 3) Expansion of current services
- 4) Expansion into new services
- 5) Safety and/or environmental projects
- 6) Other projects

CAPITAL BUDGETING PROCESSES

All anticipated building renovation projects, regardless of price, must be submitted to each County Facilities & Capital Maintenance Department by May 1st of each year so the projects can be designed, scoped and priced for the following year. Any building alteration of more than \$30,000 must be submitted by June of each year to be considered for funding by any County for the following year.

There is a detailed ranking and funding process for all projects submitted.

NCHC Capital Budget

If a project is approved but does not get funded, NCHC can budget for and pay for these projects using NCHC's available capital funding, even if the project exceeds \$30,000. Building projects under \$30,000 are considered operational projects and are exclusively funded by NCHC through the NCHC capital budgeting process. These projects still must be approved by each County in advance.

All asset acquisition which can be capitalized must be submitted and approved as part of NCHC's capital budget regardless of funding source.

Rolling Stock

Rolling stock includes vehicles, buses, and small equipment intended for NCHC programs. Rolling stock purchases for use in programs serving Marathon County fall under Marathon County's policy and procedures on rolling stock in determining need and replacement schedule. Rolling stock intended for Marathon County programs that are more than \$5,000 must be approved by Marathon County. Purchases under \$5,000 are considered operational expenses and are funded by NCHC.

Any rolling stock request that is requested for funding but does not receive funding approval by Marathon County may be funded by NCHC if it receives approval by the NCHC Board.

All rolling stock purchases for use in Langlade and Lincoln County, regardless of price, are included in NCHC's budget.



CAPITAL IMPROVEMENT REQUESTS

PROGRAM DESCRIPTION	CAPITAL REQUEST	REQUEST	REASON
Antigo Day Services	Bathroom Remodel	15,000	Remodel
Antigo Day Services	Hoyer Lift	5,600	Replacement
In-House Transportation	Mini Van to Replace #74	28,000	Replacement
Lakeside Recovery MMT	Washer/Dryer	5,000	Replacement
Laundry	Hottronix Heat Press	7,300	Replacement
Lincoln Industries	Hoyer Lift	5,000	Replacement
Lincoln Industries	Sit to Stand Lift	5,000	Replacement
Lincoln Industries	Wheelchair Swing	6,500	New
Pine Crest Nursing Home	Washers/Dryers (4 each)	15,700	Replacement
Pine Crest Nursing Home	Stackable Washers/Dryers (2)	6,900	Replacement
Pine Crest Nursing Home	Blixer Processor w/ Bowl	4,300	Replacement
Pine Crest Nursing Home	Food Cart & Tray Accessories	5,100	Replacement
Pine Crest Nursing Home	Wheelchair Washer	15,000	New
Chadwick Street	High-Temp Dishwasher	11,500	Replacement
Heather Street	High-Temp Dishwasher	11,500	Replacement
Bissell Street	High-Temp Dishwasher	11,500	Replacement
Andrea Street	Hoyer Lift	5,000	Replacement
Andrea Street	High-Temp Dishwasher	11,500	Replacement
Prevocational Services	Sit to Stand Lift	5,000	Replacement
TECHNOLOGY REQUESTS			
Information Management Services	Laptop Computers	100,000	Replacement
Information Management Services	Networking Equipment	125,000	Replacement
Totals		\$405,400	

CAPITAL IMPROVEMENT FORECAST 2022–2025

YEAR	CAPITAL REQUEST	DESCRIPTION OF REQUEST	ESTIMATED COST
2022	Rolling Stock – Replacement	Small Bus to Replace #76	62,000
2022	Rolling Stock – Replacement	Passenger Car to Replace #77	28,000
2022	Rolling Stock – Replacement	Passenger Car to Replace #78	28,000
2022	Rolling Stock – Replacement	Small Bus to Replace #95	62,000
2023	Rolling Stock – Replacement	Large Bus to Replace #64	90,000
2023	Rolling Stock – Replacement	Passenger Car to Replace #79	29,000
2024	Rolling Stock – Replacement	Large Bus to Replace #65	90,000
2024	Rolling Stock – Replacement	Large Bus to Replace #66	90,000
2024	Rolling Stock – Replacement	Large Bus to Replace #67	90,000
2025	Rolling Stock – Replacement	Small Bus to Replace #1	64,000
2025	Rolling Stock – Replacement	Large Bus to Replace #60	90,000



North Central Health Care

Person centered. Outcome focused.

Wausau Campus

1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center

607 N. Sales Street, Suite 309
Merrill, Wisconsin 54452
715.536.9482

Antigo Center

1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

Mount View Care Center

2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Pine Crest Nursing Home

2100 E 6th Street
Merrill, WI 54452
715.536.0355

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and skilled nursing needs.

www.norcen.org



Additional printed copies or the digital version of this report are available by emailing info@norcen.org or by calling North Central Health Care Administration Office at 715.848.4405.

Finalized electronic copy is available on www.norcen.org/Budget





navigating
the
curve

2023

2022

2021

2021 PROPOSED BUDGET



North Central Health Care
Person centered. Outcome focused.



STRATEGY & BACKGROUND



North Central
Health Care
Person centered. Outcome focused.

Financial Strategy

Financial Viability = Choice

- 3-5% Compound Annual Growth Rate
- Reduce the Ratio of Indirect to Direct Expense
- Reduce the Ratio of Direct Expense to Gross Patient Revenue
- Annual Contingency Funding of 1.5%
- Reduce Tax Levy as a Percentage of Budget
- Service Campus Renovation Debt
- Achieve 2-3% Annual Net Income

Definitions

- Direct Expense: Expenses directly charged and specific to a program.
- Indirect Expense (Overhead): Expenses related to non-revenue-generating (support) programs.
- Direct Services: Programs specifically located in each county.
- Shared Services: Programs to which all three counties share access, revenue, and expense.
- Gross Revenue: Charges recognized for services provided.
- Net Revenue: Reimbursement received from payers for services provided.
- Contractual Adjustments: The difference between charges and payer reimbursement.

Service Lines

Behavioral Health Services

- Adult Psychiatric Hospital
- Adult Hospital Psychiatry
- State Institutes
- Crisis CBRF
- Crisis Services
- Lakeside Recovery MMT
- Youth Psychiatric Hospital
- Youth Hospital Psychiatry
- Youth Crisis Stabilization Facility

Community Behavioral Health Services

- Outpatient Services
- Outpatient Psychiatry
- Community Treatment – Adult
- Community Treatment – Youth
- Community Corner Clubhouse

Community Living Services

- Adult Day Services
- Prevocational Services
- Lincoln Industries
- Residential Services – Group Homes
- Residential Services – Supported Apartments

Service Lines, continued

Skilled Nursing Facilities

- Mount View Care Center
 - Long-Term Care
 - Legacies Dementia Care
 - Post-Acute Care
 - Ventilator Care
 - Rehabilitation Services
 - Ancillary Services
- Pine Crest Nursing Home
 - Long-Term Care
 - Post-Acute Care
 - Special Care
 - Rehabilitation Services
 - Ancillary Services

Pharmacy

Other Services

- Demand Transportation
- Aquatic Services



2021 BUDGET HIGHLIGHTS



2021 Budget General Highlights

- Mount View Care Center daily census to be at 145 by January 2021 and 132 by July 2021. Associated reduction of 23.0 FTEs.
- Pine Crest Nursing Home daily census of 100. Associated reduction of 18.3 FTEs.
- Medicaid rates increase in both Skilled Nursing Facilities due to planned increase in resident acuity.
- Adult Psychiatric Hospital 14/day census.
- Youth Psychiatric Hospital 6/day census.
- Crisis CBRF 12/day census.
- New Youth Crisis Stabilization Facility 6/day census.
- No specific target for merit increases.
- Overall reduction of 55.7 FTEs.
- Wisconsin Retirement System contribution rate consistent at 6.75%.
- Health Insurance budget decreases; costs to employees remain flat.
- Expense for Diversions decreased due to addition of youth programming.
- \$400K addition to the contingency fund included.
- New facility transitions continue and debt service begins.
- Lakeside Recovery MMT is included in the 2021 budget proposal.

Statements of Revenue & Expense

2021 Budget (\$1,000s)		
HSO	SNF	Total

2020 Budget (\$1,000s)		
HSO	SNF	Total

REVENUE

Net Patient Service Revenue	41,373	28,057	69,430
Counties' Appropriations	3,552	1,941	5,493
Other Revenue	15	2	16
Total Revenue	59,590	31,579	91,169

Net Patient Service Revenue	36,813	34,261	71,074
Counties' Appropriations	3,552	1,941	5,493
Other Revenue	11	2	13
Total Revenue	50,995	38,131	89,126

EXPENSE

Direct Expense	45,513	18,160	63,673
Indirect Expense	14,447	13,419	27,866
Total Expense	59,960	31,579	91,539

Direct Expense	39,828	23,824	63,652
Indirect Expense	12,037	14,308	26,345
Total Expense	51,865	38,131	89,996

Operating Income (Loss)	(370)	0	(370)
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Operating Income (Loss)	(870)	0	(870)
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Non-Operating Gain/(Loss)	370	0	370
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Non-Operating Gain/(Loss)	370	0	370
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Income/(Loss)	0	0	0
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Income/(Loss)	(500)	0	(500)
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Budget to Budget Comparison

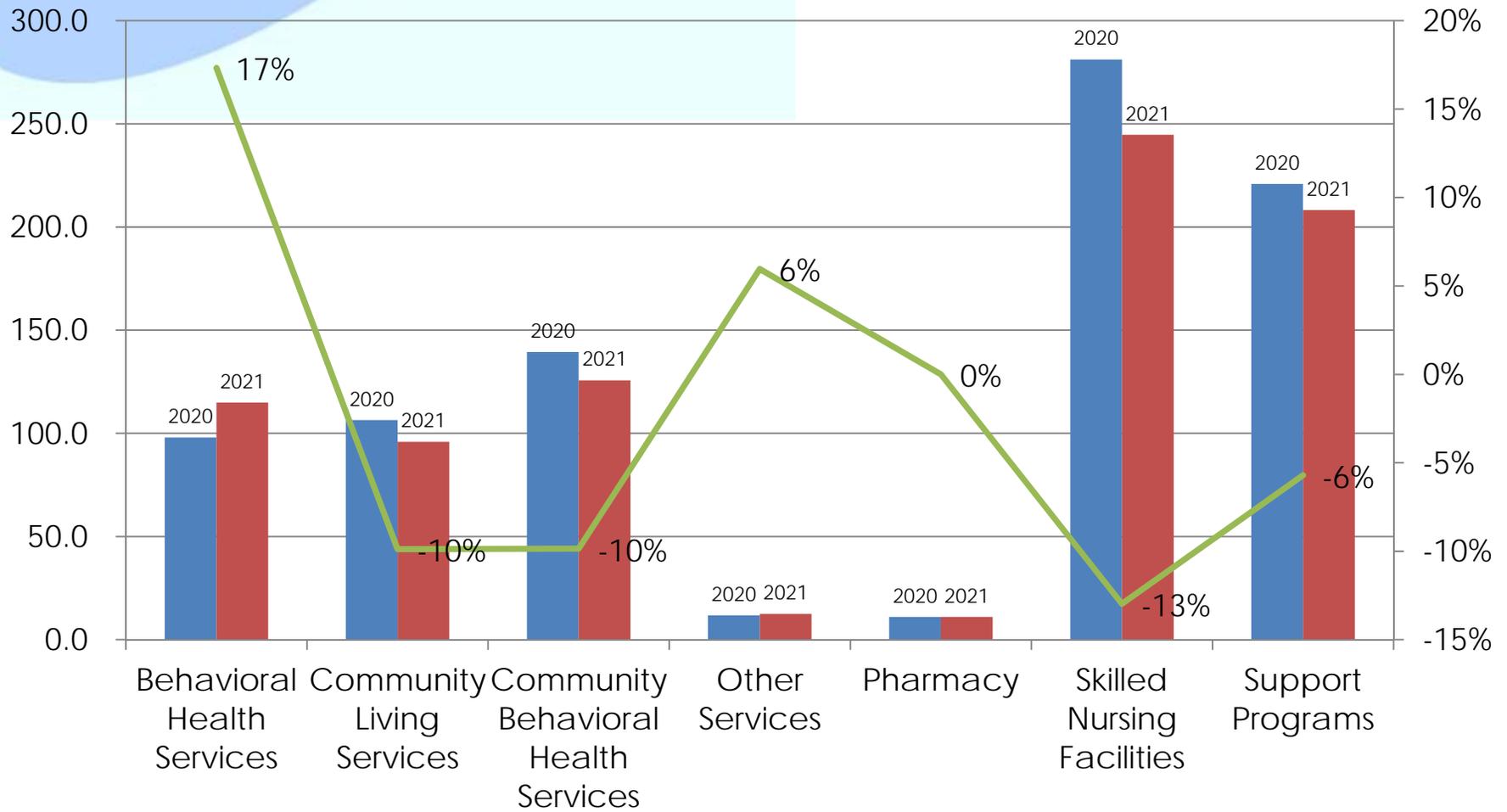
Service Lines	2021 Budget			2020 Budget		
	Revenue (\$1,000s)	Expense (\$1,000s)	Variance (\$1,000s)	Revenue (\$1,000s)	Expense (\$1,000s)	Variance (\$1,000s)
Behavioral Health Services	10,845	17,401	(6,555)	8,850	14,145	(5,294)
Community Behavioral Health Services	21,244	24,127	(2,883)	16,661	202,534	(3,572)
Community Living Services	7,127	7,137	(10)	8,273	8,273	0
Other Services	2,428	2,689	(261)	1,455	1,797	(342)
Skilled Nursing Facilities	30,262	31,579	(1,317)	36,191	38,131	(1,941)
Pharmacy	8,636	8,606	30	6,482	6,482	0
Total	80,542	91,539	(10,996)	78,616	89,996	(11,381)
Base County Allocation	5,133	0	5,133	5,018	0	5,018
County Appropriation	5,493	0	5,493	5,493	0	5,493
Non-Operating Revenue	370	0	370	370	0	370
Total Revenue/Expense	91,539	91,539	0	89,496	89,996	(500)



CHANGES FROM 2020 BUDGET



Change in FTEs



Summary of Expense Change Drivers

<u>2020 Expense Budget</u>	<u>90,096,486</u>
Wages: Behavioral Health Services	613,100
Wages: Community Living Services	(468,500)
Wages: Community Behavioral Health Services	(823,800)
Wages: Skilled Nursing Facilities	(2,899,100)
Wages: Support Programs / Miscellaneous	(707,500)
Health Insurance	(1,482,200)
All Other Benefits / FICA	(242,100)
Pharmacy Drugs	1,691,800
Debt Service / Contingency Funding / Miscellaneous	1,785,300
Contracted Services	3,586,900
Depreciation	388,200
<u>2021 Expense Budget</u>	<u>91,538,586</u>

Summary of Revenue Change Drivers

<u>2020 Revenue Budget</u>	<u>89,495,586</u>
Behavioral Health Services	1,889,000
Community Behavioral Health Services	3,761,000
Pharmacy	2,132,000
Skilled Nursing Facilities	(5,739,000)
<u>2021 Revenue Budget</u>	<u>91,538,586</u>



■ APPROPRIATIONS (COUNTY LEVY)



Total Appropriation Funding by Year as a Percentage of Overall Budget

Budget Year	Total Levy	Levy as % of Budget
2011	\$ 10,387,306	18.9%
2012	\$ 9,037,920	16.0%
2013	\$ 8,812,753	15.1%
2014	\$ 8,762,305	15.0%
2015	\$ 8,834,788	15.1%
2016	\$ 8,924,688	14.7%
2017	\$ 7,671,118	12.4%
2018	\$ 7,631,118	11.4%
2019	\$ 6,305,832	9.0%
2020	\$ 5,493,064	6.1%
2021	\$ 5,493,062	6.0%

In 2011, Budget was \$60,163,488 versus 2021 Budget of \$92,252,990.

Budget has increased 67.5% while levy funding has decreased 47.12%.



■ COMPARISON TO 2020 8+4 FORECAST



2021 Budget vs. 2020 8+4 Forecast Behavioral Health Services

	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Net Patient Service Revenue	9,110,000	4,554,000	4,556,000
Base County Allocation	1,539,000	1,676,000	(138,000)
Other Revenue	1,373,000	1,113,000	260,000
Appropriations	3,118,000	3,118,000	-
EXPENSE			
Salaries & Wages	6,447,000	4,084,000	2,364,000
Benefits Allocation	2,211,000	1,268,000	943,000
FICA	478,000	293,000	185,000
Program, Supplies, & Other Expenses	1,477,000	2,466,000	(989,000)
Contracted Services	2,021,000	2,096,000	(75,000)
Equipment, Facility, & Utilities Expenses	254,000	29,000	224,000
	<u>2,252,000</u>	<u>225,000</u>	<u>2,026,000</u>

2021 Budget vs. 2020 8+4 Forecast

Community Behavioral Health Services

	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Net Patient Service Revenue	16,727,000	14,718,000	2,009,000
Base County Allocation	3,574,000	3,339,000	236,000
Other Revenue	4,109,000	3,826,000	282,000
Appropriations	92,000	92,000	-
EXPENSE			
Salaries & Wages	7,467,000	7,044,000	423,000
Benefits Allocation	2,561,000	2,203,000	357,000
FICA	571,000	492,000	80,000
Program, Supplies, & Other Expenses	527,000	650,000	(123,000)
Contracted Services	6,665,000	6,798,000	(132,000)
Equipment, Facility, & Utilities Expenses	101,000	67,000	34,000
	<u>6,610,000</u>	<u>4,721,000</u>	<u>1,888,000</u>

2021 Budget vs. 2020 8+4 Forecast Community Living Services

	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Net Patient Service Revenue	6,332,000	5,828,000	504,000
Base County Allocation	20,000	-	20,000
Other Revenue	1,485,000	2,275,000	(790,000)
EXPENSE			
Salaries & Wages	2,936,000	3,486,000	(550,000)
Benefits Allocation	1,003,000	999,000	4,000
FICA	224,000	245,000	(21,000)
Program, Supplies, & Other Expenses	932,000	695,000	237,000
Contracted Services	806,000	839,000	(33,000)
Equipment, Facility, & Utilities Expenses	312,000	233,000	79,000
	<u>1,624,000</u>	<u>1,606,000</u>	<u>18,000</u>

2021 Budget vs. 2020 8+4 Forecast Skilled Nursing Facilities

	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Net Patient Service Revenue	23,161,000	26,391,000	(3,230,000)
Other Revenue	5,427,000	7,868,000	(2,441,000)
Appropriations	1,941,000	1,941,000	-
EXPENSE			
Salaries & Wages	10,715,000	13,071,000	(2,357,000)
Benefits Allocation	3,673,000	3,603,000	70,000
FICA	793,000	922,000	(129,000)
Program, Supplies, & Other Expenses	1,542,000	1,942,000	(400,000)
Contracted Services	897,000	2,511,000	(1,614,000)
Equipment, Facility, & Utilities Expenses	540,000	281,000	259,000
	<u>12,369,000</u>	<u>13,870,000</u>	<u>(1,500,000)</u>

2021 Budget vs. 2020 8+4 Forecast

Other Services

	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Net Patient Service Revenue	991,000	415,000	576,000
Other Revenue	505,000	457,000	48,000
Appropriations	342,000	342,000	-
EXPENSE			
Salaries & Wages	628,000	445,000	183,000
Benefits Allocation	215,000	174,000	41,000
FICA	48,000	32,000	16,000
Program, Supplies, & Other Expenses	99,000	120,000	(21,000)
Contracted Services	-	5,000	(5,000)
Equipment, Facility, & Utilities Expenses	178,000	1,000	177,000
	<u>670,000</u>	<u>437,000</u>	<u>233,000</u>

2021 Budget vs. 2020 8+4 Forecast Pharmacy

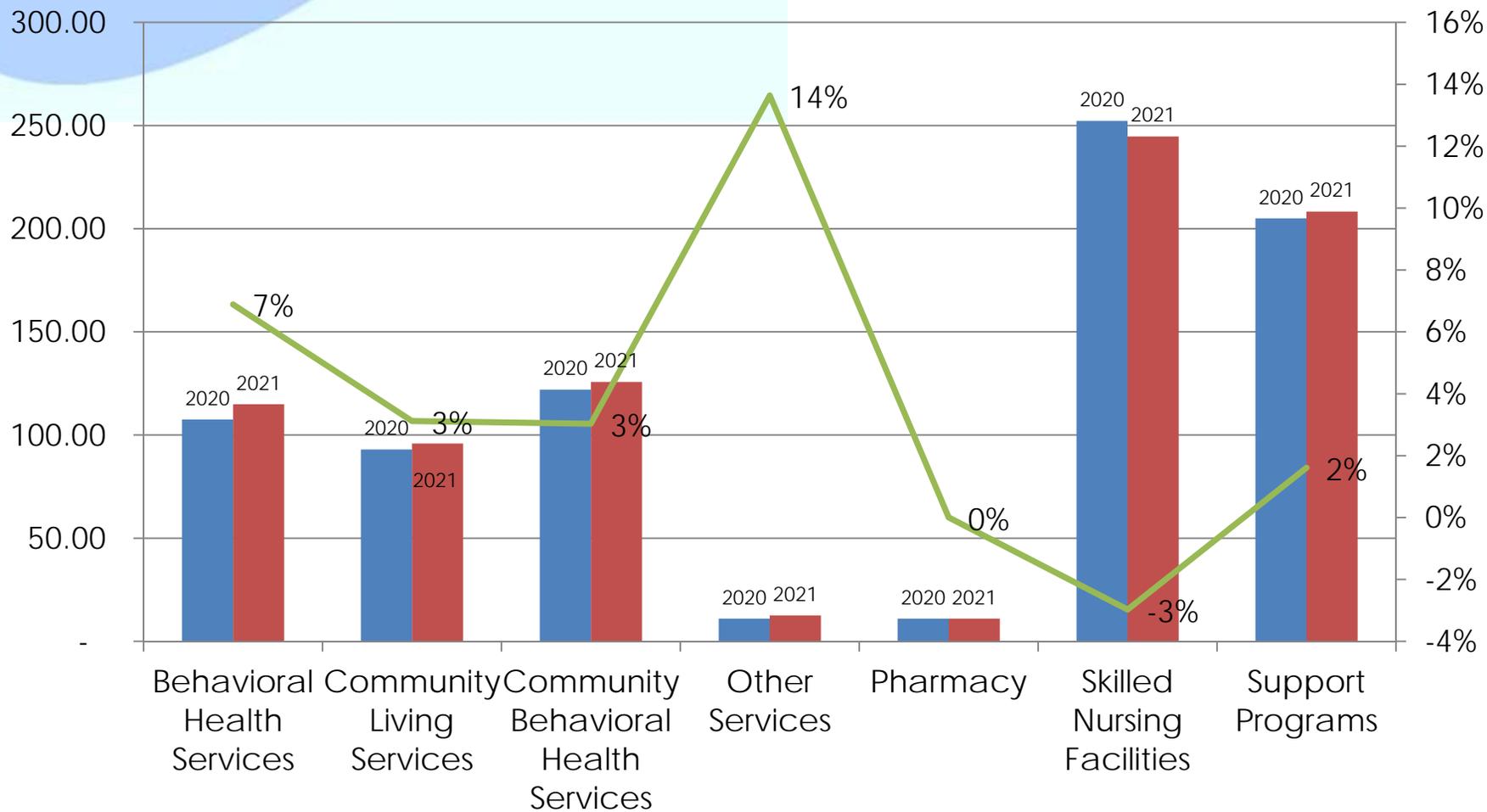
	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Net Patient Service Revenue	8,212,000	6,601,000	1,612,000
Other Revenue	399,000	601,000	(202,000)
EXPENSE			
Salaries & Wages	804,000	704,000	100,000
Benefits Allocation	276,000	218,000	58,000
FICA	62,000	49,000	12,000
Program, Supplies, & Other Expenses	6,121,000	5,114,000	1,007,000
Contracted Services	23,000	30,000	(7,000)
Equipment, Facility, & Utilities Expenses	66,000	16,000	50,000
	<u>1,259,000</u>	<u>1,071,000</u>	<u>190,000</u>

2021 Budget vs. 2020 8+4 Forecast

Support Services

	<u>2021 Budget</u>	<u>2020 8+4 Forecast</u>	<u>Difference</u>
REVENUE			
Other Revenue	2,711,000	2,677,000	34,000
EXPENSE			
Salaries & Wages	9,853,000	9,811,000	43,000
Benefits Allocation	(9,938,000)	(8,465,000)	(1,473,000)
FICA	753,000	829,000	(76,000)
Benefits	13,323,000	11,091,000	2,232,000
Program, Supplies, & Other Expenses	7,978,000	5,328,000	2,650,000
Contracted Services	3,006,000	2,846,000	160,000
Equipment, Facility, & Utilities Expenses	2,892,000	3,101,000	(209,000)
Non-Operating Revenue	(370,000)	(307,000)	(63,000)
	<u>(24,786,000)</u>	<u>(21,557,000)</u>	<u>(3,230,000)</u>

Change in FTEs



2020 Board - RCA - CEO 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 with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The HSRI team will be circling back with a few key informants on the impacts of COVID as an addition to their work thus far. Report is expected in the 4th Quarter 2020. Community engagement will continue to be on hold.	Open												
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending												
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	The written evaluation has been completed but the in-person review of the evaluation has not been completed.	Open												
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open												
Recommend Annual Budget to Counties	Board	Apr-20	Budget recommendation to the Counties by October 1st	The Executive Budget will be presented at the September Board meeting.	Open												
Develop a Board Development and Recruitment Plan	Governance Committee	Jun-20	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	Plan will be approved by Board in September.	Open												
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	The Executive Committee is working on reviewing and proposing new performance standards for 2021. This work will likely continue through October.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	Initial presentation made at June Board meeting. Subsequent Board presentations will continue as the Board works to articulate a Diversity, Equity and Inclusion strategy for the organization. An internal team will also be working on developing supporting structure to these initiatives.	Open												
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	The self-evaluation have been completed and the results will be presented at the September Board meeting.	Open												
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Board will review current plan performance and approve the plan for the upcoming year in December.	Pending												
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	Will be completed at the September Board meeting.	Open												
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	The Executive Committee is working to prepare the Annual CEO Succession Exercise for the Board's October meeting.	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in November.	Pending												
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Board will review current plan performance and approve the Utilization Review Plan for the upcoming year in December.	Pending												
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Will be completed at the September Board meeting.	Pending												

2020 Board - RCA - CEO 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
Provide Monthly Program and Service Report	Executive Committee	Monthly	CEO provides a monthly Programs and Services report to the Executive Committee	Ongoing.	Open												
Annual Review of Board Policy	Board	Jan-20	Board reviews and approves all Board Policies by December 31	Ongoing, Policies have been dispersed equally and timely throughout the year. The Board will be given an updated policy index and copies of all Board policies at the September meeting.	Open												
Accept the Annual Audit	Board	Jan-20	Acceptance of the annual audit by the NCCSP Board in April	Accepted at May NCCSP Board meeting.	Complete												
County Fund Balance Reconciliation	Board	Apr-20	Fund Balance Presentation and Adoption by NCCSP Board	Fund Balance Policy has been reviewed and Fund Balance Statements have been sent to the counties.	Complete												
Reserve Policy Review	Board	Apr-20	The Board will review and approve the Reserve Policy after the CFO has met with the County Finance Directors to receive input following the annual audit	Approved.	Complete												
Determine Budget Guidelines and Priorities	Executive Committee	Apr-20	Budget Guidelines and Priorities of the member Counties are communicated to the Board by June 1st	Budget Guidelines and Priorities were provided at the May Board meeting.	Complete												
Nomination and Election of Board Officers	Governance Committee	Apr-20	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May	The slate of Officers was voted on and seat at the May Board Meeting	Complete												
Annual Review of Board End Statements	Board	May-20	Adoption of End Statements with any modifications by June 1st	Reviewed at May Board Meeting. May need to be reviewed again as the Performance Standards are reviewed.	Complete												
Selection of Independent Certified Public Accounting Firm	Executive Committee	Jun-20	5 year contract established with an accounting firm	Staff is recommending that the RFP be delayed until next year given the risk related to the Cerner implementation.	Complete												

MEMORANDUM

DATE: September 16, 2020
TO: North Central Community Services Program Board
FROM: Jill Meschke, Chief Financial Officer
RE: Monthly CFO Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting.

1) Financial Results:

The financials show a gain for August of \$987,391, compared to the targeted loss of (\$84,582) resulting in a positive variance of \$1,071,974. ①

2) Revenue Key Points:

- Overall revenue for August was above budgeted target by \$708,235. Net patient revenue was unfavorable to plan by (\$711,464). ② Pine Crest Nursing Home received an excess Supplemental Payment award in August of \$566,540 and Mount View Care Center and Pine Crest Nursing Home received combined CARES Act funding of \$524,600, ③ which improved the overall revenue results.
- Mount View Care Center census averaged 154 compared to the target of 183. Pine Crest census averaged 117 compared to the target of 155.
- Volume is the primary driver of the net patient revenue shortfall in the nursing homes accounting for (\$210,519) in Mount View Care Center and (\$219,881) in Pine Crest Nursing Home for the month. ②
- The hospital census averaged 11 to a budget of 15 for the month of August resulting in a shortfall from net patient revenue plan of (\$83,464). ②
- Net patient revenue for the outpatient areas combined is short from plan by (\$191,545) in August. ②
- Administrative and bad debt write offs totaled (\$14,389) ④ in August.

3) Expense Key Points:

- Overall expenses for August were favorable to plan \$531,821. ⑤
- Salaries are \$304,285 ⑥ favorable to budget for August in direct care programs and \$138,730 ⑦ favorable to budget in indirect programs. This is partially due to suspension of merit increases and utilization of contract staff and providers.
- Benefits expenses are favorable to plan by \$608,726 ⑦ driven by health insurance favorability of \$279,622.
- Contracted services of providers and staff represent the greatest unfavorable variance from plan of (\$315,494), ⑧ which offsets the majority of the favorable salaries results.
- Drugs expense was unfavorable to budget (\$120,798) ⑨ in August due to the addition of pharmacy services to Pine Crest Nursing Home. This expense is offset by additional revenue.
- Diversions were unfavorable to plan (\$84,367) ⑩ in August.

North Central Health Care
Balance Sheet
For the Period Ending August 31, 2020

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	3,832,687	3,892,930
Accounts Receivable		
Net Patient Receivable	5,961,148	4,750,639
Outpatient WIMCR & CCS	4,270,000	3,589,667
Nursing Home Supplemental Payment	860,200	(52,151)
County Appropriations Receivable	-	(525,487)
Net State Receivable	487,198	420,974
Other Accounts Receivable	815,809	359,605
Inventory	446,283	427,687
Prepaid Expenses	952,319	816,631
Total Current Assets	<u>17,625,644</u>	<u>13,680,495</u>
Noncurrent Assets		
Investments	12,084,000	13,646,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	92,667	41,137
Pool Project Receivable	1,732,590	3,213,262
Net Pension Assets	-	5,559,798
Nondepreciable Capital Assets	19,181,044	1,031,169
Net Depreciable Capital Assets	20,490,924	10,182,500
Total Noncurrent Assets	<u>54,581,225</u>	<u>34,673,866</u>
Deferred Outflows of Resources (Pensions)	<u>22,152,585</u>	<u>10,270,680</u>
TOTAL ASSETS	<u><u>94,359,454</u></u>	<u><u>58,625,041</u></u>

	<u>Current YTD</u>	<u>Prior YTD</u>
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	29,249	29,249
Trade Accounts Payable	467,141	392,489
Accrued Liabilities		
Salaries and Retirement	2,037,776	1,692,111
Compensated Absences	2,804,123	1,731,542
Health and Dental Insurance	670,000	847,000
Bonds	360,000	-
Interest Payable	186,276	-
Other Payables and Accruals	1,546,493	695,848
Payable to Reimbursement Programs	220,000	220,000
Unearned Revenue	(78,934)	(667,759)
Total Current Liabilities	<u>8,242,123</u>	<u>4,940,480</u>
Noncurrent Liabilities		
Net Pension Liability	9,445,451	944,541
Long-Term Portion of Capital Lease Liability	55,849	83,099
Long-Term Projects in Progress	17,077,923	343,429
Long-Term Debt and Bond Premiums	9,150,691	-
Patient Trust Funds	62,949	41,137
Total Noncurrent Liabilities	<u>35,792,863</u>	<u>1,412,205</u>
Deferred Inflows of Resources (Pensions)	<u>11,508,078</u>	<u>10,993,103</u>
TOTAL LIABILITIES	55,543,064	17,345,788
NET POSITION		
Net Investment in Capital Assets	39,652,689	11,213,669
Pool Project Restricted Capital Assets	1,732,590	3,213,262
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	1,558,954	337,073
Undesignated	(6,243,115)	27,524,420
Net Income / (Loss)	1,115,272	(2,009,171)
TOTAL NET POSITION	38,816,389	41,279,253
TOTAL LIABILITIES AND NET POSITION	<u><u>94,359,454</u></u>	<u><u>58,625,041</u></u>

North Central Health Care
Income Statement
For the Period Ending August 31, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>
Direct Revenues								
Patient Gross Revenues	7,237,154	8,648,275	(1,411,120)	-16.3%	57,958,665	67,845,456	(9,886,792)	-14.6%
Patient Contractual Adjustments	(2,612,864)	(3,196,358)	583,494 ④	-18.3%	(20,316,894)	(24,903,524)	4,586,630	-18.4%
Net Patient Revenue	<u>4,624,291</u>	<u>5,451,917</u>	<u>(827,626) ②</u>	<u>-15.2%</u>	<u>37,641,771</u>	<u>42,941,932</u>	<u>(5,300,161)</u>	<u>-12.3%</u>
County Revenue	417,915	418,151	(236)	-0.1%	3,343,317	3,345,204	(1,887)	-0.1%
Contracted Service Revenue	56,801	71,167	(14,366)	-20.2%	437,126	569,333	(132,208)	-23.2%
Grant Revenues and Contractuals	215,035	183,767	31,268	17.0%	1,905,816	1,470,133	435,683	29.6%
Appropriations	457,755	457,755	-	0.0%	3,662,042	3,662,041	-	0.0%
Other Revenue	2,093,741	690,708	1,403,033 ③	203.1%	9,904,126	5,525,667	4,378,460	79.2%
Total Net Revenue	<u>7,865,537</u>	<u>7,273,464</u>	<u>592,073</u>	<u>8.1%</u>	<u>56,894,197</u>	<u>57,514,311</u>	<u>(620,114)</u>	<u>-1.1%</u>
Direct Expenses								
Personnel Expenses	3,180,566	3,957,244	776,678 ⑥	19.6%	26,059,469	30,688,378	4,628,909	15.1%
Contracted Services Expenses	863,716	547,343	(316,373) ⑧	-57.8%	7,673,101	4,372,077	(3,301,024)	-75.5%
Supplies Expenses	65,737	84,765	19,028	22.4%	473,907	672,454	198,547	29.5%
Drugs Expenses	490,569	367,152	(123,417) ⑨	-33.6%	3,586,296	2,936,055	(650,241)	-22.1%
Program Expenses	90,407	117,812	27,405	23.3%	645,537	932,502	286,965	30.8%
Land & Facility Expenses	20,155	26,727	6,572	24.6%	158,717	213,813	55,096	25.8%
Equipment & Vehicle Expenses	47,810	41,916	(5,894)	-14.1%	323,027	329,928	6,902	2.1%
Diversions Expenses	159,367	75,000	(84,367) ⑩	-112.5%	1,310,470	600,000	(710,470)	-118.4%
Other Operating Expenses	170,939	151,435	(19,504)	-12.9%	1,266,508	1,206,542	(59,965)	-5.0%
Total Direct Expenses	<u>5,089,266</u>	<u>5,369,394</u>	<u>280,128</u>	<u>5.2%</u>	<u>41,497,029</u>	<u>41,951,749</u>	<u>454,720</u>	<u>1.1%</u>
Indirect Revenues								
County Revenue	171,635	171,635	-	0.0%	1,373,082	1,373,082	-	0.0%
Contracted Service Revenue	2,500	2,500	-	0.0%	24,642	20,000	4,642	23.2%
Other Revenue	52,418	56,250	(3,832)	-6.8%	387,187	450,000	(62,813)	-14.0%
Total Net Revenue	<u>231,467</u>	<u>230,385</u>	<u>1,081</u>	<u>0.5%</u>	<u>1,801,770</u>	<u>1,843,082</u>	<u>(41,312)</u>	<u>-2.2%</u>
Indirect Expenses								
Personnel Expenses	1,076,247	1,269,361	193,114 ⑦	15.2%	8,926,183	9,953,357	1,027,174	10.3%
Contracted Services Expenses	7,653	5,000	(2,653) ⑧	-53.1%	48,177	40,000	(8,177)	-20.4%
Supplies Expenses	79,425	123,616	44,191	35.7%	626,365	988,929	362,564	36.7%
Drugs Expenses	1,547	4,167	2,619 ⑨	62.9%	2,245	33,333	31,088	93.3%
Program Expenses	77,433	20,671	(56,763)	-274.6%	253,855	165,367	(88,488)	-53.5%
Land & Facility Expenses	278,252	309,619	31,367	10.1%	2,321,576	2,476,949	155,372	6.3%
Equipment & Vehicle Expenses	123,501	124,554	1,053	0.8%	974,855	996,434	21,578	2.2%
Other Operating Expenses	365,942	404,706	38,764	9.6%	3,126,166	3,302,645	176,479	5.3%
Total Indirect Expenses	<u>2,010,000</u>	<u>2,261,693</u>	<u>251,693</u>	<u>11.1%</u>	<u>16,279,422</u>	<u>17,957,014</u>	<u>1,677,592</u>	<u>9.3%</u>
Total Operating Expenses	<u>7,099,266</u>	<u>7,631,087</u>	<u>531,821 ⑤</u>	<u>7.0%</u>	<u>57,776,452</u>	<u>59,908,763</u>	<u>2,132,311</u>	<u>3.6%</u>
Metrics								
Indirect Expenses/Direct Expenses	39.5%	42.1%			39.2%	42.8%		
Direct Expense/Gross Patient Revenue	70.3%	62.1%			71.6%	61.8%		
Non-Operating Income/Expense								
Interest Income/Expense	(20,062)	(30,833)	10,771	-34.9%	(194,986)	(246,667)	51,681	-21.0%
Donations Income	(2,006)	-	(2,006)	0.0%	(34,873)	-	(34,873)	0.0%
Other Non-Operating	32,415	(2,500)	34,915	-1396.6%	34,101	(20,000)	54,101	-270.5%
Total Non-Operating	<u>10,346</u>	<u>(33,333)</u>	<u>43,679</u>	<u>-131.0%</u>	<u>(195,757)</u>	<u>(266,667)</u>	<u>70,909</u>	<u>-26.6%</u>
Net Income (Loss)	987,391	(93,904)	1,081,296 ①	-1151.5%	1,115,272	(284,703)	1,399,975	-491.7%

North Central Health Care
Statement of Cash Flows
For Month Ending August 31, 2020

Cash, Beginning of Period (July 31, 2020)		4,349,075
Operating Activities		
Net Income (Loss)	987,391	
Adjustments to Reconcile Net Income		
Depreciation	(176,711)	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	(1,240,701)	
Prepaid Expenses	20,369	
Transfer from Pine Crest	(102,008)	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	(288,883)	
Accrued Current Liabilities	(371,364)	
Net Change in Patient Trust Funds	976	
Unearned Revenue	<u>246,255</u>	
Net Cash from Operating Activities		(924,676)
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	4,185,100	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	<u>(3,756,618)</u>	
Net Cash from Investing Activities		428,482
Financing Activities		
Appropriations Advancement	-	
Bonds and Interest	(20,194)	
Net Change in Purchase/Sale of Investments	<u>-</u>	
Net Cash from Financing Activities		<u>(20,194)</u>
Net Increase (Decrease) in Cash During Period		<u>(516,387)</u>
Cash, End of Period (August 31, 2020)		3,832,687

North Central Health Care
Statement of Revenues and Expenses
For the Period Ending August 31, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>MTD Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>YTD Variance</u>
Total Operating Revenue	8,097,003	7,503,849	593,154	58,695,966	59,357,393	(661,427)
Salaries and Wages	3,322,075	3,684,159	(362,084)	25,663,124	28,644,607	(2,981,483)
Fringe Benefits	926,419	1,593,155	(666,735)	9,193,134	12,403,180	(3,210,047)
Departments Supplies	992,567	875,712	116,855	7,550,328	6,993,792	556,536
Purchased Services	862,647	573,406	289,241	6,616,524	4,643,918	1,972,606
Utilitites/Maintenance Agreements	408,629	360,279	48,350	4,039,592	2,875,003	1,164,588
Personal Development/Travel	26,111	43,740	(17,630)	191,654	349,889	(158,235)
Other Operating Expenses	149,825	159,183	(9,358)	1,183,023	1,268,087	(85,064)
Insurance	41,346	43,611	(2,265)	331,602	347,553	(15,952)
Depreciation & Amortization	210,279	222,842	(12,563)	1,697,003	1,782,733	(85,730)
Client Purchased Services	159,367	75,000	84,367	1,310,470	600,000	710,470
	<u>7,099,266</u>	<u>7,631,087</u>	<u>(531,821)</u>	<u>57,776,452</u>	<u>59,908,763</u>	<u>(2,132,311)</u>
Nonoperating Income	<u>(10,346)</u>	<u>33,333</u>	<u>(43,679)</u>	<u>195,757</u>	<u>266,667</u>	<u>(70,909)</u>
Excess Revenue/(Expense)	<u><u>987,391</u></u>	<u><u>(93,904)</u></u>	<u><u>1,081,296</u></u>	<u><u>1,115,272</u></u>	<u><u>(284,703)</u></u>	<u><u>1,399,974</u></u>

North Central Health Care
Review of 2020 Programs by Service Line
For the Year-to-Date Period Ending August 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
BEHAVIORAL HEALTH SERVICES							
Hospital	2,393,662	2,884,283	(490,621)	2,932,872	2,906,740	(26,132)	(516,753)
Hospital Psychiatry	246,103	285,303	(39,200)	1,097,602	1,117,429	19,827	(19,373)
Psychiatry Residency	209,115	210,000	(885)	287,439	301,746	14,307	13,422
Contract Services	-	-	-	1,469,301	625,330	(843,971)	(843,971)
Crisis	447,185	396,999	50,187	1,808,976	1,625,937	(183,039)	(132,853)
MMT	102,323	642,121	(539,798)	781,983	1,037,772	255,789	(284,009)
CBRF	639,576	810,367	(170,791)	549,046	810,367	261,321	90,530
Youth Hospital (eff: April for Exp)	-	503,387	(503,387)	119,089	1,339,354	1,220,265	716,879
Subtotal-Behavioral Health	4,037,963	5,732,458	(1,694,494)	9,046,308	9,764,674	718,366	(976,128)
COMMUNITY SERVICES							
Outpatient Services-Marathon Co	798,413	1,045,212	(246,799)	1,301,687	1,330,828	29,141	(217,658)
Outpatient Services-Lincoln Co	202,252	279,467	(77,215)	234,815	433,849	199,034	121,819
Outpatient Services-Langlade Co	202,871	458,867	(255,995)	309,094	545,015	235,921	(20,074)
Outpatient Psychiatry	693,055	786,981	(93,925)	2,671,672	2,735,057	63,386	(30,540)
Community Treatment Adult- Marathon	3,123,648	2,991,928	131,720	3,013,679	2,991,928	(21,751)	109,969
Community Treatment Adult- Lincoln	620,300	512,267	108,033	444,795	512,267	67,472	175,505
Community Treatment Adult- Langlade	414,795	465,733	(50,938)	345,373	465,733	120,360	69,422
Community Treatment Youth-Marathon	3,700,988	2,607,388	1,093,600	3,432,465	2,607,388	(825,077)	268,522
Community Treatment Youth-Lincoln	1,198,777	1,209,600	(10,823)	1,152,358	1,209,600	57,242	46,419
Community Treatment Youth-Langlade	981,011	934,000	47,011	938,564	934,000	(4,564)	42,447
Clubhouse	128,645	199,345	(70,700)	208,866	260,678	51,812	(18,888)
Sober Living	-	85,333	(85,333)	171	85,333	85,163	(171)
Subtotal-Community Services	12,064,755	11,576,120	488,635	14,053,538	14,111,677	58,139	546,775
COMMUNITY LIVING							
Adult Day Services-Marathon	389,922	553,590	(163,668)	390,041	485,010	94,969	(68,698)
Prevocational Services-Marathon	367,421	518,000	(150,579)	439,460	586,580	147,120	(3,459)
Prevocational/Day Services-Langlade	178,732	252,000	(73,268)	195,318	252,000	56,682	(16,586)
Lincoln Industries-Lincoln	688,839	1,268,667	(579,828)	832,255	1,268,667	436,412	(143,416)
Andrea St Group Home	335,329	349,333	(14,005)	290,604	334,868	44,264	30,259
Chadwick Group Home	384,340	354,667	29,674	272,520	345,837	73,317	102,990
Bissell Street Group Home	394,721	378,667	16,054	267,584	363,342	95,758	111,812
Heather Street Group Home	308,103	302,667	5,437	292,055	341,287	49,233	54,669
Jelinek Apartments	567,189	535,333	31,855	461,387	490,715	29,328	61,183
River View Apartments	505,175	418,000	87,175	382,681	414,211	31,529	118,704
Forest Street Apartments	263,638	412,000	(148,362)	359,793	391,185	31,392	(116,970)
Fulton Street Apartments	185,564	172,667	12,897	249,442	241,890	(7,552)	5,345
Youth Crisis Stabilization Group Home	-	-	-	4,530	-	(4,530)	(4,530)
Subtotal-Community Living	4,568,973	5,515,590	(946,617)	4,437,670	5,515,591	1,077,921	131,304
NURSING HOMES							
MVCC Daily Services	13,278,438	13,079,569	198,869	13,568,501	14,584,024	1,015,523	1,214,392
MVCC Ancillary Services	1,330,143	1,407,157	(77,014)	761,940	902,701	140,761	63,747
Aquatic	437,000	681,794	(244,794)	692,018	910,024	218,006	(26,788)
Pine Crest-Daily Services	9,124,857	8,766,333	358,524	8,618,376	9,060,210	441,834	800,358
Pine Crest-Ancillary Services	904,982	874,000	30,982	887,100	874,000	(13,100)	17,882
Subtotal-Nursing Home	25,075,419	24,808,853	266,566	24,527,935	26,330,959	1,803,024	2,069,591
Pharmacy	4,795,208	4,321,596	473,612	4,576,286	4,321,596	(254,690)	218,922
OTHER PROGRAMS							
Birth To Three	456,832	-	456,832	456,832	-	(456,832)	0
Protective Services	430,942	-	430,942	488,612	-	(488,612)	(57,670)
Demand Transportation	261,747	287,936	(26,189)	189,271	287,936	98,665	72,476
Subtotal-Other Programs	1,149,521	287,936	861,585	1,134,715	287,936	(846,779)	14,806
Total NCHC Service Programs	51,691,840	52,242,553	(550,712)	57,776,452	60,332,433	2,555,981	2,005,269
Base County Allocation	3,343,317	3,345,204	(1,887)				(1,887)
Nonoperating Revenue	194,526	246,667	(52,141)				(52,141)
County Appropriation	3,662,042	3,662,043	(2)				(2)
Grand Total NCHC	58,891,724	59,496,467	(604,742)	57,776,452	60,332,433	2,555,981	1,951,239

North Central Health Care
Review of Services in Langlade County
For the Year-to-Date Period Ending August 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	202,871	458,867	(255,995)	309,094	545,015	235,921	(20,074)
Community Treatment-Adult	414,795	465,733	(50,938)	345,373	465,733	120,360	69,422
Community Treatment-Youth	981,011	934,000	47,011	938,564	934,000	(4,564)	42,447
Sober Living	-	85,333	(85,333)	171	85,333	85,163	(171)
Day Services	178,732	252,000	(73,268)	195,318	252,000	56,682	(16,586)
	1,777,410	2,195,933	(418,524)	1,788,519	2,282,082	493,563	75,039
Shared Services							
Inpatient	263,303	317,270	(53,967)	322,616	319,741	(2,875)	(56,842)
Hospital Psychiatry	27,071	31,383	(4,312)	120,736	122,917	2,181	(2,131)
Residency Program	23,003	23,100	(97)	31,618	33,192	1,574	1,476
Youth Hospital	-	110,745	(110,745)	13,100	92,081	78,981	(31,764)
CBRF	70,353	89,141	(18,787)	60,395	89,141	28,746	9,958
Crisis	49,190	43,670	5,520	198,987	178,853	(20,134)	(14,614)
MMT (Lakeside Recovery)	11,256	70,633	(59,378)	86,018	114,155	28,137	(31,241)
Outpatient Psychiatry	76,236	86,568	(10,332)	293,884	300,856	6,972	(3,360)
Protective Services	47,404	-	47,404	53,747	-	(53,747)	(6,344)
Birth To Three	46,772	-	46,772	46,772	-	(46,772)	0
Group Homes	138,472	134,855	3,617	109,295	134,855	25,560	29,177
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	161,623	68,786	(92,837)	(92,837)
	753,060	907,365	(154,305)	1,498,792	1,454,577	(44,215)	(198,521)
Total NCHC Programming	2,530,469	3,103,298	(572,829)	3,287,311	3,736,659	449,347	(123,482)
Base County Allocation	532,354	532,354	-				-
Nonoperating Revenue	12,575	19,087	(6,512)				(6,512)
County Appropriation	100,584	100,584	-				-
Excess Revenue/(Expense)	3,175,982	3,755,323	(579,341)	3,287,311	3,736,659	449,347	(129,993)

North Central Health Care
Review of Services in Lincoln County
For the Year-to-Date Period Ending August 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	202,252	279,467	(77,215)	234,815	433,849	199,034	121,819
Community Treatment-Adult	620,300	512,267	108,033	444,795	512,267	67,472	175,505
Community Treatment-Youth	1,198,777	1,209,600	(10,823)	1,152,358	1,209,600	57,242	46,419
Lincoln Industries	688,839	1,268,667	(579,828)	832,255	1,268,667	436,412	(143,416)
	<u>2,710,168</u>	<u>3,270,000</u>	<u>(559,832)</u>	<u>2,664,223</u>	<u>3,424,383</u>	<u>760,160</u>	<u>200,327</u>
Shared Services							
Inpatient	359,049	432,642	(73,593)	439,931	436,011	(3,920)	(77,513)
Inpatient Psychiatry	36,915	42,795	(5,880)	164,640	167,614	2,974	(2,906)
Residency Program	31,367	31,500	(133)	43,116	45,262	2,146	2,013
Youth Hospital	-	94,385	(94,385)	17,863	125,564	107,701	13,316
CBRF	95,936	121,555	(25,619)	82,357	121,555	39,198	13,579
Crisis	67,078	59,550	7,528	271,346	243,891	(27,456)	(19,928)
Outpatient Psychiatry	103,958	118,047	(14,089)	400,751	410,259	9,508	(4,581)
MMT (Lakeside Recovery)	15,348	96,318	(80,970)	117,297	155,666	38,369	(42,601)
Protective Services	64,641	-	64,641	73,292	-	(73,292)	(8,650)
Birth To Three	68,770	-	68,770	68,770	-	(68,770)	0
Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	220,395	82,074	(138,321)	(138,321)
	<u>843,065</u>	<u>996,793</u>	<u>(153,728)</u>	<u>1,899,759</u>	<u>1,787,896</u>	<u>(111,863)</u>	<u>(265,591)</u>
Total NCHC Programming	3,553,232	4,266,793	(713,561)	4,563,982	5,212,279	648,297	(65,264)
Base County Allocation	553,318	553,318	-				-
Nonoperating Revenue	17,551	26,605	(9,054)				(9,054)
County Appropriation	346,108	346,108	-				-
Excess Revenue/(Expense)	<u>4,470,210</u>	<u>5,192,824</u>	<u>(722,615)</u>	<u>4,563,982</u>	<u>5,212,279</u>	<u>648,297</u>	<u>(74,318)</u>

North Central Health Care
Review of Services in Marathon County
For the Year-to-Date Period Ending August 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	798,413	1,045,213	(246,800)	1,301,687	1,330,828	29,141	(217,658)
Community Treatment-Adult	3,123,648	2,991,928	131,720	3,013,679	2,991,928	(21,751)	109,969
Community Treatment-Youth	3,700,988	2,607,388	1,093,600	3,432,465	2,607,388	(825,077)	268,522
Day Services	757,343	1,071,590	(314,247)	829,501	1,071,590	242,089	(72,158)
Clubhouse	128,645	199,345	(70,700)	208,866	260,678	51,812	(18,888)
Demand Transportation	261,747	287,936	(26,189)	189,271	287,936	98,665	72,476
Aquatic Services	437,000	681,794	(244,794)	692,018	910,024	218,006	(26,788)
Pharmacy	4,795,208	4,321,596	473,612	4,576,286	4,321,596	(254,690)	218,922
	14,002,993	13,206,789	796,203	14,243,774	13,781,968	(461,806)	334,397
Shared Services							
Inpatient	1,771,310	2,134,367	(363,058)	2,170,325	2,150,988	(19,337)	(382,395)
Inpatient Psychiatry	182,116	211,124	(29,008)	812,225	826,897	14,672	(14,336)
Residency Program	154,745	155,400	(655)	212,705	223,292	10,587	9,933
Youth Hospital	-	465,633	(465,633)	88,126	619,451	531,326	65,693
CBRF	473,286	599,671	(126,385)	406,294	599,671	193,377	66,992
Crisis Services	330,917	293,779	37,138	1,338,642	1,203,193	(135,449)	(98,311)
MMT (Lakeside Recovery)	75,719	475,169	(399,450)	578,667	767,951	189,284	(210,166)
Outpatient Psychiatry	512,861	582,366	(69,505)	1,977,037	2,023,943	46,906	(22,599)
Protective Services	318,897	-	318,897	361,573	-	(361,573)	(42,676)
Birth To Three	341,289	-	341,289	341,289	-	(341,289)	0
Group Homes	1,284,021	1,250,479	33,543	1,013,468	1,250,479	237,011	270,553
Supported Apartments	1,521,565	1,538,000	(16,435)	1,453,303	1,538,000	84,697	68,262
Contracted Services	-	-	-	1,087,283	462,744	(624,539)	(624,539)
	6,966,727	7,705,989	(739,261)	11,840,938	11,666,610	(174,328)	(913,589)
Total NCHC Programming	20,969,720	20,912,778	56,942	26,084,711	25,448,578	(636,134)	(579,192)
Base County Allocation	2,253,112	2,259,532	(6,420)				(6,420)
Nonoperating Revenue	164,399	200,975	(36,575)				(36,575)
County Appropriation	1,921,475	1,921,475	-				-
Excess Revenue/(Expense)	25,308,706	25,294,759	13,947	26,084,711	25,448,578	(636,134)	(622,187)

