

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

May 31, 2018

12:00 Noon

Westwood Conference Center

Present:

X	Norbert Ashbeck	X	Randy Balk	X	Steve Benson
X	Ben Bliven	X	John Breske	X	Jan Gulsvig
EXC	Meghan Mattek	X	Bill Metter	X	Corrie Norrbom
X	Rick Seefeldt	X	Romey Wagner	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Sheila Zblewski, Lance Leonhard, Robin Stowe, Nancy Bergstrom

Call to Order

- The meeting was called to order at 12:01 p.m.
- Welcome to Lance Leonhard, Robin Stowe, and Nancy Bergstrom, Retained County Authority Committee (RCA) members. Introductions of all NCCSP Board and RCA provided.

Public Comment for Matters Appearing on the Agenda

- None

Chairman’s Report and Announcements – J. Zriny

- None

Consent Agenda

- **Motion**/second, Metter/Benson, to pull the CEO Work Plan Review and Report from the Consent Agenda. Motion carried.
- **Motion**/second, Benson/Balk, to approve the Consent Agenda. Motion carried.
- CEO Work Plan Review and Report – M. Loy
 - General Counsel Candidate had been offered the position but took another offer. We learned from this experience that general counsel candidates with health care experience are 30-50% outside of our salary range. Therefore, we will need to restructure our position description, and initiate recruiting again for someone who will be on more of a learning curve in health care.
 - Master Facility Plan was approved by Marathon County Board by a vote of 32-4. In June the Marathon County Finance and Board will be considering to approve borrowing from their reserves to pay for the design. They would then vote later on borrowing for the entire project. At this time the design for the new pool will be included in the overall design for the Master Facility Plan and we are committed to having the new pool built in 2019 as promised to the donors.

- Merrill Office Remodeling Project is progressing ahead of schedule. Remodeling budget included the current office space, however, in looking at future expansion of programs we are also able to use space that was not previously utilized and are incorporating it as additional office space for NCHC. We are under the construction budget for the project however, furniture for this project is about \$40,000 short of our budget. Our overall budget each year includes dollars for the replacement of furniture. We would plan to use some of these funds from that budget for the shortage in funds for the Merrill furniture. With the Master Facility Plan in progress we do not plan to replace furniture as that cost is included in the Master Facility Plan project. Therefore, overall this should be budget neutral. Unless the Board would like to review a formal proposal, this plan will move forward as described above. The Board did not request a formal proposal. The October Board meeting is planned to be held in Merrill and a tour will be offered at that time once the construction is completed.
- Lakeside Recovery Program Ribbon Cutting and Open House (new location for the expanded program) will be held Thurs, June 7 at 4:00 p.m. All are welcome and encouraged to attend. We are still waiting on licensing from the state.
- Psychiatry Residency Program (Class #2) will be here for a Welcome Event on June 25 from 4-6 p.m. in the Theater. More information will be provided.
- **Motion**/second, Weaver/Bliven to accept the CEO Work Plan Review and Report. Dr. Dileep Borra will be joining us July 9 and his wife will arrive later in the year. Motion carried.

Board Retreat – Strategy and Outcome Development for the 2019 Budget

- See attached 2018 NCCSP Board Retreat Agenda

Adjourn

- **Motion**/second, Bliven/Metter, to adjourn the Board meeting at 6:18 p.m. Motion carried.

Minutes by Debbie Osowski, Executive Assistant

NCCSP Board Retreat – Strategy and Outcome Development for the 2019 Budget

Thursday, May 31, 2019

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Strategy Development

- At the Retreat last year the Board focused on how it would govern.
 - A Working Packet was distributed and reviewed (attached).
 - Areas the Board will be working on include:
 - 1) Youth services
 - 2) Addiction
 - 3) Changing dynamics with payer sources (value-based payment)
 - 4) Learning Organization
 - Board Ice Breaker - Sue Matis
- DISC Ice Breaker Exercise – each board member was asked to provide responses in three areas:

