

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

June 29, 2017

12:00 p.m.

Westwood Conference Center

Present:

X	Randy Balk	X	Steve Benson	X	Ben Bliven
X	Jean Burgener	EXC	Holly Matucheski	X	Bill Metter
X	Bill Miller	X	Corrie Norrbom	X	Greta Rusch
X	Rick Seefeldt	EXC	Robin Stowe	X	Bob Weaver
EXC	Theresa Wetzsteon	X	Jeff Zriny		

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

Call to Order

- The meeting was called to order at 12:04 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comments made.

Chairman's Report – J. Zriny

- An anonymous letter was received and forwarded to legal counsel for review. There were no alleged quality concerns but rather an employee with misinformation who didn't understand management decisions and made incorrect assumptions. Executive Committee recommended M. Loy have a conversation with NCHC Leadership Team regarding the letter and reinforce the complaint resolution and non-retaliation policy. The Leadership Team talked at length about managing expectations, how decisions are made, and that they can talk with M. Loy at any time who will listen and provide as much information to them as possible.
- There have been two joint meetings of the RCA and Executive Committee discussing the CEO Job description, search process, and compensation. Executive Committee will meet July 13 to finalize the search plans, job description, and forward to RCA for discussion on July 18. RCA continues to look at the CEO of NCHC as a county department position vs managing a health care organization. As we review Policy Governance we will look more closely at the role of the organization.

Approval of 5/25/17 NCCSP Board Meeting Minutes

- **Motion**/second, Weaver/Seefeldt, to approve the 5/25/17 NCCSP Board Meeting minutes. Motion carried.

Executive Committee Report – J. Zriny

- No additional questions or discussion.

Finance, Personnel & Property Committee Report – B. Weaver

- The memo provided by B. Glodowski highlights the positive reflection in financials. Expenses are down and census is up.

- The cost of state institutes has decreased significantly which can be attributed to daily communication with the state institutes to effectively manage the individuals there and stability of having a full-time psychiatrist back on the inpatient unit.
- We had budgeted a loss of about \$650,000 in the nursing home with the intent to reduce the deficit throughout the year. Reducing the number of licensed beds by 20 early this year has had a positive impact on the deficit. This does not include the cost of the nursing home study that Marathon County asked us to incur. B. Weaver thanked staff for the major efforts that are working well.
- **Motion/second**, Burgener/Metter, to accept the Financial Report and May Financial Statements. Motion carried.

Nursing Home Operations Committee Report – J. Burgener

- Connie Gliniecke is on board as the DON. She had worked for NCHC a few years ago and we are fortunate to have her back.
- Census is doing well with a good payer mix but feel it could be better had the remodel happened.
- Financials have been the highlight. Changes that have had a positive affect have been: improved bed management, improved stand-up and stand-down meetings, admissions process, DON on board, being responsive to hospital planners, and stabilizing staff with wage increase and onboarding which has reduced open CNA positions from 40 to 14.

Quality Committee Report – M. Loy

- Executive Summary in packet indicates many positive elements in key indicators. Vacancy rate is our biggest opportunity which is highly correlated to Access to Behavioral Health Services. Patient experience is one of the strongest measures of the Dashboard. Nursing home readmission rate is flirting with exceeding target and we are seeing well managed finances in the organization.
- **Motion/second**, Metter/Benson, to accept the Quality Report. Motion carried,

Medical Staff Credentialing

- Medical staff is the delegated body by the NCCSP Board to review individual's credentials for privileges to practice at NCHC and recommends the following individuals for approval:
 - Appointment: Anne Dibala, M.D., Michael Lance, M.D., Robert Vickrey, M.D.
 - Reappointment: Jean Barabeau-Anaya, PAC, Terry Gander, PA-C, Debra Knapp, APNP, Debra Sanfilippo, PAC, Jennifer Svencer, PA-C, Shae Wheeler, PA-C
- **Motion/second**, Burgener/Rusch, to approve appointments as recommended. Motion carried.

Chief Executive Officer Recruitment Plan and Timeline

- Before the recruitment process can begin, whether utilizing a search firm or recruiting ourselves, the Executive Committee and RCA must come to an agreement on the job description and compensation of the CEO position. The major difference is whether the position is a 'county department head' or the CEO of a health care organization. Upon agreement a timeline will be established. The Executive Committee feels very strong that this position is a CEO of a health organization
- The job description is under revision. The word 'government' was added which alludes to the position being more county government. However, NCHC is very unique with the levels and types of services i.e. a psychiatric inpatient unit, the nursing home, outpatient services, community treatment, etc., and the complexity and level of responsibilities.
- Other organizations were researched but none found as a good comparison to NCHC. NCHC operates as a business, not a county department which is all tax levy supported, NCHC has revenue streams and bills for services; and now a Psychiatry Residency Program.

CEO Work Plan Update and Report – M. Loy

- The Board will spend a significant amount of time talking about Policy Governance at the retreat today and over the next six months.
- We have been working with Clifton Larson Allen on the nursing home report which will be released tomorrow. The general overview is that we have a huge asset that may need to be 'right sized' to make more beneficial to the community. There will be two meetings in July with the consultants i.e. July 11 at 7 p.m. to review the operational piece and a second later in July to review the strategic piece in how to operate the nursing home.
- The County Board has committed to vote on the pool in September, 2017 which requires a simple majority to proceed. The bonding vote, anticipate in the spring of 2018, needs ¾ vote. The project is estimated at \$6 million for a new structure and the County Board has asked that \$3 million come from the community giving only 5-6 months to raise \$3 million. Estimated construction is about a year. The County Administrator felt this scenario would need to occur in order to have the votes to pass. We have met with the other area health organizations. Aspirus has offered to pledge \$100,000 if the other two entities did the same. We will also pursue grants nationally and connect with the Veterans organizations, etc. but must have a positive initial vote prior to pursuing fund raising.
- Distributed: 2016 Annual Report and Commemorative 45 Year Anniversary Pins.
- Budget is in progress and will be ready for approval in August. A compensation plan which has been forwarded to the County should be back for our Board implementation in August.
- The RCA will be selecting an auditor for next year. RFP responses are due tomorrow. Selection should be completed in July. They are also reviewing the CEO Compensation and Recruitment plan, performance standards, and how the standards fits into NCHC and the dashboard.
- There was a Welcome event for the Psychiatry Residency Program this week with physicians from the community present. Success of this program is integral to the community. After an extensive matching process, three residents from 60 interviews out of 800 applicants were confirmed. Moving forward the Board would like to continue to receive reports on the progress of the program, the relationship between the residents and staff, where each resident is in their training (undergrad, med school, residency), etc. This intensive program requires our physicians to have residents with them on a daily basis for the rest of their careers and will increase costs with the investment involved.
- We are also working with the Medical College of Wisconsin in providing experience with family practice resident rotation. This is a partnership, an investment, and a privilege.
- The Board would like to invite Dr. Krall periodically for updates about the Residency Program.
- Dr. Dileep Borra has signed a letter of acceptance as a psychiatrist in Outpatient Services starting July 2018. His wife is also interested in a psychologist position in Outpatient services. We also have an offer out to a child psychiatrist with a goal to have 8 psychiatrists engaged with us within the year.
- Atty. John Fisher will provide an overview of a recently filed law suit with the three counties to the Board in closed session next month.

Discussion of Future Agenda items for Board Consideration or Committee Assignment

- Claim filed

Board Retreat – Policy Governance Discussion

- See attached

Motion/second, Bliven/Metter, to adjourn the Board Meeting and Retreat at 4:37 p.m. Motion carried.

NCCSP Board Retreat

July 29, 2017

1:00 p.m.

Westwood Conference Center

Policy Governance Discussion

- Getting Started with Policy Governance by Caroline Oliver, NCHC Team Game Plan, and Balanced Scorecard Step Diagram were distributed.
- Three key questions are on the agenda for today:
 - What is our purpose?
 - Who do we serve?
 - What is the structure of the Board?
- Today is a mode of inquiry and discussion. The Board has an important role in delivering the best services and should decide on how it wants to govern moving forward. What can be done over the next five years to set NCHC up for success for the following 50 years?
- The CEO works with the Executive Team, Medical Staff, and Board. To maintain success, the Board also needs a direction and vision including working with the Retained County Authority Committee and the three county governments.
- Overall objectives of policy governance:
 - 1) Define end statements (from board perspective)
 - 2) Committee structure (purpose and structure)
 - 3) Executive limitations (clearly articulate what you don't want CEO to do)
 - 4) Board policies
 - 5) Board agenda and calendar
- A Policy Governance Manual will be developed which will identify the work of board and the executives, how we interact to move the organization forward, the adding of board members, the terms of board members considering the more frequent turnover of the county board member appointments.
- Ownership is two-fold:
 - 1) Legal (Langlade, Lincoln and Marathon Counties)
 - 2) Moral (community)
 - Marathon County owns the facility and property but NCHC is a vendor to the county boards which provides services to the counties. The counties can purchase services from any provider but have chosen to purchase from NCHC as a provider.
 - As it is today financial equity is divided between the three counties.
- NCHC is an organization of organizations:
 - 51.42 (required):
 - 1) behavioral health
 - 2) community services via emergency and crisis services
 - Community Living (Adult Developmental Disability Services), (not required)
 - Mount View Care Center (county operations delegated to NCHC to manage), (not required)
 - Adult Protective Services, (required)
 - Aquatic, (not required)
 - Birth to 3, (required)
 - Demand Transportation (Marathon County only)

- Who represents the community and makes the decision on their behalf?
 - If financial support by the counties is part of NCHC then counties have a say in decisions. The Board exists and acts on behalf of the counties' as owners of NCHC.

Stakeholders

- County Government
- Medical Community
- State
- Federal Government – Medicare/Medicaid
- Insurance
- Care Management

End Statements

1. What benefit does our organization exist to produce?
 - Needs
 - Ability to afford services
 - Emergent needs (unplanned)
 - Nobody else can (or will) care for
 - Specialty
 - Benefit to individuals and families around MH, substance abuse
 - Benefit to community as a whole (sometimes not a realization as an upstream benefit i.e. B-3) or having a recovery friendly eco system.
 - law enforcement
 - legal system
 - schools
 - Substance abuse
 - Enhance quality of life issues for neighborhoods and citizens in a community at large
 - Meet needs for those with no resources i.e. populations that government looks at as 'last best hope'
 - A provider for 3rd party reimbursement.
 - Quality care in diverse areas
 - Positive Outcomes reputation
 - Multi-disciplinary addiction
 - People are savvy with investigating reputation, etc.
 - What do other providers look to NCHC to be able to do?
- 2) For Whom?
 - Populations of our counties
- 3) At what cost efficiency?
 - No way 'we' (Lincoln and Langlade Counties) can afford to do on their own
 - To maximize county financial contribution
 - We cannot discriminate based on payer source
 - There is a cost to not providing quality care.
 - NCHC was selected as a CCS regional provider because of the other services we provide in conjunction with the program.

4) We take care of people who can't take care of themselves and do it better than anyone else.

People

- Employee Engagement
- Premier provider employer
- Quality People
- Stability
- Dedication
- Collaborative
- Continuing education
- Pride (3 affirmations for every criticism)
- Competency
- Career Path Development – Professional Growth

Service

- Patient Satisfaction
- Exceed expectations
- Be the best
- Follow-up
- Compassionate Care
- Clarity of treatment plan
- Preparation
- Perspective
- Referral Source Satisfaction

Clinical

- Regulatory compliance
- Risk management
- Interdisciplinary (Population Health)
- Integrated (Seamless)
- Quality of Life
- Evidenced-based – screening / comprehensive assessments
- Best practice (center of excellence)
- Quality/financial/effectiveness
- Real Time Quality

Community

- Access
- Response and Responsiveness
- Public/Private Partnership
- Shared Information for Continuity of Care
- Awareness
- Respect
- Affiliations
- Perception
- Tell the Store
- Collective Impact
- Messaging/Advertising
- Connecting to resources

Financial

- Efficiency
- Growth
- Diversification
- Viability
- Value
- Adaptable
- Teaching-access

Feedback - What did you like about today's retreat/discussion and what would you change?

- Like discussion and what we need to look at.
- Would like the addition of small group discussion which would help drive conversation.
- Prepare a game plan so as not to get to a point we were previously.
- Ownership piece helps – to be mindful of the relationship with counties.
- Reading was helpful but was a lot.
- Get more out of discussion than just reading the materials.
- Incorporate additional discussion every other month after the Board meeting (45 min.)
- Liked getting back to basics, what we are, where we came from, who we are, how we are governed, and how we rely on the counties.
- More conversation of county being bad guy/good guy and appreciate what counties have to deal with.
- Process helps define who we are, where gaps were in own knowledge.
- Liked how the discussion unfolded. Have better sense of competencies and who board members are. Gained trust and respect of different viewpoints.
- Good to be mindful of breaks. In favor of small groups breakout sessions.
- Process good. Liked seeing Michael perform, learning clinical side, numbers, etc.
- Appreciated input from Lance.
- Appreciated Michael's preparation for today and did great job.
- Time well spent; didn't lose train of thought, engaging, no one got lost.
- Will be stronger because of today.
- Appreciated ability of better understanding of ownership, how we fit in, where board is in terms of everything else, the exercise, and getting to know people.