

**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, February 21, 2023
6:00 p.m.

TRUSTEES PRESENT:

Daniel T. Barrett, Chairman
Donnie Windham Whited, Secretary
Polly Jackson Spencer, Ret. Judge
Richard Usatine, M.D.
Margaret M. Vera

TRUSTEES ABSENT:

Mary Rose Brown, Vice Chairman
Graciela Cigarroa, Treasurer
Roberta Krueger, M.D.
Santee Marion, Ret. Judge
Sheriff Javier Salazar (Ex-Officio)

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
James Chapman, Chief Compliance Officer
Tremaine Butler, Chief Information Officer
Lauro Garza, VP of Operational Safety Risk Management
Allison Greer Francis, VP of Governmental Relations
Ashley George, Sr. Director of Integrated Marketing & Communications
Adam Velez, Sr. Director of Contracts & Procurement
Venisa Saenz, Chief of Staff/Board Liaison
Cynthia Hinton, Executive Assistant

GUEST PRESENT:

Dalwinn Kim, Texas Tech University student

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, February 21, 2023, at the Administrative Offices located at 6800 Park Ten Blvd, Suite 200, San Antonio, Texas 78213.

**CALL MEETING TO ORDER
CERTIFICATION OF QUORUM**

Mr. Barrett called the meeting to order at 6:07 p.m., with the following trustees present: Mses., Spencer, Vera, Whited, and Dr. Usatine thereby establishing a quorum.

PLEDGE OF ALLEGIANCE - Led by Chairman Daniel Barrett

CITIZENS TO BE HEARD – There were none.

Mr. Barrett asked the guest in the audience to introduce himself. Dalwinn Kim introduced himself and stated he is a student at Texas Tech University and a 2nd trig year in the nurse practitioner program. His assignment is to attend a Board meeting and he chose the Center because it is a Local Mental Health Authority (LMHA) and wanted to find out more about how the Center impacts the community.

Being that there was not a quorum, action could not be taken. Mr. Barrett stated they could go ahead and start with the Informational Items first.

VI. INFORMATIONAL ITEMS

1. Legislation Session (January 2023) Update – Allison Greer Francis

Ms. Greer gave some facts about the Texas Legislature. They meet every other year in odd numbered years and this year started on January 10. The sessions can last no longer than 140 days which means it will end May 29. Both bodies of the legislature are required to do just one thing every session and that is to pass the balance budget. This year the primary budget bill is House Bill (HB) 1. Committees of the Senate and the House have been announced. For Bexar County area there are some significant assignments which include Senators Zaffarini Campbell, and Flores on the Senate Finance Committee. There are three House Representatives on the budget writing on the Appropriations Committee, which include Representatives Gervin Hawkins, Trey Martinez Fisher, and Steve Alison.

At this time Judge Spencer walked in.

Ms. Greer stated we have a \$32 billion budget. Biennial revenue estimate (BRE) \$188 billion to spend over the next biennium which is 2024 – 2025, and that is a 26% increase over the last session. Lots of people are competing for the dollars. Ms. Greer spoke about the competing priorities. There is a lot of money in this surplus and a lot of attention being paid to mental health. The good news is that the Senate and House budget bills HB 1 and SB 1 are very similar. They are proposing \$288.7 billion in all funds and \$130.1 billion in general revenue. Behavioral health funding grew 11% from the last biennium to just over \$9 billion which is across twenty-six agencies.

She then went over the key items targeted for increases. Dr. Whited asked what is Multisystemic Therapy to which Dr. Olvera replied it is a highly intensive therapy and gave an explanation. Ms. Greer said there were significant increases for inpatient beds for both community contract inpatient beds and competency restoration beds. HHSC increased the salaries for state hospital employees and employees at state supported living centers. It was \$26.3 million above HHSC's legislative request, and the salary increases will be effective March 1. We are asking for a commensurate increase in funding not in the LAR but at the Senate Finance Committee and Appropriations Committee an additional \$156 million so that workforce challenges can be addressed. Ms. Greer went over the funding for new crisis response and transition and over the Center's legislative priorities.

There are significant increases for substance use disorder services and Early Childhood Intervention (ECI) programs. The Center would like to fund school-based mental health awareness training for educators and student leaders, but mostly student leaders so they can be ambassadors for their high schools. We are always looking to enhance rates for the Intellectual Developmental Disability (IDD) population, including compensation for direct care workers, and there was a lot of dialogue at the Senate Finance Committee about that. There are 2000 slots in Home & Community-based Waiver slots that were released for IDD, but it is unknown how they break out across programs, although it is positive news for the Center. The longer-term stay for inpatient beds is 10 – 14 days, but we would like those stays to be 60 – 90 days so it gives people a chance to get better.

Legislative Priorities Recommendation #1 from the Bexar Health Coalition which is our highest priority this year, will be funding for 100 contract private psychiatric inpatient beds. This would increase bed day capacity from 11,100 to 36,500, and funding for that would be \$62 million over the biennium split between 2024 and 2025. Recommendation #2 is for a Psychiatric Center that will provide comprehensive services for patients and families, and the funding is a \$300 million one-time ask for the State to fund Capital and we would take care of operations later. This Psychiatric Center would provide inpatient care, outpatient treatment, medical services, and on-site support programs. We are talking with Community Partners about who would run that hospital. The Center received the largest award from HB 292. It was \$7.4 million and funded Fidelity training for the ACT team, new FACT team, provide Assessors at the Jail Annex, and purchase Crisis Stabilization Unit (CSU) beds. HB 13 funds the NOW Clinic and we are involved with our partners in that. Ms. Greer feels really good about this session, but there is still a lot of work to be done. There needs to be a community conversation and a state-wide conversation about IDD because it is still an afterthought and with all this money only modest increases were seen. Our legislators know what it is, but they don't know much more. They have to be reminded that IDD is a new term for mental retardation, what it looks like in our community, and there are people who have been on a waiting list for fifteen years. Mr. Barrett commented there are 100,000 people on that waiting list.

Dr. Usatine stated that when we use that term we probably lose a lot of people. Why do we keep using those initials, can't a better way be found to relate to that term? Ms. Greer stated that a Fact sheet is taken at the beginning of every session that explains what it is, what the services are in the community to remind people, even the legislators that have been there a long time. Dr. Usatine feels that every time we talk about IDD we should specifically say what IDD is and stop using the abbreviation so often. It should be spelled out more than once. Ms. Jamison said that in our written testimony and papers we do spell it out because we have to rely on the staff members in each of those legislator offices and also give a little more context around the issue that is in that paper. Discussion ensued.

At 6:40 p.m., General Counsel told the Chairman that they can now certify a quorum for the record. Chairman replied he wanted to continue with the informational items.

2. Marketing and Communication Strategy – Ashley George

Ms. Jamison reminded the Board that this past budget the Board had approved a hefty increase for the Center last year. She stated that we solicited and obtained our first Agency of Record,

meaning that the Center now has an outside entity to assist with marketing and advertising the Center. As a result of the budget increase this fiscal year, we have a marketing and communications plan that KGB has put together for throughout the year. This will be shared with the Board and would like to get feedback on what is being done with that investment.

Ms. George stated that within the last two years with the support of the CEO and the Board, the Center now has a robust marketing team. Each team member handles multiple projects to be sure we are responsive to internal needs as well as keeping the Center's website up to date. They continue work on the Behavioral Health & Wellness Conference and increase our presence in the community through speaking engagements and resource statements. In FY 2021 the Board indicated that advertising and creating more awareness of Center services should be a priority. In FY 2022 the Board agreed to invest more funding to marketing and advertising at \$130,000. An Agency of Record, KGBTexas, was a first for the Center, and the partnership started in FY 2022. She said the Facebook Digital Ad Performance ran 155 days and generated 1006 reactions, and top audience demographic were women age 55 – 64. YouTube Digital Ad Performance ran 155 Days. It delivered 4.4 million impressions which was 18% above the goal and 45,000 clicks directed to chcsbc.org which was 104% higher than Facebook national average. Total editorial value was \$24,781 for September/October 2022. Total editorial value for November was \$11,448 and for December 2022/January 2023 was \$59,324. Ms. George went over the KGBTexas Paid Marketing Strategy, Public Relations, Paid Digital Advertising, Video Assets, Qualitative Research, and gave a budget breakdown of \$290,000 on Paid Advertising.