North Central Health Care
Review of Services in Mount View Care Center
For the Year-to-Date Period Ending August 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	2,739,420	2,392,998	346,422	2,905,857	2,678,331	(227,526)	118,896
Legacies	5,788,806	6,015,284	(226,478)	5,540,478	6,729,951	1,189,472	962,994
Post Acute Care	1,822,381	1,645,643	176,737	1,960,381	1,995,280	34,899	211,636
Vent Unit	2,927,832	3,025,643	(97,812)	3,161,784	3,180,462	18,678	(79,134)
Nursing Home Ancillary	44,980	66,667	(21,687)	41,510	66,667	25,156	3,470
Rehab Services	1,285,149	1,340,490	(55,341)	706,699	836,035	129,335	73,995
	13	-	13	13,730	-	(13,730)	(13,717)
Total NCHC Programming	14,608,580	14,486,725	121,855	14,330,441	15,486,725	1,156,284	1,278,139
County Appropriation	1,000,000	1,000,000	-				-
Excess Revenue/(Expense)	15,608,580	15,486,725	121,855	14,330,441	15,486,725	1,156,284	1,278,139
Aquatic	437,000	596,570	(159,570)	692,018	796,271	104,253	(55,317)
County Appropriation	228230						

North Central Health Care
Review of Services in Pine Crest Nursing Home
For the Year-to-Date Period Ending August 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	5,244,806	5,291,332	(46,526)	5,471,941	5,305,599	(166,342)	(212,869)
Rehab Care (Post Acute)	1,827,351	1,458,754	368,597	1,383,301	1,579,652	196,351	564,948
Hospice Care	591,363	743,931	(152,567)	639,047	849,639	210,591	58,024
Special Care	1,461,337	1,272,317	189,020	1,124,086	1,325,321	201,234	390,254
Nursing Home Ancillary	230,419	233,333	(2,915)	292,500	233,333	(59,166)	(62,081)
Rehab Services	674,563	640,667	33,897	594,600	640,667	46,066	79,963
Total NCHC Programming	10,029,839	9,640,333	389,506	9,505,476	9,934,210	428,734	818,240
County Appropriation	293,877	293,877	0				0
Excess Revenue/(Expense)	10,323,716	9,934,210	389,506	9,505,476	9,934,210	428,734	818,240

North Central Health Care
 Summary of Revenue Write-Offs
 For the Period Ending August 31, 2020

	<u>MTD</u>	<u>YTD</u>	<u>Prior YTD</u>
Inpatient			
Administrative Write-Off	8,584	227,477	48,142
Bad Debt	22	4,436	12,087
Outpatient			
Administrative Write-Off	1,608	85,148	73,799
Bad Debt	-	1,297	13,044
Nursing Home Daily Services			
Administrative Write-Off	2,542	19,473	8,703
Bad Debt	1,565	3,605	1,614
Nursing Home Ancillary Services			
Administrative Write-Off	-	352	2,028
Bad Debt	-	-	-
Pharmacy			
Administrative Write-Off	70	178	847
Bad Debt	-	379	14
Grand Total			
Administrative Write-Off	12,804	332,628	133,519
Bad Debt	1,587	9,718	26,758

North Central Health Care
Invested Cash Reserves
For the Period Ending August 31, 2020

Institution	Length	Maturity Date	Interest Rate	Amount
PFM Investments	273 Days	9/8/2020	1.87%	246,000
PFM Investments	273 Days	9/8/2020	1.78%	246,000
Abby Bank	365 Days	11/1/2020	1.80%	500,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
CoVantage Credit Union	456 Days	12/9/2020	2.00%	500,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
Abby Bank	365 Days	12/30/2020	1.40%	500,000
PFM Investments	365 Days	12/30/2020	1.70%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
PFM Investments	365 Days	12/30/2020	1.78%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
Abby Bank	730 Days	1/6/2021	2.65%	500,000
BMO Harris	335 Days	1/26/2021	1.50%	500,000
CoVantage Credit Union	456 Days	1/29/2021	2.00%	300,000
PFM Investments	368 Days	2/16/2021	1.75%	245,000
PFM Investments	368 Days	2/16/2021	1.74%	245,000
CoVantage Credit Union	455 Days	2/19/2021	2.00%	500,000
Abby Bank	730 Days	2/25/2021	2.65%	500,000
CoVantage Credit Union	455 Days	3/3/2021	2.00%	500,000
CoVantage Credit Union	730 Days	3/8/2021	2.72%	500,000
PFM Investments	271 Days	4/5/2021	0.25%	248,000
BMO Harris	334 Days	4/30/2021	0.75%	500,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
PFM Investments	365 Days	6/16/2021	0.55%	248,000
PFM Investments	365 Days	6/16/2021	0.50%	248,000
PFM Investments	365 Days	7/8/2021	0.45%	248,000
People's State Bank	365 Days	8/21/2021	0.45%	500,000
Abby Bank	365 Days	8/29/2021	0.60%	500,000
Abby Bank	546 Days	3/1/2022	0.65%	500,000
Total Funds Available				12,084,000
Weighted Average		438 Days	1.55%	

North Central Health Care
Fund Balance Review
For the Year-to-Date Period Ending August 31, 2020

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	40,415,152	3,287,311	14,069,458	57,771,921
General Fund Balance Targets				
Minimum (20% Operating Expenses)	8,083,030	657,462	2,813,892	11,554,384
Maximum (35% Operating Expenses)	14,145,303	1,150,559	4,924,310	20,220,172
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	8,333,030	907,462	3,063,892	12,304,384
Maximum Target	14,395,303	1,400,559	5,174,310	20,970,172
Total Net Position at Period End	58,887,193	3,175,982	14,793,925	76,857,101
Fund Balance Above/(Below)				
Minimum Target	50,554,163	2,268,520	11,730,034	64,552,717
Maximum Target	44,491,890	1,775,423	9,619,615	55,886,929
<i>County Percent of Total Net Position</i>	<i>76.6%</i>	<i>4.1%</i>	<i>19.2%</i>	<i>100.0%</i>
Share of Invested Cash Reserves	9,258,648	499,350	2,326,002	12,084,000
<i>Days Invested Cash on Hand</i>	<i>56</i>	<i>37</i>	<i>40</i>	<i>51</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	14,907,228	1,212,533	5,189,554	21,309,315
Invested Cash Reserves Above/(Below) Target	(5,648,580)	(713,183)	(2,863,552)	(9,225,315)



North Central Health Care

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MEMORANDUM

DATE: September 16, 2020
TO: North Central Community Services Program Board
FROM: Dr. Robert Gouthro, Chief Medical Officer
RE: CMO Report

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

1) **Residency & Education:**

- Recruitment season is beginning. Early contacts have shown a number of applicants will be from the Central Wisconsin area which is encouraging.
- MCW Residents will be participating in creation of our Culture of Safety suicide prevention training by creating enduring education videos for use in staff education.
- Dr. Butterworth will be piloting an evidence based trauma clinic to assist NCHC patients beginning in September.
- Dr. Ania Fida has recently published a paper in Psychiatric Quarterly -- Effectiveness and Safety of Ketamine for Unipolar Depression: a Systematic Review

2) **No-Show Rate:**

- As previously stated, the no-show rate continues to be monitored on a daily basis and data remains consistent with recent reports. Med management no-shows continue to be mildly decreased with phone contacts; therapy no shows do not appear to show the same benefit.

3) **Patient Care and Provider Quality (Behavioral Health):**

- We are in the process of creating a customized Dialectical Behavioral Training for NCHC staff with direct behavioral health patient contact. This training will provide education and skills practice to assist interactions with difficult, often high risk patients with Borderline Personality Disorder or other prominent cluster B personality traits. Dr. Neal Maglowsky will design and record the curriculum in a format which will allow for recurring use.
- The Open Access Medication Management Clinic continues to grow and is providing care for patients of unavailable providers, patients with recurring no-shows, post discharge clients, and program enrollees with sub-crisis issues or concerns. Response from those that have utilized its services have been positive to date.
- Open Access therapy groups begin Sept 22nd. The groups will be drop-in and open to all clients enrolled in Outpatient or Psychiatry programs. Group topics include:
 - Coping Skills, Emotion Identification, Cognitive Distortions, Behavioral Activation, Negative Thinking, Assertiveness, Sleep Hygiene, Distress Tolerance, ABC Model, Getting the Most Out of Medication, Anger, & Stress Management

- As discussed last month, we continue to develop an all-encompassing suicide awareness, screening, and assessment policy/procedure based on evidenced based interventions, as well as zero suicide, state, and Joint Commission recommendations. We are tailoring a local training based on our 20 identified core competencies to be given, in some part, to all patient facing employees.
- Many of our programs have been fine-tuning their use of alternative technologies for patient service with success. Janelle Hintz, Director of Outpatient Services shares one of the most impressive accomplishments she has seen in her programs as of late is the reimagining of youth group services. The team has embraced the use of videoconferencing to increase patient engagement while maintaining a high quality of care.
- Our inpatient and crisis programs have completed Level 3 CPI (Crisis Prevention Institute). BHS Director, Trisha Stefonek, has noted an improved morale, confidence, and response to behavioral codes on the inpatient unit. Roll out to the overall organization continues.
- Our recently formed ethics committee, consisting of members from the NCHC system and the community, continues to refine its ethics consultation processes utilizing recent literature and evidenced based practice. The committee will be reviewing test cases in the near future in preparation for the official offering of consultative services later this year.



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MEMORANDUM

DATE: September 16, 2020
TO: North Central Community Services Program Board
FROM: Jaime Bracken, Chief Nursing officer
RE: Monthly Nursing Services Report

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

1. **Nursing Services:** Continued focus on leadership and nursing structure changes
 - I continue to focus on the nursing leadership structure changes and transitions. Working on how to successfully roll out the changes and define job roles throughout the clinical areas. Establishing the process to create a Scope of Service for each area to communicate mission and vision as well as the services provided. This will be rolled out organization-wide in the future.
 - Formation of the clinical support service structure which will report under the Nursing Services.
 - **Infection Prevention and Control** - Working to enhance the current program and centralize our program to be able to provide consistent support for all clinical areas.
 - ❖ Team is working diligently to keep up with all of the COVID activity and the most up to date guidelines and recommendations.
 - ❖ Currently working to develop and redeploy an enhanced Hand Hygiene Program. This will take our auditing to the next level and be able to provide all areas a stoplight trending report each month. The goal would be to roll this out by 10/1/20.
 - **Education Program** - Working in collaboration with organizational development to create a centralized program to be able to provide consistent support for all clinical areas.
 - ❖ We are working to create an action plan around our education and training requirements, new hire and on-boarding. This will be a long process however we have made some small gains in a short amount of time.
 - We were able to change our process for how staff obtains their required BLS certificate. Able to offer a more efficient hybrid process with online and in-person tasks to reduce costs and use our own staff as instructors.

- Created a policy and procedure committee to support all areas of the organization. This will provide a consistent process for our organization to ensure regulatory compliance as well as provide relevant resources for staff.
 - In process of developing a preceptor program for the organization. This will ensure that all staff training others are prepared and have the tools and resources to be able to on-board new staff to ensure competencies as well as a reduction in staff turnover.
2. **Recruitment:** Recruitment on many levels has been an area of focus this last month. We have opens positions based on some of the restructuring and some within.
3. **Clinical Excellence and Quality:** Work in collaboration with quality partners, providers and various members of our organization to review and clinical metrics and identify gaps or areas of improvement.
- In process of developing Objectives and Key Results for each clinical area.
 - Falls Prevention Program
 - Medication Administration
 - Hand Hygiene program and stewardship



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MEMORANDUM

DATE: September 17th, 2020
TO: North Central Community Services Program Board
FROM: Jarret Nickel, Operations Executive
RE: Monthly Operations Report

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

- Campus Renovation & Improvement:** August was a month of progress for NCHC's campus renovation project. The Youth Hospital is now completed and our employees have gained access to the building with final surveying and walkthroughs occurring over the next few weeks. Our 4 story nursing tower has had all of the floors poured and exterior brick work has begun. The Crisis Adult CBRF is nearing completion and will allow our program to grow from 12 beds to 16 beds along with many other improvements and efficiencies. Two separate residential projects were also completed including a bathroom renovation at Heather Street and an addition at Chadwick, both of these projects will allow for increased capacity and acuity.
- Skilled Nursing Operations:** August was a positive month for both of our nursing homes with state and federal funding coming in. Operationally both of our nursing homes are planning ahead for our 2021 budget and the census impact we've experienced due to Covid-19. Pine Crest is now in its second month of pharmacy transition to NCHC services and it's been positively received by both staff and residents. Mount View Care Center faced a difficult month with running a positive Covid-19 unit the entire month and having to be strategic about staffing and resident to resident contact, I'm pleased to say they did an excellent job and we are now able to resume normal operations.
- Youth Hospital:** As noted above in the renovations section the Youth Hospital building was completed and we are now able to begin setting up workflows and training staff. Our Youth Hospital team is near completion with a few recruitments remaining. Over the next few weeks we will be training current staff as well as setting up the building for optimal patient care. We are planning for an opening date in the middle of October to ensure all systems and training have been completed and verified.
- Community Living:** Manufacturing demands continue to increase resulting in more opportunities for our community living programs. We continue to maintain full census given the restrictions of our work space to maintain social distancing and plan to continue in this model for the foreseeable future. Our residential sites remain near capacity with the two renovation projects completed we are now able to meet new client demands and acuity.

5. **Food Services & Environmental Support Services:** We transitioned food services in Pine Crest from site level management to system wide in July and this transition and new oversight has been well received. We continue to have opportunity with recruitment and retention of employees due to a competitive market as well as most of our positions are entry level resulting in transitions into other programs. As a result of the continuous recruitment and retention opportunities we are exploring and implementing strategies to ensure we have an engaged and fully staff work force for these programs.
6. **Covid-19 Screening & Support:** As we enter month six of operating with Covid-19 enhanced surveillance we continuously review opportunities for improving upon our current practices. As a result of this review we have begun working towards a self-screening solution that will remove the need for physical screeners while also improving our compliance and reducing our risk of positive or symptomatic cases at NCHC. We currently operate five screening stations at our Wausau Campus and multiple others throughout our operations in other counties so this change in process will have significant positive impact on the organization as a whole.
7. **Workforce Status Update:** August is normally a time were we host our employee celebration week and banquet to recognize anniversary milestones in our workforce. Due to Covid-19 we were unable to have these traditional celebrations but that didn't stop us from utilizing new ways to celebrate. Our leadership team was able to organize an employee celebration that occurred within departments as well as virtual for organizational wide items along with special videos for those celebrating major anniversary milestones. Overall the feedback from employees was positive on this new approach and we will look to implement some of these strategies next year regardless of our setting.

