

LCMH Board of Directors Meeting Minutes

Date: 01.16.2019

Start time: 5:00 pm

Adjourned: 6:37 pm

Board Members: Savi Van Sluytman, MaryAnne Lewis, Dot Reeve, Fred Ober, Sharon Menard, Zach Williams

Absent: Chip Troiano, Bev Allen, Fein Rosenblum, Tonya Brown

Staff: Robyn Daley, Denis Houle, Christina Glowac, Ginny Havemeyer

Notes: Luciana Swenson

Guests: Brittany Rhoads, Stacey Madden

Topic	Discussion	Action	Person Responsible
1. Introductions	Introductions were made. Ms. Van Sluytman informed the group that board member Fein Rosenblum, who was in the hospital for a couple of months, passed away today.		
2. Approval of Minutes	Mr. Williams asked if there were any comments, questions, changes to the minutes from the last meeting. There were no comments. Ms. Reeve moved the motion to approve the minutes from the December meeting. Ms. Lewis seconded the motion. All approved.	By unanimous vote, the minutes of December meeting were approved.	
3. CEO Report	Ms. Van Sluytman presented the CEO report. She said that there are changes happening internally and externally that will drive the way we are doing things at the agency. As of January, payment reform funds are provided to us in a bundled payment and reported later. We will have to provide a minimum number of services to be able to keep the funds, and we will monitor to ensure the goals per contract are met. We are hoping that with this method we can provide more services using the same funds. Our senior team will be meeting next week to discuss more.		

IT Update: project CHART: we have migrated 150+ staff and will complete the agency's migration by the end of January. There is a summary in the package provided to the board (also attached to this minute). The approximate cost for the CHART project is 1,5MM in 5 years. These are tools to get us to the place that we want to provide quality services to our consumers, and to be part of healthcare reform.

The projected transition for the new platform is between 18-24 months. LCMHS will be the 3rd out of 4 agencies to migrate to the new platform. Costs will be divided by all 4 agencies, and many resources will be needed. The agencies in the UEMR project are Northwestern Services from St. Albans, UCS from Bennington, WCMHS and LCMHS. In addition, Northeast Kingdom has been contemplating joining the group but have not yet decided.

We are working on making sure that we don't disrupt services and minimize the impact during the project. It'll be beneficial to all of us to come together with other agencies but it will be a heavy lift of great magnitude. Ms. Van Sluytman also included a packet with a list of teams needed for the entire project, including Netsmart and shared with board members (attached to this minute). We are still identifying individuals to fill the positions for each organization.

Mr. Williams clarified that the costs of project CHART are spread out over 5 years, and the lift will be very significant.

Ms. Van Sluytman said that the backup of data is a concern, and with this new platform the data will be saved elsewhere, other than in our building. With this platform we will have the tool to share info with partners, such as hospitals, practitioners, etc, but we have to put policies and procedures in place. Reporting out our EMR will be easier, and we will be able to collect and extract data that currently we are not being able to from LWSI.

	<p>Ms. Van Sluytman said that we have been looking into outsourcing our payroll function and have been talking to ADP. We had a meeting yesterday and their demonstration was very impressive.</p> <p>The phone system is not doing so well and issues are becoming more frequent. We've had difficulties on reaching voicemails or not connecting to the messages. We will be looking at changing/upgrading the phone system as soon as the integration is done.</p> <p>Center of Excellence: we continue to work towards the Center of Excellence Certification. Workgroups have been meeting and getting ready for the review process. There are 5 workgroups and we have added COE posters within the agency for visibility. Out of 10 agencies, 5 have been certified. It requires a lot of work but we will get there and achieve the certification, showing that we are providing the required services to our community. The date of the review is still to be determined</p>		
<p>4. Finance Committee</p>	<p>Mr. Ober presented the financial report: As of November, we are \$10,800 in the negative, but with the upcoming expenses of project CHART, UEMR and phone system that could increase. We are balancing the budget on the medical director salary, and looking at a contract with a psychiatrist for tele-psychiatry services. This will be very costly.</p> <p>Ms. Van Sluytman said that we are looking into 2 options for the medical director position: either contract with a tele-psychiatry company, or by hiring a psychiatric registered nurse to act as medical director. One of our nurses has applied for the position. The final decision will be made by March.</p> <p>Mr. Ober said that the good news is that if we hire a medical director we will be able to bill for the service, including Oasis' 3rd bed. Ms. Van Sluytman said that we will still need to go through the licensing process in order to service more than the 2 beds we are licensed for.</p>		