Ms. Jamison stated to Dr. Usatine that the Center is about to approach the Q2 launch for our customer consumer engagement surveys. That's where in a variety of media our clients are contacted to get feedback for how they felt about their session with their physician, nurse, and care manager; and what was the lobby like, how easy was it to check in, etc. By the time of the next Planning & Operations meeting, we will probably be in a position to bring our customer service survey results for review to tell the Board. Questions and discussion ensued. Ms. George mentioned that the Behavioral Health & Wellness Conference will be taking place in May rather than in October this year. Her team will be reaching out to the Board to let them know the date, which will be May 18 & 19 with more details to come.

3. EHR Data Update – Tremaine Butler

Ms. Jamison stated the Board had been walked through the EHR implementation and the eighteen months to prepare, Go-Live, and the challenges with data. We now have visibility to data. Screenshots will be shown to the Board of the kinds of Dashboards we are able to use to monitor and manage our business. Mr. Butler then went over his presentation. He said there was some collaboration with NetSmart to identify the appropriate data tables so data could populate to the right places. He can't show the program live because it has patient information in it, but wanted to give some oversight of what is being looked at.

The first slide on the screen is the Client Services dashboard, which provides insight and forecasts into all elements of business at the Center. This dashboard covers the services provided and can be filtered into specific providers or units for the entire report. This covers the billable services, non-billable services, overview of service codes, associated duration, no

completion in 23 hours, appointment types, and which are most successful and what needs improvement. It has analysis of the diagnosis to create a composite for our consumer base to determine trends and insight on how we can better provide services to our population. This dashboard will also accept the level of care (LOC) that we have for our consumers, and by consumer to determine if the consumers are improving or declining. This dashboard also includes an integrated map, but you won't see it on this because of patient information in it, but it has the integrated map to provide consumer data to be able to look at the clients mailing addresses, all the different graphics for that individual, and it also gives a tool to map the consumer's home rather than try to pull up google or something else. They can see exactly what that route will be. This dashboard is a baseline portrait to review overall needs of the Center and has insight to the day-to-day, month over month, and year over year aspects that we review to determine staff performance and the customer journey as they go through our clinics. This is the client services report that is used as our executive dashboard. Every Monday this is talked about, we are going to start setting some targets so that we can train from week to week to see exactly how we are meeting our targets and able to measure our business and performance.

The next slide is the Census Monitoring dashboard. A broader look was taken at some of the older tools that were only monitoring active, inactive, TRR clients, and clients on our census. With this new tool we are monitoring the TRR clients, but we're also looking at private pay clients to evaluate caseload, contact histories, and signals us to contact clients to return for additional treatment and gives an alarm when authorization signatures are going to expire so that we can improve our overall state metrics and manage our state reporting goals instead of being reactive. Our clients can be tracked to Care Teams for better assignments and evaluation of the last service days and who provided that last service. There is also additional information regarding LOC and capturing any deviations so that the clinicians have the most up to date data on any unit, provider, or client as needed. Regardless of TRR status, whether they are private pay or TRR it can be seen exactly what is going on with those clients.

The next slide is on Productivity, which has been a hot topic for quite some time. This tool is used to manage our clinicians' target or their direct service time. The allocated targets are assigned for each of our clinicians, and can be reviewed on a daily, weekly, monthly, and annual basis for performance evaluations and coaching opportunities that we might have for those clinicians. This report evaluates productivity by program and can go down to specific units in programs as well as clinicians against the target. It also provides insight into appointment status and credentials that could be expiring. There is also a disaster planning mechanism that has been added. That mechanism is designed so that any area can pull multiple advanced scheduled appointments to contact consumers in the event of an emergency, inclement weather, or other event requiring appointment updates or appointment offerings based on any unforeseen circumstances or events.

The last slide is the Scheduler Tool. This tool is primarily used by the Centralized Scheduling Department. It helps find appointments that are needed for our consumers and obtain a history of those consumers. In a few clicks the Schedulers can determine the best clinic or provider that needs to see this consumer, and for what type of appointment based on current caseloads, assignments, and need for Spanish speaking clinicians. We try to make sure the

caseloads are spread equally. This report is designed to summarize and combine multiple elements of consumer data to provide a bird's eye overview of consumer needs with the requirement of accessing a chart, spending additional time reading multiple notes, or deciphering compiled information needed to review form by form.

4. Local Planning and Development Plan – Dr. Rene Olvera

Dr. Olvera highlighted some of the new enhanced contracts and what he would like to see for YES Waiver because these are very high intensity children. There is music therapy, art therapy, animal assistance, and a lot of community support. It is really trying to leave these children where they are and engage them in a way that is meaningful to them. You can also see that our telemedicine services have continued primarily through locum tenens. The Center is in a partnership with Quest Diagnostics and that includes direct connectivity with EMR so that now our providers get the laboratory results in real time. There are three new individual service contracts. The two PhDs are Forensic Psychologists that work in Forensic services, and the M.D. works in Crisis.

Dr. Olvera mentioned that there are continuous improvements of updating the Administrative Directives and Board Policies. A big highlight is reducing the Center's wait list and improving access to services which was a part of the CCBHC restructuring through Just in Time scheduling, Centralized Scheduling, and Access Redesign. Another highlight is the Consumer and Employee Safety Programs. We started with employee service safety and are best in class. Now we are monitoring our consumer events as well. They are always monitored through the Center's Incident Reporting, but now are being reported as part of our global safety.

Dr. Olvera stated we attract providers through a lot of advertising, and have increased our community presence throughout multiple types of media. We also conduct independent internet searches on different websites. Procurement Plans are continued. Child & Adolescent Outpatient Services is mostly through therapy with Excel Rise Above the Rest, and Child & Adolescent Psychiatry Inpatient Services through Clarity and San Antonio Behavioral Healthcare Hospital (SABH). There is more capacity development with Adult Psychiatric Inpatient Services and have contract beds with Methodist Healthcare System Texas, Laurel Ridge Hospital, and Texas Vista Medical Center. The largest turnover is seen with YES and that is representative of the needs of these patients.

The Center has a Center Advisory Committee (CAC) which was needed for CCBHC certification. But for this document, HHSC still has it as the PNAC (Planning and Network Advisory Committee) which is the previous name. The committee meets bi-monthly and presents on a routine basis the Center's utilization management metrics, safety metrics, state metrics, and then yearly the strategic plan and yearly budget. This committee also gives the Center feedback on key issues and concerns identified. Board Member Graciela Cigarro is the Board Liaison on this committee. The members are comprised from the community. The main focus is to ensure the Center has adequate access. The committee is pleased to see the changes to the Center in the last few years, such as the Access Redesign to ensure patients are being seen, waitlists are down, and no-shows are down. Some of our biggest programs have been in the Community and Crisis Response Programs, and are highlighted in the report. Dr. Jason Miller is the Medical Director for the Community Crisis Response Teams and oversees those teams.

Being there were no more informational items to be heard Mr. Barrett went back to the beginning of the agenda.

I. APPROVAL OF MINUTES

Mr. Barrett asked for a motion to approve the Minutes of the December 13, 2022, Regular Board Meeting, which were presented for review and approval. Dr. Usatine so moved for approval as presented; Dr. Whited seconded the motion. Motion carried.

II. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT

Leadership Briefing

Ms. Jamison said there was no leadership briefing due to all the informational items.

Chief Medical Officer's Report – Dr. Rene Olvera

Dr. Olvera stated that Michele Stewart the new Program Director of Primary Care was hired in December 2022 and Matthew Cortez the new Director of Nursing was hired in January 2023. Dr. David Natum was with the Center for twenty years and retired, and he was gracious enough to help recruit for his replacement. Dr. Brian Dillon joined the Center on February 1, 2023 as another emergency physician, so there were no lapses in services and supervision for the Health & Safety Unit continued seamlessly. Dr. Dillon is very committed to the Community, and we are excited to have him on board. Yesterday, Dr. David Hager signed a commitment to the Center and will be the physician in our Justice Programs which concludes the new Justice Grant. This grant is for a Jail-Based Competency Program. Dr. Hager has a lot of forensic experience and will be joining the Center on March 6, 2023.

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of December 2022 and January 2023 – Ms. Jamison stated there were none to report.

III. BOARD CHAIRMAN'S REPORT

Mr. Barrett mentioned that Ms. Jamison is an awardee of the San Antonio Hispanic Chamber of Commerce and congratulated her.

IV. CONSENT AGENDA

1. Recommend for Approval to the Board of Trustees a resolution authorizing the President/CEO to execute an Interlocal Agreement with Region 8 Education Service Center to become a member in the Interlocal Purchasing System (TIPS) Purchasing Cooperative
– Adam Velez
2. Recommend for Approval to the Board of Trustees for the President/CEO to negotiate and execute a contract with CBIZ Benefits & Insurance Services, Inc. for the Compensation Consultant Services – Adam Velez
3. Recommend for Approval to the Board of Trustees for the President/CEO to negotiate and execute a contract with the San Antonio Food Bank for the Provision of Food Services
– Adam Velez

Mr. Barrett asked for a motion to approve the Consent Agenda items. Judge Spencer so moved; Dr.

Usatine seconded. Motion carried.

V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

FINANCE COMMITTEE

1. Acceptance of the Center's Financial Statements for the period ending October 31, 2022, and November 30, 2022 – *Robert Guevara*

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

a) October 2022 Financials

Mr. Guevara stated that for the month of October the monthly gain was a positive \$525,959 and the yearly gain is a positive \$416,138. We still have \$1,893,038 in Planned Reserve Expenditures and are at a positive \$2,309,176 for the month of October. He stated he would like to move on to the November Financials unless anyone had any specific questions. There were none.

b) November 2022 Financials

- Monthly loss is (\$1,918,453), YTD loss of (\$1,502,314), Planned Reserve Expenditures \$2,901,564, and all funds recognized \$1,399,250.
Mr. Guevara mentioned the Board had approved the PTO buyback in the month of November. \$756,000 was paid out and was structured in a way that 100% dollar for dollar was paid out to individuals that had five plus years of service; individuals between three to five years of service received 75%, and years of service below three received 50%. There were 21 individuals that received 100%, 25 individuals received 75%, and 6 individuals received 50%. Overall, there was a good response from the workforce and were appreciative. That is the reason there is a big dip in the November fund balance.
- Monthly personnel costs were \$1,370,047 above October expenses. October & November had the same number of payroll days.
- DPP/Charity Care recognition YTD – \$4,258,800, and (\$98,215) below the expense budget year to date. Fund Balance Composition: Cash – \$1,371,290, A/R - \$14,095,232.
- Financials YTD Totals – Goal for November is to recognize \$32,665,641 in revenue and are short (\$3,328,949). The other (\$2,543,413) is a fund balance designation that the Board allowed this fiscal year that has not been used. The majority of that gap is tied up in fund balance. There is no negative or positive impact to the Center's bottom line.
- Strategic Plan Revenues – Short by (\$1,769,390) or 42%. It is offset by \$1,035,296 in controlled spending. We have \$1.1 million in lapsed salary fringe and the \$2.9 million in reverse spending is controlled to 6.64%.
- YTD Service Revenue – Target is \$2,279,730, we are at \$1,386,374 which is a shortfall of (\$893,356). Mr. Guevara referred back to Mr. Butler's presentation. There was a major milestone with the EHR and one of the major milestones was to close the month of June and we were able to do that, which means all the data was validated in June. Those are processed, cash is being collected, and that was a huge turnover. We are now working through July. There are still some errors being worked through but are now closing in an hour what typically took two hours.

