



**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

January 25, 2021

2:00 PM

NCHC – Wausau Board Room

Present: Eric Anderson Lance Leonhard
Robin Stowe Cate Wylie

Others Present: Kurt Gibbs, Michael Loy, Jarret Nickel, Dejan Adzic

Call to Order

- Meeting was called to order at 2:01 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of the December 14, 2020 and December 28, 2020 Executive Committee Minutes

- **Motion**/second, Stowe/Leonhard, to approve the December 14, 2020 and December 28, 2020 Executive Committee Minutes. Motion carried.

CEO Report, Organizational Dashboard and Workplan – M. Loy

- Over 50% of staff have been vaccinated with additional clinics scheduled in the new few week; our goal is 70% by early February. We are also below 10 staff out due to Covid-related symptoms and testing.
- The Board is almost entirely new in the last 6 months; orientation for new Board Members is in progress.
- Waiting on the State for program approval (we have occupancy approval) for the 16-bed Adult Crisis Stabilization Unit (previously referred to as the CBRF) which also delays the opening of the 8-bed Youth Crisis Stabilization Unit.
- A tour of the Sober Living project in Antigo is scheduled this week; anticipate opening in March.
- Cerner go-live timeline is being reworked; it became apparent that implementing the Pharmacy module in the initial phase rather than the second phase is extremely important.
- Continue to meet with Portage County to explore a similar partnership as we have with Pine Crest. If discussions continue to move forward for a potential working partnership it will be brought to the Board for consideration.
- Dr. Thrasher will be on site to talk about a Psychiatric Emergency Department. He is the Crisis Medical Director in Milwaukee. About 90% of their medical clearance is done in house. He will look at our construction project and discuss with us about having a psychiatric emergency department on campus.
- City Pages included a nice article about MVCC construction in their senior edition.

- Sen. Felzkowski toured our Youth Behavioral Health hospital today and was impressed with our progress.
- Year-end Dashboard results were reviewed. We are pleased that quite a few areas met or exceeded target despite the pandemic. Year-end financials are not available yet. Our goal is to have the year closed out in the next two weeks.
- Board Work Plan is in chronological order for start dates as a reference to generate future agenda development and projects of Board oversight.

Overview of Hospital, Detox, Crisis, and Residential Treatment Renovations

- The next phase of the renovations is the most complex and must be accomplished while operating in the same footprint. Timelines need to be hit to make sure workflows keep the environment safe and we maintain high quality care. This phase will last for the remainder of the year. This phase also includes getting the Tower online this summer.
- Initial estimates came in higher than budget so we're working with the contractor to bring into scope.
- Priorities will be communication with partners and to stay on top of construction management to avoid delays. Project deadlines have been consistently delayed by 60-90 days. We cannot have that with this phase of the project. Corporation Counsel was asked to review contracts to incorporate potential penalties if possible when deadlines are not met.

Approval of Policy for Accepting Out of County Hospital Admissions

- Background and summary information provided in packet were reviewed.
- **Motion** by Leonard to adopt a pilot of utilizing the recommendation within the memo relative to permitting non-partnership counties to utilize the hospital for a 6-month pilot. Second by Stowe. Loy and Corporation Counsel were asked to evaluate the possibility of including a 'standby/reservation fee' to help offset overhead expenses. Motion carried.

Discussion and Possible Action on Temporary Operational Plan for the Crisis Stabilization Unit and Medically Monitored Treatment Program in 2021

- There is not enough space to operate both programs given the transitions and phasing occurring this year. Several options were discussed with the recommendation most advantageous from a revenue and operational standpoint being to maintain 16-beds for crisis stabilization and continue to plan to open the Medically Monitored Treatment (MMT) program when the first part of phasing D-wing is completed which is anticipated in quarter three.

Discussion and Possible Action on Update on Youth Crisis Stabilization Program and Future Direction

- Youth Crisis Stabilization is an 8-bed program which can open as soon as the adult crisis stabilization unit is open. The temporary spot on our campus was set up through a grant set to expire in June 2021. We are one of three pilots in Wisconsin who receive a grant which covered start-up costs and the proforma shows it will break even. We do need to maintain a stable census of 6 moving forward.

- Discussion over next 3 months is to determine if we want to commit to the program on a longer-term basis. We do not believe the State will back off on funds, but if we were to build an 8-bed stabilization unit for youth, we need to look at how to do it and what the project looks like long term.
- A more detailed plan including costs will be prepared for the Executive Committee and Board to consider.

Discussion and Potential Action on Parameters for Expanding Outpatient Services for Counseling

- Cost to each of the counties to add a counselor is about \$30,000 on a net basis. Our revenues, given our patient population, do not cover the expenses.
- Parameters for making the decision to expand outpatient counseling could include 'Access', and a look at RCA priorities, obtaining an analysis from the three counties if we were to increase capacity, what metrics will be used, a review of the potential market with need and costs for each of the counties.
- Psychiatry access has improved primarily due to the number of residents working in psychiatry. We expect continued improvement with the work of our open access clinic.
- Will prepare a framework on how we consider expanding outpatient access for each of the counties, funding, strengths and weaknesses, etc.

Update on Referral Source Survey

- We had developed a QRS code to take a photo and go to complete a short survey and handed out cards by Crisis staff. Have had a couple dozen returns with the majority very positive; want to make an effort for more feedback especially from county partners.
- Exploring possibility of creating a quick survey link embedded in our email signature for a broader view in all programs rather than just Crisis.

January Board Agenda

- No comments.

Future Agenda Items

- No comments.

Adjourn

- **Motion**/second, Leonhard/Stowe, to adjourn meeting at 3:04 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO