

**Executive Board Minutes**

**December 28, 2023**

Meeting called to order at 3:33 pm by Chair Nina Arneson.

Nina welcomed everyone.

All those in attendance introduced themselves.

Voting Members: Non-Voting Attendees:

Nina Arneson Foua Khang

Dr. Hoffmann Nicole Mucheck

Dr. Sutor Loren Latourelle

Mathew Bjorngaard Laura Sutherland

John Pugleasa Jaime Swift

Amy Rauchwarter Joelene Evenson

Dr. Clements Mindi Zamzow

Amy Thompson Lynn Price

Carly White

Leota Lind

Candace Dammen

Ruth Boubin

Wanda Berg

Clare Larsen

Approval of Agenda – change to agenda – delete item 7; this is related to county operations. CREST executive committee met and decided to discuss as CREST directors first and that hasn’t taken place, yet. Dr. Clements suggested that this is premature for county review and for the SERCC Executive Board. This situation is considered as client care clinical complaint and should follow the normal SERCC process. Nicole Mucheck shared that SERCC is finalizing the high-risk incident review. It will be completed following the January 3 meeting. SERCC has already completed the important items about this incident. No policies need to be updated or changed. SERCC followed policy and protocol in this situation. SERCC will share the review directly with the county. It does not necessarily need to go to the CREST directors and/or the Executive Board. Mathew Bjorngaard asked a question to the Executive Board: if facts come out and this is a conversation that needs to be had at the Executive Board level, at what point would it be deemed that it needs to be discussed at the Executive Board level? The Governance Agreement states, ‘a citation or investigation through DHS or governing bodies.’

motion made to approve as amended by Dr. Clements and seconded by John Pugleasa, no discussion and motion passed.

Approval of November minutes – motion made by Mathew Bjorngaard and second by Dr. Clements, no discussion and motion passed.

Director’s Report – Nicole Mucheck

Census within residential: adult 6.59 (above budget of 5.5); overall budget for 2023 adult census 6.29; youth side 5.11 (increase from last year this time). 2023 overall 4.66 (budgeted for 3.5). Open positions: only .25 YSP and .5 3rd shift DSP. Milieu Supervisor and Clinical Supervisor still open. 2 MHP openings – a couple of folks have graduated and started jobs at internship places. 2.5 FTE of MHP open. Amy Thompson, Jenn B. met with rep at DHS to discuss youth residential funding. DHS is putting forward language around children’s rate for Medicaid. Discussed potential to mirror adult rate setting process. Hope to get that moving in 2024 (at least presented).

Behavioral health fund – ability to access – rep thought could be accessed by county – funds could be drawn down for children’s services, but Nicole reminded that though it’s been passed, has not been operationalized. Looking into that component – that info would have come directly to counties – hoping that might happen in 2024. Executive Board should strategize how to support this through the legislature. Amy Thompson has approached Micah as well as the state. Hoping that will help with traction. Nicole met with Aspire MN – who Nexus works with in these instances. Fully in support of anything that will help youth and families. They worked with Olmsted County on initial language and will continue to support.

**Executive Board**

* **Mayo**

Dr. Bruce Sutor \*

Dr. Casey Clements \* (Vice Chair)

Erin Sexton \*\*

Clare Larsen

Wendy Moore

* **Olmsted Medical Center**

Dr. James Hoffmann \*

* **Olmsted County**

Amy Rauchwarter \*

Amy Becker

Amy Thompson \*\*

* **CREST – County Region 10**

Nina Arneson \* (Chair)

John Pugleasa \*

Laura Sutherland

* **SE MN NAMI**

Matthew Bjorngaard \*

* **UCARE**

Rob Burkhardt

Lynn Price

Michelle Luehring

* **SCHA**

Leota Lind

Ruth Boubin

* **Blue Plus**

Beth Nelson

Jennifer Jiang

Ashley Rosival

Foua Khang

* **NEXUS Leadership**

Margaret Vimont, Vice President

Nicole Mucheck, Executive Director

Mindi Zamzow, Finance Director

Ken Varble, Controller

Jamie Swift, Clinical Supervisor

Must have quorum to vote +5

\* Voting Member

\*\*Alternative Voting Member

Steering Committee –minutes attached, next meeting January 26. No case debriefs have been presented for awhile now. There has been a push when it comes to that being encouraged and shared.

Finance Committee – minutes attached, next meeting January 23. Finance Committee did not meet in December.

Operational Practices Committee – minutes attached, next meeting January 11th. Putting forward the charter for approval. Nina Arneson: Began as feedback committee. Recommendations – doesn’t want to turn into micromanagement of the operator. Professional respect of ethics – difficult for me to read OPC may make recommendations to policies and operational practices. Together with the operator – OPC may make…

Dr. Sutor agrees with Nina. Pleased we’re adding this but like the idea of it being *advisory*. Any functional operational changes need to be approved through Exec Board rather than by the committee. Laura Sutherland – to clarify – charter speaks that any recommendations would be recommendations to the Exec Board. Would come out of group process. We had considerable conversation around language of the charter. Nicole Mucheck: appreciate the discussion around language of charter. The biggest thing for me with this committee – ability to set agenda around feedback that came from the survey. Make sure we do stay aligned to address needs and priorities that were set to move forward with feedback. Some things feel like they’ve branched out to feel a bit bigger in scope than initially intended. Other component – suggest if the group agrees – hate for it to wait for Exec Board approval. If there is an idea that fits parameters wouldn’t necessarily need recommendation for approval versus updating the Executive Board. Amy Thompson: appreciate clarification – intent of group recommendations only. Would like more context. Nicole Mucheck: request for job descriptions, workflows, etc. make sure aligned with feedback in ask for what we’re trying to take a look at. Laura Sutherland: job descriptions and workflows – came up at last meeting. Heard about changes that SERCC is in process of making re: discharge. Helpful for folks to understand what the duties are of particular positions (that has been a pain point in the past). Workflow – trying to see in writing what discharge process looks like. First issue the committee agreed to tackle was discharge (out of the 6 issues). Had conversation about that – what’s the best way to communicate out to the region – contact particular people when issues arise. Mathew Bjorngaard: gathering info to understand existing landscape of discharge planning. Need to know what’s currently in place so as not to reinvent wheel or know what’s feasible. As long as it aligns with the focus on feedback, would be in support. But want to keep in line with initial vision of focus on feedback. Clare Larsen: don’t want to step on toes, but folks on the committee happy to have Carly and Jaime help understand the day to day that gives information as we assess feedback and try and move forward.

Move for approval of charter as written: John Pugleasa; Mathew Bjorngaard– seconded. Nina Arneson: some items can be done without approval as part of quality improvement process. There are items that would not rise to Exec Board. Motion passes.

Finance Director’s Report –Mindi Zamzow

Pledged and received – all of pledged monies for 2023 have been received. All money went on balance sheet as unearned revenue amount. When funds used for community funds or uninsured claims it goes down. We overspent our pledged amounts or braided funding amounts of almost 234,000. We did receive money from Mayo in December that will decrease balance by $233,000. Number will still be overspent because we will have December claims.

Grants: Joelene – still waiting on decisions from Red Wing Shoe Foundation and ThinkBank. During this meeting we received $5,000 from Olmsted Medical Center for their 2024 commitment. Have had great conversation with Foua re: BCBS.

HR Summary 40.5 (under budget by 7 for month of November).

Census/Residential Revenue – positive variance 1.7 for adult ($212,000); positive variance of 1 for youth ($64,000)

Revenue by Source

Expense Comparison – decrease in expenses as well as salaries and other labor.

Material Budget Variances

John – question – what’s the difference between community funds and braided funds. Use diff. terminology – community funds – claims for uninsured. Braided funding – amount received from Mayo, BCBS, etc. We use braided funding to use to pay for community funds.

Sustainability – All

2021 and 2022 shortfall update – John Pugleasa/Nina Arneson

CREST directors meeting early December. Discussed initial shortfall. John is our new SEMN human services director chair and chair for CREST Directors. Working on completing and finalizing Nexus request for counties to cover accumulated losses. Have completed by next week. Broadly can state that we will likely propose to look at 2021 and 2022 separately from current year losses. Look at 2023 losses once closed out books. And having the opportunity to talk about impact of recent changes that this board has acted on re: overnight nursing, addition of 30 day stays for adults, etc. pending partner contributions going into next year. Want to get a handle on all of that so we can have projection for corrective action for 2024. Dr. Sutor: pondering as it pertains to 30 days for adults – one of the concerns – understand who is more likely to stay longer than 10 days. Is it the uninsured who are more likely to stay longer? If we expand to 30 days, will we have more uninsured people staying longer because they’re the ones who may lack community resources so may have more incentive to remain at SERCC. Would that just make the problem worse? Nicole Mucheck: In SERCC conversation wouldn’t behoove those who lack insurance to move into a 30 day bed. So only those who have insurance or who apply for MN preapproval insurance would be considered for 30-day option. Dr. Sutor: would we be in a vulnerable position if we offer different services based on insurance coverage? Nina Arneson: Should we at least send a bill? Not exactly related but in some situations, it is uninsured that those choose not to have insurance but may have means to pay. Can we at least send a bill? Sometimes folks pay. At least we tried. John Pugleasa – discussion around CREST table – difference between stopping those without insurance and providing service and then billing folks for things that are not covered by third party billing. That’s what we’re wrestling with – unreimbursed expenses versus what’s covered by braided funding. Disparity for youth stays what counties are paying vs. MA rate. Those are the things that aren’t settled. Other people who have been involved – anything to add/correct? Laura Sutherland – characterization is accurate. Directors still sorting on language. Trying to be completely unified as directors. John Pugleasa– Dr. Sutor legitimate question re: insured vs. uninsured. Do know from past experience if you’re providing a service you need to accept MA as payment. Legitimate question we need to consider. Nexus thoughts? Uninsured taking up long term beds exacerbates our problem. Nicole Mucheck: as we look at operationalizing – need DHS approval first. Those 10 days are being covered by outside funding. Funding wouldn’t exceed 10-day stay. 30-day would have to be covered by insurance. As medically necessary. Would they be looking at potentially privately paying for that service because our funding supports 10-day and not beyond. Dr. Sutor – like this as an option for getting people incentivized to apply for MA. It’s in their and SEMN health community best interest to have these folks insured. This is the avenue and we’re going to help with that avenue and can’t refuse that avenue and then expect to be able to stay. Would want to allow access for folks at other long term stay options since we have a current waitlist.

2023 finance close out deadline?

Any update regarding license change process. Lynn: currently requesting extended stay? We do not have that extended stay. Looking at adding to license for 2024. We do realize most insurance plans require prior auth. Waived for 10-day crisis stay. Still in process for 30-day licensing.

Updates regarding modifying 24/7 nursing. With regards to nursing already adjusted our nursing schedule. Effective Jan 1, 2024.

Updates regarding additional conversations about up to 30-day stays for youth. Met with CREST directors. John Pugleasa: Discussion around consideration for youth rate. Licensing doesn’t depend on youth vs. adult. Like to discuss individual counties. Confidence that it isn’t something that will be a large surprise cost. If a youth needs this, the right additional support would be ok. Nothing to report collectively at this point.

Governance Agreement –All

Amendment was sent for signature via DocuSign on December 8th. Whatever you can do to expediate the process for your individual county would be appreciated.

Section 5.03 are two proposed options by Nexus: either raise the fiscal impact amount or add a specific paragraph both options are noted within the document. Dr. Sutor – where the rubber meets the road going forward. Plan in place for continuation of governance agreement. But what is the long-term plan? My own view – we can’t leave Nexus vulnerable and expect them to continue in this role. Must have a plan in place. Serious thought and discussion to take back to each of our organizations. Hearing from different venues within Mayo – this is the SERCC not the Mayo Clinic Crisis center. Solid plan in place that all parties in agreement. Probably going to take more financial commitment from all groups at this table. Need to have this discussion in earnest soon. Will take time. Dedicate an entire exec board meeting to this topic alone or have a special meeting dedicated to this topic. Nina Arneson: it is important to future, what have we learned and where do we want to go and how to make it work? Dedicate an entire exec board meeting for this discussion. Nicole Mucheck: not related to governance, but also have purchase of service agreement and how to utilize that going forward. Mayo funding should be used more as braided funding than to offset individuals who are uninsured. If that is the case, need to include purchase of service agreement as topic to spend time on. Nina Arneson: Would it be more helpful with a smaller group to start with? To think about what it could look like then have the exec board review/discuss. Dr. Clements: smaller group or additional meeting of this same group of people? Both/and? Voting members…everyone has a stake though. Dr. Clements proposes: Special session of exec committee plus whatever additional guests who need to be present to discuss and hash this out. Don’t know when to schedule it but start getting it on the calendar now. Nina Arneson asked Laura Sutherland to help from CREST perspective when it comes to getting options and setting it up. Voting members plus other necessary folks. Nexus folks would be included. Amy Becker and Laura Sutherland will reach out – all will make a priority to collectively put together that this larger group can chew on as a starting point.

Adjourned at 5:11 – motion by Dr. Clements – no quorum though.

Next Meeting: January 25, 2024