- Service Revenue Budget vs. Actual – Target was \$715,760, able to recognize \$550,587, and overall short (\$886,000. He still needs to go back and make some adjustments based on the information that we know now for closing the month of June.
- Daily Billable Service Revenue – \$30,558 for the month. At this same time last year we were averaging \$43,000 per day. Questions ensued.
- Fund Balance - \$32,327,859. Investments in Tex Pool decreased (\$5,037,949). Interest earned for the month – \$12,052 or an average yield of 3.6110%. Fund Balance to Total Expenditures Days of Operation – 59.75, with all funds recognized at 66 days of operation, and Total Profit Margin all funds recognized at a positive \$4.75 million.
- Cash Flow – Beginning balance \$6,960,837; In flows – \$7,589,004; Out flows – \$12,661,227; Ending Balance \$1,888,614.

Mr. Guevara said that the last time he presented to the Board they talked about the Charity Care Cost Report that had initially been submitted to the State, and they were going to come back and review it and confirm or adjust that cost report. We submitted a cost report of \$22.4 million. The State came back and said we needed to make some adjustments; it has to be reduced by \$223,000 which we accepted. Our payback is \$22.1 million. We had budgeted for \$12 million, a difference of \$10 million. We were one of the fortunate Centers that was not asked for additional information. HHSC has accepted our Charity Care Cost Report.

Mr. Guevara referred to the DPP presentation to the Board where we are in the service catchment area with Camino Real based on the volume that if our volume goes down and their volume goes up, they redistribute some of that money to Camino Real and vice versa. The initial reporting of that has been received. Based on the initial reporting, it is a draft because Texas Council is still working through it, the Center will be losing out about \$455,000 in DPP. He stated he was shocked until he saw what other Centers will be losing. He thinks the Center fared fairly well, but again it is the initial review and is sure there is more information to come.

Mr. Barrett asked for a motion to accept the Financial Statements for October 2022 and November 2022. Dr. Whited so moved; Dr. Usatine seconded. Motion carried.

**EXECUTIVE SESSION (DISCUSSION ONLY: CLOSED TO THE PUBLIC)
PURSUANT TO TEXAS GOVERNMENT CODE: CHAPTER 551, SECTION:**

551.071 (Consultation with General Counsel)

No Executive Session held.

REPORTS

TEXAS COUNCIL OF COMMUNITY MHMR CENTERS INC. BOARD – Daniel T. Barrett

Mr. Barrett stated the Board met and briefly discussed most of what Ms. Greer presented, and other business.

TEXAS COUNCIL RISK MANAGEMENT FUND BOARD (TCRMF) – Robert Guevara

Mr. Guevara stated that TCRMF's fund balance at the end of December 2022 was a positive \$41.2 million. That was a decrease of \$2.4 million from last year, mainly because they used that to stabilize member rates. If you recall, they were going to bring in a Property Value Appraising Firm.

The firm has been engaged and gone out to thirteen Centers. He is sure the Center will be on their radar sometime this calendar year. Overall, they are doing well, and are using more money to stabilize rates.

TEJAS HEALTH MANAGEMENT BOARD – Robert Guevara

Mr. Guevara stated Tejas is doing very well. They are serving over 3000 people for Superior Health Plan for Healthy at Home contract. They have billed \$2.2 million and are probably within two months of reaching their operating reserve goal, which is to have eighteen months of operations in the bank account. When they reach that goal then they will be able to start talking about member payback.

ADJOURNMENT

There being no further business to discuss, Mr. Barrett called for a motion to adjourn the meeting. Dr. Usatine so moved; Dr. Whited seconded. Meeting adjourned at 7:55 p.m.

Passed and approved this 11th day of April, 2023.



Daniel T. Barrett
Board Chairman



Cynthia Hinton
Executive Assistant