

DOUGLAS COUNTY HEALTH CENTER / COMMUNITY MENTAL HEALTH CENTER
Board of Trustees Meeting Minutes

Omaha-Douglas Civic Center
1819 Farnam Street, Room 903

DOUGLAS COUNTY HEALTH CENTER
COMMUNITY MENTAL HEALTH CENTER
BOARD OF TRUSTEES



Meeting Minutes

Monday, April 20, 2020
Via Videoconferencing
1819 Farnam St, Room 903
9:00 A.M.

Board of Trustees Members	DCHC Attendees Telephonically	Other Attendees
Members Present Mary Ann Borgeson, Chair Clare Duda, Vice Chair Chris Rodgers, Trustee	Erin Nelson, Administrator DeDe Will, Director of Finance Jan Hankey, Dir. Support Services Molly O'Neil, Program Manager Ranae Manning, Chief Nursing Officer Jeannine Mulligan, Compliance Officer Judy Delgado, Asst Director of Nursing	Sherry Sparks, Executive Assistant Karen Cole, County Commissioners Office
Members Telephonically Mike Boyle, Trustee James Cavanaugh, Trustee Marc Kraft, Trustee PJ Morgan, Trustee	CMHC Attendees Telephonically Sherry Glasnapp, Director Mike Phillips, Outpatient Director Jessica Woodard, Compliance Officer Teri Speck, Detox Services Director Randy Walther, Fiscal Director Kymi Black, Director of Nursing Nickie Slater, POP Manager	Other Attendees Telephonically Patrick Bloomingdale, CAO Many County staff members were listening telephonically but were not identified by the Commissioners or staff.

Advance notice of the meeting was given by publication in The Daily Record, a legal newspaper.
The notice advised that an agenda kept current was available for public inspection in the
Office of the Administrator of Douglas County Health Center.

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9:00 AM

I. Call to Order

Chair Borgeson called the meeting to order at 9:05 a.m. and stated that the meeting was being conducted in compliance with Nebraska's Open Meetings law, a copy of which is located on the back wall.

Chair Borgeson called the Roll at 9:06 a.m. Trustee Kraft was absent. Chair Borgeson, Vice Chair Duda, Trustee Boyle and Trustee Rodgers were present for the meeting. Trustee Cavanaugh and Trustee Morgan called in and were present telephonically.

II. Consent Agenda

Chair Borgeson called for a motion to approve the Consent Agenda at 9:07 a.m. Trustee Rodgers moved and Trustee Boyle seconded. Yeas: Borgeson, Boyle, Duda, Rodgers, Morgan (via phone), and Cavanaugh (via phone). Absent Kraft. Motion passed.

III. Citizen Comments

Chair Borgeson called for members of the audience to be heard regarding any item not on the agenda. Trustee Cavanaugh announced that the Masks for Medics Initiatives will be distributing cloth masks for use at home. They are not approved to be used at work.

IV. Action

No items on the agenda.

V. Discussion

a. COVID-19 i. DCHC (Erin Nelson)

Speaking is Erin Nelson.

Ms. Nelson prepared a presentation and it was shared with the Trustees. A copy is attached to these minutes. The presentation contains steps taken to prepare for the virus. The daily routine was changed for residents, visitors and staff members. All access by visitors, volunteers, students and vendors was restricted then prohibited. All group outings for residents were cancelled and group activities were scaled back then cancelled; communal dining was cancelled. The telemedicine restriction was waived and residents' medical visits with the clinical doctor were handled through videoconferencing.

The Health Center continues to remain well stocked on all personal protective equipment (PPE) which includes masks, N95 masks, gowns and gloves. The N95 masks were distributed to staff when the first COVID positive cases were identified. Ms Nelson and her staff consulted with the Biocontainment Unit from UNMC to provide guidance on cohorting residents, negative airflow setup, establishing a "pseudo" COVID unit and the utilization of the N9 masks. A tracking log was created for residents. Employees are screened at the beginning of their shift and residents are screened three times a day at the beginning of each nursing shift. Residents returning from the hospital, even for non-COVID related reasons, are placed in a transition area for 14 days. They are returned to their unit at that time as long as they don't have any COVID related symptoms. Ms Nelson also added that many employees who tested positive have been cleared and are back at work.

Ms Nelson also gave an update on staffing. Mandating shifts have slowed down significantly. To alleviate anxiety, on site testing is now available as well as education about the proper use of personal protective equipment (PPE). Test results are available within 24-48 hours. At this time, 170 tests have been ordered. Staff have also contacted hospitals, nursing schools and clinics to hire additional temporary medical staff that are not working at this time. DHHS waived the 8 hour training class for Certified Nursing Assistant's (CNA's) and a training course has been developed internally. Currently, less than 5% of the staff are working on COVID positive units. There are also many staff members working from home to eliminate the number of employees in the building.

