

## OFFICIAL NOTICE AND AGENDA

#### of a meeting of the <u>Executive Committee</u> to be held at <u>North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403</u>, Wausau Board Room, at 12:00 PM on Wednesday, March 25, 2020

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

#### Conference Call: (646) 749-3112 Access Code: 665-962-741

The meeting will also be accessible using a GoToMeeting Video-Conferencing technology at <a href="https://global.gotomeeting.com/join/665962741">https://global.gotomeeting.com/join/665962741</a>

- 1. Call to Order
- 2. Public Comment for Matters Appearing on the Agenda
- 3. ACTION: Approval of February 13, 2020 Executive Committee Minutes
- 4. CEO Report
- 5. NCCSP Bylaw Updates and Other Changes Necessary Related to the New Joint County Agreement
- 6. April Board Meeting and Agenda
- 7. Future Agenda Items for Executive Committee or Board Consideration
- 8. Adjourn

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Presiding Officer or Designee



# NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

February 12, 2020		10:30 AM	NCHC	– Wausau Board Room
Present:	X	Jeff Zriny	X	Steve Benson
	X	Corrie Norrbom	X	Bob Weaver

Others Present: Michael Loy, Jarret Nickel

# Call to Order

• Meeting was called to order at 10:33 a.m.

Public Comment for Matters Appearing on the Agenda

• No public comment(s) made,

## ACTION: Approval of 1/19/2020 Executive Committee Meeting Minutes

• **Motion**/second, Weaver/Norrbom, to approve the 1/19/2020 Executive Committee meeting minutes; motion passed.

## CEO Report

- J. Zriny is not available for the February Board meeting; Dr. Benson will be chairing the meeting.
- Positive comments were received from the January Board meeting relative to the new time and food offerings.
- Procurement Policy is being updated by Atty. Dietrich and anticipate it being available for review at the Board meeting.
- Campus renovation update will be provided; pool should be finished in 4-5 weeks. Soft opening at the time it opens and public opening in May to include donors, etc. Youth Hospital and Crisis CBRF are well under way with opening on schedule at end of summer. Parking will be challenging over the next few months as the E wing demolition occurs and the new nursing tower construction begins.
- An update on the Electronic Medical Record replacement project will be provided. Cerner is the preferred vendor of the RFP process. Contract is being finalized. Project planning will occur through June with active implementation from June through year end. We are requesting representatives from the vendor be onsite during implementation plus an independent project manager to assist with the process.
- Will plan a discussion on diversity and cultural competency, implications for the Board, management and workforce. Hope to include MaiGer Moua, Crisis Services Manager, with this discussion.

- An offer has been made and accepted for the Chief Financial Officer. Jill Meschke comes with an impressive background. She will begin in March. She met with staff and Board members this week. Feedback from all parties has been positive.
- Have a candidate interested in the position of Executive Director of the North Central Health Foundation.
- Have contacted an individual who had previously applied for the CNO position to talk about the possibility of a combined CNO/Behavioral Health Executive role.
- Organizational Chart is being updated. Moving services to better fit talents, strategy and succession i.e. clinical support services, environmental services and developmental disabilities will report to the Operations Executive. Behavioral Health Executive will focus on behavioral health only. Nursing Home Executive will focus on nursing home operations. Updated org. chart will be provided to the Board.
- Physician recruitment continues. Anticipate three psychiatrists visiting in the next two months. If successful in these recruitment opportunities, the need for locum contracts should reduce dramatically.
- HSRI Needs Assessment continues working through stakeholder interviews. They just received State Medicaid data (after waiting 8 months). HSRI plans to attend the Board retreat in May. Goal is to do a public release at Noon at NTC followed by the Board retreat to review the details, strategize, and make recommendations. Committee would like to have details of the findings prior to the release and retreat.
- The revised Joint Contract will be presented to the Marathon County Board for approval this month. New NCCSP Board members will receive orientation in May and attend the May retreat.
- NCHC is applying for a \$1 million Youth Crisis Stabilization Grant. This is a voluntary unit, 8 bed CBRF, for longer term youth crisis beds. The counties have given us a directive to complete the application. We should hear back in two weeks and if successful, we have six months to implement. The grant will help with start-up costs and should operate in the positive. It is paid for by Medicaid and not restrictive to our three counties; it is a first come first served basis.
- Sober Living facility in Antigo is slated to open Sept. 1, 2020. Some delays have been due to environmental contamination (known prior to the purchase of the property).
- Youth Hospital is scheduled to open August 2020.
- Homelessness work is being done in coordination with a coalition. A project called Envision, a community collective located behind St. Vincent DePaul, is a network of community agencies working to reduce homelessness. The goal is for a one source stop to homelessness. NCHC has been approached to have a physical presence there. With the HSRI study, housing will be a key part and NCHC will need to decide what role it will play.

- January financials are showing an overarching outcome with a loss of \$250,000; all related to diversions. It was over target by 100 days which is not uncommon for January. February diversions have come down. We are working on strategies to reduce diversions. Dr. Gouthro is involved in the discussions for a solution along with many other staff. We will need to change behavior of our case management team and community treatment. This has been a chronic issue and we have not hit on a solution yet. Anticipate improvement with the structural changes occurring. Crisis CBRF is being utilized longer than anticipated and Community Treatment is taking longer. There are issues with Inclusa not moving patients in a timely manner and trouble with placements. Nursing staff have been influential on safety concerns and influencing physicians on diversions and relying on contract doctors. J. Nickel is working on security and staffing to eliminate those concerns. This is a complicated, multi-faceted issue.
- Health insurance is under budget for January.
- Census at Mount View and Pine Crest continues to drop. The path for both nursing homes is to continue to downsize. Pine Crest had a positive variance in January; Mount View did not. Our referrals and admissions are up but length of stays are down.
- With new staff in the Behavioral Health/Crisis areas, we've identified the 10 highest utilizers of services, and have given guidelines to staff when they are in contact with Crisis in an effort to provide continuity from our team with the clients.
- Dr. Benson recommended additional education for Board members to better understand diversions, visitation, and steps taken to address them.

# Update on Executive Recruitments

• Provided in CEO Report

February Board Agenda

• Draft agenda reviewed

# Future agenda Items for Executive Committee or Board Consideration

- Diversions
- Health insurance i.e. initiatives, progress being made, etc.

## <u>Adjourn</u>

• **Motion**/second, Weaver/Benson, to adjourn the Committee meeting at 11:42 a.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO