



THE CENTER
FOR HEALTH CARE SERVICES
Mental Health & Substance Abuse Solutions

Where hope and healing begin.

Board Planning Retreat

Paul Elizondo Adult Behavioral Health Clinic

May 4, 2019

8:30– 2:30 pm

Board Participants: Daniel T. Barrett, Graciela A. Cigarroa, , Margaret Kelley, M.D., Hon. Laura Parker, Richard Usatine, M.D., Margaret M. Vera, Donnie Whited

Staff Participants: Noah Almanza, Edward Benavides, Jelynne LeBlanc Burley, Teshina Carter, James Chapman, Rebecca De La Garza, Frank Garza, Laura Garza, Allison Greer, Robert Guevara, Willie Love, Rene Olivera, M.D., Quentin Thomas, Melissa Tijerina

Supporting Staff: Dorothy Burns, Tremaine Butler, Cynthia Cannon, April Johnson-Calvert, Selina Catala, Carmen Choumont, Brian Clark, Tom Cobb, Briseida Courtois, Frederick Courtois, Vanita De Leon, Maritza Farias, Delores Haines, Jennifer Hussey, Sascha Kaster, Cecil King, Justin Marshall, Cynthia Martinez, Justin Moseley, Linda Rodriguez, Burt Santos, Judith Terry, M.D., Zaida Yzaguirre

Executive Summary

Over a six-hour, Saturday session, the leadership of the Center for Health Care Services (“CHCS”) met at the organization’s newest facility for a planning retreat. The group’s work was supported by a read-ahead document prepared by the staff of CHCS that included a consumer profile snapshot, a seventeen-year timeline of activities, updates on; behavioral health transformation, the 1115 Waiver, a local gap analysis, the Southwest Texas Crisis Collaborative (STCC), the changing model of service delivery, 2017 and 2018 accomplishments, 2019 progress, the 86th legislative session and a current facilities overview. The 13-page document is made a part of these meeting notes by reference.

Grounded in a review of CHCS’s espoused values, the participants shared behavioral commitments towards the planning activity:

- Articulate a bold vision
- Focus on and demonstrate initiative
- Seek collaboration, ownership and accountability
- Respect each other
- Practice active listening and seek to learn from each other
- Be frank and open-minded
- Commit to be honest and realistic
- Understand and seek to see the meaning behind what we do

Throughout the day, facilitated conversations and brainstorming activities supported:

- A discussion of the organization’s past, present and future opportunities and threats
 - A review of CHCS’s mission statement. A draft statement was prepared for the board’s final approval.
 - An analysis of desired client outcomes and services provided, supporting key questions that informed CHCS’s goal statements
 - The review of CHCS’s current focus areas and goal statements. Goal statements were edited and key actions were brainstormed in support of potential strategic imperatives for each goal.
1. **Patient Experience:** Continuously improve the patient experience for every patient and family member every time in every setting
 2. **Patient and Community Outcomes:** Improve the patient and community outcomes
 3. **Community Perception:** Communicate the Center’s role as experts in mental health, substance use, intellectual and developmental disabilities and provide high quality accessible care
 4. **People and Culture:** Create an environment that attracts, motivates, develops and retains talented team members
 5. **Safety: Optimize safety and reduce risk, while continuously improving services**
 6. **Financial and Sustainable Growth:** Ensure financial sustainability to achieve the Center’s mission; drive sustainable growth

Next steps:

- **Board approval of mission statement**
- **Prioritize action item brainstorming in support of goals**
- **Assign accountability and ownership**
- **Update board members on retreat day and next steps**

Scribed notes and the results of the participant's brainstorming activities are documented in these notes for future reference and to provide context and support for the organization's business plan and budgeting process.