NCCSP BOARD SELF-EVALUATION – SUMMARY OF RESULTS

September 24, 2020 - *The NCCSP Board is being asked to review the summary of results and come prepared to discuss and prioritize the Board's action plan for continuous improvement of governance in the coming year.*

61.5% Board Member self-evaluation participation rate as compared to 100% in 2019.

Policy Governance Questions

1. Similar to 2019, the Board has self-identified the opportunity to more effectively monitor the Executive Limitations.
2. The Board could be doing a better job being proactive with policy development.
3. The Board needs to focus on “cultivating a credible link between ownership, stakeholders and NCHC.

Top 5 Strengths by Highest Mean Score (5.0 Highest Possible Score)

1. (4.5) Q23. Quality of Preparation – Calendar of meetings are set and distributed for the year; agenda for the individual meetings sent out sufficiently ahead of time with indication of expected focus/high important areas for Board consideration; Board receives quality background materials well in advance of meetings and arrive well prepared.
2. TIED (4.25) Q8. Process for strategic planning and quality of Board participation - There is a formal process for Board involvement that specifies broad framework (timing and content) for strategic planning; joint Board and management ownership of strategic plan with some Board members heavily involved; and active discussion by the entire Board supported by needed facts/materials before final approval.

TIED (4.25) Q14. Fiduciary and other regulatory compliance – Board ensures timely, independent audit of results and internal processes; Board understands compliance required to regulatory bodies; feedback from auditors/regulators forms basis of recovery plan monitored by Board.

3. (TIED 4.0) Q11. Financial needs assessment - Board works with management as a part of strategic planning process to develop a multi-year view of funding requirements and trade-offs embedded in different resource levels; Board feels strong ownership for the targets.

(TIED 4.0) Q16. Process for monitoring performance – Board routinely monitors and discusses the performance of individual programs in addition to organizational performance and uses results to inform the strategic plan, resource allocation, and evaluation of the CEO.

(TIED 4.0) Q19. Developing a plan for improving Board performance over time – Formal process (e.g., self-assessment) results in a clear plan for improvement; Board collectively owns the topic of improving its value to the organization.

Top 5 Priority Areas for Improvement by Lowest Mean Score (1.0 Lowest Possible Score)

1. (2.75) Q24. Effective meeting processes - Meetings start and end on time and time is managed to ensure Board discussion on all important topics; minimal 'show and tell' by the CEO/staff; most time dedicated to Board discussion and debate on important issues. Board members feel involved and their contributions valued.
2. (3.0) Q25. Fun and Passion - Board interactions are productive and enjoyable; good mixture of work and fun activities including effective efforts to connect Board members to the mission (e.g., site visits); Board members hate to miss meetings.
3. (3.125) Q17. Board understanding of accountability – Board identifies primary stakeholders and ensures that performance results are communicated effectively to the stakeholders.
4. (TIED 3.25) Q10. Succession planning – Board has explicit view on succession and actively works with the CEO to identify internal candidates and provide development opportunities for the top candidates to “round out” their skills.

(TIED 3.25) Q13. Board role in financial planning - Board’s active involvement in preparing/reviewing multi-year financial plan results in robust discussion of resource allocation, funding plans, and investment objectives in context of strategic goals.

(TIED 3.25) Q22. Diversity on the Board - Board understands types of diversity needed for organization and the value of diversity; current diversity on the Board adequately reflects the diversity of the community we serve.

Top 3 Priority Areas for Improvement by Statistical Variability

1. Q12. Board understanding of reputation objectives and of the role the Board can play in building/enhancing reputation – Needs for reputation building based on strategic view of organizational objectives; needs identified in detail to allow meaningful roles to be identified for individual directors.
2. Q18. Process for obtaining and using feedback from stakeholders – Board has formal process in place to obtain feedback from stakeholders without filters by the management; Board ensures that the results from the stakeholder feedback are used to inform strategy and resource allocation.
3. Q21. Process and criteria for recruitment – Formal Board recruitment process with clear evaluative criteria is in place; management reaches out to potential members from a wide range of sources; recruitment process is continuous with multi-year horizon; new members are seen as great additions to the Board.

Recommended and Prioritized Action Plan for the NCCSP Board

In 2019, the NCCSP Board developed the following prioritized action plan:

1. Direct staff to develop an annual stakeholder summit in March.
2. Board will have facilitated discussion on defining diversity and cultural competency to match the identity of our community.
3. Develop a process and criteria for Board recruitment (this would require defining Board composition prior).
4. Develop an annual CEO Succession exercise for the Board to conduct both with the CEO and in Executive Session (Closed Session without the CEO).
5. Facilitate a discussion on the quality of the strategic plan to gain better alignment of expectations and structure of the formal strategic plan.

The Board's Action Plan was disrupted by three major elements. The Board had a large gap in their meeting schedule between the meeting January and mid-April meetings. There was a lack of quorum in February and no scheduled March meeting to accommodate for the spring break schedule. The other major factors include the significant Board turnover in May due to the new Joint County Agreement and moving to a virtual environment for Covid-19. Despite these impediments, Action Plan items 2, 3, and 4 should be completed soon.

There are several key elements to consider in developing the Board's Action Plan for the upcoming year:

- The two lowest mean scores were not issues in the past survey and have risen to the top.
- The Board needs to address strengthening the structure around Executive Limitations to be more comfortable in their oversight and fiduciary responsibilities in such a way that would eliminate staff report outs and thereby allow more time for deliberation.
- The Board should consider conducting an exercise on stakeholder identification and providing direction to staff to develop a plan for stakeholder outreach and how the Board can assist in building the reputation of the organization.
- The Board needs to consider discussing how the meeting can be designed to allow for more debate and deliberation around significant policy or issues. This desire is driven to a large degree from a negative response to operating as a new Board in a completely virtual environment.
- There are several carry-over items that are planning to be addressed in the coming months that the Board should plan for to keep on track.

Policy Governance Manual



North Central Health Care

Person centered. Outcome focused.

ADOPTED: FEBRUARY 28, 2018

MOST RECENT AMENDMENT: ~~OCTOBER 31, 2019~~ SEPTEMBER 24, 2020

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Mission

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

Vision

Lives Enriched and Fulfilled.

Board End Statements

People

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice ~~with a strong caring culture, fostering a learning environment,~~ providing a careers with of opportunities opportunity for growth and development, and ensuring a best practices focus through active learning and a commitment to continuous improvement.

Service

We exceed our ~~Consumer and referral source stakeholder's~~ expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

Quality

~~North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.~~

We are a regionally unequal mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.

Community

Our Community will be able to access our services through a highly responsive and seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve following service delivery.

Financial

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

Section 1 - Executive Limitations

CORE POLICY STATEMENT

Executive Limitations are constraints on executive authority which establish the prudential and ethical boundaries for which all executive activity and decisions must take place.

Policy 1.1 – General Executive Constraint

The Chief Executive Officer shall not cause or allow any activity, decision, organizational circumstance or practice (imprudent or in violation of commonly accepted business and professional ethics or regulations of funding or regulatory bodies) to jeopardize the public image of North Central Health Care (“NCHC”) or to result in a failure to be duly licensed or accredited by the proper agencies necessary to deliver services as authorized by the Board.

Policy 1.2 – Treatment of Consumers, Community Partners & the Public

With respect to interactions with consumers, community partners and the public, the CEO shall not:

- 1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.
- 2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.
- 3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights.

Policy 1.3 – Treatment of Employees & Volunteers

With respect to interactions with employees and volunteers, the CEO shall not:

- 1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.
- 2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.
- 3) Violate federal and state employment laws.
- 4) Fail to acquaint employees with their rights under this policy.
- 5) Allow staff to be unprepared to deal with emergency situations.

Policy 1.4 – Financial Planning & Budgeting

The CEO shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board’s End Statements. Further, the CEO shall not:

- 1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.
- 2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.
- 3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.

Policy 1.5. – Financial Conditions & Activities

With respect to ongoing financial conditions and activities, the CEO shall not cause or allow the development of financial jeopardy or material deviation of actual expenditures from Board priorities established in End Statements. Further, the CEO shall not:

- 1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC’s long-term financial viability or stability.
- 2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).
- 3) Fail to assure that NCHC meets working capital, restricted reserves and fund balance requirements unless approved by the Board.
- 4) Fail to invest and protect operational capital and excess funds consistent with Board’s cash management and investment policies.
- 5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.
- 6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.
- 7) Pledge assets as security within any contracts without Board approval.
- 8) Sell property for less than Fair Market Value (“FMV”) or if the FMV is greater than \$30,000.
- 9) Acquire, encumber, or dispose of real estate.

Policy 1.6 – Benefits & Compensation

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the CEO shall not cause or allow jeopardy to quality of care, financial integrity or to public image. Further the CEO shall not:

- 1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.
- 2) Fail to establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.
- 3) Promise or imply permanent or guaranteed employment.

Policy 1.7 – Asset Protection

With respect to asset protection, the CEO shall not cause or allow organizational assets to be unprotected, inadequately maintained, or unnecessarily risked. Further, the CEO shall not:

- 1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.
- 2) Fail to develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.
- 3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.
- 4) Compromise the independence of the Board's audit or other external monitoring or advice.

Policy 1.8 – Emergency Executive Succession

The CEO shall not permit there to be fewer than two other Executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.

Policy 1.9 – Communication & Counsel to the Board

The CEO shall not fail to inform or support the Board in carrying out its responsibilities. Further, the CEO shall not:

- 1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.
- 2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.
- 3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated adverse media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.
- 4) Fail to report an actual or anticipated issue of non-compliance with any Board policy in a timely manner.
- 5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.

Policy 1.10 – Regulatory Compliance

The CEO shall not allow nor cause NCHC to fail in meeting all regulatory and statutory requirements related to the delivery of services approved by the Board, or cause NCHC to fail to meet contractual requirements with third-party payers. Further, the CEO shall not:

- 1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.
- 2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.
- 3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.
- 4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.
- 5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.

Policy 1.11 – Other Board Policies

The CEO shall not fail to implement or adhere to any other adopted Board Policy.

Section 2 - Board Governance Process

CORE POLICY STATEMENT

The North Central Community Services Program Board is accountable to the Langlade, Lincoln and Marathon County Boards, providing governance leadership consistent with Carver Policy Governance concepts, by assuring that North Central Health Care:

- a) Achieves appropriate results for appropriate persons for appropriate costs as specified in Board Ends Policies, and
- b) Avoids unacceptable actions and situations as prohibited in Board Executive Limitations policies.

Policy 2.1 – Governing Style

The Board will govern lawfully, observing the principles of the Policy Governance model, with an emphasis on:

1. Outward vision rather than an internal preoccupation;
2. Encouragement of diversity in viewpoints;
3. Strategic leadership more than administrative detail;
4. Clear distinction of Board and Chief Executive roles;
5. Collective rather than individual decisions;
6. Future orientation, rather than past or present; and
7. Proactivity rather than reactivity.

Further, the Board will:

8. Cultivate a sense of group responsibility. The Board will be responsible for excelling in governing. The Board will be an initiator of policy, not merely a reactor to Management initiatives. The Board may use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute the individual judgments for the Board's values.
9. Direct, control and inspire the organization through the careful establishment of broad written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on outcomes value and the limitation of risk, not on Management methods of attaining those effects.
10. Enforce upon itself whatever education and potential corrective action is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of

governance capability. Although the Board can change its governance process policies at any time, it will observe them in full effect while in force.

11. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement.
12. The Board will monitor and discuss the Board's process and performance at regular intervals and formally on an annual basis no later than the October meeting of each calendar year. Self-monitoring will include comparison of Board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.
13. The Board will not allow the Chair, any Director, or any Committee of the Board to hinder the fulfillment of its commitments or be an excuse for not fulfilling those commitments.

Policy 2.2 – Board Job Description

The Board's specific job outputs, as an informed agent of the ownership and corresponding contractual obligations, are those that ensure an unbroken chain of accountability from stakeholders to the appropriate organizational performance. These include the responsibility to:

1. Cultivate a credible link between ownership, stakeholders and NCHC.
2. Establish written governing policies that address the broadest levels of all NCHC decisions and situations including:
 - a. End Statements: Expected performance in terms of the organizational impacts, benefits, outcomes and recipients of benefits desired by owners, stakeholders and beneficiaries.
 - b. Executive Limitations: Constraints on executive authority that establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - c. Governance Processes: Specification of how the Board conceives, carries out and monitors, and ensures long-term competence in its own tasks.
 - d. Board-Management Delegation: Describes how power is delegated and its proper use monitored; the CEO's role, authority and accountability.
3. Assurance of successful management performance stated in Ends Statements and Executive Limitations.

Policy 2.3 – Board Agenda Planning

To accomplish its job with a governance style consistent with Board policies, the Board will follow an annual agenda which (a) completes a re-exploration of Ends Statement policies, (b) reexamines Executive Limitations policies and their sufficiency of their protection from risk, and (c) continually improves Board performance through Board education, enriched input and deliberation.

