

OFFICIAL NOTICE AND AGENDA

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

Thursday, March 26, 2026, at 3:00 p.m.

North Central Health Care, **Eagle Board Room, 2400 Marshall Street, Suite A**, Wausau WI 54403

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 Link: <https://ccitc.webex.com/ccitc/j.php?MTID=mdcb6bfd72f6ae2b4be52a27b62bb2928>

Meeting number: 1-408-418-9388 **Access Code:** 2491 051 6727 **Password:** 1234

Our Mission

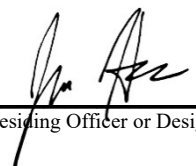
Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.

AGENDA

1. CALL TO ORDER
2. CHAIRMAN’S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
4. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: Approval of January 29, 2026 NCCSP Board Minutes
 - ii. FOR INFORMATION: Minutes of the January 14, 2026 and Draft Minutes of the February 25, 2026 Executive Committee Meetings
5. BOARD DISCUSSION AND/OR ACTION
 - A. Educational Presentations
 - i. Financial Update – J. Hake
 - ii. Compliance and Quality Update – B. Petersen
 - iii. Strategic Planning Update – V. Tylka
6. BOARD CALENDAR AND FUTURE AGENDA ITEMS
 - A. Next Board Meeting: Thursday, May 28, 2026, at 3:00 p.m.
7. ADJOURN

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

NOTICE POSTED AT: North Central Health Care
COPY OF NOTICE DISTRIBUTED TO:
Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 03/20/2026 TIME: 2:00 PM BY: K. Barbier

NORTH CENTRAL COMMUNITY SERVICES PROGRAM

BOARD MEETING MINUTES

January 29, 2026

3:00 p.m.

North Central Health Care

Present:

X	Eric Anderson	X	Chad Billeb	X	Chantelle Foote
ABS	Joshua Geoffrey	X	Kurt Gibbs	X	Chet Haatvedt
X	Kody Hart	X	Liberty Heidmann	X _(Webex)	Renee Krueger
X	Lance Leonhard	X	Terry McHugh	X _(Webex)	Jessi Rumsey
EXC	Robin Stowe	X _(Webex)	Laurie Thiel		

Staff Present: Jason Hake, Vicki Tylka, Marne Schroeder, Karissa Nelson

Others Present: Brian Desmond, Deputy Corporation Counsel

Call to Order

- The meeting was called to order at 3:00 p.m. by Chair Gibbs.

Chairman’s Announcements

- None.

Introduction of New Board Member Terry McHugh

- Members of the Board, staff, and others present introduced themselves and welcomed Mr. McHugh as a board member representing Marathon County.

Public Comment for Matters Appearing on the Agenda

- None.

Consent Agenda and Monitoring Reports

- **Motion**/second, Foote/Haatvedt, to approve the December 2, 2025 NCCSP Board meeting minutes. Motion carried.

Financial Update

- Mr. Hake provided an overview of the November financials. Pine Crest will have a larger loss in the December financial statement due to paying out sick leave balances as part of the agreement. Health insurance continues to do well with a net income of \$80,000. Year-to-date financials have a net income of \$7.1 million, of which \$1.6 million is from Mount View Care Center from prior year adjustments. The \$2.5 million debt payment to Marathon County was paid in December; however, the winter CCS reconciliation payment arrived and offset the payment.

Program Update – Community Treatment

- Marne Schroeder, Director of Community Treatment, and Karissa Nelson, Clinical Manager, provided an overview of Community Treatment’s four distinct programs: Comprehensive Community Services (CCS), Community Support Program (CSP), Coordinated Services Teams (CST), and Children’s Long-Term Support (CLTS).

Strategic Planning Update

- The next step in the process is strategic prioritization. A two-hour workshop facilitated by Elizabeth McCrank, from UW Extension, will be scheduled in February or March. The purpose of the workshop is to review the information previously collected and identify priorities for a three-year plan. Workshop participants will be comprised of senior leadership, the Executive Committee, and some members of the Board. Upon completion of the workshop, action planning will be entrusted to directors and senior leadership.

Closed Session

- Mr. Desmond explained that the rationale for a closed session is that the discussion could have reputational effects on the persons being discussed.
- **Motion**/second, Leonhard/Billeb, to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1)(c),(f) and (g), for the purpose of “[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility”, “preliminary consideration of specific personnel problems or investigation of charges against specific persons,” and “conferring with counsel” with respect to litigation NCHC could become, or is likely to be, involved in to wit: Discuss Program Specific Personnel Issues and Concerns, Update From Legal Counsel Regarding Potential Claims Associated with Employee Actions. Roll call vote taken; all indicating aye. The following individuals were allowed to remain in closed session: Mr. Desmond, Mr. Hake, and Ms. Barbier. Motion carried. Meeting convened in closed session at 3:45 p.m.
- **Motion**/second, Billeb/Foote, to return to open session at 4:01 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
 - None

Board Calendar and Future Agenda Items

- The next meeting of the Board is scheduled for Thursday, March 26, 2026, at 3:00 p.m.

Adjournment

- **Motion**/second, Billeb/Foote, to adjourn the meeting at 4:02 p.m. Motion carried.

Minutes prepared by Kristina Barbier, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

January 14, 2026

1:00 p.m.

North Central Health Care

Present: X Kurt Gibbs X_(Webex) Renee Krueger
X_(Webex) Lance Leonhard X Robin Stowe

Staff Present: Jason Hake, Vicki Tylka

Others Present: Brian Desmond, Marathon County Corporation Counsel

Call to Order

- The meeting was called to order by Chair Gibbs at 1:00 p.m.

Public Comment for matters Appearing on the Agenda

- James Meseberg addressed the committee regarding recent notification of a rate increase for cost for nursing home services.

December 2, 2025 Executive Committee Minutes

- **Motion**/second, Stowe/Leonhard, to approve the December 2, 2025 Executive Committee meeting minutes. Motion carried.

Financial Update

- Mr. Hake provided an overview of the November financials highlighting a net income for service programs of \$473,000. Pine Crest will have a larger loss due to accruing for sick leave in December. The sick leave accrual will be expensed in 2025 and paid out in 2026. Health insurance continues to run strong through November. Year-to-date financials have a net income is \$7.1 million, of which \$1.6 million is from prior year. The \$2.5 million debt payment to Marathon County was paid in December; however, the winter CCS reconciliation payment arrived and offset the debt payment.

Medical Clearance Update

- Ms. Tylka provided an overview of the proposed on-site medical clearance model at NCHC's Behavioral Health Hospitals as outlined in the memo provided in the packet.
- The Committee is in favor of next steps and supports further evaluation of the proposed model.

Clinical Coordinator Position Request

- Ms. Tylka provided an overview of the position request for a Clinical Coordinator as outlined in the memo provided in the packet.
- **Motion**/second, Leonhard/Krueger, to approve the Clinical Coordinator position increasing from 0.8 FTE to 1.0 FTE as presented. Motion carried.

Nursing Home Operations Committee

- The Committee agreed with Mr. Hake's request to move the discussion about the continuation of the Nursing Home Operations Committee to a future meeting.

Closed Session

- Mr. Desmond explained that the rationale for a closed session is to discuss strategy and things related to the lawsuit and not lose any tactical advantage based on our discussion.
- **Motion**/second, Leonhard//Krueger to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1) (g), for the purpose conferring with counsel with respect to litigation NCHC could become, or is likely to be, involved in, to wit: Kraegenbrink Notice of Claim. Roll call vote taken, all indicating aye. The following individuals were allowed to remain in closed session: Mr. Desmond, Mr. Hake, and Ms. Barbier. Meeting convened in closed session at 1:36 p.m.
- **Motion**/second, Stowe/Krueger to return to Open Session at 1:47 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
 - No action taken.
 - Counsel will continue to provide updates.

Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, February 25, 2026, at 1:00 p.m. in the NCHC Eagle Board Room.

Adjournment

- **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 1:48 p.m. Motion carried.

Minutes prepared by Kristina Barbier, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

February 25, 2026

1:00 p.m.

North Central Health Care

Present: X_(Webex) Kurt Gibbs X_(Webex) Renee Krueger
X Lance Leonhard X Robin Stowe

Staff Present: Jason Hake, Vicki Tylka, Brandy Thorne

Others Present: Brian Desmond, Marathon County Corporation Counsel

Call to Order

- The meeting was called to order by Lance Leonhard at 1:00 p.m.

Public Comment for Matters Appearing on the Agenda

- None.

January 14, 2026 Executive Committee Minutes

- **Motion**/second, Stowe/Krueger, to approve the January 14, 2026 Executive Committee meeting minutes. Motion carried.

Introduction of Brandy Thorne, Interim Human Resources Director

- Mr. Hake introduced Brandy Thorne as the Interim Human Resources Director. She joined NCHC in December 2024 as the Manager of Learning & Development. A brief overview of her background was shared.

Financial Update

- Mr. Hake provided an overview of preliminary financials for December and indicated a year-end net income of \$5.9 million, of which \$1.6 million is from prior year payments through Mount View. Overall, health insurance did well in 2025. Cash remains stable. January financials reflect a net income of \$335,000 for service programs. Starting in 2026, the tax levy has been removed from individual programs and is now a separate category called appropriations on financial statements. Health insurance remains favorable.

Learning & Development Coordinator Position Request

- Ms. Thorne provided an overview of the position request for a Learning & Development Coordinator as outlined in the memo included in the packet. Funds for this position will come from an open HRIS Specialist position that will not be filled. Net impact (cost savings) \$21,524.
- **Motion**/second, Stowe/Gibbs, to approve the Learning & Development Coordinator position as presented. Motion carried.

Nursing Home Operations Committee

- The Nursing Home Operations Committee was created due to contractual requirements when Pine Crest operations transferred to NCHC. With the sale of Pine Crest, it is no longer needed.
- No action taken.

Long-term Sustainability of Adult Day Services in Langelade County Due to Decreased Funding

- Mr. Hake provided an overview of the long-term sustainability of Adult Day Services in Langelade County as outlined in the memo included in the packet.
- The Committee supports the creation of a communication plan and timeline.
- No action taken.

Medical Staff Recommendations

- **Motion**/second, Gibbs/Stowe, to approve the following recommendations of the Medical Staff: Reappointments for Hannah Wenzlick, PA-C., Kessa Erickson, APNP, Ridhwi Mukerji, M.D., and Tiffany Pluger, APNP, Amendments for Daniel Hoppe, M.D., and Jean Vogel, M.D. Motion carried.

Closed Session

- Mr. Desmond explained that the rationale for a closed session is to discuss strategy and things related to the lawsuit and not lose any tactical advantage based on discussion.
- **Motion**/second, Stowe/Gibbs, to go into Closed Session (Roll Call Vote Suggested) Pursuant Wis. Stat. s. 19.85(1)(g), for the purpose of “[c]onfering with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved”, to wit: Consult with counsel regarding the possibility of a settlement proposal and delegate settlement authority, if any, to counsel representing NCHC in pending litigation. Marathon County Case No: 25CV345. Roll call vote taken. All indicating Aye. The following individuals were allowed to remain in closed session: Mr. Desmond, Mr. Hake, and Ms. Barbier. Meeting convened in closed session at 2:00 p.m. Motion carried.
- **Motion**/second, Gibbs/Krueger, to return to open session at 2:05 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
 - No action taken.
 - Direction has been provided to counsel.

Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, March 25, 2026, at 1:00 p.m. in the NCHC Eagle Board Room.

Adjournment

- **Motion**/second, Stowe/Krueger, to adjourn the meeting at 2:06 p.m. Motion carried.

Minutes prepared by Kristina Barbier, Executive Assistant

North Central Health Care
Programs by Service Line - Current Month
February-26

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	791,952	626,962	164,991	492,131	535,015	42,884	299,821	207,875
Adult Crisis Stabilization Facility	431,059	271,026	160,033	168,036	174,948	6,912	263,023	166,945
Lakeside Recovery MMT	102,279	112,583	(10,304)	156,938	180,635	23,697	(54,659)	13,393
Youth Behavioral Health Hospital	330,271	275,888	54,383	296,198	301,813	5,614	34,073	59,997
Youth Crisis Stabilization Facility	406,299	130,823	275,476	98,330	124,109	25,779	307,970	301,256
Contracted Services (Out of County Placements)	-	-	-	93,866	151,502	57,636	(93,866)	57,636
Crisis Services	55,501	48,728	6,773	254,377	252,655	(1,723)	(198,876)	5,050
Psychiatry Residency	22,351	25,531	(3,179)	35,158	61,079	25,921	(12,807)	22,742
	<u>2,139,713</u>	<u>1,491,541</u>	<u>648,172</u>	<u>1,595,034</u>	<u>1,781,756</u>	<u>186,722</u>	<u>544,679</u>	<u>834,894</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	522,505	486,234	36,271	534,268	532,108	(2,160)	(11,763)	34,110
Outpatient Services (Lincoln)	90,693	93,579	(2,886)	57,670	84,518	26,848	33,023	23,963
Outpatient Services (Langlade)	104,994	84,619	20,375	69,153	81,883	12,730	35,841	33,105
Community Treatment Adult (Marathon)	606,590	570,959	35,630	566,362	605,514	39,152	40,227	74,782
Community Treatment Adult (Lincoln)	100,143	86,076	14,068	88,863	99,189	10,326	11,281	24,393
Community Treatment Adult (Langlade)	45,529	33,742	11,786	54,148	48,562	(5,585)	(8,619)	6,201
Community Treatment Youth (Marathon)	590,721	634,479	(43,758)	626,213	640,181	13,969	(35,492)	(29,790)
Community Treatment Youth (Lincoln)	190,042	178,095	11,947	199,219	190,995	(8,223)	(9,176)	3,724
Community Treatment Youth (Langlade)	154,490	133,381	21,108	142,228	150,235	8,007	12,262	29,115
Hope House (Sober Living Marathon)	2,531	5,868	(3,337)	11,047	9,393	(1,654)	(8,516)	(4,991)
Sober Living (Langlade)	3,880	5,925	(2,044)	12,241	6,417	(5,824)	(8,361)	(7,869)
Adult Protective Services	28,269	24,982	3,286	86,430	114,148	27,719	(58,161)	31,005
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	<u>2,440,387</u>	<u>2,337,941</u>	<u>102,446</u>	<u>2,447,842</u>	<u>2,563,145</u>	<u>115,303</u>	<u>(7,455)</u>	<u>217,749</u>
COMMUNITY LIVING								
Day Services (Langlade)	11,631	23,708	(12,077)	19,618	27,662	8,045	(7,987)	(4,032)
Supportive Employment Program	-	-	-	-	-	-	-	-
	<u>11,631</u>	<u>23,708</u>	<u>(12,077)</u>	<u>19,618</u>	<u>27,662</u>	<u>8,045</u>	<u>(7,987)</u>	<u>(4,032)</u>
NURSING HOMES								
Mount View Care Center	2,476,400	2,222,600	253,800	2,006,929	2,044,290	37,361	469,471	291,161
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	<u>2,476,400</u>	<u>2,222,600</u>	<u>253,800</u>	<u>2,006,929</u>	<u>2,044,290</u>	<u>37,361</u>	<u>469,471</u>	<u>291,161</u>
Pharmacy								
	496,361	569,707	(73,346)	528,383	595,091	66,708	(32,022)	(6,637)
OTHER PROGRAMS								
Aquatic Services	12,118	57,507	(45,388)	98,727	113,990	15,263	(86,608)	(30,125)
Birth To Three	129,860	-	129,860	129,860	-	(129,860)	-	-
Demand Transportation	32,078	32,355	(277)	36,523	40,302	3,780	(4,445)	3,503
	<u>174,056</u>	<u>89,862</u>	<u>84,194</u>	<u>265,109</u>	<u>154,292</u>	<u>(110,817)</u>	<u>(91,053)</u>	<u>(26,623)</u>
APPROPRIATIONS								
Marathon County	359,668	359,668	-	-	-	-	359,668	-
Lincoln County	51,503	51,503	-	-	-	-	51,503	-
Langlade County	19,708	19,708	-	-	-	-	19,708	-
	<u>430,879</u>	<u>430,879</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>430,879</u>	<u>-</u>
Total NCHC Service Programs	<u><u>8,169,427</u></u>	<u><u>7,166,237</u></u>	<u><u>1,003,191</u></u>	<u><u>6,862,915</u></u>	<u><u>7,166,237</u></u>	<u><u>303,322</u></u>	<u><u>1,306,512</u></u>	<u><u>1,306,512</u></u>
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	629,543	665,376	(35,833)	403,466	700,331	296,865	226,076	261,032
Dental Insurance Trust Fund	29,636	34,955	(5,320)	28,906	-	(28,906)	729	(34,226)
Total NCHC Self-Funded Insurance Trusts	<u>659,178</u>	<u>700,331</u>	<u>(41,153)</u>	<u>432,373</u>	<u>700,331</u>	<u>267,959</u>	<u>226,805</u>	<u>226,806</u>

North Central Health Care
 Programs by Service Line - Year to Date
 For the Period Ending February 28, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	1,418,174	1,253,923	164,250	1,085,639	1,070,031	(15,608)	332,535	148,642
Adult Crisis Stabilization Facility	549,485	542,052	7,433	352,819	349,897	(2,922)	196,666	4,511
Lakeside Recovery MMT	221,567	225,167	(3,600)	321,040	361,270	40,230	(99,473)	36,630
Youth Behavioral Health Hospital	655,977	551,776	104,201	665,183	603,625	(61,558)	(9,206)	42,644
Youth Crisis Stabilization Facility	502,839	261,646	241,193	211,151	248,218	37,067	291,688	278,260
Contracted Services (Out of County Placements)	-	-	-	212,341	303,004	90,663	(212,341)	90,663
Crisis Services	107,304	97,456	9,848	494,385	505,309	10,924	(387,080)	20,772
Psychiatry Residency	44,702	51,061	(6,359)	69,863	122,158	52,294	(25,161)	45,936
	<u>3,500,048</u>	<u>2,983,082</u>	<u>516,967</u>	<u>3,412,421</u>	<u>3,563,512</u>	<u>151,091</u>	<u>87,628</u>	<u>668,058</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	1,053,602	972,468	81,133	1,077,842	1,064,216	(13,626)	(24,240)	67,507
Outpatient Services (Lincoln)	180,780	187,158	(6,378)	119,558	169,037	49,479	61,222	43,101
Outpatient Services (Langlade)	205,146	169,237	35,909	142,767	163,766	20,999	62,379	56,908
Community Treatment Adult (Marathon)	1,217,135	1,141,919	75,216	1,136,278	1,211,029	74,751	80,858	149,968
Community Treatment Adult (Lincoln)	192,029	172,152	19,877	167,243	198,377	31,134	24,786	51,011
Community Treatment Adult (Langlade)	93,061	67,485	25,577	110,227	97,125	(13,102)	(17,165)	12,475
Community Treatment Youth (Marathon)	1,288,609	1,268,959	19,650	1,331,032	1,280,363	(50,669)	(42,423)	(31,019)
Community Treatment Youth (Lincoln)	402,797	356,190	46,607	414,003	381,990	(32,013)	(11,206)	14,594
Community Treatment Youth (Langlade)	325,103	266,762	58,340	279,401	300,470	21,069	45,701	79,409
Hope House (Sober Living Marathon)	5,773	11,737	(5,964)	20,995	18,787	(2,208)	(15,222)	(8,172)
Sober Living (Langlade)	7,572	11,850	(4,278)	24,368	12,834	(11,534)	(16,796)	(15,811)
Adult Protective Services	55,664	49,965	5,700	167,491	228,297	60,806	(111,826)	66,506
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	<u>5,027,271</u>	<u>4,675,881</u>	<u>351,390</u>	<u>4,991,203</u>	<u>5,126,290</u>	<u>135,087</u>	<u>36,068</u>	<u>486,477</u>
COMMUNITY LIVING								
Day Services (Langlade)	21,624	47,415	(25,791)	36,946	55,324	18,378	(15,323)	(7,414)
Supportive Employment Program	-	-	-	-	-	-	-	-
	<u>21,624</u>	<u>47,415</u>	<u>(25,791)</u>	<u>36,946</u>	<u>55,324</u>	<u>18,378</u>	<u>(15,323)</u>	<u>(7,414)</u>
NURSING HOMES								
Mount View Care Center	4,971,706	4,445,200	526,506	4,023,133	4,088,581	65,448	948,574	591,954
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	<u>4,971,706</u>	<u>4,445,200</u>	<u>526,506</u>	<u>4,023,133</u>	<u>4,088,581</u>	<u>65,448</u>	<u>948,574</u>	<u>591,954</u>
Pharmacy	1,075,561	1,139,414	(63,852)	1,127,061	1,190,183	63,122	(51,499)	(730)
OTHER PROGRAMS								
Aquatic Services	69,804	115,014	(45,209)	180,590	227,980	47,390	(110,786)	2,180
Birth To Three	129,860	-	129,860	129,860	-	(129,860)	-	-
Demand Transportation	64,914	64,710	204	75,267	80,605	5,338	(10,353)	5,542
	<u>264,578</u>	<u>179,723</u>	<u>84,855</u>	<u>385,717</u>	<u>308,584</u>	<u>(77,133)</u>	<u>(121,139)</u>	<u>7,722</u>
APPROPRIATIONS								
Marathon County	719,336	719,336	-	-	-	-	719,336	-
Lincoln County	103,007	103,007	-	-	-	-	103,007	-
Langlade County	39,415	39,415	-	-	-	-	39,415	-
	<u>861,758</u>	<u>861,758</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>861,758</u>	<u>-</u>
Total NCHC Service Programs	<u>15,722,547</u>	<u>14,332,473</u>	<u>1,390,074</u>	<u>13,976,480</u>	<u>14,332,474</u>	<u>355,993</u>	<u>1,746,067</u>	<u>1,746,067</u>
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	1,273,391	1,330,752	(57,361)	994,910	1,400,663	405,753	278,481	348,392
Dental Insurance Trust Fund	59,675	69,911	(10,236)	53,019	-	(53,019)	6,656	(63,255)
Total NCHC Self-Funded Insurance Trusts	<u>1,333,066</u>	<u>1,400,663</u>	<u>(67,597)</u>	<u>1,047,929</u>	<u>1,400,663</u>	<u>352,734</u>	<u>285,137</u>	<u>285,137</u>

North Central Health Care
Fund Balance Review
For the Period Ending February 28, 2026

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
YTD Appropriation (Tax Levy) Revenue	976,836	39,415	103,007	1,119,258
Total Revenue at Period End	12,925,205	1,191,060	1,606,282	15,722,547
County Percent of Total Net Position	82.2%	7.6%	10.2%	
Total Operating Expenses, Year-to-Date *	11,435,654	1,100,783	1,440,043	13,976,480
<i>* Excluding Depreciation Expenses to be allocated at the end of the year</i>				
Share of Operating Cash	24,552,028	2,262,473	3,051,208	29,865,709
Days Cash on Hand	131	125	129	130
Minimum Target - 20%	13,722,785	1,320,940	1,728,052	16,771,776
Over/(Under) Target	10,829,244	941,533	1,323,156	13,093,933
Maximum Target - 35%	24,014,873	2,311,645	3,024,091	29,350,609
Over/(Under) Target	537,155	(49,172)	27,117	515,101
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 150 Days	28,197,503	2,714,260	3,550,791	34,462,554
Current Percentage of Operating Cash	214.7%	205.5%	211.9%	213.7%
Over/(Under) Minimum Target	10,829,244	941,533	1,323,156	13,093,933
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	<u>10,829,244</u>	<u>941,533</u>	<u>1,323,156</u>	<u>13,093,933</u>
Over/(Under) Maximum Target	537,155	(49,172)	27,117	515,101
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	<u>537,155</u>	<u>(49,172)</u>	<u>27,117</u>	<u>515,101</u>

North Central Health Care
Review of Services in Marathon County
For the Period Ending February 28, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,053,602	972,468	81,133	1,077,842	1,064,216	(13,626)	(24,240)	67,507
Community Treatment-Adult	1,217,135	1,141,919	75,216	1,136,278	1,211,029	74,751	80,858	149,968
Community Treatment-Youth	1,288,609	1,268,959	19,650	1,331,032	1,280,363	(50,669)	(42,423)	(31,019)
Hope House Sober Living	5,773	11,737	(5,964)	20,995	18,787	(2,208)	(15,222)	(8,172)
Demand Transportation	64,914	64,710	204	75,267	80,605	5,338	(10,353)	5,542
Jail Meals	-	-	-	-	-	-	-	-
Aquatic Services	69,804	115,014	(45,209)	180,590	227,980	47,390	(110,786)	2,180
Mount View Care Center	4,971,706	4,445,200	526,506	4,023,133	4,088,581	65,448	948,574	591,954
	<u>8,671,543</u>	<u>8,020,006</u>	<u>651,537</u>	<u>7,845,135</u>	<u>7,971,559</u>	<u>126,424</u>	<u>826,408</u>	<u>777,961</u>
Shared Services								
Adult Behavioral Health Hospital	1,052,751	930,823	121,928	805,901	794,314	(11,586)	246,850	110,341
Youth Behavioral Health Hospital	486,951	409,599	77,352	493,784	448,088	(45,696)	(6,834)	31,656
Residency Program	33,184	37,904	(4,720)	51,862	90,681	38,820	(18,678)	34,099
Supportive Employment Program	-	-	-	-	-	-	-	-
Crisis Services	79,655	72,345	7,311	366,996	375,105	8,109	(287,341)	15,420
Adult Crisis Stabilization Facility	407,898	402,381	5,518	261,907	259,738	(2,169)	145,991	3,348
Youth Crisis Stabilization Facility	373,272	194,227	179,044	156,744	184,260	27,516	216,528	206,561
Pharmacy	798,420	845,819	(47,399)	836,649	883,507	46,857	(38,230)	(542)
Lakeside Recovery MMT	164,475	167,148	(2,672)	238,317	268,181	29,864	(73,842)	27,191
Adult Protective Services	41,321	37,090	4,231	124,333	169,471	45,138	(83,012)	49,369
Birth To Three	96,399	-	96,399	96,399	-	(96,399)	-	-
Contracted Services (Out of County Placements)	-	-	-	157,627	224,928	67,302	(157,627)	67,302
	<u>3,534,326</u>	<u>3,097,337</u>	<u>436,990</u>	<u>3,590,519</u>	<u>3,698,275</u>	<u>107,756</u>	<u>(56,193)</u>	<u>544,746</u>
Appropriations	719,336	719,336	-				719,336	-
Excess Revenue/(Expense)	12,925,205	11,836,679	1,088,526	11,435,654	11,669,834	234,180	1,489,552	1,322,707

