

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

Regular Board Meeting

6800 Park Ten Blvd, Suite 200-S

San Antonio, Texas 78213

Tuesday, December 14, 2021

6:00 p.m.

TRUSTEES PRESENT: Daniel T. Barrett
Mary Rose Brown, Vice Chairman
Donnie Windham Whited, Secretary
Graciela Cigarroa, Treasurer (Zoom)
Roberta L. Krueger, M.D.
Polly Jackson Spencer, Ret. Judge
Sandee Marion, Ret. Judge
Margaret M. Vera

TRUSTEE ABSENT: Richard Usatine, M.D.
Sheriff Javier Salazar

STAFF PRESENT: Jelynn LeBlanc Jamison, President/Chief Executive Officer
Robert Guevara, Chief Financial Officer
Rene Olvera, M.D., Chief Medical Officer
Frank Garza, General Counsel
Adrienne Alcazar, VP of People & Culture
Edward Benavides, VP/Adult Behavioral Health
Lauro Garza, VP/Occupational Safety Risk Management
Adam Velez, Director/Contracting & Procurement
Ashley George, Director of Integrated Marketing and Communications
Jennifer Hussey, Director of Compliance and Internal Review
Burt Santos, Director of 1115 Waiver/CCBHC
Ruby Sanchez, Compensation and Benefits Manager
Rosa Trevino, Director of People & Culture
Maritza, Sr. Executive Administrative Assistant
Cynthia Hinton, Executive Assistant

GUESTS PRESENT: Hunter Stanco, 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, December 14, 2021 at the Administrative Offices located at 6800 Park Ten Blvd, Suite 200, San Antonio, Texas 78213.

**CALL MEETING TO ORDER
CERTIFICATION OF QUORUM**

Regular Board Meeting
December 14, 2021

Mr. Barrett called the meeting to order at 6:00 p.m., with the following trustees present: Meses. Brown, Cigarroa, Marion, Spencer, Vera, Whited, and Dr. Krueger, thereby establishing a quorum.

PLEDGE OF ALLEGIANCE - Led by Chairman Daniel Barrett

CITIZENS TO BE HEARD – No citizens presented to be heard.

1. APPROVAL OF MINUTES

Minutes of the Regular Board Meeting held on October 12, 2021 were presented for review and approval. Ms. Whited moved for approval as presented; Dr. Krueger seconded the motion. Motion carried.

2. BOARD CHAIRMAN'S REPORT

- Mr. Barrett reported that there is a conflict with the April 12, 2022 Board Meeting and the National Council Conference to be held April 11 – 13, 2022. The meeting will be rescheduled.
- The Texas Council Conference will be held from June 21 – 23, 2022 in Fort Worth, Texas

3. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT

Leadership Briefing:

- Ms. Jamison announced that Linda Costilla, Executive Assistant, has retired with 36 years of service at the Center and a reception was held on Friday, December 3.
- Ms. Jamison introduced a new team member, Rose Trevino, Director of People & Culture
- Ms. Jamison stated she has been monitoring the vaccine mandate, the Executive Order, and the Texas Order, and has been in touch with the Center's partners to learn their requirements; how they are responding to the various orders. In anticipation of the President's Order, notifications were sent to staff informing them they need to pursue getting the vaccine and the options available to them for exemption and/or the testing requirements. Employees are required to show proof of their COVID vaccination. Presently 74% of employees have reported their vaccination status. The status of all employees should be known by January.
- The Center was notified by several organizations of their requirements regarding the vaccine where Center's staff operate. Some of the Center's employees will be required to get the vaccine because they have access to other facilities. In the meantime, hygiene protocols are promoted to the staff continuously.

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

- Dr. Olvera presented his report on recruitments
- The Center is going to work with the Bexar County Psychiatric Society to have a joint venue for CME and recruitment.
- People & Culture focus is to have multiple job fairs scheduled on a regular basis throughout the year. He attended a virtual job fair with representatives from People & Culture, and stated there was very good attendance

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of October & November 2021 – Avail Solutions, Inc. \$78,000

4. CONSENT AGENDA

Ms. Brown moved for approval of the Consent Agenda as presented. Ms. Whited seconded the motion. Motion carried.

5. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

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

1. Approval of the Compensation Study & Salary Analysis – Adrienne Alcazar

Ms. Alcazar presented this item in detail stating that compensation recommendations are critical to ensuring the Center has continued competitiveness.

Ms. Alcazar reported that the Center had 228 jobs, 50% were market priced in FY 20 and the other 50% in FY21 as per the regular Compensation Schedule. In preparation for FY22, 114 jobs (779 positions/employees) were benchmarked. Fifty-seven (57) of the 114 are currently at or above 95% compa-ratio at the 50th percentile base market pay. The remaining 57 are currently below the 95% compa-ratio of the 50th percentile base market pay.

Staff recommendation is as follows:

- Increase all 57 analyzed jobs that currently fall below the 95% compa-ratio of the market base 50th percentile for an overall impact of \$1,876,082.
- Increase the minimum wage from \$15 per hour to \$16 per hour to effectively compete with other entities seeking entry-level talent. The overall impact for this would be \$34,686.
- Using lapsed dollars from 292 open positions in the amount of \$2,727,909 to meet the financial requirement of \$1,250,721 for FY 22.
- Increase the base salary of all clinicians and other positions to align with the CHCS competitive compensation philosophy & retention goals.

Subject to board approval, implementation would take place January 2022.

Ms. Vera asked what amount of unfilled positions the Center has. Mr. Guevara explained there are 340 unfilled positions of which 211 are authorized to be filled. (49 - Care Managers, 31- Sr. Head Care Managers, and 37 - Licensed Clinicians), representing 34% of all vacancies and 80% of the work that the Center is paid to do, either through HHSC or government activity.

Ms. Brown asked if retention could be track down the line to ensure the proposed salary adjustment makes a difference. Ms. Alcazar replied affirmatively and added that she is working on a total compensation statement to show all the other benefits the Center has, such as the value of the medical tuition reimbursement, etc.

Ms. Vera asked how the supervision issue is being addressed. Ms. Alcazar responded that the Leadership Academy was implemented last year under Ms. Jamison's direction. They are looking at the Core Values, Behavioral Principles, Leadership Principles, and reissuing soft

skills training as well. Ms. Spencer asked if the funding exists to pay these increases as a result of positions not been filled. Ms. Jamison stated the staff would present the mid-year budget adjustments in February to the Board, including the revenue based on positions forecasted to be filled.

Ms. Whited moved for approval. Ms. Spencer seconded the motion. Motion carried.

FINANCE COMMITTEE (*Mary Rose Brown, Chair*)

2. Acceptance of the Center's Financial Statements for the Period Ending August 31, 2021 and September 30, 2021

Mr. Guevara presented the Center's Financial Statements as follows:

a) August 2021 Financials:

- Overall operating gain of \$401,893 for the month. Unrecognized Waiver - \$231,349. YTD monthly gain- \$633,242. Including the Planned Reserve Expenditures YTD of \$6,667,181 and all funds recognized, the Net YTD gain is \$9,618,858
- Monthly personnel costs were \$144,166 above July expenses. July and August had the same number of payroll days.
- 1115 Waiver funding recognition YTD - \$14,660,237. Approximately (\$2,396,056) below the expense budget YTD
- Fund Balance Composition: Cash - \$12,252,375, A/R - \$9,658,814
- YTD Revenue Budget - \$119,482,566, Actual YTD Revenue - \$104,916,866, Actual YTD Expense - \$106,151,927, Net Gain YTD - (\$1,235,061). The \$14.5 million variance have none or minimal financial impact to the bottom line due to no cost incurred.
- Strategic Plan Revenues - (\$741,666) or 4%
- Strategic Plan Expenses - (\$10.2 million) Controlled Spending, the equivalent of 9.26%
- YTD Service Revenue - Original Budget \$11.9 million. Actual YTD \$12.2 million. Target exceeded by \$383,469.
- Monthly Service Revenue Target - Original Budget \$1,039,757, Actual \$902,394. Variance of \$137,000.
- Daily Billable Service Revenue - Actual \$47,000. Averaging \$48,897 through the month of August. Compared to same month last year the daily billable average exceeded by \$2,100 per day.
- Medicaid Rehab Actual - \$238,586. Original Budget - \$299,469. Deficit due mainly to vacant case manager positions.
- Fund Balance - \$35,452,961
- Investments in Tex Pool decreased by (\$1,899,711). Interest earned for the month - \$289
- Days of operation - 80.40 with a profit margin of 7.47%
- Cash Flow - Beginning Balance \$14,450,279, In Flows - \$7,983,585, Out Flows - \$8,915,559, Ending Balance - \$13,518,306

b) September 2021 Financials:

- Overall operating loss of (\$22,382) for the month. Overall YTD gain - \$239,566.
- Unrecognized Waiver - \$261,948. Including the Planned Reserve Expenditures YTD of \$679,797 and all funds recognized the Net YTD gain is \$919,363
- Monthly personnel costs were \$53,060 above August expenses. August and September had the same number of payroll days.
- 1115 Waiver funding recognition YTD - \$1,308,632, approximately (\$156,359) below the Expense budget YTD
- Fund Balance Composition: Cash - \$18,690,993, A/R - \$10,838,432
- YTD Revenue Budget - \$10,563,863, Actual YTD Revenue - \$8,495,520, Actual YTD Expense \$8,517,902, Net Gain YTD - (\$22,382). The \$2 million variance is comprised of Waiver, HHSC Other (PPB Beds), and other (cost reimbursement grants and the fund balance) and have none or minimal financial impact due to no cost incurred.
- Strategic Plan Revenues - (\$316,387), the equivalent of 19.04 %
- Strategic Plan Expenses - (\$1,582,783), Controlled Spending, the equivalent of 16.18%
- YTD Service Revenue - Original Budget \$1,096,730. Actual Budget \$939,749. Variance of \$156,000. The trend continues in October and during the first two weeks of November. Changes are in progress with the intent to affect the service revenue in order to make up for the gap throughout the year.
- Monthly Service Revenue Target was \$1,105,481. Actual \$922,471
- Daily Billable Service Revenue - Daily average target is \$52,642, Actual is \$43,927. Averaging \$43,927 through the month of September. This same time last year the average was \$49,000
- Medicaid Rehab Actual - \$251,223. Original Budget - \$294,728, FY21 Average \$299,469
- Fund Balance - \$35,553,287
- Investments in Tex Pool increased \$6,950,392. Interest earned for the month - \$393. Days of operation - 83.86, profit margin of 10.26 %
- Cash Flow - Beginning Balance \$13,518,306, In Flows - \$15,253,852, Out Flows - \$9,292,853, Ending Balance - \$19,479,305

Ms. Jamison stated that the revenue should improve once the positions are fill. The DPP Program first payment is expected by the end of January 2022. The In Jail Competency Restoration grant award funding is approximately \$600,000. Still in conversations with the City of San Antonio and STRAC on the rollout the City has with their multi-disciplinary teams.

Ms. Brown moved to accept the financial statements for August & September 2021.

Ms. Whited seconded the motion. Motion carried.

6. FOR INFORMATIONAL PURPOSED ONLY

Ms. Jamison stated the following presentations are informational and are to close out FY 2021.

- Compliance Department FY 2021 Annual Report - Jennifer Hussey

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Ms. Hussey gave an overview of the Center's compliance work for FY 2021. She explained that four Compliance Analysts reviewed 48 programs quarterly this year. In Q1 & Q3, they did comprehensive reviews of all the regulations. In Q2 & Q4, they looked at all the staff in each of the programs using their sampling. Documentation continues to be a primary issue; copy & paste, clone notes, and missing required elements. TAC is very specific about what needs to be in each of the notes.

They have had multiple entities conducting reviews, both external and their own internal team. Treatment plans and recovery plans are not individualize to the consumers; however, they are working on this. Last year's value of services recommended for either refund or no billing was \$47,000. The current year amount is approximately \$19,000.

The copy & paste/clone notes issue cost was reduced to \$7000 this year when compare to \$13,000 previous year; showing good improvement across the Center. Overall, the percentage score for success is 93% for the entire Center. Three years ago, the Center started at 80% because that is what the State required. The Center received the highest accreditation this past fiscal year from the tri-annual CARF review.

- HHSC Performance Contract Metrics & Outcomes FY 2021 Report – Edward Benavides

Mr. Benavides gave a summary of his presentation. He stated that the Center was successful in meeting all their targets for FY 2021. There were no changes to the targets due to COVID, and the State reported that there would be a waiver in place because of the pandemic. Reports are provided to staff and leadership monthly ensuring the appropriate care for both children & adults is met.

The State did not make any changes to its resource tool but the Center developed its own tools to measure clinical delivery to consumers. The targets were met overall; although, the Center experienced some challenges that were not part of the performance targets. The goal target is greater than or equal to 39.8%; the Center ended the fiscal year at 32.5%.

Utilization Management discussions regarding performance are held on a quarterly basis at the appropriate Levels of Care for children & adults.

Ms. Brown asked what the ramifications for not meeting the goal are. Ms. Jamison replied that the State did not penalized anyone financially across the board for not meeting the target as they disallowed paying for telephone engagements.

Mr. Guevara added that there are some metrics for which no sanction was receive for not meeting the target this year. The Center met all of the metrics with sanctions attached to it. The other ones are either base-lined or tracking information for the future.

- 1115 Medicaid Transformation Waiver/Certified Community Behavioral Health Clinic Reports – Burt Santos

Mr. Santos provided a brief update on where the Center stands with the DSRIP Program. The last year of funding was September 30, 2021. He then went over the financials stating that FY 2021 was a very successful year for the Center.

Category B represents approximately 10% overall waiver funding. The Center surpassed

the goal, which was to serve 13,577 individuals receiving Medicaid, low-income, or uninsured. The Center served 13,800 and was able to obtain 100% of the valuation.

Over 75% of the dollars comes from Category C. The Center has 24 outcome measures to achieve, and this past year the Center was able to bring down 100% of the valuations for those outcome measures, including Category D.

Category D is a little over 13% of the funds, which is statewide reporting and the Center was able to obtain 100% valuation. This brings a grand total of over \$28 million in FY 2021 for CHCS from the DSRIP Program.

Mr. Santos explained that CMS made an offer to extend the DSRIP Program for one more year and HHSC announced acceptance of the offer. HHSC must submit a formal request for the extension of \$2.49 billion for Texas. If CMS accepts the request, then CHCS funding amount would be \$24,586,041. He also elaborated on the two new programs under the 1115 Waiver, which the Center plans to participate in, Directed Payment Program (DPP) for Behavioral Health Services, and Public Health Providers Charity Care Pool (PHP-CCP).

Mr. Santos gave an overview of the two SAMHSA CCBHC Grants for FY 2021. The Center successfully completed the first grant and achieved 100% on all service targets/metrics, and the client-level outcomes showed significant improvements during the grant period. The Center also completed the second grant and all service targets achieved 100% of goals for Year 1.

- FY 2021 Finance Performance & FY 2022 Tier 1 Business Plans Reports – Robert Guevara

Mr. Guevara presented a recap of FY 2021 Financial & Operational Performance. He noted the two events that happened in FY 2021, 1) the Cyber Security Breach & 2) COVID Response and provided a summary of the Service Delivery Modality for COVID, the FY21 Tier 1 Metrics Performance, the FY22 Strategic Focus, and FY22 Tier 1 Metric Goals. Questions and answers ensued.

- FY 2021 Contract and Procurement Reports – Adam Velez

Mr. Velez gave a summary of the FY 2021 Contract Monitoring Reviews and Findings stating that the Center has increased its presence in the local community with local vendors, small minority owned, woman owned, etc.; and keeping the money local. He went over the Local and Non-Local Expenditures. He will move forward on increasing the local presence and driving the purchase order cost down.

Mr. Barrett commended the staff for the reports and encouraged them to keep up the good work.

7. EXECUTIVE SESSION (DISCUSSION ONLY: CLOSE TO THE PUBLIC)

At 7:38 p.m., Mr. Barrett moved the Board into Executive Session per Texas Government Code, Sections:

551.071 (Consultation with General Counsel)

551.072 (Real Estate Matters).

8. RECONVENE OPEN SESSION

The Board reconvened into Open Session at 8:02 p.m. No action taken at the Executive Session.

REPORTS

TEXAS COUNCIL OF COMMUNITY MHMR CENTERS INC. BOARD

- Mr. Barrett stated he did not have a report, as he has not been active with the Texas Council Board Meetings; however, he but will start attending the meetings.

TEXAS COUNCIL RISK MANAGEMENT FUND BOARD

- Mr. Guevara reported Worker's Compensation is going up 5%, Liabilities are going down 7%, and Property is going up 35% at the Council level, mainly due to some of the things that happened during COVID.
- Mr. Barrett asked what the Center's fund balance is. Mr. Guevara will ask at the next meeting what the Center's fund balance is. Mr. Barrett stated it should be at \$5 or \$6 million already.

TEJAS HEALTH MANAGEMENT BOARD

- To date, Superior Healthy At Home had billed \$1.2 million
- A recommendation for a fund balance reserve to retain four months of operations will be presented to the Tejas Board.

ADJOURNMENT

There being no further business to discuss, Mr. Barrett called for a motion to adjourn the meeting. Ms. Brown moved for adjournment, Ms. Spencer seconded. Meeting adjourned at 8:06 p.m.

Passed and approved this 8th day of February, 2022.



Daniel T. Barrett
Board Chairman



Mary Rose Brown
Board Vice Chair