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Environmental Services has been using a new product, OxiCide, in place of bleach for cleaning, and it's been very effective. It is on the EPA "N" List. Staff has been educated on its use and PPE's have been provided. Guidance has been received from many providers in the community. Staff's focus is on containment.

The community has been very supportive and compassionate and Ms Nelson expressed the staff's appreciation. In addition, the Center for Medicare and Medicaid Services (CMS) have issued new guidelines requiring COVID cases be reported to them as well as state and local authorities.

A brief discussion was held regarding data on COVID cases and staffing.

ii.CMHC (Sherry Glasnapp)

Speaking is Sherry Glasnapp.

Ms Glasnapp prepared a presentation and it was distributed to all trustees. A copy is attached to these minutes. Ms. Glasnapp described the early preparation done by the CMHC staff in conjunction with the DCHC and the Primary Health Clinic (PMC). The CMHC Team approached the situation as a "when, not if" scenario. They expected both inpatient services and social detox to be most affected. She reported that they consulted with members of the medical community for direction.

Staff members are screened at the start of every shift. Educational information is updated for employees as the situation changes and guidelines are modified. At this time, there have been no positive test results for staff or clients in inpatient or social detox services; only eight (8) staff members have been tested. Staff members are working from home on a rotation, alternating weeks in the office. Staff was educated on PPE use and the Civil Service Personnel Rule Addendum. Hand washing guidelines have been reviewed and are posted throughout CMHC.

They are using alternatives methods to meet with clients, either by phone or online meeting sites for the Psychiatric Outpatient Program, Day Treatment and Intensive Outpatient Program. The CMHC continues to receive referrals from the Young Adult and Drug Courts. Prescriptions have been extended for 60-90 day meds and are being filled by pharmacies closer to the client's location. Care packages which contain puzzles coloring books and books are being prepared using donations received for clients and are expected to be delivered this week. Day treatment has been suspended at this time. Staff is planning for a potential portable pharmacy curb site and options for long term injection and peer support telephonic support group.

A psychiatric inpatient response team identified. Posters showing proper hand washing technique have been posted. COVID screening and vitals are taken on all shifts. Both pharmacy and dietary delivery at door not on the unit. Staff have been trained on donning and doffing procedures. A plan has been setup for the treatment of positive tested patients. A plexiglass slider was installed in two spaces in CMHC to do face to face consulting with patients for both the doctor and the staff.

A brief conversation occurred discussing costs and staffing.

The Board members were appreciative of all the staff and the extra measures taken at the facilities and for the programs.

iii.GA Primary Health Clinic

Speaking is Melissa Sewick.

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(Melissa
Sewick)

Ms Sewick reported that they had a sufficient supply of PPE's. Staff are being screened; processes and building protocol are being updated and available to staff. Ms Sewick is consulting with DCHC and CMHC multiple times a week to stay updated. She reports that no clients or staff members have tested positives. The staff is wearing surgical masks unless they are dealing with someone with respiratory issues or if they are administering breathing treatments. Clients are being triaged over the phone and they are only seeing 4-6 patients per day. Some clients were hesitant to come to the clinic but the staff has reassured them it's safe. Prescriptions have been extended to 60-90 day and the staff have worked with the Pharmacy to pick them up and deliver to the door at DCHC. . Some clients use MOBY for transportation to the clinic.

General Assistance contacts have increased; most of the interviews are being done over phone. For persons being released from Corrections, staff is able to contact them by phone before they are released. They are able to work the CMHC clients in the same manner. Clients' benefits are being extended to two month.

The Board was very complementary to Ms Sewick and the staff for how well they are handling the circumstances.

**b. Trends in Behavioral
Health Monthly
Update (CMHC)**

**i. CMHC General
Topics**

**1. Social
Detoxification
(Teri
Speck)**

Speaking is Teri Speck.

Ms Speck provided a brief update to the Board regarding a change in the classification of admissions for civil protective custody clients. In the past, this was considered involuntary but now will be voluntary. Staff is looking at how this change will effect admissions, reimbursement and data.

**c. Future Meeting Dates
for June, November &
December 2020**

Speaking is Chair Borgeson.

The Board will address this at a future meeting.

**VI. DCHC/CMHC Routine
Reports & Updates**

a. Admin Update

There were no comments.

b. Staffing Report

Information is in the packet for review.

c. Workload Report

Information is in the packet for review.

**d. Medication
Distribution Report**

Information is in the packet for review.

VII. Executive Session

There was no need for an executive session.

VIII. Adjourn

Chair Borgeson adjourned the meeting at 10:43 a.m.

Next Meeting will be held on Monday, May 18, 2020 .