Current Reality

Past		Present		Future	
Accomplishments	Setbacks	Strengths	Weaknesses	Threats	Opportunities
Scribe: Allison Greer					
<p>Early childhood fee for service</p> <p>Jail diversion</p> <p>Partnership – Haven for Hope</p> <p>1115 Waiver</p> <p>Focus on CBH service (profitability)</p> <p>Substance use treatment MHFA & MHU</p> <p>Structure for CHCSF</p> <p>Legislative wins</p> <p>Improved employee health plan</p> <p>Process vs people</p> <p>Trauma informed care</p>	<p>Image in community</p> <p>Lack of knowledge in community</p> <p>Insufficient funding (grant funding and lack of planning)</p> <p>Lack of planning for IT, infrastructure, etc.</p> <p>Stick shock</p> <p>Silos keep us from looking holistically</p> <p>Turnover is high</p> <p>Workforce shortage - service disruption and limited capacity</p> <p>Competition (internal) for resources</p> <p>Metrics vs outcomes</p> <p>Healthcare for employees</p>	<p>Community image</p> <p>Collaboration</p> <p>Staff</p> <p>Reorganization</p> <p>Employee culture</p> <p>Community investment</p> <p>Goal-oriented</p> <p>Institutional knowledge</p> <p>Use of technology</p> <p>Process-improvement (MTM)</p> <p>Facilities</p> <p>Data collection</p> <p>Strong sponsorship partners</p> <p>Financial position</p> <p>Array of services</p>	<p>Community image</p> <p>Lack of consistent workflows/processes</p> <p>Growing demand for services</p> <p>Lack of attention to other services</p> <p>Lack of resources</p> <p>Technology changes</p> <p>Community investment</p> <p>Person-focused processes</p> <p>Facilities</p> <p>Consistent application/interpretation of data</p> <p>Change fatigue</p> <p>Change with sponsorship</p> <p>Fund balance is less</p> <p>Demand for broad services</p> <p>Lack of access</p> <p>Secondary trauma</p> <p>Internal support services/P&C</p>	<p>Scribe: Rebecca De La Garza</p> <p>Funds for children's programs – stem future issues</p> <p>Rising costs of services, maintenance and staff</p> <p>Funding – CCBHC model</p> <p>Increased population = increased costs</p> <p>Stability of leadership of partner organizations</p> <p>Prescriber availability</p> <p>Client lack of insurance/funding</p> <p>Aging population & issues</p> <p>Lack of infrastructure – equipment risk, etc.</p> <p>1115 Waiver funding decrease</p> <p>Unsustainable IDD model</p> <p>2nd poorest community in the nation</p> <p>Legislative funding</p>	<p>Spotlight on mental health nationally</p> <p>Reduced stigma</p> <p>Growing collaboration opportunities</p> <p>Ungraded technology</p> <p>CCBHS funding</p> <p>Talent in workforce</p> <p>Reputation/PR provider of choice</p> <p>Focus on process</p> <p>Public awareness = \$\$\$</p> <p>400k payors – tax payors</p> <p>Center care</p> <p>Bilingual service</p> <p>Care corps – volunteers</p> <p>Veterans corps</p> <p>Interns and links to education</p> <p>St. Phillip's partnership</p> <p>Boards – get word out in other avenues</p> <p>Alternative medicine – address stress and fatigue</p> <p>Wellness program</p> <p>Legislative funding</p>
Scribe: Edward Benavides					
<p>Questions raised from Current Reality exercise:</p> <p>How do we fund our work?</p> <p>How do we attract/retain staff? How do we take care of staff?</p> <p>What services are we going to provide?</p> <p>How do we deal with provider shortages?</p> <p>How do we transition to outcome services?</p> <p>How do we sustain and implement effectiveness/processes?</p> <p>How do we talk to each other?</p>					

Client/Community Outcomes

CLIENT/COMMUNITY	WHAT ARE THE OUTCOMES WE SEEK TO SUPPORT FOR OUR CLIENTS/COMMUNITY?	PRODUCT/SERVICE OFFERED	QUESTIONS
<p>Children and Adults:</p> <p>Struggling with mental health issues</p>	<p><input type="checkbox"/> What are they trying to do or accomplish?</p> <p><input type="checkbox"/> What are their aspirations, hopes, or goals?</p> <p><input type="checkbox"/> What are the obstacles, challenges, or barriers they must overcome?</p> <p><input type="checkbox"/> What are we helping to make true?</p> <p>Early identification and intervention Care in a timely fashion Function in community Re-connect with family Hope and housing Response and remission Reduce recidivism Family-oriented Person centered Acknowledgement and acceptance of their reality</p>	<p><input type="checkbox"/> What is the product(s) / service(s) offered?</p> <p><input type="checkbox"/> What value do we deliver?</p> <p><input type="checkbox"/> Which of our client/community problems, needs or aspirations are we helping to solve?</p> <p>24-hour services Crisis intervention Behavioral health and primary care Basic skills training Employment services Peer support Linkage to substance abuse treatment Medical clinic</p>	<p><input type="checkbox"/> What goals or challenges remain unmet?</p> <p><input type="checkbox"/> What risks or concerns exist?</p> <p><input type="checkbox"/> What opportunities do you see?</p> <p><input type="checkbox"/> What must we hold on to?</p> <p><input type="checkbox"/> What must we prioritize?</p> <p><input type="checkbox"/> What should we consider divesting from?</p> <p>Screening, referring and providing, primary care Provider shortages Waiver at risk and community response to funding reductions Always responding to crisis (not preventing crisis – need to be upstream) How do we reach people before crisis? Work in schools Identify how many payors have employees that need services (source of revenue) More involvement in community Do we support access for those not involved in (familiar with) mental health services? Veterans have increasing needs Funding is sometimes impossible to sustain (pattern of beginning programs without each funding and/or identification of continued funding) Managed care decision postponement</p>
<p>Living with intellectual and developmental disabilities</p>	<p>Function in community Continuum of services Co-occurring primary care Safe care Facilities Crisis response for them Person first – not defined as the IDD Early intervention and service opportunities</p>	<p>Day programming for adults Employment services Residential care Support services Medical clinic</p>	<p>Screening, referring and providing, primary care Provider shortages Waiver at risk and community response to funding reductions Always responding to crisis (not preventing crisis – need to be upstream) How do we reach people before crisis? Work in schools Identify how many payors have employees that need services (source of revenue) More involvement in community Do we support access for those not involved in (familiar with) mental health services? Veterans have increasing needs Funding is sometimes impossible to sustain (pattern of beginning programs without each funding and/or identification of continued funding) Managed care decision postponement</p>

<p>Seeking/needling substance abuse treatment</p>	<p>Connection with justice system Legal, medical, Child Protective Services assistance Support in schools Person first – not defined as the addiction</p>	<p>Screening Detox Coordination of care and services MAT</p>	<p>We need twice the facilities to serve children and adults (requires separation) Employment challenges Lacking of training of providers (university level) We shape practices (experts) but aren't recognized for it Need more education around addiction as a brain disease Why don't we have more than 9 BUPES? One front door for mental health and substance abuse screening in primary care Look at mandated barriers Opioid crisis money</p>
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Mission/Vision Statement Review

<p>Mission Statements Reviewed:</p> <p>Website: The Center for Health Care Services improves the lives of people with mental health disorders, substance use challenges and intellectual and developmental disabilities.</p> <p>Our services for children and adults include:</p> <ul style="list-style-type: none"> • Mental Health • Intellectual and Developmental Disabilities (IDD) • Substance Use Treatment <p>Mission Option: The Center for Health Care Services improves the lives of people with mental health disorders, substance use challenges and intellectual and developmental disabilities by serving adults and children with integrated care coordination.</p>	<p>Mission Statement Edited Pending Board Approval:</p> <p>The Center for Healthcare Services provides integrated care to improve the lives of children and adults with mental health conditions, substance use challenges, and intellectual or developmental disabilities.</p>
<p>Vision</p> <p>2015 Strategic Plan: Transformed lives. Transformed communities.</p> <p>Current Branding Guidelines: Founded on the hopes of those we serve and driven by integrity, we believe in creating environments that inspire and promote: Respect for one another and empowerment for all; quality and accountability; and creativity and innovation.</p> <p style="text-align: center;">Where Hope and Healing Begin (tagline)</p>	<p>Vision Statement Edited:</p> <p>Participants chose to adopt the tagline “Where Hope and Healing Begin” as the Center’s expression of their vision for clients served</p>

Review and editing of current Strategic Plan Areas of Focus and Goal Statements

Areas of Focus		Center Strategic Goal
1	<p>Patient Experience</p> <p>Draft Strategic Imperatives:</p> <ul style="list-style-type: none"> Realize centralized intake and scheduling Utilize 21st century technology to communicate with our patients (texting) Patient satisfaction Consumer frequently used numbers (crisis, intake, patient's rights) Customer service training (through a trauma informed care lens) Improve facilities Realizing CCBHC standards of care (access, engagement) Patient portal as part of Electronic Health Record Peer-led patient orientation to services (expectations and requirements) 	<p>Perfect the Continuously improve the patient experience for every patient and family member every time in every setting</p> <p>Scribe: Allison Greer</p>
2	<p>Patient & Community Outcomes</p> <p>Draft Strategic Imperatives:</p> <ul style="list-style-type: none"> Market ourselves better Improved access Developing and increasing strategic partnerships Better methods for tracking, using and reporting data – create <u>actionable</u> data Awareness of CHCS as the place to go for experts in mental health, severe mental illness, substance use Enhance relationships Stay politically engaged – vulnerable to change (education and awareness) Capitalize on strengths/leverage position in market – pilot programs, jail diversion Promote expertise/authority 	<p>Improve the patient and community outcomes</p> <p>Scribe: Rebecca De La Garza</p>

3	Community Perception	<p>Improve community perception by establishing and communicating the Center's role as the provider of choice</p> <p>Communicate the Center's role as experts in mental health, substance use, intellectual and developmental disabilities and provide high quality accessible care</p>	<p>Scribe: Allison Greer</p> <p>Draft Strategic Imperatives:</p> <ul style="list-style-type: none"> ● Leadership should serve on other boards to advocate and collaborate for CHCS ● Become thought leaders (speakers bureau) – curate narrative ● Mental health provider network with mid-level staff ● Sustained communication with media ● Show value of CHCS's impact (jail diversion, complex care, crisis) ● Establish a separate children's CMDRT ● Create curriculum ("We Are CHCS") for workforce ● Citizens academy for CHCS so community can learn more about us ● CHCSF podcasts
4	Workforce Engagement People and Culture	<p>Create a culture that attracts, motivates, develops and retains top talent in improve workforce engagement</p> <p>Create an environment that attracts, motivates, develops and retains talented team members</p>	<p>Scribe: Edward Benavides</p> <p>Draft Strategic Imperatives:</p> <ul style="list-style-type: none"> ● Internship – college and university/outreach ● Residents program ● Clinical internship ● High school internship ● Maintain compensation system ● Competitive benefit program <ul style="list-style-type: none"> ○ Employee wellness/employee care ● Leadership development program ● Education reimbursement ● Bilingual pay ● Performance pay ● Safe and secure professional environment ● Systematic onboarding

5	Safety	Optimize safety and reduce risk, while continuously improving services
<p data-bbox="170 1575 203 2026">Draft Strategic Imperatives:</p> <ul data-bbox="211 109 690 2026" style="list-style-type: none"> <li data-bbox="211 1575 243 2026">• Upgrade facilities <li data-bbox="251 1575 284 2026">• Peace officers <li data-bbox="292 1575 324 2026">• Review, educate and enforce policies <li data-bbox="332 1575 365 2026">• Drills and staff training <li data-bbox="373 1575 406 2026">• Clinics in areas where consumers feel safe – future clinics <li data-bbox="414 1575 446 2026">• Crisis hotline <li data-bbox="454 1575 487 2026">• Field worker protection and training <li data-bbox="495 1575 527 2026">• Robust risk management <li data-bbox="535 1575 568 2026">• Reduce med errors <li data-bbox="576 1575 609 2026">• Ask A Nurse – nurse link <li data-bbox="617 1575 649 2026">• Adequate, trained staff 		
6	Financial and Sustainable Growth	Ensure financial sustainability to fulfill achieve the Center’s mission; drive sustainable growth
<p data-bbox="803 1575 836 2026">Draft Strategic Imperatives:</p> <ul data-bbox="844 109 1299 2026" style="list-style-type: none"> <li data-bbox="844 1575 876 2026">• Economically viable Center Care <li data-bbox="885 1575 917 2026">• Refine costing module to identify gain/loss <li data-bbox="925 1575 958 2026">• Time notes and appropriate documentation <li data-bbox="966 1575 998 2026">• Meet productivity goals <li data-bbox="1006 1575 1039 2026">• Timely credentialing <li data-bbox="1047 1575 1079 2026">• Increase insurance panels <li data-bbox="1088 1575 1120 2026">• Managing investments <li data-bbox="1128 1575 1161 2026">• Primary care cost recovery <li data-bbox="1169 1575 1201 2026">• Managing positions <li data-bbox="1209 1575 1242 2026">• Efficient operations and systems <li data-bbox="1250 1575 1282 2026">• Increase local support <p data-bbox="812 109 844 1039">Scribe: Edward Benavides</p>		

Passed and approved this 12th day of June, 2019.



Daniel T. Barrett
Board Chairman



Donnie W. Whited
Board Secretary