1. The cycle will conclude each year on the last day of December, so that administrative planning and budgeting can be based on accomplishing a one year segment of the Board's stated Ends Statements.
2. The cycle will start with the Board's development of its agenda for the next year.
 - a. Consultations with selected groups in the ownership or other methods of gaining ownership input will be determined and arranged in the fourth quarter.
 - b. Governance education and education related to Ends determination will be arranged in the first quarter, to be held during the balance of the year.
3. When incorporated as part of an agenda, the Board will attend to the consent agenda items as expeditiously as possible.
4. CEO monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
5. CEO compensation will be recommended for adoption after a review of the elements of the CEO's employment agreement and review of monitoring reports received in the last year, as soon as practical during the first quarter.
6. The Board Chair's finalization of each meeting agenda will provide the flexibility to include emerging issues, the recommendation of additional items by individual directors, and a public comment period. Any individual Board member has the ability to request the Board Chair include an item on a future Board meeting agenda. The Board Chair will comply with all requests on a timely basis. All agendas will be created, posted, and conducted consistent with Wisconsin Open Meeting law requirements.
7. In order to assist the Board Chair with assuring Board meetings and process are conducted consistent with the adopted Policy Governance model, the Chair-Elect of the Board is assigned the duty of observing and monitoring Board meeting activity and is charged with identifying and bringing to the Board's attention opportunities for proceeding improvements.

Policy 2.4 – Board Chair Role

The Chair of the Board is a specially empowered member of the Board, the Chief Governance Officer, whose role is to assure the integrity of the Board's process and, secondarily, represent the Board as needed to outside parties, including, but not limited to, owners/stakeholders.

1. The successful discharge of duties of the Chair's job is that the Board behaves consistently with its own rules and those legitimately imposed upon it from outside the organization.
 - a. Meeting discussion content will be on those policy issues that, according to Board policy, belong to the Board to decide or monitor, not to the CEO.

- b. Deliberation will be fair, open, and thorough, but also timely, orderly, and kept to the point.
2. The authority of the Chair consists in making decisions that fall within topics covered by Board policies on Governance Process and Board-CEO Relationship policies, with the exception of employment or termination of a CEO and any portions of this authority that the Board specifically delegates to others. The Board Chair is authorized to use any reasonable interpretation of the provisions in Governance Process and Board-CEO Relationship policies.
 - a. The Board Chair is empowered to chair Board meetings with all the commonly accepted power of that position, such as ruling and recognizing.
 - b. The Chair has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. As requested by the CEO, the Board Chair may assist the CEO with interpretation of the Board's policy statements.
 - c. The Board Chair may represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to the Chair.
 - d. The Chair may delegate this authority to another Director but remains accountable for its use.

Policy 2.5 – Director's Conduct

The Board commits itself and its members to ethical, businesslike and lawful conduct, including proper use of authority and appropriate decorum when acting as directors.

1. Members must have loyalty to the ownership that is not conflicted by loyalties to management, other organizations and any self-interest.
2. Shall not attempt to exercise individual authority over NCHC.
3. Will properly prepare themselves for Board meetings and deliberations.
4. Will respect to the confidentiality appropriate to issues of a sensitive nature, and respectful of applicable public body open meeting requirements including those set forth in 19.81(2), Wis. Stats. and the specific exceptions permitted under 19.85(1), Wis. Stats:
 - a. Information disclosed or discussed in a permitted closed session of the Board or authorized subsidiary body shall be kept in confidence by closed session participants and not disclosed to non-participants in any manner.
 - b. While Board actions based on such information will necessarily become public information when taken or reported when the body reconvenes in public session,

the closed session proceedings and disclosures remain confidential unless and until such time as the Board acts to make some or all of them public.

Policy 2.6 – Conflict of Interest

Members of the Board of Directors must avoid conflict of interest with respect to their fiduciary duties.

1. Members will annually disclose their involvements with other organizations or with vendors and any associations that might be reasonably seen as representing a conflict of interest. The Wisconsin code of ethics for public employees and criminal justice penalties sections of State Statutes pertaining to public officials and conflicts of interest apply to all NCHC Board of Directors.
2. Disclosing Conflicts of Interests. Consistent with and as a means of implementing State Statutes and public employee code of ethics, at the beginning of each Board meeting, or as soon thereafter when it is determined by the individual Board member that they have a conflict of interest, they will announce their conflict of interest regarding topic(s) to be discussed by the Board. Upon disclosing a conflict of interest, that individual Board member will recuse themselves from the discussion and/or voting on that/those particular issue(s). Each individual Board member is personally responsible for identifying and announcing their own conflicts of interest. In the interest of the Board identifying all real and/or perceived conflicts of interests, it is an acceptable practice for a Board member to inquire of another Board member to determine if that Board member may have overlooked or not recognized a real or perceived conflict of interest.

Policy 2.7 – Board Committee Principles

Board Committees, when used, will be assigned so as to reinforce the wholeness of the Board's job and so as never to interfere with delegation from the Board to the CEO.

1. Board Committees are to help the Board do its job, not to help, advise or exercise authority over Management. Committees will assist the Board ordinarily by preparing policy alternatives and implications for Board deliberation or by performing specific audit functions.
2. Committees will be used sparingly and ordinarily in an ad-hoc capacity.
3. Board Committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
4. Expectations, composition, and authority of each committee will be carefully stated by policy in order to establish performance timelines and the monitoring schedule of committee work, as well as to avoid conflicting with authority delegated to the CEO.
5. Board committees cannot exercise authority over staff. The CEO works for the full Board, and will therefore not be required to obtain the approval of a Board committee before an executive action.

6. A committee is a Board committee only when its existence and charge come from the Board, whether or not Directors sit on the committee. This policy does not apply to committees formed under the authority of the CEO.

Policy 2.8 – Board per Diem and Travel Expense Reimbursement

Because poor governance costs more than learning to govern well, the Board will invest in its governance capacity.

1. To provide fair and equitable per diem and expense reimbursement for attendance of Directors at authorized Board or Committee meetings and Board Related events, the following policy shall be applied:
 - a. Per Diem stipends for community members serving on the Board will be \$100 per each meeting attended for all official meetings of the Board or any Board authorized Committee. Per Diem stipends for a County Board Supervisor or County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC as requested by each County if applicable.
 - b. Automobile travel mileage will be reimbursed by NCHC at the allowable rates established by the Internal Revenue Service (IRS).
 - c. Actual meal expenses supported by receipts will be reimbursed consistent with the organization's employee meal reimbursement rates and policies.
 - d. Authorized lodging accommodation (overnight) expenses supported by receipts will be reimbursed at the lodging institution's government rate if available, or at the next lowest rate available.
 - e. Per Diem stipends and travel expense reimbursement for other authorized Board NCHC related/represented activities (e.g., meetings with state officials, consultants, etc.) will be reimbursed under this policy with additional provisions specified as needed to take into account special circumstances.
 - f. A Board expense invoice form shall be created by the CEO and used to claim reimbursement under this policy. All expense reimbursements, except Per Diems and mileage reimbursement related to monthly Board meeting attendance, will be approved by the Board.

Policy 2.9 – Charge to the Medical Staff

The Board's accountability for the quality of medical practice will be discharged in part by depending on the medical judgment of an organized Medical Staff. While the formal Medical Staff organization, consisting of all Physicians privileged to practice in the organization, shall be responsible directly to the Board, this does not relieve or otherwise affect the responsibility of individual Physicians to meet requirements duly imposed by the CEO.

1. The Medical Staff will provide to the Board its judgment as to the capability of relevant practices, personnel, and premises to support or provide quality care.
2. The Medical Staff will provide to the Board its judgment as to the qualification of medical practitioners to render services and standards incumbent upon the organization or upon the Medical Staff.
3. The Medical Staff will provide the Board with a representative summary of Physician opinion by September 1 each year with respect to Ends deliberations of the Board.
4. The Medical Staff will be held accountable by the Board for its compliance with all laws, regulations and standards that may be binding on the formal Medical Staff organization itself.
5. The Medical Staff will be accountable for an assessment of medical performance on the criteria in 1 and 2 above;
 - a. Annually by an internal examination by a mechanism established by the Medical Staff; and
 - b. Not less than every three years by an external, disinterested third party of the Board's choice, with whom the Medical Staff must fully cooperate; or
 - c. At any time that the Board deems it necessary by either internal or external audit.

Section 3 - Board – Chief Executive Officer Relationship

CORE POLICY STATEMENT

The Board's sole official connection to the operational organization, its actions and achievements, and conduct shall be through the Chief Executive Officer (CEO). All authority and accountability of employees, as far as the Board is concerned, is considered the authority and accountability of the CEO. While the Board may be required to respond to and operate under a traditional public governmental form of governance, the relationship between the NCHC Board and its CEO will function consistent with the Policy Governance Model.

Policy 3.1 – Delegation of Executive Authority

The CEO is accountable only to the Board acting as a body of the whole. Only officially passed motions of the Board are binding on the CEO. The Board will instruct the CEO through the End Statements, Executive Limitations, CEO Position Description, CEO Annual Plan of Work, and other written Board policies, delegating to the CEO, reasonable interpretation and implementation of those policies and expectations.

- 1) Decisions or instructions of individual Board Directors, Officers, or Committees are not binding on the CEO except in rare instances when the Board has specially authorized such exercise of authority.
- 2) The Board will not give instructions to staff who report directly or indirectly to the CEO. Further, the Board shall not conduct an evaluation either formally or informally of any staff other than the CEO. Should the CEO become aware of incidents regarding this policy, the CEO shall report the issue to the Executive Committee for resolution.

Policy 3.2 – Monitoring CEO Performance

The systematic and rigorous monitoring of CEO performance shall be solely against the Board's outcomes and management limitations policies as revealed by any formal monitoring system. The CEO's performance assessment will be completed no less than annually through a process designed and implemented by the Board with the following processes:

- 1) Monitoring to determine the degree to which Board policies are being met. Information that does not do this will not be considered to be monitoring information. The Board will acquire monitoring data by one or more of three methods:
 - A. By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;
 - B. By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and/or
 - C. By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.
- 2) In every case, the standard for compliance shall be any reasonable interpretation by the CEO of the Board policy being monitored. The Board remains the final arbiter of reasonableness.
- 3) All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the Board. The Board can monitor any policy at any time by any method, but will ordinarily depend on a routine schedule.
- 4) The Board may change its policies from time to time, thereby shifting the boundary between Board and CEO domains. By doing so, the Board changes the discretion given the CEO. However as long as any particular delegation is in place, the Board will respect and support the CEO's interpretation and choices.

Policy 3.3 – Noncompliance Remediation and Grievance Process against the CEO

Board members who allege the CEO has violated Board policy shall contact the Chair about such grievances. The Chair shall present the alleged violations to the Board as a whole.

Policy 3.4 – CEO Compensation

Compensation will cover all types of compensation including, but not limited to, salary, benefits, and incentive compensation.

- 1) Performance considered for compensation purposes by the Board will only be against stated Board policies as revealed through the formal monitoring system.
- 2) The Board may form a Committee or as a whole, gather compensation information and to provide CEO compensation options and analysis for full Board consideration.
- 3) The Board shall not fail to have a written employment agreement with the CEO, addressing, but not limited to, compensation, performance, and termination.

Policy 3.5 – CEO Termination

- 1) The CEO serves at the pleasure of the Board and may be terminated for or without cause consistent with the CEO's Employment Agreement.
- 2) Any decision by the Board to terminate the CEO for cause must consider the CEO's performance against stated Board policies as revealed by any formal monitoring system and the CEO Employment Agreement.
- 3) A decision to terminate employment of the CEO must be conducted consistent with the CEO's Employment Agreement and requires a majority vote of a Quorum of Board members at a regularly scheduled Board meeting.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: September 20, 2020
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Board Discussion and Action Item H. ACTION: *Approval of the Policy Governance Manual*

Issue: The Board reviews the Policy Governance Manual on an annual basis in conjunction with a self-evaluation of governance effectiveness. Recently, the Board also constituted a Governance Committee who in the review of the Policy Governance Manual, identified an opportunity for the Board to strengthen the monitoring of Executive Limitations Section. The Self-Assessment results support this priority as well. This memorandum provides the background and context for facilitating the Board's deliberation on identifying ways to improve monitoring activities.

Background: In Policy Governance, there are two basic core principles. First, the Board determines the End Statements, or the results the Board seeks to achieve on behalf of ownership. Second, the Board emboldens its one employee, the Chief Executive Officer, to do all that is necessary to achieve the End Statements with the exception of explicit limitations classified as Executive Limitations. The philosophy is based on the presumption that it is easier to tell the Executive what not to do, as opposed to all the things the Executive needs to do to successfully lead an organization. This approach does not alleviate the Board from its own fiduciary oversight activities. Essentially, the Board must have mechanisms to ensure that the End Statements are being achieved (i.e., Dashboards) and the Executive Limitations are being followed.

In monitoring the Executive in regards to the Executive Limitations, the Board has three main options:

- By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;
- By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and/or
- By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.

The Board is responsible for determining the methodology, frequency and quality of these monitoring activities. The Board would be well-served now and in the furtherance of future Boards, to strengthen the structure for monitoring Executive Limitations. The following is framework to assist in this process by organizing the Executive Limitations into an organizational and assessment grid. Policy 1.1 – General Executive Restraint has been completed as an example of completing the rest of the work. The Improvement Continuum Classification offers the option of the current state of monitoring to be assessed as reasonably *Sufficient*; needing *Incremental* improvement; needing *Substantial* improvement; or needing a complete *Overhaul*.

Analysis and Recommendations:

Policy 1.1 – General Executive Restraint		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The Chief Executive Officer shall not cause or allow any activity, decision, organizational circumstance or practice (imprudent or in violation of commonly accepted business and professional ethics or regulations of funding or regulatory bodies) to jeopardize the public image of North Central Health Care (“NCHC”) or to result in a failure to be duly licensed or accredited by the proper agencies necessary to deliver services as authorized by the Board.	Incremental	The Board could require that all media reporting regarding NCHC be sent to the Board. The Board could be provided a monthly regulatory activity report.

The remainder of the sections are left blank to allow the Board to identify a process and direction to complete the remainder of the Board’s work in defining the structure for monitoring the Executive Limitations.

Policy 1.2 – Treatment of Consumers, Community Partners & the Public

With respect to interactions with consumers, community partners and the public, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.		
2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.		
3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights.		