	<p>Mr. Ober said that we had our first payment for the system (payment reform), and need to make sure we track the services provided, and hit the required 90%. Development Services is still working on their payment reform.</p> <p>Mr. Williams said that the financial report looks nice and shows where revenue and costs are coming from. It is interesting to see the amount of services and how each program is doing. The statement also shows commentaries and explanation. He appreciated the time put into the report.</p> <p>There were no questions on the finance report</p>		
<p>5. Children, Youth and Family Services (CYFS) Standing Committee</p>	<p>Ms. Daley presented the meeting notes.</p> <p>The committee has been focusing in partnering within the community. They met with other partners and had meeting/discussion on bullying, with a lot of focus on trauma. The meeting is posted on access TV. We all learned last night.</p> <p>They have been discussing payment reform.</p> <p>Discussed staffing and the loss of a therapist to DCF, being paid \$12K more for a similar position.</p>		
<p>6. Adult Behavioral Health</p>	<p>Ms. Havemeyer presented the standing committee notes.</p> <p>She said the team has lost one of their case managers.</p> <p>The committee discussed payment reform, Center of Excellence (COE), and UEMR</p> <p>Mr. Williams asked directors how they feel about the staff engagement at the agency; how do we gather intangible information about personnel leaving. Ms. Daley said that she had a long conversation with the therapist that is leaving, and received a good feedback on the agency. The money component played a role on the decision to move, but the staff was also offered</p>		

	<p>leadership and growth with this new position. It was hard for the staff to leave.</p> <p>Ms. Havemeyer said that in her department the change meant a step up position for their staff, growing his career. Ms. Daley also said that LCMHS is a training agency and hire many entry level staff that are pursuing licenses.</p> <p>Mr. Williams requested the agency to look into requesting staff satisfaction surveys from a 3rd party company, instead of using the survey monkey. The group had a long discussion on the current process for the survey.</p>		
<p>7. Election of new board member</p>	<p>Board members received a bio on Ms. Madden, who also expressed her interest in joining the board.</p> <p>Ms. Ober moved the motion to approve the addition of Ms. Madden as a board member. Ms. Reeve seconded the motion. All approved.</p>	<p>By unanimous vote, Ms. Stacey Madden is now a member of this board.</p>	
<p>8. Other business:</p>	<p>The group had a large discussion on the main drive of staff leaving the agency.</p> <p>Ms. Rhoads said that union members will work on advocating for negotiations with legislators for a better pay.</p> <p>The DA system met on Monday with several legislators and discussed “shifting the balance” on the money going to hospitals and shifting it to go to community services; that hospitals should not replicate what is already being done by community agencies.</p> <p>Mr. Williams challenged the group to come back next meeting with ideas of doing something different to reach and get more broad discussion.</p> <p>Ms. Van Sluytman added that the population must realize that mental health is part of a person’s health, and shift the conversation to accept mental health.</p> <p>Ms. Rhoads said that she is concerned about the HR director role being cut, and asked CEO to reconsider the decision. She added that Mr.</p>		

	<p>Frattini has been an incredible asset to the agency.</p> <p>Ms. Van Sluytman thanked Ms. Rhoads for her feedback and concern. She clarified that the CEO will not act as the HR Director. Senior Leadership Team will be meeting next week to discuss future organizational structure. The sustainability of the agency is very important and it was during the health insurance negotiations that the finances would become a very difficult matter. Even though we don't have an HR Director, we will ensure that the needs of staff is met.</p> <p>Mr. Williams said that he is interested in this discussion and that the board is actively involved to make sure that things are put in place on the behalf of all staff.</p>		
<p>9. Adjourn</p>	<p>The board went into Executive Session at 6:37pm. Executive session ended at 8:07pm.</p>		

Lamoille County Mental Health Services, Inc.
CEO Report: Infrastructure/IT Update
01.15.2019

CHART – Community Healthcare Architecture for Resilient Technology

The total cost of this project over a five-year period is \$1,396,637. To date we have paid \$506,828. This includes, hardware, software, Licensing, etc.

The migration on to the new software started in December and to date we have migrated 165 staff from the different programs (DS 64; BH/AOP 29; CYFS 58; Admin 14). We have 97 more migrations to complete this process and this should all be done by January 31st, 2019.

UEMR – Unified Electronic Medical Record

Four agencies have signed the Netsmart contract to implement a UEMR using My Avatar. The portion of the one-time cost to Netsmart for LCMHS is \$373,085. Of this amount we paid \$223,851 or 60% due on signing of contract. Of the remaining balance 20% is due in 2019 and 20% at completion in 2020.

There is additional implementation cost for the entire project and the agencies are still working on the final amount. I will share that as soon as it's finalized.