North Central Health Care
Review of Services in Lincoln County
For the Period Ending February 28, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	180,780	187,158	(6,378)	119,558	169,037	49,479	61,222	43,101
Community Treatment-Adult	192,029	172,152	19,877	167,243	198,377	31,134	24,786	51,011
Community Treatment-Youth	402,797	356,190	46,607	414,003	381,990	(32,013)	(11,206)	14,594
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	<u>775,606</u>	<u>715,500</u>	<u>60,106</u>	<u>700,804</u>	<u>749,404</u>	<u>48,600</u>	<u>74,802</u>	<u>108,706</u>
Shared Services								
Adult Behavioral Health Hospital	216,747	191,644	25,103	165,924	163,539	(2,385)	50,823	22,718
Youth Behavioral Health Hospital	100,257	84,331	15,926	101,664	92,255	(9,408)	(1,407)	6,517
Residency Program	6,832	7,804	(972)	10,678	18,670	7,992	(3,846)	7,021
Supportive Employment Program	-	-	-	-	-	-	-	-
Crisis Services	16,400	14,895	1,505	75,560	77,229	1,670	(59,160)	3,175
Adult Crisis Stabilization Facility	83,981	82,845	1,136	53,923	53,477	(447)	30,058	689
Youth Crisis Stabilization Facility	76,852	39,989	36,863	32,271	37,937	5,665	44,580	42,528
Pharmacy	164,384	174,143	(9,759)	172,255	181,902	9,647	(7,871)	(112)
Lakeside Recovery MMT	33,863	34,413	(550)	49,066	55,215	6,149	(15,203)	5,598
Adult Protective Services	8,507	7,636	871	25,598	34,892	9,293	(17,091)	10,164
Birth To Three	19,847	-	19,847	19,847	-	(19,847)	-	-
Contracted Services (Out of County Placements)	-	-	-	32,453	46,310	13,857	(32,453)	13,857
	<u>727,670</u>	<u>637,699</u>	<u>89,970</u>	<u>739,239</u>	<u>761,425</u>	<u>22,186</u>	<u>(11,569)</u>	<u>112,156</u>
Appropriations	103,007	103,007	-				103,007	-
Excess Revenue/(Expense)	1,606,282	1,456,206	150,076	1,440,043	1,510,829	70,786	166,239	220,862

North Central Health Care
Review of Services in Langlade County
For the Period Ending February 28, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	205,146	169,237	35,909	142,767	163,766	20,999	62,379	56,908
Community Treatment-Adult	93,061	67,485	25,577	110,227	97,125	(13,102)	(17,165)	12,475
Community Treatment-Youth	325,103	266,762	58,340	279,401	300,470	21,069	45,701	79,409
Sober Living	7,572	11,850	(4,278)	24,368	12,834	(11,534)	(16,796)	(15,811)
Adult Day Services	21,624	47,415	(25,791)	36,946	55,324	18,378	(15,323)	(7,414)
	<u>652,506</u>	<u>562,749</u>	<u>89,757</u>	<u>593,709</u>	<u>629,519</u>	<u>35,809</u>	<u>58,797</u>	<u>125,567</u>
Shared Services								
Adult Behavioral Health Hospital	148,676	131,456	17,219	113,814	112,178	(1,636)	34,862	15,583
Youth Behavioral Health Hospital	68,770	57,846	10,924	69,735	63,282	(6,453)	(965)	4,471
Residency Program	4,686	5,353	(667)	7,324	12,807	5,482	(2,638)	4,816
Supportive Employment Program	-	-	-	-	-	-	-	-
Crisis Services	11,249	10,217	1,032	51,829	52,975	1,145	(40,580)	2,178
Adult Crisis Stabilization Facility	57,606	56,827	779	36,988	36,682	(306)	20,618	473
Youth Crisis Stabilization Facility	52,716	27,430	25,286	22,136	26,022	3,886	30,579	29,172
Pharmacy	112,758	119,452	(6,694)	118,157	124,774	6,617	(5,399)	(77)
Lakeside Recovery MMT	23,228	23,606	(377)	33,657	37,874	4,218	(10,428)	3,840
Adult Protective Services	5,836	5,238	598	17,559	23,934	6,375	(11,723)	6,972
Birth To Three	13,614	-	13,614	13,614	-	(13,614)	-	-
Contracted Services (Out of County Placements)	-	-	-	22,261	31,766	9,505	(22,261)	9,505
	<u>499,138</u>	<u>437,424</u>	<u>61,714</u>	<u>507,074</u>	<u>522,292</u>	<u>15,218</u>	<u>(7,936)</u>	<u>76,932</u>
Appropriations	39,415	39,415	-			-	39,415	-
Excess Revenue/(Expense)	1,191,060	1,039,588	151,471	1,100,783	1,151,811	51,027	90,276	202,499

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending February 28, 2026

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Charity Care	\$ 14,373	\$ 22,844
Administrative Write-Off	\$ 13,452	\$ 13,994
Bad Debt	\$ -	\$ -
Outpatient & Community Treatment		
Charity Care	\$ 8,089	\$ 14,912
Administrative Write-Off	\$ 3,809	\$ 3,809
Bad Debt	\$ -	\$ -
Nursing Home Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ -	\$ -
Bad Debt	\$ -	\$ -
Aquatic Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 3,498	\$ 3,498
Bad Debt	\$ 35,352	\$ 35,352
Pharmacy		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 12	\$ 24
Bad Debt	\$ -	\$ -
Other Services		
Charity Care	\$ -	\$ 0
Administrative Write-Off	\$ 90	\$ 90
Bad Debt	\$ -	\$ -
Grand Total		
Charity Care	\$ 22,462	\$ 37,756
Administrative Write-Off	\$ 20,861	\$ 21,415
Bad Debt	\$ 35,352	\$ 35,352

FINANCIAL DASHBOARD

FISCAL YEAR: 2026

DEPARTMENT	Metric	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2026 YTD	2025
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BEHAVIORAL HEALTH SERVICES

Adult Hospital	Average Daily Census	10.00	9.06	12.57											10.82	9.9
Adult Crisis Stabilization Facility	Average Daily Census	11.00	8.84	9.14											8.99	12.1
Lakeside Recovery MMT	Average Daily Census	10.25	13.16	11.93											12.55	11.6
Youth Hospital	Average Daily Census	4.25	4.81	5.39											5.10	4.6
Youth Crisis Stabilization Facility	Billable Units	5,840	3,145	13,616											8,380	4603
Youth Out of County Placements (WMHI/MMHI)	Days	150 Annual 37 Monthly	0	0											0	220
Adult Out of County Placements (WMHI/MMHI)	Days	547 Annual 45 Monthly	33	49											82	927
Out of County Placements (Trempealeau)	Days	538 Annual 44 Monthly	124	100											224	1015
Out of County Placements (Group Home)	Days	1919 Annual 160 Monthly	186	144											330	1923

COMMUNITY SERVICES

Hope House - Marathon	Average Daily Census	6.00	7.60	6.40											7.00	4.9
Hope House - Langlade	Average Daily Census	3.00	4.00	4.90											4.45	3.0

NURSING HOMES

Mount View Care Center	Average Daily Census	125.00	127.84	128.71											128.28	123
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North Central
Health Care

Person centered. Outcome focused.

COMPLIANCE AND QUALITY

Ben Petersen, Director

Compliance Department

- Organizational adherence to federal, state, and accreditation requirements
 - HIPAA, DHS, CMS, TJC, OIG
 - All services and operations
- Regulatory application/interpretation, policy development, and training
- Auditing, rounding, reporting
- Client rights, complaints, grievances
- Liability oversight, risk mitigation, and sensitive investigations

Quality Department

- Survey readiness
 - Rounding
 - EOC Support
 - Regulatory adherence
- Quality and process improvement
 - Workflow optimization
 - Risk mitigation
 - Reportable events
- Patient experience and service quality
- Quality committees
 - Actionable insights and data driven solutions

Why Compliance and Quality Matter

- Unicorn organization
 - Problems
 - Solutions
 - Sustainability
- Backbone
 - Programs
 - Internal operations
 - Conflict
- Service impact

Compliance and Quality Staff Structure

- Small team
 - Big impact
- Total FTE: 13
- Compliance
- Quality
- Environmental Health and Safety
- Health Information Management
 - HIM Specialists
 - Medical Coding
- Future dollars

How do we help?