- 1) What Strengths or experiences you believe you can contribute to the success of the NCCSP Board:
 - Construction background, licensed for foster care, personal connection with family member using addicting drugs (meth). Wants to be around the right people to help deal with drug issues.
 - As a family doctor able to see things outside of medicine that impacts health of communities i.e. social determine like poverty, systemic racism, and early childhood experiences. Likes to pull people together from different areas for contribution.
 - Open-minded and caring about others; on service boards and looking for solutions.
 - Business-minded and lengthy experience on county board.
 - Health care, county board experience.
 - Understanding of AOD issues.
 - Understanding of nursing home issues and financial reimbursement and how that is changing; commitment to needs of seniors; information technology (IT) understanding.
 - Provide intersection between NCHC and criminal justice and priorities of harm to individuals.
 - Administrative, financial, talent acquisition, staff assimilation, public outreach, etc.
 - Post-acute and long term care, nursing/clinical background, extensive understanding in what drives leadership/patient experience, coaching and guiding organizations to address gaps, etc.
 - Great listener
 - Insurance
- 2) What are you hoping to learn or experience during your time on the NCCSP Board:
 - Able to explain what NCHC is doing and passing it along to the community
 - What NCHC does; learning from many angles.
 - Continued additional partnerships.
 - Understand needs and help develop solutions to benefit everyone.
 - Create value-based programs.
 - Learn the system to understand what to change.
 - Deep level of understanding of services NCHC provides.
 - Reach out to other organizations to coordinate/cooperate with each other.

- Gripes with NCHC and what they are not doing but not seeing anyone is getting involved to change.
 - Deeper understanding of NCHC services.
 - Treatment is great but more preventative options.
 - More about NCHC, life and breath, vs what is seen in public view.
 - Break down silos/barriers. More collaborating, talking, and working as a community.
- 3) During your time on the NCCSP Board, if we are able to accomplish something that seems impossible, what would that be?
- Drug epidemic in Marathon County and other counties; get a handle on and stop or, at a minimum, slow down.
 - Drugs and how can we help people get out of addiction and away from a 'cycle'; children born to those addicted to meth and what will happen to them down the road.
 - Would like NCHC to be an 'anchor', being supportive, partnership i.e. sober living facilities, prevention around early childhood programming.
 - Develop available programs to make everyone feel they are valuable to others (self-confidence, self-esteem, and valued)
 - Reduce addiction, mental health has gotten a bad name.
 - Huge shortage of workers.
 - Everyone knows where to turn and immediate service for those with AOD or mental health; however, there seems to be a disconnect between health systems and NCHC.
 - Regain of the trust of the three Counties we serve, be impressed by NCHC, and at every county board meeting they would applaud NCHC for its accomplishments.
 - Juveniles in crisis; adequate resources for AOD and mental health needs i.e. pregnancy among drug addicts.
 - Addiction - statistics keep going in wrong direction.
 - Fully integrated health care model in community and NCHC is viewed as diamond in health care continuum and driving strategy.
 - Lose the designation of: 'the end of Sturgeon Eddy'. This area is tremendously underserved.
 - NCHC is a facilitator/leader/owner/coordinator community-wide.
- Review of Mission/Vision/Values and End Statements – Jeff Zriny
 - Input from Retained County Authority (RCA) on Priorities and Guidelines for the 2019 Budget – Lance Leonard
 - Counties came together and identified their priorities with the NCHC budget.
 - NCHC moved forward with many of the goals identified by the RCA for 2018.
 - 2019 goals identified by the RCA include: 1) develop a comprehensive youth crisis service continuum (youth crisis stabilization home is already in progress), 2) enhance communication on what NCHC services are delivered and how we access them in all three counties, 3) develop a comprehensive health system idea for data sharing within three counties between Social Services, Sheriff's offices, NCHC and schools.

Break 1:20-1:30 (Robin Stowe and Nancy Bergstrom left the Retreat)

- Budget Development Schedule for Budget Year 2019 – Brenda Glodowski
 - Schedule was reviewed.
 - 2019 Preliminary Budget Forecast was included in 2018 and reviewed.
 - Assumptions have been made including a 2.5% wage increase, adjustment in benefits, reduction of 5 beds in nursing home, and the MMT program open and at capacity.
- 5 to 50 External Environment and NCHC Operational Assumptions – Michael Loy
 - Operationalize what is necessary for viability to reach our 50th anniversary and set ourselves up for the next 50 years.
 - Our overarching operational strategy is continue to take care of a group of people that others are unable to do so and to do it better than anyone else can.
 - Our facilitative strategy is broken down into four areas:
 - 1) Develop into a Learning Organization
 - 2) Build Medical Staff/Physician Leadership Capacity
 - 3) Update Information Service Platforms
 - 4) Improve Financial Viability
 - The date we are working towards is March 23, 2022 as our 50th Anniversary.
 - Asked to consider establishing a Development Office which would be in constant contact and making active contacts with the community including being more active in our own fundraising which may be a vital role for the North Central Health Foundation.

Presentation by Mark Willenbring, M.D., DFAPA

- Discussion following presentation:
 - Biggest recommendation is supported housing. What does this look like and a continuum of housing? Is it government supported and is there a way to get funding?
 - Need a family support system to recognize relapse and know how to respond.
 - Low level user/offenders are not getting connected with treatment and are identified as low risk. There could be a coordination of services for this level of offender.
 - Who is involved i.e. hospitals for early intervention and prevention, and what resources are available?
 - Should NCHC be the lead/facilitator for development of a comprehensive substance use treatment continuum or solely be part of the effort? Should it be the determination of the county boards if NCHC should be the lead or not? If NCHC is to be a leader we should know what is out there, what the evidence-based practice is, determine if we are the experts to help facilitate, collaborate, be engaged, and be leaders in the care we provide.
 - Consider a ‘team approach’ and teach the skills in order to serve more people. Have the team follow people vs patients being sent from person to person, etc.
- Working take aways:
 - How do we deal with ‘the other 90%’
 - Elevate substance abuse training
 - Role for NCHC board leadership in addiction in community
 - What are the other resources i.e. other leaders in the community in youth mental health services and prevention (including primary care providers)

Community End Statement (Youth Services) – Michael

- Discussion about whether NCHC should focus on offering:
 1. 24/7 component for youth in crisis and stabilization (CBRF)
 2. Psychiatry for child and adolescents (increase availability outpatient basis)
 3. Continue to support youth in community treatment and case management incorporating other outside providers
 - Dually trained staff
- Treatment needs include more trained staff and broader focus on family.
- M. Loy will develop a strategy and implementation plan. The Board agreed with taking this approach and defining ourselves in this way.

Financial End Statement – Michael Loy

- What revenue sources will Value Based Payment impact?
- How can we develop strategies with other major health systems? Accountable Care Organizations (ACO) will share data to access shared payment fees.
- Do we affiliate or integrate?
- Health organizations are connecting with health plans i.e. Aspirus and Aspirus Arise.
- We also need to look at integrating technology with health systems. Need to continue to persevere with those willing to work with us in value based payment. Should we be proactive or wait and see? What involvement do you want, what is the risk, does the Board rely alone on staff to understand?
- Board agreed to be proactive and stated potential collaborative ties are important, that the Board should have an established risk policy, understand how the various programs receive funding/payments, and work to establish a better alignment with physicians i.e. technology.

People End Statement – Michael

- Learning organization is as much about growth and development as it is about continuity of care.
- Staff development has experienced a lot of changes. A Learning council was created with 30-35 members from diverse areas. The overhauled training and development of CNA's has turned into best practice to emulate in other areas of the organization.
- Must develop management levels and create leaders to push us forward. An engaged workforce cannot happen without this. Two highest levels of engagement are opportunities and encouragement of workforce.
- As program develops additional communication will be shared and is vital for its success. A framework will be established over the next few months which will lay the path for the future.

Motion/second, Bliven/Metter, to adjourn at 6:18 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant