



## **Board of Directors Meeting Minutes**

Monday, November 28, 2022

10:00 am – 12:00 pm

181 Crawford Rd, Derby, VT

Zoom Meeting

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**Present:** Denise Niemira, Chair; Jane Kitchel, Secretary; Linda Rhodes, Secretary; Amy Morley, Treasurer; Stacy Thrall; Larry Wall; Neila Anderson-DeCelles; Kari White

**Staff Present:** Kelsey Stavseth, Executive Director; Denis Houle, CFO; Joseph Forscher, Chief of Behavioral Health; Laura Nelson, Chief of Organizational Development; Sharon Ryan, Chief of IDDS; Brooke Bury, HR Director; Nick Hunt, QA/AI & Compliance Manager

Minutes recorded by Colleen Bosse, Executive Assistant, via video recording.

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### **I. Call to Order and Approval of Agenda.**

Dr. Niemira, Board Chair, called the meeting to order at 10:08 am.

Dr. Niemira acknowledged the strategic planning reports and thanked those who are involved in the reporting.

Mr. Stavseth will present information in about the mental health treatment facility in executive session. Mr. Wall requested a short amount of time to discuss the interviews he had with Erica Perkins, Director of Communications & Community Engagement, and as Anthony Willy, HR recruiter, specifically to address the term “media”.

Mr. Wall moved to approve the agenda as amended. Motion was seconded by Ms. Rhodes. There was no discussion. All members present voted in the affirmative. Motion carried.

### **II. Secretary’s Report.**

Ms. Rhodes moved to approve the minutes from the October 21, 2022, meeting as written. Ms. Anderson-DeCelles seconded the motion. There was no additional discussion. All members present voted in the affirmative. Motion carried.

### **III. Treasurer’s Report.**

Mr. Houle presented the September 2022 financial report using several new graphs designed to make the information easier to understand. They will also help in visualizing trends. The financial picture is still slightly skewed due to the 12 month straight budget without seasonality. However, the graphs help show the finances year over year. In future months, capital investments will also be added to regular finance updates.

**Revenues:**

- September revenues were under budget by \$99,000 or 2.4%
- Primary factors include unbooked mental health revenues due to a potential payback, as we are not reaching our targeted benchmarks for value based payments.
- We have developed some new internal reports that are helpful and Directors are working to address unbooked revenues.
- We are still working off the estimated IDDS waivers. We should have the updated waiver information in the next month or two.
- Year to date revenues were under budget \$250,000 or 1.9% (this is slightly skewed due to a one time insurance settlement).
- This is also related somewhat to seasonality, particularly with the Success Beyond Six school program

Mr. Stavseth explained there are some lagging factors that influence the financial results. We are trying to unbook payments related to Value Based Payment. This is related to factors like clinicians doing documentation and the EMR team's ability to get billing to the finance department.

Also, the State recently updated the dashboard. Previously adults was not meeting its target. With the recent updates they are now meeting targets. We are getting more timely and accurate in documentation and also in billing and reporting.

Ms. Thrall inquired about this being an administrative issue and not a client services issue. Mr. Stavseth reassured that services are being provided but sometimes administrative components such as coding, requirements, completing of notes, etc. lag.

Dr. Niemira explained to the Board that "unbooked" revenues are those revenues not counted due to not meeting the value passed payment target. The State pays the agency up front. If we do not meet 90% of our targeted benchmarks, then we have to reconcile and pay back those funds. Starting January 2023 the target will increase to 96%.

**Expenses:**

- September expenses were under budget by \$216,000 or 5.43%
- Primary influencing factors for monthly savings include vacancies, fringe benefits, and health care costs
- Year to date expenses are \$850,000 under budget or 6.8%
- Primary factors for year to date expense savings are staffing vacancies (\$390,000), fringe benefits (\$273,000) and other personnel costs (\$116,000)

Ms. Thrall asked how the budget is related to the strategic plan. Mr. Stavseth explained the budget is closely linked to any strategic planning decisions we make. It helps indicate where we can and should invest, if we have enough staff, etc. This will continue to be a central component to decision making. How we respond to using dollars emphasizes our priorities.

**Agency Margin:**

We are currently ahead of budget due to multiple factors as previously discussed.

- September has a gain of \$136,000 or 3.4%
- The DA standard is 3.2%
- The year to date gain is \$660,000 or 5.4%

NKHS is hesitant to commit to having any specific margin. We want to invest dollars to provide services to meet our mission and vision, including investing in staff.

Overall, NKHS is in a strong financial position with 94 days of cash on hand (\$11.5 million). \$82,000 was invested in capital expenditures in September.

**Accounts Receivable:**

June and July show a drop due to the transition to Credible. We are leveling out now. Some ebbs and flows are expected, but we should be able to maintain in the mid-30 day level.

Mr. Wall moved to approve the September financial reports as presented. Motion was seconded by Ms. Thrall. All members present voted in the affirmative. Motion carried.

**IV. Standing Committee Reports**

Standing committee reports were not in the board packet this month, as they were not available to Ms. Bosse to include.

Addictions – Mr. Wall reported the committee could use some additional members. There are good things happening in the community with more collaboration. There will be no meeting in December due to the Legislative Breakfast. Ms. Rhodes noted her daughter (who works at NEKCA) is interested in participating in the addictions committee.

Adults – There was no meeting last month as it coincided with the Front Porch community discussion.

IDDS – Ms. Boskind was not present. Ms. Ryan reported the committee has had good attendance and all is well.

Children’s – Dr. Niemira reported there are now enough members participating in the committee. They are discussing what is happening in the Children’s division and the agency, and also discussing plans for the future. They are looking forward to seeing the data from the consumer survey.

Nominating Committee - Ms. Anderson-DeCelles reported she spoke with Patrick Shattuck, who is interested in becoming a member of the Board. Ms. Anderson will set up a Zoom call to meet with the Nominating Committee. She also noted Mr. Shattuck’s daughter is interested in applying to NKHS, and the Board discussed a potential conflict of interest related to this. More due diligence is required. Mr. Stavseth will check CCBHC requirements and also what other DAs do. Ms. Anderson-Decelles has not been able to contact Bob Chimileski.

**V. Compliance Report**

Nick Hunt, QA/QI and Compliance Manager presented the first quarter compliance report.

Compliance Activity		2022
Activity by Type	Sept-Nov	
Grievances and Appeals	3	
Subpoenas	4	
Critical Incidents	2	
Non-Critical Incidents	4	

Dr. Niemira asked Mr. Hunt to define a critical incident. These are any incident that involves emergency response outside the agency (police, fire, ambulance, etc.), legal liability, or reports to the state, such as client injuries, deaths, arrests, etc. If there is potential media involvement, the incident is reported, even if it does not seem to be high level. Mr. Hunt will provide a list of requirements for critical incident reporting. He will also add this information to the compliance report to help offer clarity.

Ms. Thrall recently read a state surveillance report and wondered if the critical incident reports are tied to the surveillance report. Mr. Hunt confirmed that information is related.

There was additional discussion around when a report to the State is required. Ms. Nelson noted that we have a relationship with the State that we can inquire with them when we are uncertain if a report is required. NKHS is informed of incidents occurring through various means, including reviewing the death registry. We do not always know about incidents like hospitalization.

Information reported to the State through critical incident reports is used to review and evaluate internal processes and to evaluate if NKHS is doing what it should to prevent incidents, including if NKHS is aware of the issues individuals are facing, how NKHS addresses those, and how does NKHS partner with the State to ensure they are aware and can support when these things happen.

A Compliance Committee will begin meeting in December. This is comprised of Directors throughout the agency. If further consultation is needed, board members will be invited to attend. Dr. Niemira would like to have a Board representative and plans to attend herself. Mr. Stavseth reminded the Board to be mindful of governance versus operations. The purpose of the Compliance Committee is to review specific incidents. Dr. Niemira noted that part of the Board’s responsibility is compliance and ensuring that the agency is meeting regulatory requirements. She feels the Board’s job is to trust but verify. Mr. Wall supports the Compliance Committee as proposed with reports to the board. Mr. Stavseth will meet with Mr. Hunt and Ms. Nelson with input from Dr. Niemira to determine the best approach.

**VI. Strategic Plan Report**

Ms. Nelson gave a report on the Corrective Action Plan, which was part of the recent designation process to correct minor deficiencies. Deliverables were due in November. There were three items related to the med provider program. We will be consulting with a third party reviewer on a quarterly basis to complete chart reviews. DMH has acknowledged receipt of the CAP but they have not yet offered feedback on this. No issues are anticipated. The next submission is due in February 2023, mostly focused on training for mental health, program manuals, and the culture and climate survey.

Ms. Kitchel inquired if the culture and climate survey is required as part of the CAP or if it is common practice. Ms. Nelson explained the survey is common practice, but NKHS has added some level of detail to the survey. Mr. Stavseth noted we are planning to annualize our survey to be responsible for managing the culture and climate.

Ms. Kitchel referenced a manual mentioned in the Emergency Services strategic plan report and inquired if that was going to be done across the agency. Mr. Stavseth explained program overviews are being created, which are one to two page snapshots of each program with program purpose, partners we work with, etc. We are also creating program manuals which are more detailed with how we function, partnerships, reporting, finances, personnel, etc. Our intention is to get organized and detailed about programs and sharing information. The Consumer Guide also outlines services. Program overviews and manuals are about asset inventory – what do we offer, what is available, who do we partner with to meet your needs. It is a collaborative philosophy. The idea is to use the manual as part of the onboarding process for new employees to have information all in one place. There will be a procedure to update information annually to make it living and functional.

Mr. Stavseth reported having outlined an action plan following the first quarter. This includes working on designing and delivering comprehensive training on payment reform. Mr. Forscher and Ms. Nelson have been working with Behavioral Health to explain case rate, how we get paid, codes, accurate timely documentation, and how that effects how we get paid. We continue to work on access and intake and a preliminary workflow has been designed. We are working on streamlining access and improving how people get in for services. This requires working on changing the mentality and understanding that an immediate response is important, recognizing people are calling for help not to set up an intake appointment.

CCBHC is underway. A program evaluator has been hired. Chani Jain is from North Carolina and will be fully remote. She will start December 5<sup>th</sup>. We are still hiring for a Program Director. An offer was made, but that did not work out. We continue to work on innovative hiring practices and being thoughtful about hybrid and remote positions.

Mr. Stavseth reported there is a focus on keeping the Strategic Plan living. We are talking about it, reporting on it, and asking people to do work on it. We are getting more data from EMR, reviewing information at team meetings, and learning how we use the information to make good decisions. Quarterly reports will be available in January.

Ms. Anderson-DeCelles inquired how we doing with waiting lists. Mr. Stavseth reported we are making some progress in CYFS. We are looking at utilizing resources differently, the role of the master's level clinician, determining what services people get, and increasing caseloads. We are proactively reaching out to the waitlist to offer resources and putting together online educational support resources. We plan to use the same model in adults. This requires changing our philosophy and is a cultural shift. We will continue to reach out and get people in even if they cannot get full services. It is important to recognize and acknowledge the immediate need and that the person is important.

Mr. Wall noted the website needs some updating and upgrading. He sees the need for messaging on social media and noted this could be impactful in recruiting in the NEK.

## **VII. Approval of Policies**

Mr. Houle presented the NKHS Hazardous Materials Policy for approval.

Ms. Kitchel moved to approve the policy as written. Motion was seconded by Ms. White. All members present voted in the affirmative. Motion carried.

## **VIII. Executive Director Updates**

Legislative Breakfast

- NKHS legislative breakfast is December 12<sup>th</sup>. Board members received invitations.

Mental Health Treatment Facility

- Great turnout for the community meeting for the mental health treatment facility – 71 participants
- Received a lot of positive feedback and support
- Have advocacy postcards available to provide feedback to governor's budget

DEI

- Working with Abundant Sun to engage in DEI
- The first process is collecting data. This will be part of the culture and climate survey

Suicide in the community

- Trying to be responsive to community
- What does postvention look like and how do we engage with the community
- Looking at proactive engagement and opportunities for healing

## **IX. Guest Comments**

There were no guest comments.

## **X. Executive Session**

The motion to enter Executive Session for the purpose of discussing property acquisition was made by Neila Anderson-Decelles at 11:50 am, seconded by Linda Rhodes, and passed unanimously.

The motion to leave Executive Session was made by Jane Kitchel at 12:33 pm, seconded by Stacy Thrall, and passed unanimously.

## **XI. Adjournment.**

There, being no further business, a motion to adjourn the meeting was made by Jane Kitchel, seconded by Linda Rhodes, and passed unanimously. The meeting adjourned at 12:34 pm.

(Signature page follows)

Respectfully Submitted,

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Jane Kitchel, Secretary

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Date

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There will be no December Board meeting.

The next Board meeting shall be held on January 23, 2023, at 10:00 am.