Protection

Clients, staff, data, and regulatory integrity
Safeguarding and reducing organizational risk
Proactive oversight

Improvement

Continuous improvement
Quality of care and experience
Patient safety

Reliability

Preparedness
Survey readiness
Incident response

Compliance

- Internal auditing
 - Documentation/regulatory adherence
 - User access
 - Billing integrity
- HIPAA Compliance
 - Privacy vs. Security
- Regulatory Compliance/Interpretation
 - 42 CFR Part 2, Wisconsin mental health, CMS, DHS
- Investigations
- Policy Development
- Education/training
- Response to external inquiries and concerns

Health Information Management (HIM)

- Releases of information (ROI) across all EHR systems
- Highly sensitive “PHI”
- Legal requests
- Documentation management
 - Completeness and accuracy
 - Destruction and retention
- Regulatory data submissions
 - IPFQR
 - HBIPS > ORYX
- Interdepartmental Support

Medical Coding and Billing

- CPT, HCPCS, ICD-10 Codes
- Proactive auditing
- Provider support
- Accurate and timely claims submission
- Education
 - Billing staff
 - Clinical teams
- Critical “link”
 - Clinical care > compliance > billing

Environmental Health and Safety (EHS)

- Environment of care rounding
- Physical environment standards
- Safety and hazard mitigation
- Medical equipment
- Centralized liaison

Emergency Management and Preparedness

- Emergency response planning
 - Fire, weather, safety
- Drills, tabletop exercises, training
- Operational continuity
 - EOP, BIA, BCP
- Facility-wide monitoring

Quality

- Continuous improvement
 - Process improvement and efficiency
 - Root cause analysis
 - Gap identification and risk mitigation
- Data insights and action
 - QAPI
 - BHS
- Quality rounding and survey preparation
- Patient experience and satisfaction
 - CMS PIX
 - Interacting with all service lines
- Interdepartmental collaboration
 - Program enhancement plans
 - Regulatory adherence
 - Performance monitoring
- Pulse check
- Expansion and growth

Ensuring Safety, Reliability, and Organizational Readiness

- Commitment to safety, integrity, and improvement
- High quality care
- Person centered service
 - Internally
 - Externally

Our Mission: Langelade, Lincoln and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery and long-term care needs.

Draft: North Central Health Care Strategic Plan Update

March 13, 2026

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Executive Summary

This strategic plan outlines North Central Health Care's (NCHC) key priorities and goals for 2026-2029. It was developed through a collaborative process involving the NCHC Executive Director, NCHC Directors and other staff, community health care partners, and the NCCS Program Board (which includes representatives from all three member counties) and assisted by educators from the University of Wisconsin-Madison, Division of Extension. The plan reaffirms the organization's Mission, Vision, and Core Behaviors, and focuses forward on:

- **Prioritizing & Aligning Core Services:** NCHC will identify and prioritize the core services delivered to residents of the tri-county partnership.
- **Maintain Financial Stability by Aligning Resources & Optimizing Access to Core Services:** NCHC will maintain financial stability and allocate resources to position NCHC to be a benefit to the counties and communities served.
- **Communicate & Clarify the Benefit of NCHC, both Internally and Externally:** NCHC will be able to set forth clear descriptions of the benefits that the unique structure of NCHC provides to county partners and the public.

The plan also includes a short-cycle action plan designed to create the foundation for the goals outlined above.

Tri County Community Profile/s

While NCHC serves a tri-county population of 186,421 (2023 data), that population is not distributed equally or evenly nor are its needs uniform or clear. While Marathon County has a population of over 138,500, Lincoln has only 28,400 and Langlade has the smallest population at just over 19,400. Almost half of Marathon's population -- about 69,000 people -- is clustered around one urban area, the city of Wausau. Langlade also has only one urban area, the city of Antigo, but with a population of only 8000 people, that city is 7 times smaller than the metropolitan Wausau area. Lincoln is an outlier in demography since there are two urban clusters, Merrill (9400) and Tomahawk (3400). Notably, those two cities combined contain just under half of the county population. The split functionally means that Lincoln County has a significantly higher low-population density than the presence of two urban areas would suggest. Thus, the average rural population for all 3 counties combined is 56%, with Marathon close to 40% and Lincoln over 66%. NCHC's structure is unique compared to other counties in Wisconsin. NCHC is one of two combined 51.42 departments, the other being Iowa and Grant Counties. NCHC counties are 3 of the 6 counties in the state that do not operate as a Human Services or Health and Human Services Department. (Iowa, Grant, and Clark are the other 3.)

Significantly, the over-65 age group in Lincoln and Langlade is 26.6% and 24.4% respectively. In both counties, that number is increasing. Aging population is likely to be one of the primary challenges for health care delivery in both of those counties for the foreseeable future. Despite many services and amenities that are helpful for people over the age of 65, Marathon County has an over 65 population of only 19.7%. The health care needs of younger populations thus share more equally the demands of the older population in Marathon County.

The most significant variations amongst the three partners are in the ratio of providers to residents. Langlade has only 1 primary care provider for every 1300 residents, Lincoln has 1 per 1890 residents (despite the presence of both a Marshfield Clinic facility and an Aspirus clinic), while Marathon County has 1 primary care provider for every 1010 residents. The ratio in Lincoln County is consistent with many rural areas and generates a significant workload for practitioners. Even more daunting are the ratios of mental health providers in the 3 counties: Langlade has 1 provider per 890 residents, Lincoln has 1 provider for every 1360 residents, while Marathon has 1 provider for every 380 residents. Clearly, Langlade and Lincoln face desperate shortages in this area and, despite having smaller populations, end up having as great, if not a greater, need for these services that does Marathon County. Neither county possesses enough providers to meet their population's needs. At first glance, Marathon County appears to be in a far better position

relative to the other two counties. But with a population almost 3 times greater than the other two counties combined, providers in Marathon County are in constant demand. The risk there is overwork and burnout of providers.

Looking at the most recent reports from the health departments of each of the counties, Langlade county's most recent health assessment (2022-2025) identified mental well-being, alcohol and drug use, chronic conditions (e.g., obesity) and healthy living/active lifestyles as the top priorities and areas of concern for the county. Access to mental health resources was identified in both surveys and key informant interviews.

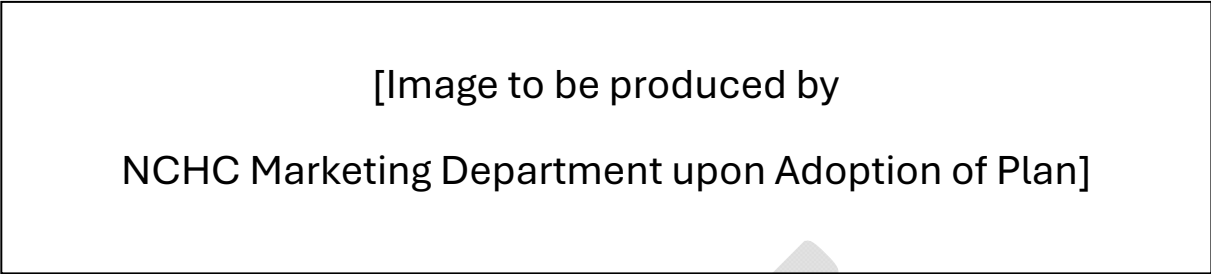
The most current Marathon County LIFE report (produced every two years to evaluate and track community strengths, weaknesses and potential priority issues) was published in 2023. That report highlighted 4 areas of concern, two of which are immediate and germane to the work of NCHC: mental health and substance misuse.

Finally, Lincoln County's most recent health assessment was completed in 2023. Community members identified mental health and emotional well-being, reductions in community prevention staff, and an increasingly aging population with more needs as significant health concerns.

All three counties thus identified mental health and substance abuse as top health concerns and priorities. Those areas are, of course, among NCHC's strengths and thus demonstrate both previous efforts to align NCHC with community needs as well as the need for NCHC to continue delivering those services uninterrupted for the foreseeable future. In short, NCHC already is an *essential* part of the tri-county health landscape and appears appropriately focused on the most pressing needs of the communities.

Finally, Appendix C shows a list current to 2026 of Medical and therapeutic providers in each of the three counties that might reasonably be expected to draw on the same pool of resources as NCHC as well as to be potential sources of support and collaboration.

Proposed Strategic Plan with 3-Year Priorities at a Glance



The image above provides a summary of the strategic plan, highlighting the commitment to our initial vision, mission, and core behaviors while identifying the short-term actions designed to support those primary efforts and reserve other potential capabilities.

Strategic Planning Process

This strategic planning document for NCHC has been developed through a collaborative and iterative process initiated in June 2025 by the new Executive Director as NCHC experienced a formal leadership transition. Recognizing the need for clear priorities to guide the organization and the management team in the coming years, the Executive Director contacted UW-Madison’s Division of Extension: Community Development Institute for assistance in revisiting existing strategic plans and developing a path for the organization going forward.

The intended focus of this planning effort was to identify key priority areas that would provide a strategic framework for the organization’s work. The aim was not to delve into granular operational details, but rather to achieve consensus on the most critical priorities demanding NCHC’s limited time and resources. A summary of the process is outlined below.

NCHC’s request included exploring the following questions:

- How does NCHC excel at providing services to the community?
- How can NCHC ensure their goals align with the goals of the counties, and address the counties’ pain points?
- How can NCHC ensure they are addressing community needs?
- How does NCHC avoid duplicating services?

- How does NCHC better collaborate with human services, social services, law enforcement, the justice system, health departments, and other community and county partners?
- How can NCHC create a shared set of goals for the organization that are relevant to each department and support organizational culture?

Based on NCHC’s intention for this strategic planning process and how rapidly the funding and care needs environment is changing, it was recommended that NCHC develop a 3-year strategic plan comprised of:

1. A trends, gaps, and opportunities summary
2. Strategic priorities and 3-year goals
3. Short-cycle action plans (e.g., 6-12 months)

A plan of this nature provides a combination of longer-term strategy and short-term action. It allows for adaptability and flexibility while at the same time keeping in mind a longer-range trajectory aimed at addressing the priorities of NCHC and its county partners.

Pre-planning began in June of 2025. This included defining the strategic planning process's objectives, scope, scale, and timeline and the agreement of a project charter. The full charter of this process is in Appendix A. Data collection began in September of 2025 via a short survey of department heads to assess if NCHC's core values and mission remain relevant as well as collection of public data that identified conditions and relevant trends in the three-county service area. The results of the data collection provided the basis for the tri-county profiles below and appear in Appendix B. The results of the Missions, Vision, Values survey appear in Appendix C.

In September 2025, Extension educators facilitated focus groups with the NCHC Directors and other key staff. Responses from these groups provided additional information surrounding emergent trends and changes in the environment that NCHC operates in as well as information about the organization itself. Of particular importance, this scan included a consideration of what other groups, organizations or situations draw on the same resources as NCHC.

In November 2025, the NCCS Program Board participated in a focus group designed to provide feedback on partner relationships, challenges to resources and sentiment concerning the respective partnerships.

Strategic Plan Process Short Action Plan

At this point in the process, this preliminary report exists to form the foundation of the third part of this process: Strategic Prioritization Agreement. It is planned that in March of 2026 Senior Leadership, the Executive Committee, and the Program Board will:

1. Identify priorities and 3-year goals
2. Engage in a mission alignment activity
3. Identify what could help or hinder the organization and its units in achieving the 3-year goals
4. Adopt the Priority Goals

Development of Strategies for Respective Goals: March-April 2026

Once adopted, the priority goals will be disseminated to the Directors for development of strategies for the achievement of each of the goals. That development will take place in a Strategy/Action planning workshop for the Directors.

At that workshop, the Directors will focus on:

1. Strategies for achieving the priority goals
2. Their unit's role in achieving each priority goal
3. Action plans for 3 months, 6 months, and 12-month steps toward priority goals
4. Developing progress metrics for each action plan
5. Creating an Action Plan Review Process on a predetermined schedule (e.g., every 6 or 12 months as determined by the Senior Leadership) including establishment of criteria for generation of new action plans if/when needed

Subsequently, Directors will create more detailed action plans for their individual departments, teams and units. As part of creating the action plans, Directors will engage staff and relevant partners.

Action Plan Renewal: Every 6-12 months, as determined by Senior Leadership.

Directors will engage their staff and relevant partners in reviewing progress on action plans and creating the next cycle's action plan.

Progress reports and new action plans will be shared with the Executive Committee and the Program Board.

The final step is the formal review and adoption of the plan, including Strategies and Proposed Action Plans, by the Executive Committee and the Program Board, which adoption will initiate the steps outlined above.

Affirming Mission, Vision, Core Behaviors

NCHC's commitment to serving its residents and stewarding its resources remains steadfast as demonstrated by the results of the Directors & Partners Survey that opened this process (see survey and results in Appendix B). Building upon the foundation established in previous strategic plan efforts, this updated document reaffirms the enduring Mission, Vision, and Core Behaviors that guide our work. These fundamental principles continue to be the bedrock upon which all NCHC initiatives and services are built.

The NCHC Mission (current): Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery and long-term care needs.

- This mission underscores our commitment to continuous organizational self-assessment, establishment and evaluation of humane and compassionate care approaches, and the effective delivery of essential services that positively impact the lives of our community members including and especially those most vulnerable.

Our Vision for NCHC (current): Lives Enriched & Fulfilled

Partners may wish to revisit both the mission and vision statements based on focus areas below and results of NCHC Mission, Vision, Values survey illustrated in Appendix C. Noted revision is to reference sustainability in the Mission Statement.

We envision a future where NCHC thrives across four key interconnected areas:

1. **Resident Access to High Quality Mental Health and Substance Abuse Crisis Care and Ongoing Care:** Where all residents have access to resources and support necessary for physical, mental, and social well-being.
2. **Delivery of Sensitive and Nurturing Residential Care at Mount View Nursing Home:** Where strong connections and positive interactions foster a sense of belonging, trust, and collaboration among residents, partners, and NCHC staff.
3. **Building and Maintaining Relationships and Partnerships with Community Partners for Seamless Service Response and Real-Time Monitoring of Emergent Needs:** Where well-maintained and forward-thinking infrastructure supports the needs of an ever-changing community, works constructively with community partners and enhances both the capacity and the quality of life for all.

4. **Be proactive around enhancing or implementing new approaches or programs:**
Where creative and innovative approaches to problem solving and preparation combine with cross-training and collaborative relationships to position NCHC for potential unforeseen but serious challenges.

Our Core Values

NCHC and its elected and appointed public servants representing the three county partners as well as other community partners, are united by six core behaviors that shape our organizational culture and guide our daily actions:

- **Dignity:** We are dedicated to providing excellent service with acceptance and respect to every individual, every day.
- **Integrity:** We keep our promises and act in a way where doing the right things for the right reasons is standard.
- **Accountability:** We commit to positive outcomes and each other's success.
- **Partnership:** We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.
- **Continuous Improvement:** We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.

These affirmed Mission, Vision, and Core Behaviors provide a consistent framework for our **Person-Centered Service** and serve as guiding principles as we move forward in addressing the evolving needs of NCHC. They represent our enduring commitment to excellence and our dedication to building a thriving future for all. The following strategic goals, developed from the Directors' focus groups and the discussion session held by the Program Board, are consistent with these values, vision and mission.

Strategic Goals for 2026-2029

Goal 1: Prioritizing & Aligning Core Services

NCHC will identify and prioritize the core services delivered to residents of the tri-county partnership.

- **Service Optimization: Define and categorize services as mandated, core, sustaining or discretionary.** Order services offered by origin, key impacts, and function within NCHC for use in balancing resource allocation, both financial and human, to maintain financial stability.
- **Continuous assessment of service delivery and reconciliation to partner imperatives:** Develop a systematic assessment instrument to ensure alignment of service delivery with partner counties' priorities.
- **Future/Potential Service Delivery Planning:** Develop a procedure for reviewing core services that balances mandates and value, facilitates ongoing conversations and provides guidance for action planning.

Goal 2: Maintain Financial Stability by Aligning Resources & Optimizing Access to Core Services

NCHC will maintain financial stability and allocate resources to position NCHC to be a benefit to the counties and communities served.

- **Initiate a process to inventory services, including related supply, equipment and resource needs:** Develop a comprehensive inventory of and costs related to services including supplies, equipment, staffing and other necessities of providing those services.
- **Establish Financial Stability Frameworks and Planning Processes:** Develop policies and procedures to support the sustainability of priority programs, including financial forecasting, identification of revenue risks, and proactive strategies to optimize service delivery and operational efficiency.
- **Align Resources to High-Impact Core Services:** Utilize data on utilization, outcomes, and cost to prioritize investments and reallocate resources toward services that deliver the greatest value to those we serve and the community.
- **Optimize Access Through Efficient and Flexible Service Delivery Models:** Improve access to priority services by evaluating scheduling, staffing models, and service delivery approaches to better meet customer demand while maintaining financial stability.

Goal 3: Communicate & Clarify the Benefit of NCHC, both Internally and Externally

NCHC will be able to set forth clear descriptions of the benefits that the unique structure of NCHC provides to county partners and the public.

Recognizing that many of the challenges and opportunities facing NCHC extend beyond jurisdictional boundaries and profession-specific services, this goal emphasizes the critical role of strong, collaborative partnerships in achieving measurable community impacts. By actively engaging with our residents, local units of government, and other key partners, we can foster a unified and comprehensive approach to addressing regional issues, leveraging collective resources, and creating a more vibrant resilient and effective NCHC for all.

- **Clarity of Ownership & Relationships:** Develop a clear statement of NCHC's relationship to county partners and identify ultimate ownership of brand, resources, and decision-making powers.
- **Demonstrate Economy of Scale Resulting from Combined Efforts of County Partners:** Demonstrate value added to needs of partners in continuum of services, time and money saved, reduced service failures and decreased service delivery times.
- **Pursue Collaborative Efforts with Other Entities Based on Community Messaging:** Pursue and strengthen relationships with the public based on data illustrating benefits derived and delivered, shared impacts, favorable community positions.

Next Steps

Upon adoption of the 3 goals, successful implementation of this strategic plan hinges on coordinated efforts across all departments and continuous oversight. The following outlines the immediate actions and ongoing responsibilities to ensure the plan's objectives are met:

Departmental Integration & Work Plans

Individual Directors are responsible for translating the overarching strategic goals into actionable initiatives within their respective areas. They will work closely with the Executive Director to **catalog assets and services, develop comprehensive work plans and inter-disciplinary response plans as well as messaging for use both internally and externally** that aligns with the stated goals and strategies of this plan. These departmental action plans should not only support the broader organizational strategic direction but also address specific departmental needs and leverage potential.

Reporting & Oversight

To ensure accountability and track progress, all department heads will be tasked with incorporating information about their department's activities related to the strategic plan in the following reports:

- **Midyear Reports:** These reports will include updates on strategic plan activities, progress towards departmental goals, and any challenges or successes encountered.
- **Annual Report:** The annual report will provide a comprehensive review of the department's contributions to the strategic plan over the past year, highlighting achievements and outlining future plans.
- **Director's Narrative:** Director narratives will identify and specify how proposed actions/occurrences support or challenge the strategic plan's objectives and contribute to NCHC's overall goals.

Plan Review & Discussion

The Executive Committee and NCCS Program Board play a crucial role in overseeing the strategic plan's progress and direction. They will **review and discuss the direction of the plan** as an integral part of their overall work plan and goals with Executive Director. This ongoing dialogue will ensure the plan remains relevant, responsive, and effectively guides county-wide initiatives. The committee is encouraged to invite Directors to be present on occasion to ensure narratives not easily captured by assessments nonetheless come to the attention of the Board.

Evidence-Based Policy Decision-Making

To further advance the strategic plan and ensure optimal outcomes, **Directors are encouraged to pursue evidence-based policy decision-making**. This involves:

- **Identifying key procedural questions** relevant to the strategic plan's goals.
- **Gathering and analyzing relevant data** from both internal sources (e.g., departmental performance metrics, community surveys) and external sources (e.g., academic research, best practices from other health organizations, and demographic trends).
- **Evaluating potential policy options** based on the evidence, considering their likely impact, costs, and feasibility.
- **Developing recommendations** grounded in data and research, presenting a clear rationale for proposed actions to the Administration and other relevant stakeholders.

This approach will foster more effective and impactful policy decisions, contributing directly to the successful achievement of NCHC's strategic objectives.