

**BEXAR COUNTY BOARD OF TRUSTEES FOR
MENTAL HEALTH MENTAL RETARDATION SERVICES d/b/a
THE CENTER FOR HEALTH CARE SERVICES**

Regular Board Meeting (via Zoom)

Tuesday, June 9, 2020
San Antonio, Texas 78213
6:00p.m.

TRUSTEES PRESENT:

Daniel T. Barrett, Chairman
Mary Rose Brown, Vice Chairman (via zoom)
Donnie W. Whited, Secretary (via zoom)
Graciela A. Cigarroa (via zoom)
Laura L. Parker, Judge (via zoom)
Polly Jackson Spencer, Ret. Judge (via zoom)
Richard P. Usatine, M.D. (via zoom)
Margaret M. Vera (via zoom)

TRUSTEES ABSENT:

Polly Jackson Spencer, Ret. Judge

STAFF PRESENT:

Jelynn LeBlanc Burley, President/Chief Executive Officer
Adrienne Alcazar, VP/People & Culture (via zoom)
Edward Benavides, Director/Authorization Services
Brad Benoit, VP/IDD, Long Term Care (via zoom)
Rebecca De La Garza, Project Manager/Executive Administration
Jennifer Flores, Performance Manager/Authorization Services (via zoom)
Frank Garza, General Counsel
Lauro Garza, VP/Operational Safety Risk Management (via zoom)
Allison Greer, VP/External Communications (via zoom)
Robert Guevara, Chief Operations Officer
Rene Olvera, M.D., Chief Medical Officer (via zoom)
Jesse Peralez, VP/Restoration & Transformation Services (via zoom)
Juanita Cordero-Rodriguez, VP/Adult Behavioral Health (via zoom)
Omar Qassom, VP/External Providers Network (via zoom)
Melissa Tijerina, VP/Children Behavioral Health (via zoom)
Linda Costilla, Senior Executive Assistant/Board Liaison

GUEST PRESENT:

Dr. Margaret Kelley, Former Board Member
Hunter Stanco, Senior Vice President/
The Hunter Stanco Group at Morgan Stanley

The regular meeting of the Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services was held on Tuesday, June 9, 2020, via video conferencing, in San Antonio, Texas 78213.

**CALL MEETING TO ORDER
CERTIFICATION OF QUORUM**

Upon certification of a quorum by General Counsel, Chairman Dan Barrett called the meeting to order at 6:03 p.m. with the following trustees present: Mses. Brown, Cigarroa, Parker, Spencer, Vera, Whited and Dr. Usatine.

PLEDGE OF ALLEGIANCE - Led by Mr. Barrett

CITIZENS TO BE HEARD – There were no citizens to be heard

I. APPROVAL OF MINUTES

The minutes of the Regular Board Meeting of April 14, 2020 were presented for review and approval. Ms. Whited moved for approval as presented; Ms. Vera seconded the motion. Motion carried.

II. BOARD CHAIRMAN'S REPORT

Mr. Barrett acknowledged Dr. Margaret Kelley, who was present, for her service to the Center's Board of Trustees for the period July 2014 through June 2020. She also served as Board Secretary from January 2016 to June 2020 and was a member of the Finance Committee. Dr. Kelley has been appointed to serve on the University Health System Board of Managers.

Mr. Barrett also announced the following -

- The 35th Annual Texas Council Conference was rescheduled for Thursday, December 17th – Saturday, December 19th at the Grand Hyatt in San Antonio.
- NatCon20 was cancelled for this year.
- NatCon21 will be held on May 3 – 5, 2021 in Denver, Colorado

III. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT

- Leadership Briefing – *Jelynn LeBlanc Burley*

Ms. Burley provided a detailed report on where the Center is in developing a plan to reopen the Center. With the recent announcement from the Governor on his next phase to reopen and the subsequent expiration of local declarations, Center leadership has been working on a five-point plan to navigate the next eighteen months.

1st point – Monitoring all of the efforts to reopen Texas and anticipating that the number of folks seeking crisis, mental health and substance use services will increase as the state reopens, and knowing that there will be a broader segment of the population which will also be very new to the organization. Taking that into consideration, we are making an effort to balance our public health measures with the appropriate service delivery.

2nd point – Envisioning our best possible future – we are committed to continuing to find ways in which to provide service excellence and quality care. We continue to utilize telehealth and

telephonic services, closely monitoring our consumers and obtaining their feedback on their recent use of these services. We are working to align each program with the best possible method to continue to engage the consumer and improve their outcome. Looking at specific targets and initiatives to engage our children and families with particular focus on our complex and specialty population, ensuring that they continue to remain engaged. We want to avoid any increase in the use of our crisis services.

As face-to-face service delivery returns, we will focus on planning and maintaining appropriate PPE, ensuring we have wellness efforts in place for the safety and protection of our consumers as well as our employees.

3rd point – Focusing and prioritizing on strategic wins and looking back at FY 2020. This has been a very challenging year for the Center. We begin with some very ambitious strategic initiatives, i.e., centralized scheduling, Just in Time, new enrollment process, procurement for a new Electronic Health Record, etc. By the end of CY2019, we were faced with a cyber-attack and just as we were pulling out of that scenario, we were faced with another with Covid-19 in February. We have kept all of our initiatives in the forefront, many of them moving into FY21. Despite all of the challenges, Ms. Burley acknowledged the staff that have worked so hard to achieve the overall strategic initiatives as noted in our contract measures, performance indicators and utilization reports, and as we approach the last quarter of this fiscal year, she anticipates that we will close out the year meeting all of our business plan targets.

4th point – Focusing on transitioning to a new normal using our 5-point plan as a guide. Staff has been working on several scenarios to determine the best possible way to position ourselves to embrace the new normal. Our plan assumes that some of the prohibitions will be slowly lifted which will result in an increase in positive scenarios for the virus. We are also evaluating consumer confidence on whether they want to return to office visits or remain at home. We are also monitoring the movement/increase in our overall crisis visits and the exposure of our team members so that we can ensure that we have the necessary staff and resources. We will continue to screen at all of our clinics and make adjustments as conditions allow.

Administrative and support staff have also transitioned to various shift schedules, some working 4 days/10 hours; others working different work schedules in order to maintain social distancing.

In conclusion, we will be embracing our new start using our 5-point plan as a guidance for the next 18 months. We will continue to focus on our strategic initiatives and our business planning efforts as we strive to close out FY20 and as we approach the beginning of FY21 on September 1st.

- Chief Medical Officer's Report – *Dr. Rene Olvera*

Dr. Olvera reported the following –

- Dr. Nathan Lee coming on board in September in the Children's BH Program.
- Nurse Practitioner Rebecca Carreron – filling a vacancy at ABH/Harvard Place.
- Also reported that the new normal is to be ready to adapt at any time. Early projections indicated that the summer would lead us to a point where the virus would diminish; however, that has not been the case. We have seen roughly a couple of thousand active cases throughout the summer and so we are constantly monitoring the data, the needs of

the consumers, and continuously engaging with the state for guidance in meeting the needs of our consumers.

- He noted that the implementation of Just in Time has been a real lifesaver for the organization because it does not lock us into three-month's worth of scheduling. That has allowed us to make some adjustments in terms of creating more slots in different areas. We are working on multiple re-opening plans because that is the way we have to prepare for this. He believes that the downslide is going to be much more gradual and prolonged and so we are hopeful that we will be able to continue using the success that we have had with our remote visits into the near future and into the Fall. Our main focus at this point is to continuously engage the consumers as we do not want them to become dependent on either computers or telephones for their visits. The Center has sufficient PPE to use with our adaptive scheduling.
- Contracts executed by the President/CEO over \$50,000 and under \$10,000 for the months of February & March 2020

IV. THAT THE BOARD OF TRUSTEES APPROVES TO MOVE FORWARD WITH PUBLIC COMMENT AND SUBMISSION OF THE LOCAL PROVIDER NETWORK DEVELOPMENT PLAN (LPND) AND CONSOLIDATED LOCAL SERVICE PLAN (CLSP)

Ms. De La Garza reported that both of these plans are submitted every other year in accordance with HHSC guidelines.

The Local Provider Network Development (LPND) Plan is basically a two-year plan of the Center's assessment of provider availability. This plan has been updated to include our current services and contracts with provider organizations as well as administrative efficiencies such as our electronic health record.

The Consolidated Local Service Plan (CLSP) is essentially our service planning guide which includes an overview of our local services and needs. The CLSP psychiatric emergency plan which guides our coordinated efforts with our community stakeholders has been updated to include efforts to address the crisis population, including STCC and Law Enforcement Navigation efforts. Updates to this plan also include updating key stakeholder concerns in the community, psychiatric bed capacity, the national opioid epidemic, teen suicide and domestic violence.

Both of these plans are typically due in the Spring. However, in February HHSC extended the deadline to August 31st. We do not currently have the 2020 template for the CLSP but both plans were posted on the Center's website for community review and feedback. Both plans also went before the Center Advisory Committee as well as the Planning & Operations Committee. Also in partnership with STRAC, the plans were sent out to some of our community stakeholders. There have been no comments to date and it is anticipated that there will not be any major changes to these plans.

Dr. Usatine moved that the Board of Trustees approve to move forward with submission of the Local Provider Network Development Plan (LPND) and the Consolidated Local

Service Plan (CLSP) with community feedback; Ms. Whited seconded the motion. Motion carried.

V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

EXECUTIVE COMMITTEE (*Daniel T. Barrett, Chair*)

Review and Approval to Authorize the President/CEO to negotiate and authorize all terms, conditions and documents for the acquisition of financing related to the purchase of the Electronic Health Record, subject to review by General Counsel – *Robert Guevara*

Mr. Guevara reported that this item had been presented to the Executive Committee for review and approval on June 3rd.

Staff budgeted \$783,000 in the FY 2020 budget for a capital lease for an Electronic Health Record. However, as they continue to negotiate terms and conditions with the selected vendor, staff has identified an initial disbursement of \$1,062,939 which is due upon execution of the contract. Staff is requesting that the Board authorize the CEO to secure financing for the initial disbursement of \$1,062,939. Instead of it being \$783,000, it will be approximately \$255,000. The annual payment thereafter will be approximately \$800,000 per year.

Upon much further discussion, Dr. Usatine moved that the Board of Trustees approve to authorize the President/CEO to negotiate and authorize all terms, conditions and documents for the acquisition of financing related to the purchase of the Electronic Health Record, subject to review by General Counsel; Ms. Brown seconded the motion. Motion carried.

PLANNING & OPERATIONS COMMITTEE (*Judge Polly Jackson Spencer, Chair*)

HHSC Performance Metrics – *Edward Benavides*

Mr. Benavides presented the Center's mid-year standard performance metrics for ABH, CBH and Crisis Services for the period September 2019 through February 2020. He noted that the first section to be presented are sanctional metrics that if we fail to meet the performance target, we will be sanctioned. However, due to the Covid-19 pandemic, the State will be waiving those sanctions for this year. He also noted that most metrics were either met or exceeded their outcome goal.

Performance Metrics were reported as follows:

- Adult Performance (Improvement; Monthly Service Provision)
- Child & Youth Performance (Improvement; Monthly Service Provision)
- School & Community Performance
 - School Performance target is a benchmark metric for the first two quarters of the fiscal year; the State is evaluating to determine what the target will be for next fiscal year. We will be held harmless for this metric.

- Crisis & Hospital Performance (Effective Crisis Response; Hospital 7-Day Follow/up)
- Adult Services Outcomes (Adult Services Target; Counseling; ACT; Employment Functioning; Educational/Volunteering Strengths; Residential Stability)
 - Adult Services Target – For the first half of the year, the target was 6438. Effective March 1st the State updated the target to 6790. However, based on the FY 2020 contract target, we are now at 99%.
 - Employment Functioning Target is a benchmark metric; the State is evaluating as to what the target shall be. However, the Center did not meet the 39.8% target.
 - Based on this, the Center developed a performance manager position to serve as an internal consultant working with the operating areas to address, mitigate and develop solutions in coordination with the clinical staff.
 - In the above case, the performance manager met with supervisors to provide training and re-educate the staff.
 - Residential Stability also a benchmark metric. Similarly, we had some challenges in this area and the performance manager stepped in to provide additional training to the staff.
- Child & Youth Services Outcomes (Child & Youth Services Target; Juvenile Justice Avoidance, Family Partner Support Services, Living & Family Situation)
 - Child & Youth Services – initially the target was 1271; the State modified the target effective March 1st so the target is now 1098. Target was exceeded for the first half.
 - Family Partner Support – This target (23%) was exceeded by 103% for the first half of the year.
- Crisis Services Outcomes (Hospitalization, Frequent Admission, Access to Crisis Response, Community Linkage, Crisis Follow/up, Adult Jail Diversion)
 - Hospitalization – The center will be held harmless for this target this fiscal year.
 - Access to Crisis Response – We had some challenges with this target (goal 52.2%; outcome 32%). However, there was a change in the crisis hotline provider. The performance manager also worked with staff to re-categorize those calls, re-educate and train. There has been some improvement in this target based on the realignment of those efforts with staff.
 - Community Linkage – Neither the ABH nor the CBH target was met. Again we had to do some realignment. The performance manager working with the crisis transitional staff developed a plan to ensure individuals leaving the crisis center had a scheduled enrollment appointment post-crisis discharge.

Ms. Burley stated that staff was still planning to meet the goals for the second half of the fiscal year. However, Mr. Guevara stated that the only caveat in this was that they were not picking up telephone contacts so staff is developing internal tools to track those calls against the targets.

FINANCE COMMITTEE (*Mary Rose Brown, Chair*)

1. Acceptance of the 2020 First Quarter Performance Report of the Center's 401(a) and 457(b) Accounts from Morgan Stanley –*Hunter Stanco*

Mr. Stanco reported that although the 401(a) and 457 plans had experienced negative performance during the first quarter – 401(a) declined 16.67% and 457 declined 16.9% - their performance during the 2nd quarter was at about 18.7%. The timing of the Investment Policy Committee’s recommendation to rebalance the accounts and increase equity exposure worked in favor of the plans.

Performance for each of the portfolios for the 2nd quarter was reported as follows:

Conservative	up 3.5% vs. 1.08%
Moderate Conservative	up 13.8 % vs. 12%
Moderate	up 17.5% vs. 15%
Moderate Aggressive	22.7 % vs. 22.6%
Aggressive	27% vs. 28%

We’ve had significant outperformance during the quarter. A lot of that was a reversal of what happened during the last quarter. Credit bonds begin to drastically outperform government bonds and that helped performance. It also helped that we added equities at the bottom of the market. His reluctance to rebalance the accounts back out of stocks also helped as their performance increased. This brings most of the portfolios to a flat year-to-date.

Performance year-to-date was reported as follows:

Conservative	up about 4%
Moderate Conservative	positive by about 10 points
Moderate	still negative by about .3%
Moderate Aggressive	off about 2.5%
Aggressive	off about 6%

Those are in line with what you would expect relative to the up and down volatility.

Additionally, he reported that there had been an increase in calls during the last quarter from employees. However, a communication was sent out to all employees addressing their concerns. There is no updated performance metrics in terms of plan participation but he did not anticipate a drastic change in participation.

Ms. Brown asked Mr. Stanco if he could put together those portfolio returns for 2017, 2018, and 2019 and share them with the employees. It would clearly demonstrate that the good times far outweigh the low in the market.

Ms. Brown moved that the Board of Trustees accept the 2020 First Quarter Performance Report of the Center’s 401(a) and 457(b) Accounts from Morgan Stanley; Dr. Usatine seconded the motion. Motion carried.

2. Acceptance of the Center’s Financial Statements for the period ending February 29, 2020 and March 31, 2020 – *Robert Guevara*

Mr. Guevara begin by stating that the financials for the months of February and March would include the budget amendment that was presented and approved by the board at

its' previous meeting. Therefore, a reduction of about \$2 million in service revenues will be noted.

The Center's financials ending the month of February 2020 had an operating loss of (\$2,710,178). This includes \$2.1 million in reserve expenditures so the overall operating loss was (\$577,566). There is also \$1,087,213 in waiver revenue that is not recognized. Inclusion of that waiver recognition would bring the fund balance to a positive \$590,000 for the month of February. Fund balance composition was reported at \$3.7 million in cash; and \$12.2 million in accounts receivable.

There is an \$8.3 million shortfall in revenue comprised mainly of three areas – the PPB Beds, Senate Bill 292 funding, and the 1115 waiver. Although recognition of any of those will not have an impact on the bottom line.

The Strategic Revenues were also adjusted to include the budget amendment so revenues through the 2nd Quarter were budgeted at \$4.9 million; actuals were reported at \$4.5 million. All of the slides have been adjusted to reflect the new budget amendment. He briefly reported on the service revenues, noting that February figures came in very close to the actual budget. He added that now that the amendment has been included, they are now able to recognize where there are problem areas or billing errors. Daily billable service revenue for the month of February was also reported at \$56,457; that being the actual average budget per day.

Judge Parker moved that the Board of Trustees approve the Center's Financials for the month of February 2020; Judge Spencer seconded the motion. Motion carried.

For the month of March 2020, Mr. Guevara reported that the Center's financials had ended the month with an operating gain of \$187,869. He noted that the Center had a one-time general revenue recognition of a little over \$1.1 million. We also had planned expenditures of \$2.2 million. Overall, the bottom line was a positive \$1.4 million. That also included recognition of \$1.2 million in waiver funding that is not currently recognized. Fund balance composition was reported at \$8.6 million in cash; and \$12.4 million in Accounts Receivables.

Revenue budget year-to-date was reported at \$65 million; actual year-to-date was \$58 million; for a gap of approximately \$7.2 million. It was noted that the majority of that gap is in HHSC Other which most of that is cost reimbursement.

Strategic Plan Revenues decreased by \$1.4 million. 1st Quarter, we were impacted by \$312,000 in terms of budget amendments; 2nd Quarter by \$456 thousand; and through the 3rd Quarter, approximately \$178 thousand. We are underperforming by \$948 thousand (8%). Strategic Plan Expenditures overall are positive.

In Service Revenues, there is a shortfall of about \$431,000; mostly in CareLink/Substance Use revenue. Service Revenues for the month of March – the budget was at \$1.5 million; actual revenue for the month was \$849 thousand. Approximately \$70,000 in missing billings that will be applied in April and May as we prepare our system to bill for the new telephonic contacts. This will bring the revenues in line with the budget.

Daily billable service revenue for the month of March was reported at \$38 thousand; the average per day is \$45 thousand; down about 14%. Revenue should increase in April as we move forward with adjustments. Medicaid Rehab also down about 13%; this is also in relation to those face-to-face services.

In conclusion, Mr. Guevara stated that fund balance was at \$33 million; investments in TexPool were at \$4.4 million with interest earned at \$7800. Overall, fund balance is 73 days without further funding and our profit margin is at 3.5% without planned expenditures. With recognition of the waivers, it will be at 2.4% for the month of March. Cash flow was reported as beginning at \$4.6 million; In Flows at \$13 million; Out Flows at \$8.5 million; and Ending Balance at \$9.1 million.

Ms. Cigarroa moved that the Board of Trustees accept the Center's financial statements for the periods ending February and March 2020 as presented. Judge Parker seconded the motion; motion carried.

3. Informational Review of Service Dashboards – *Robert Guevara*

Mr. Qassom presented the Board with a summary on the Center's Service Dashboard, noting that staff had the opportunity to present these dashboards to the Finance Committee in May and June in demonstration of the adjustments and changes being made as Covid-19 emerged. This gave staff a really good opportunity to take a step back and look at how services were being delivered and how they will be delivered moving forward. This has allowed us to see how we are making contact and engaging the consumer as well as having some performance metrics to follow in demonstrating that we are maintaining and/or supporting the consumer appropriately.

On May 4th, the initial presentation was made to the Finance Committee on the performance of the Center. The reports being presented indicate the overall volume of service delivery prior to March 23rd – the date of transition following the onset of Covid-19. As noted in the graphs, there was an immediate decline in face-to-face volume and an increase in telephonic (virtual) visits. This also represents the time that the State approved for us to move forward with virtual visits.

He reported that there had been an improvement in the TRR services and some of the specialty programs with a reduction in no-shows and cancellations. However, there was no improvement in the Complex area, specifically with LOC 4 consumers. They did not respond well to virtual visits and preferred being seen face-to-face. Adjustments have been made and they are receiving appropriate face-to-face services. ABH and CBH did really well as did medical service delivery (clinics and intake areas). There were some decline in the mobile crisis outreach program; they continued providing face-to-face engagement 100%. There was also a slight reduction in assignment of PPB beds based on the State's request to reduce hospital census. There were lots of transfers to our crisis center from emergency rooms and other hospitals. Reductions were also seen in the Crisis Line services and requests for MCOT during the month of March; however, numbers are starting to increase and will reflect differently for April, May and June.

The current state of service dashboard reflects a month to month comparison. There was an overall decline during the months of March and April in engagement with consumers because most folks were staying home. However, we have seen a gradual increase in volume in some areas. During the month of May, we did see improvement in the number of clients we serviced as well as our total service time.

In the overall service volume, there was a decline in face-to-face during the months of April and May. However, telephonic services remained in place and there was a gradual increase in virtual engagement with video. In service by contact, care manager and prescriber services remained flat month to month. The only area that we did see a decrease in visits was in the methadone clinic where the State issued orders to extend the amount of medication that could be dispensed at the time, which would reduce the number of methadone visits per day in May.

In the Business Units, ABH saw more clients, an increase in service time but visits were down. CBH saw an overall decline; however, reduced volume in CBH is seasonal in May due to school being out. Restorations and medical services – there was an increase in volume in the Restoration area, in visits and services but then services went down in May due to the decrease in methadone visits. Medical services had an increase in performance in all areas. Long Term Care Services – There was a number of actions that took place during March, April and May which affected their overall performance. It had to do with the day rehabilitation program shutting down. However, they are working to reopen those services and we expect to see an overall improvement in that area.

Productivity metrics – we are watching those closely to ensure that we are maintaining the Center’s goal but we are also working with individual departments to drive those numbers and improve productivity efforts and consumer engagement.

Clinic metrics – at the beginning of FY20, inactive caseloads were in excess of 3500. This indicated that we were not engaging our consumers appropriately and they were all moving into auto closures. Auto-closures in ABH at the beginning of the fiscal year were at 60%; six months later they are at 16.10%. The same effort was taken for CBH and those numbers were driven down significantly from 64.50% at the beginning of FY20 to 18.20% in February.

REPORTS

- Texas Council of Community MHMR Centers, Inc. Board – *Daniel T. Barrett*

Mr. Barrett reminded the Board that the Center would be hosting the Annual Training Conference here in San Antonio in December.

- Texas Council Risk Management Fund Board – *Robert Guevara*

Mr. Guevara briefly reported that the Fund’s net position was at \$28 million; an increase of \$3 million from the prior year. They will be sending out renewal packets to community

Mr. Barrett acknowledged Lauro Garza in that the Center’s safety program is impeccable

and the improvement commendable. He anticipates receiving some type of credit on the Center's insurance premium this year.

- Tejas Health Management Board – *Robert Guevara*
 - Mr. Guevara reported that Tejas CEO Charlie Boone would be retiring soon.
 - The Board also reviewed the Business Plan for next year.

ADJOURNMENT

There being no further business to discuss, Mr. Barrett called for a motion to adjourn. Dr. Usatine moved for adjournment of the meeting; Ms. Whited seconded the motion. Meeting was adjourned at 8:00 p.m.

Passed and approved this 11th day of August, 2020.



Daniel T. Barrett
Board Chairman



Donnie W. Whited
Board Secretary