Policy 1.3 – Treatment of Employees & Volunteers

With respect to interactions with employees and volunteers, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.		
2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.		
3) Violate federal and state employment laws.		
4) Fail to acquaint employees with their rights under this policy.		
5) Allow staff to be unprepared to deal with emergency situations.		

Policy 1.4 – Financial Planning & Budgeting

The CEO shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board’s End Statements. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.		
2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.		
3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.		

Policy 1.5 – Financial Conditions & Activities

With respect to ongoing financial conditions and activities, the CEO shall not cause or allow the development of financial jeopardy or material deviation of actual expenditures from Board priorities established in End Statements. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC’s long-term financial viability or stability.		
2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).		
3) Fail to assure that NCHC meets working capital, restricted reserves and fund balance requirements unless approved by the Board.		
4) Fail to invest and protect operational capital and excess funds consistent with Board’s cash management and investment policies.		
5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.		
6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.		
7) Pledge assets as security within any contracts without Board approval.		
8) Sell property for less than Fair Market Value (“FMV”) or if the FMV is greater than \$30,000.		
9) Acquire, encumber, or dispose of real estate.		

Policy 1.6 – Benefits & Compensation

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the CEO shall not cause or allow jeopardy to quality of care, financial integrity or to public image. Further the CEO shall not:

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1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.		
2) Fail to establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.		
3) Promise or imply permanent or guaranteed employment.		

Policy 1.7 – Asset Protection

With respect to asset protection, the CEO shall not cause or allow organizational assets to be unprotected, inadequately maintained, or unnecessarily risked. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.		
2) Fail to develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.		
3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.		
4) Compromise the independence of the Board’s audit or other external monitoring or advice.		

Policy 1.8 – Emergency Executive Succession		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The CEO shall not permit there to be fewer than two other Executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.		

Policy 1.9 – Communication & Counsel to the Board

The CEO shall not fail to inform or support the Board in carrying out its responsibilities. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.		
2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board’s monitoring schedule.		
3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated adverse media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.		
4) Fail to report an actual or anticipated issue of non-compliance with any Board policy in a timely manner.		
5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.		

Policy 1.10 – Regulatory Compliance

The CEO shall not allow nor cause NCHC to fail in meeting all regulatory and statutory requirements related to the delivery of services approved by the Board, or cause NCHC to fail to meet contractual requirements with third-party payers. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.		
2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.		
3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.		
4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.		
5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.		

Policy 1.11 – Other Board Policies		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The CEO shall not fail to implement or adhere to any other adopted Board Policy.		



North Central Health Care

Person centered. Outcome focused.

Policy Governance Acknowledgement

As a member of the North Central Community Services Program Board of Directors, I acknowledge:

- I have received a current copy of the Policy Governance Manual.
- I have reviewed the Policy Governance Manual in its entirety.
- I have been provided with an opportunity to ask questions about the information contained in the Policy Governance Manual.
- I agree to abide by all policies contained in the Policy Governance Manual.

Signature: _____

Date: _____

Print Name: _____

MEMORANDUM

DATE: September 20, 2020
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Board Discussion and Action Item I. EDUCATION: Board Competency Self-Evaluation Results

Issue

In the furtherance of governance best practice, the NCCSP Board has moved towards building a competency based framework for Board Member development and recruitment. Annually, each Board Member provides a self-evaluation to establish the level of individual competency. Gaps in competency are then identified as opportunities for development while also informing future Board Member recruitment efforts.

Background

Please reference the attached Board Competencies established by the NCCSP Board and Governance Committee. In the Board's Governance Self-Assessment from 2019, the following question had the 2nd lowest mean score, indicating a focused opportunity for improvement.

Q21. Process and criteria for recruitment – Formal Board recruitment process with clear evaluative criteria is in place; management reaches out to potential members from a wide range of sources; recruitment process is continuous with multi-year horizon; new members are seen as great additions to the Board.

The mean score for this item in the 2020 Board Governance Self-Assessment had wide variability in response but was not identified as a priority by mean score. This is likely a result of a significant number of new Board Members not being part of conversations on this priority prior to being appointed in May while other tenured members were more familiar with the work done to date.

Analysis

NCCSP Board Forecasted Competency Gap Analysis

Board Members were asked to self-assess their own competency level and the following results identified priorities for Board development and recruitment over the next 1-3 years.

Current Priority Index – The following Board Competencies are prioritized based on the relative absence of current Board Competency expertise. All the competencies below would be identified as a gap on the Board, prioritized by the significance of the gap:

1. Informatics and Technology
2. Human Capital and Talent Management
3. Community Public Health
4. Fund Development
5. Clinical (Behavioral Health, Skilled Nursing and Developmental Disabilities)
6. Marketing and Business Development

Competency Risk Areas with Potential Board Succession – The following Board Competencies are potential gaps that are either going to be exacerbated or new relative to potential Board turnover in the coming two years.

1. Quality and Patient Safety
2. Marketing and Business Development
3. Legal and Regulatory

Recommendations

The Board can prioritize identifying future Board Members to fill these gaps by directing the CEO to start to develop recruitment pools and to establish a relationship with potential future Board Members.

Based on the current priority index, the Board should also seek to facilitate Board development activities in the coming year around the top priority index items.

Informatics and Technology

- Understand how clinical and operational transformation occurs through long-term plans designed to achieve NCHC's objectives in the management of knowledge, information, and data.
- Knowledge of executing digital transformation strategy especially in regard to the application of advanced technologies to help NCHC solve problems and function in a digital environment.

Human Capital and Talent Management

- Ability to ensure human resources functions are well run and aligned to achieve NCHC's strategic outcomes.
- Knowledge of key senior leadership capabilities and effective succession planning practices.
- Understand the impacts of demographics and organizational culture on business and talent management strategies.

Community Public Health

- Knowledge of community health needs at community, state, and federal levels.
- Understand the social determinants of health and how inequities impact health outcomes.

To facilitate the development process, it is recommended that the Board direct the CEO to identify "augmented Board Members" who can serve as topical experts and help lead the development of competency and potential policy deliberations in these priority areas. The developmental priority areas will populate the Board's agenda in the 1st quarter of 2021.

NCCSP BOARD COMPETENCIES

The following is a list of competencies that the NCCSP Board has identified as critical to the successful governance function of North Central Health Care. It is the goal of the NCCSP Board to ensure competency by:

1. Recruiting and retaining Board members who have an established expertise in one or more of the identified competencies.
2. Providing developmental opportunities both inside and outside the Boardroom for areas where Board competency gaps exist.
3. Augment the Board with competency experts as advisors (non-voting) to ensure the Board keeps up to date on strategic and policy considerations relative to identified competencies.

Health Care Industry

- Knowledge of the business strategy of key partners in the local healthcare system and how private and public payors influence the clinical, financial and operational performance of NCHC.
- Understand how healthcare delivery is changing and the impact it will have on NCHC's programs and services.

Finance and Reimbursement Strategy

- Knowledge and skill to guide development of long-term plans for revenue growth and development;
- Understand the impact of reimbursement and payment systems when assessing service delivery performance and recommendations; and
- Ability to assess decision-making structure relative to long-term capital spending for renovation and expansion of facilities, equipment and services.

Human Capital and Talent Management

- Ability to ensure human resources functions are well run and aligned to achieve NCHC's strategic outcomes.
- Knowledge of key senior leadership capabilities and effective succession planning practices.
- Understand the impacts of demographics and organizational culture on business and talent management strategies.

Quality and Patient Safety

- Understand and ensure close adherence to the Institute of Medicine's Six Aims to provide care that is safe, timely, effective, equitable, efficient and patient-centered.
- Knowledge and commitment to Zero Harm principles and the development of a culture of safety.
- Ability to develop meaningful measures of quality, safety and consumer satisfaction, financial and employee performance.

Fund Development

- Knowledge of fundraising strategy, planning, and policies.
- Understand local philanthropic environment, including the current limitations and opportunities in fund development for NCHC services.

Informatics and Technology

- Understand how clinical and operational transformation occurs through long-term plans designed to achieve NCHC's objectives in the management of knowledge, information, and data.
- Knowledge of executing digital transformation strategy especially in regard to the application of advanced technologies to help NCHC solve problems and function in a digital environment.

Community Public Health

- Knowledge of community health needs at community, state, and federal levels.
- Understand the social determinants of health and how inequities impact health outcomes.

Clinical (Behavioral Health, Skilled Nursing and Developmental Disabilities)

- Professional or personal experience in the care, well-being, and treatment of individuals with mental illness, addiction, post-acute care, dementia, or developmental disabilities.
- Industry specific experience, education, or training in services delivered by NCHC.

Legal and Regulatory

- Understand the laws and regulations that NCHC operates under.
- Understand the principals of law within the criminal justice system.
- Knowledge of effective corporate compliance programs.

Marketing and Business Development

- Ability to anticipate evolving community needs using patient experience scores and other demographic and epidemiological data to set organizational priorities, plans, and investments.
- Understand the approaches and practices required for identifying, assessing, and capitalizing on new or evolving business opportunities.

2021 NCCSP BOARD CALENDAR

Thursday January 28, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Industry Update – An external resource will present on recent or anticipated changes in the operating environment.

Agenda Items

- CEO Performance Review – Initiate review of Chief Executive’s performance,

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Informatics and Technology

Thursday February 25, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Progress on Achieving Zero Harm and Leading a Culture of Safety

Agenda Items

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

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Human Capital and Talent Management

Thursday March 25, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Audit Presentation

Agenda Items

- Accept Annual Financial Audit and Fund Balance Statement

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Community Public Health

2021 NCCSP BOARD CALENDAR

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

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

Agenda Items

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

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

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

Elections: Election of directors and officers consistent with applicable provisions in the bylaws.

Board Policy to Review

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

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

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

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

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

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

Capital Projects – Review capital budget and forecast for the organization.

2021 NCCSP BOARD CALENDAR

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

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

Agenda Items

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

Board Policy to Review

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

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

Thursday July 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Current practices and performance around the human capital management of the organization.

Agenda Items

- Review of Employee Compensation Plan Effectiveness
- Review Employee Benefit Plan Performance
- Review Diversity, Equity and Inclusion Plan

Board Policy to Review

- Employee Compensation Policy

Board Policy Discussion Generative Topic: Effectiveness of Human Capital and Talent Management Programs

2021 NCCSP BOARD CALENDAR

Thursday August 26, 2021 (MEETING IN ANTIGO) – 3:00 PM – 5:00 PM

Educational Presentation: Annual Report from the Medical Staff

Agenda Items

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

Board Policy to Review

- Medical Staff Bylaws

Board Policy Discussion Generative Topic: Effectiveness of the Medical Staff's oversight of the organization's quality of care.

Thursday September 30, 2021 3:00 PM – 5:00 PM

Educational Presentation: Budget Presentation

Agenda Items

- Proposed Budget Recommendation to County Boards
- Annual Board self-evaluation of Governance and Competency
- Board Calendar for upcoming year
- Review of Bylaws
- Review Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board's performance and areas for improvement.

Thursday October 28, 2020 (MEETING IN MERRILL) – 3:00 PM – 5:00 PM

Educational Presentation: Annual Quality Audit – Update on the Status of the Quality, Compliance, and Safety Plan

Agenda Items

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

Board Policy to Review

- CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic: Annual CEO Succession Planning Exercise

2021 NCCSP BOARD CALENDAR

NO MEETING IN NOVEMBER

Thursday December 16, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Adopted Budget and Operational Plan for the upcoming year

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- Quality, Compliance and Safety Plan
- Utilization Review Plan
- Organizational and Program Dashboards
- CEO Work Plan
- CEO Performance Expectations and Compensation Plan
- Stakeholder Engagement Plan

Board Policy to Review

- Complaint and Grievance Policy
- Corporate Compliance Program
- Employee Grievance Policy
- Occurrence Reporting Policy

Board Policy Discussion Generative Topic: Effectiveness of organization's reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization

2020 NCCSP BOARD CALENDAR – Next Three Months

Thursday October 29, 2020 – 3:00 PM – 5:00 PM

Educational Presentations: Annual Report from the Medical Staff; Update on the Status of the Quality, Compliance and Safety Plan

Board Action:

- Action: Considerations to Reopening the Medically Monitored Treatment Program
- Action: Approval of the Diversity, Equity and Inclusion Plan

Board Policy to Review: CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic(s): Social Determinants of Health – What is it and how does it inform our future directions? Focus on Developing a Strategy to Expand Permanent Supportive Housing Options; Annual CEO Succession Planning Exercise

NO MEETING IN NOVEMBER

Thursday December 17, 2020 (3rd Thursday) – 3:00 PM – 5:00 PM

Educational Presentation: Adopted Budget and Operational Plan for the upcoming year

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- Quality, Compliance and Safety Plan
- Utilization Review Plan
- Organizational and Program Dashboards
- CEO Work Plan
- CEO Performance Expectations and Compensation Plan
- Stakeholder Engagement Plan

Board Policy to Review

- Complaint and Grievance Policy
- Corporate Compliance Program
- Employee Grievance Policy
- Occurrence Reporting Policy

Board Policy Discussion Generative Topic: Effectiveness of organization's reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization

Restart Survey

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Tools ▼

NCCSP Board Experience Transformer

Please complete the following question set based on your most recent NCCSP Board Meeting experience. Information from this survey will be used to enhance the collective experience of the Board and to improve Governance process.

Name (Optional)

If you could do this experience over - knowing what you know now - what would you do differently?

Experience Optimizer Factors

	Yes	Could Be Better	No
Are you leaving the meeting confident in the overall performance of our organization? If not, please elaborate on the concerns you would like to have addressed in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the materials included in the Board's pre-meeting packet adequately allow you to prepare for today's meeting? If not, what would've helped you be better prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had ample opportunity for input? If not, how could we better provide an opportunity for your input?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did all members participate in an active way? If not, why do you think that happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we focus on the right issues, giving the most important issues of strategy and policy adequate time? If not, what issues should we be focusing on or giving more time to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded "No" to any of the Experience Optimizer Factors above, please elaborate with additional feedback or context.

Missed thoughts you didn't have the chance to state or questions you have.