

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

July 26, 2018

12:00 Noon

Wausau Board Room

**Present:**

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

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Sheila Zblewski, Laura Scudiere, Lance Leonhard, Jennifer Peaslee

Call to Order

- B. Weaver called the meeting to order at 12:01 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Chairman’s Report and Announcements

- None

Board Committee Minutes and Reports – B. Weaver

- The Executive Committee met on July 18, 2018. Minutes were provided in the Board Packet. No discussion.

Consent Agenda

- **Motion**/second, Ashbeck/Metter, to approve the Consent Agenda. Motion carried.

Board Education

Employee Compensation and Benefit Plan Review – Review Current Practices and 2019 Budget Assumptions – Sue Matis

- Currently the demands for quality workforce is far greater than the pool to choose from. Our primary marketing circle is about 60 mile radius, however, some positions i.e. General Counsel, requires an extended search not only statewide but nationwide.
- Our main competitors, Aspirus and Ascension, offer starting salaries for nurses \$3-\$4 higher than NCHC (we are about 3-5% less than our competition). We offer an excellent benefit package, however benefits do not always attract the younger ages (under 35).
- We have a strong relationship with Northcentral Technical College and are able to offer job opportunities (with specific requirements) to students.

- We made some strides in improving the nursing compensation this year and will offer additional adjustments next year. We also offer to pay for the CNA class for first time students, and have tuition reimbursement for employees who have been here one year. We will be looking at improving the tuition reimbursement policy as a better tool for retaining staff.
- Our benefits average about 37% vs 30% in the market. We anticipate a 2.5% merit increase which is lower than others, but it balances out with the benefit package.
- Both age and job classification level make a difference in motivation for pay and benefits and many organizations are deviating from the one-size-fits-all approach.
- RFP for a Welfare Broker was released this year. A Broker helps manage costs of benefits and alerts us to trends, etc.
- Several years ago NCHC had explored participating in a consortium, with several schools, Marathon County, etc. to combine efforts for a better solution in providing insurance benefits however the consortium could not come to a consensus and did not move forward.
- **Motion**/second, Seefeldt/Ashbeck to approve the Employee Compensation Manual as amended. Motion carried.
- **Motion**/second, Metter/Breske, to approve the recommended Modifications to the Employee Compensation Pay Ranges as distributed. Motion carried.
- **Motion**/second, Breske/Seefeldt, to approve the Employee Compensation Policy as amended. Motion carried.

#### Monitoring Reports

##### CEO Work Plan Review and Report – M. Loy

- Master Facility Planning will conduct final selection interviews with three of the five firms who responded to the RFP for Architectural Design. Once the architect is selected, a design will be finalized and two bid packages prepared. The first bid package should be released early 2019 and the second later in the year. Projected cost of the architectural design phase was about \$5 million but it looks as if it will come in below that amount.
- Recruitment continues for the General Counsel position with a possible on-site visit soon.
- Anticipate occupying the newly remodeled Merrill Office in September. A Board meeting will be scheduled there in the fall.
- A full-time psychiatrist, Dr. Dileep Borra, joined out staff in July. We have also added an Advanced Practice Nurse Practitioner, Kimberly Walker-Daniels, who also has a psychiatric specialty. We have extended another offer to an APNP to join us next May. We are also actively recruiting additional psychiatrists with several on-site visits next month.

##### Chief Financial Officer's Report – B. Glodowski

- We showed a small gain for June but are still about \$8,000 behind target. However, we are exceeding overall target year to date by \$25,000. Both June revenues and expenses exceeded target. We experienced the same issues in June of high expenses in both health insurance and state institutes. Fortunately we should see the budget improving with the expansion of the CBRF and MMT programs now that we have received State approval. For several months we have had expenses but no revenue due to delay in the State approval process. Support areas are better than target in expenses which is helping to keep budget in line.
- 2019 Budget preparations are in progress. We met with all program areas this week to review each program's budget.
- Also received notice this week that the WRS rate for 2018 is decreasing.
- **Motion**/second, Breske/Bliven, to approve the June Financial Statements. Motion carried.

## Human Services Operations Report – L. Scudiere

- The MMT program expansion has been State approved and now has 14 beds. To date we have 9 individuals in the program and more in the process. The CBRF has also been expanded to 12 beds with 11 beds already filled. The CBRF is a less restrictive option for individuals from the inpatient unit or being diverted to another facility and is for adults (not youth).
  - There is currently a wait list for the MMT program. However, with the expansion we feel as though we can reduce the wait list from one year to less than six months. Those with medical needs, in the criminal justice system, or pregnant are considered for the program first. During the waiting time for other individuals we offer alternative programs such as day treatment, intensive outpatient, AOD Treatment, Recovery Coaching, Community Treatment, etc. Some individuals accept the alternative options and others do not.
  - One of the first projects in the Master Facility Planning process is to establish a Youth Crisis program.
- The Linkage program is currently case monitoring over 140 clients.
- In response to the confidentiality concerns expressed at last month's Board meeting, the language that Press Ganey uses was noted in the Monthly HSO Report. We will also supply a cover letter with the survey explaining how the data is used.
- The current assessment tool used is a hybrid with components of the Columbia assessment. All patients in new programs or with changes in protective or risk factors have assessments rather than a screen (an assessment is a more in-depth tool completed with a social worker, case manager, or registration specialist). A work group meets weekly to improve the suicide risk procedures and suicide risk in general for our agency.
- We continue to determine a meaningful target for the No Show Rate dashboard metric.

## Board Discussion and Possible Action

### Recommendation to Replace the Current Nursing Home Electronic Medical Record (EMR) System – K. Gochanour

- The recommendation to replace our current EMR is based on the 2017 report from Clifton Larson Allen as a key investment in technology. Our current system, ECS (American Data), was purchased in 2005, and is now outdated and the company has not kept up with development to our satisfaction. It is also not a web-based system which makes utilization within our organization quite challenging in that we lose connectivity between rooms which causes staff to lose and re-enter information. Several proposals were received after releasing an RFP. After interviewing three companies the recommendation is to work with Matrix Care (one of the top leaders in the industry) whose tool is based on best practices for long term care and skilled nursing. They also have a good analytic system and anticipate a savings in overtime with a newer system. Implementation is 3-6 months, with Matrix on-site during start-up. We will have interfaces and family/patient portals available. There is an implementation fee and an increased annual fee from our current system.
- The current request is to amend the 2018 capital budget to implement the new system this year. The ongoing costs will be built into the 2019 budget. There is money available in the 2018 capital budget.
- **Motion/second, Metter/Breske**, to amend the 2018 capital budget to include a one-time implementation cost not to exceed \$45,000 for Matrix Care, and an annual cost of \$77,184. Motion carried.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Metter to adjourn into closed session 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. Second by Ashbeck. Roll call. All ayes. Motion passed 9-0.
  - i. Corporate Compliance and Ethics
  - ii. Significant Events

RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)

- **Motion**/second, Bliven/Seefeldt, to reconvene into Open Session. All Ayes. Motion passed 9-0. No action or announcements on the Closed Session Item(s) were made.

Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration

- No discussion.

Assessment of Board Effectiveness: Board materials, Preparation and Discussion

- None

Adjourn

- **Motion**/second, Ashbeck/Seefeldt, to adjourn the Board meeting at 1:04 p.m. Motion carried.

*Minutes by Debbie Osowski, Executive Assistant*