

**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, April 11, 2023

6:00 p.m.

TRUSTEES PRESENT: Daniel T. Barrett, Chairman
Mary Rose Brown, Vice Chairman
Donnie Windham Whited, Secretary
Polly Jackson Spencer, Ret. Judge
Roberta Krueger, M.D.
Sandee Marion, Ret. Judge
Richard Usatine, M.D.
Margaret M. Vera
Sheriff Javier Salazar (Ex-Officio)

TRUSTEES ABSENT: Graciela Cigarroa, Treasurer

STAFF PRESENT: Jelynn LeBlanc Jamison, President/Chief Executive Officer
Robert Guevara, Chief Financial Officer
Rene Olvera, M.D., Chief Medical Officer
Tremaine Butler, Chief Information Officer
Frank Garza, General Counsel
James Chapman, Chief Compliance Officer
Allison Greer, VP of Governmental Relations
Melissa Tijerina, Vice President
Lauro Garza, VP of Operational Safety Risk Management
Adam Velez, Sr. Director of Contracts & Procurement
Burt Santos, Sr. Director of Community Behavioral Health Care Systems
Jennifer Hussey, Director of Compliance & Internal Review
Venisa Saenz, Chief of Staff/Board Liaison
Cynthia Hinton, Executive Assistant

GUEST 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, April 11, 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 6:04 p.m., with the following trustees present: Mses., Brown,

Krueger, Marion, 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.

I. APPROVAL OF MINUTES

Mr. Barrett asked for a motion to approve the Minutes of the February 21, 2023, Regular Board Meeting, which were presented for review and approval. Dr. Whited so moved for approval as presented; Judge Marion seconded the motion. Motion carried.

II. BOARD CHAIRMAN REPORT

Mr. Barrett Stated he was proud of the work that was done the past week. He mentioned that Ms. Jamison attended a press conference at the County with the Sheriff. The Center is going to provide additional services and will be able to provide those services to help get some of the prisoners ready to stand trial.

Ms. Jamison reported the Sheriff has about three hundred individuals that are pending charges and have been designated as incompetent to stand trial. Hopefully through this engagement over the next two years for a total of eighty which is the target, the Center will be able to engage with those consumers, help restore their competency so that they are able to continue their court proceedings and determine their fate at that point. It is not going to be the total solution, but we are glad to be part of the relief that is so desperately needed at the jail, and it has been great working with Sheriff Salazar's staff to get this done. We have been using our partner at Harris County to mimic the program that has been successful in Harris County. She feels we will take it to another level and looks forward to pursuing additional dollars so more individuals can be reached.

Ms. Jamison mentioned that Ms. Greer has an update on the funding and the legislature. There is an allocation of dollars for competency restoration and the Center has said that we are one of the LMHAs that would be willing to take those dollars for outpatient competency restoration. We will have to work on a process with the Sheriff and a Judge to get those individuals released that are eligible for outpatient services. Hopefully, the Center will get that funding. Sheriff Salazar said any bit helps, they appreciate it, and it is always great to work with Ms. Jamison. Anything the Sheriff's department can do to help.

Mr. Barrett said that as part of the Chairman Report, he is going to let Ms. Greer speak about where we are with the Legislature.

Ms. Greer stated there is a lot of movement going on with a lot of competency restoration bills. There are several bills that are either in committee or being passed out of committee that will require HHSC to take custody of somebody who has been found incompetent in forty five days, and if they cannot find an existing facility then they will be required to pay the County to house that inmate at the same rate that it would take them to house them at another inpatient facility. There is a lot of intent on the legislature's part to really fix that problem. It is not just in Bexar County, there are about 4300 total across the State of Texas who are found incompetent to stand

trial and are waiting for someplace to go. Even though our part is small we are proud to do that, and we are carefully monitoring those pieces of legislation that are moving through the House and the Senate. Last week after twelve and a half hours of deliberation, the House passed House Bill 1, which is what the House and Senate must do each year and that is to pass the balance budget. The House passed their version of \$302.7 billion. We are looking at about an 11% increase overall first for mental health substance use crisis funding. Ms. Greer provided some highlights. Competency Restoration Beds is in the base budget for \$29 million for 150 competency restoration beds. Private Psychiatric Beds (PPB) also have \$126 million PPB and those beds are managed by the LMHA system, which will fund 234 beds and significantly that bed day rate is now \$800. Senate Bill 292 that is the Community Mental Health Grant Program for Justice involved individuals that got a \$15 million increase. We are most excited that HHSC asked for and received two thousand waiver slots for a total of \$144 million. Also adopted in rider language is additional funds for waiver rates of \$225.8 million.

At the beginning of the session, we also asked for money to cover inflationary costs for workforce. The LMHA system has not had any kind of increase since 2009 or 2010. Like every other LMHA we have been struggling with retention of our workforce. We were able to secure \$127 million in funding for that which is on the House side. We still have work to do on the Senate side who have been holding several hearings in Senate Finance. They have not voted their budget bill Senate Bill 1 out of committee yet. It has not been posted yet for final vote. At the last meeting we talked about our two big asks, which was for \$62 million for additional PPBs and \$300 million for a psychiatric center in Bexar County, and that was \$16 million in planning dollars and \$284 million for construction. Riders were submitted at both the Senate Finance Committee and House Appropriations, and neither of those riders were adopted. The Center is working with our Bexar Healthcare Coalition members and immediately after session we are going to meet and develop a plan. We are going to give our members, and House and Senate leadership more time to digest this. This was something that came out of the Meadows Mental Health Policy Institute Report, and we were late because the report came out late. We are going to develop a plan, start meeting with our delegation, and get Houses leadership familiar with this plan. We are also looking at federal dollars and will be asking for the planning dollars. We are pleased overall with what mental health and substance use looks like. Our challenge will be to make sure that the Senate and House budgets agree. We feel comfortable that the amounts that have been appropriated for mental health, substance use, crisis, and IDD will not change because they are identical on the House and Senate side.

Ms. Jamison stated that University Health System (UHS) is now the provider at the jail, so the inmates are receiving treatment. Meadows did present their report and finished it in January which was late for the legislative calendar, but she does want to give George Hernandez, UHS President/CEO credit because he was proactive about hiring Meadows to do the feasibility report for the gap in services in Bexar County, and it is through that effort that we came to the realization that we need a psychiatric center for adults and children. This feasibility study that was commissioned by UHS just said here is the gap, here is the need, and 227 beds are needed. Further planning is needed to determine how many for adults and how many for children. You can be on a campus with different buildings to meet regulatory requirements, etc. There is a separate effort by Bexar County to have the State turn over the vacant buildings, abandoned buildings, and the

rest of the land at the State Hospital to allow them to determine future use for that land. Two separate functions and the two have not come together to determine that is the location for the psychiatric center for Bexar County. That work is yet to be done. Questions and discussion ensued.

Ms. Jamison stated the challenge in Bexar County will be to find a facility that is ready. They have heard about two additional facilities that will be coming online before the end of this calendar year. One entity is Cedar Health that has acquired the property the Nix used to be in on Babcock, who claim to be ready to open. When she passes that area, she sees no construction going on in that facility, and knows that they had a number of code issues needed to be dealt with. The second entity is Voyages and they are looking at the facility on Jones Maltsberger that used to be Warm Springs. She does not know if that one will be available for the Center's needs, and thinks it is more long-term rehabilitation. While there is talk about other facilities, our challenge will be the areas that offer those beds. In the legislature, Uvalde is also getting dollars to build a facility in Uvalde, and they are also getting dollars to contract for beds in Bexar County in the interim before that facility is open for business. HHS has been talking with us as well as Hill Country LMA to work together and not compete and talk about same day bed rate and about capacity because they do not want them to take the capacity that we want for Bexar County. There is a meeting tomorrow morning that the Mayor and the County Judge has called all the CEOs of the hospitals and herself to talk about what is next. Ms. Greer said that the good news is that once this is in the base budget it is the starting point for the next session in 2025.

Mr. Barrett mentioned that past Board Member, Dr. Margaret Kelly's father had passed and sent the Center a thank you note for the flowers sent. Mr. Barrett proceeded to read the note.

III. PRESIDENT/CEO REPORT

Leadership Briefing – Ms. Jamison said there are four items.

- The first one is she wanted to make sure the Board saw the fiesta medals at their seats that are from the Center Foundation.
- For their information, the Board had voted and invested in a Facility Masterplan for the Center. We went out with a Request for Proposal (RFP) and developed the framework for that work to begin with a consultant. Broadus & Associates was a success for bidder. She had asked Mr. Tijerina to share the framework to the Board for that work that will commence immediately so that they understand the things we are looking for and are open for feedback.

Ms. Tijerina went over the Facility Master Planning Project Proposal and Plan. She stated that Broadus had been selected and were asked to revise the plan and give it in phases, that Phase 1 be for Child Services as a priority. Broadus did that and the contract was executed on March 30, 2023, for the first phase. More will be shared with the Board as it comes up for the other phases. There are plans for them to be on site as early as next week. There are six different steps Broadus is going to take.

1. They will be looking at Gaps & Efficiencies in the service delivery that we do.
2. They will look at each of the facilities that Children's Services is currently using which include Drexel, Bandera, Story Lane, and Presa.

3. They will also identify other potential sites in case in case there is not enough space combining all the locations or enough resources for current and future operations.
4. They will include a preliminary plan that will tell us what the site criteria would be, what the floor plans would look like, and potential sites might be.
5. They will look at the Multidisciplinary Campus concept and what the operating costs and what the construction would be.
6. They will provide a financial analysis of the costs, and what efficiencies the Center might gain from not renting lease space to owning the space, and what kind of value would be added to our service delivery by putting everything in one space and aligning coordination.

Ms. Tijerina went over details for the Project Alignment, the Center's Mission, Key Focus Areas & Strategic Imperatives, and Core Values. She stated that the framework rolls around five Guiding Principles which are 1) Safe & Secure Environment, 2) Trauma Informed, 3) Recovery Oriented, 4) Equity Focused, and 5) Integrated & Coordinated Services, and proceeded to go over the lists under each Guiding Principle to give an idea of what they entail. She also went over the Patient & Clinic Flow and the Workforce Resiliency & Retention. We need to make sure the employee's workspace is effective and designed for what they are trying to do. We want to make sure we are not only thinking about the facility planning from the client perspective but also what does it look like for the workforce. There are multi-generations working for the Center and that can look different from one generation to the next and need to be mindful of that when making the plans. Ms. Tijerina went over a list of questions that were posed to the workforce, and the next steps will be to expand discussion. The Project Team and Center staff will be meeting next week and further defining the timeline. They anticipate it will be a 45 – 60-day project from beginning to end for Phase 1 with the Children's Services. She is in the process of establishing an Executive Steering Committee to make sure there is leadership input at every level and every step of the way. Mr. Barrett stated this is a great start and thanked Ms. Tijerina.

- Ms. Jamison said that under the Consent Agenda, there are several items coming from the Board Policy Committee but under the Leadership Briefing she is going to have Mr. Chapman update the Board on the work that the Board Policy Committee has completed.

Mr. Chapman provided an update on the annual policy review. The Board of Trustees is required to conduct a review of its Bylaws and Policies every year. This is a governance requirement of our accrediting body CARF. The Board Policy Committee is responsible for conducting an annual policy review on behalf of the full Board of Trustees. The present committee which is chaired by Judge Marion and consists of Ms. Cigarroa, Ms. Vera, and Judge Spencer began its current review in March of 2022. As of March 31, 2023, he is glad to report that the committee has successfully completed their review of all twenty-six existing Bylaws and Policies, as well as two new policies that were approved by the Board in 2022. Of those reviewed Bylaws and Policies, all but six have been duly updated and approved by the committee or by the full Board as required. The remaining six policies have been reviewed individually by the committee members and will be scheduled for Board Policy Committee discussion and any required action no later than August 31, 2023, which is the end of the current fiscal year. He will be meeting with Judge Marion to discuss that timeline to resolve those remaining policies to close out the annual review. He pointed out that this has been a

significant update. This committee has been diligently meeting about every other month with that caseload, but with support from General Counsel and all the staff that participated in posing revisions to some of the policies which have not been updated for almost twenty years. Judge Marion thanked the members of the committee because they have worked hard and could not have done it without General Counsel, Mr. Chapman, and all the staff. Mr. Barrett thanked the Committee, staff, and Mr. Chapman for all their hard work.

- Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of February 2023 and March 2023 – Ms. Jamison reported there were none.

Chief Medical Officer's Report – Dr. Rene Olvera

Dr. Olvera reported they hired a new Medical Director for Adult Behavioral Health as of April 3, 2023. Dr. Rosalyn Womack is an internal hire and has been with the Center for two years. She has previous experience at BAMC as a Medical Director.

The Center Advisory Committee (CAC) met on March 15, 2023, and had two informational items. Juanita Rodriguez-Cordero presented the Center of Excellence, and comments received were positive on mentoring and training. Ms. Jamison presented a summary from the Board Retreat. Comments were positive for the Board's request for partnerships with schools. The CAC will be meeting again on May 17, 2023, and would like to move to a hybrid format.

IV. CONSENT AGENDA

1. Review and Recommend to the Board of Trustees Acceptance of the CY 2023 Fourth Quarter Performance Report of the Center's 401(s) and 457 (b) from Morgan Stanley – *Hunter Stanco*
2. Review and Recommend to the Board of Trustees Approval of the Proposed Membership to The Center for Health Care Services Foundation Board – *Leonard Rodriguez*
3. Review and Approve the Proposed Board Policies with Revisions – *James Chapman*
 - a. Policy 2.1 The Center's Local Plan
 - b. Policy 3.3 Procurement
 - c. Policy 6.14 Disaster Preparedness
4. Discussion and possible action to adopt Resolution authorizing the President/CEO to execute an Amendment to The Center for Health Care Services 457 Plan to comply with the requirements of the Further Consolidated Appropriations Act, 2020 and the Consolidated Appropriations Act, 2021 – *Robert Guevara*
5. Review and Recommend to the Board of Trustees Approval of a Resolution authorizing the Vice President of Long-Term Care & Intellectual Developmental Disabilities Services to execute certain documents on behalf of The Center for Health Services for the provision of Residential Agreements for 7622 Linkside Street, San Antonio, TX 78240 – *Adam Velez*

Mr. Barrett said he would entertain a motion for approval if there were no questions. Ms. Brown so moved; Dr. Krueger seconded. Motion carried.

V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

EXECUTIVE COMMITTEE (*Daniel Barrett, Chair*)

1. Review and Recommend to the Board of Trustees Approval of the Ratification of a contract with Laurel Ridge Hospital, LP dba Laurel Ridge Treatment Center, San Antonio Behavioral Healthcare Hospital, LLC, and an amendment with Methodist Healthcare System of San Antonio, LTD for Adult Inpatient Psychiatric Services – *Adam Velez*

Ms. Jamison stated that Methodist has come forward and executed their amendment with the Center to add five beds at the initial closure of Texas Vista. We are asking for ratification of that action this evening. In addition, San Antonio Behavioral Health signed their contract with the Center for up to ten beds and we negotiated a bed day rate with them. That was executed on April 2, 2023, and they agreed to all the provisions in the contract with the Center. Late this evening she just received a notice from Jacob Cuellar, CEO of Laurel Ridge, and we negotiated an additional 30-day notice period with their contract, and they are expected to sign the contract. We will be asking for ratification of that contract as well. We are contracting with Laurel Ridge for twenty-two beds and those have a slightly different contractual arrangement. Those beds are guaranteeing capacity for the Center and will be a tremendous help with navigation for inpatient services. This was the holdout. The language will be sent tomorrow morning that we agree to the additional thirty days. She expects a signature in return so we can get those beds online over the weekend, which will cover the thirty beds the Center had at Texas Vista.

Mr. Barrett asked for a motion for approval. Ms. Brown so moved; Judge Marion seconded. Motion carried.

2. Provide update on the status of the annual review of Board Bylaws and Policies – *James Chapman*

This item was already heard under the President/CEO Report Leadership Briefing. Mr. Barrett asked for a motion to approve. Ms. Brown so moved; Dr. Whited seconded. Motion carried.

3. Discussion and possible action to approve contract amendment to exercise a two-year extension of the President/CEO Contract.

Mr. Garza stated as he had reported to the Executive Committee, that under the current term of the contract, Ms. Jamison's contract will expire April 30, 2023, but the contract also allows for exercising a two-year option. The Chair and the CEO both expressed at the end of that committee meeting they would be willing to exercise that option. Mr. Garza said to exercise this option would now have the contract expire April 30, 2025. He also put in another two-year extension just in case. He stated that Ms. Jamison did say she would sign this document and he is recommending approval by the Board for the extension of the contract.

Mr. Barrett asked for approval of the extension of the contract. Ms. Brown so moved; Dr. Usatine seconded. Motion carried.

FINANCE COMMITTEE

1. Review and Recommend to the Board of Trustees Acceptance of the Center's Financial Statements for the periods ending December 31, 2022, and January 31, 2023 – *Robert Guevara*

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

a) December 2022 Financials

- Monthly loss of (\$470,195). Planned Reserve Expenditures \$4,006,433, and with all funds recognized the Net YTD gain is \$2,026,839.
- Charity Care Program (CCP) payments were received on March 24. We originally submitted the Cost Report at \$21.3 million and received a payment of \$24.4 million. There was a change in the percentage, so we received some of that funding back. \$12 million above our current budget. Although we ended on a positive \$million through December and with January, we can also recognize an additional \$5 million this fiscal year because we have received the funds.
- Monthly personnel costs were (\$888,060) below November expenses. November & December had the same number of payroll days.
- DPP/Charity Care recognition YTD is \$5,214,698 which is approximately (\$594,655) below the expense budget YTD.
- Fund Balance Composition: Cash – \$8,214,331, A/R – \$16,647,802
- Financials YTD Totals – Target was \$43,554,188, Recognized \$38,719,986, in Revenue, Biggest shortfall is in Other towards Appropriated Fund Balance. So far have not recognized \$4.4 million and it has no positive or negative impact to the bottom line. This fund balance is not an actual revenue source.
- Strategic Plan Revenues – Short by (\$2.2 million) or 40%. Planned Reserved Spending that is not accounted for wo we would be at a positive \$1.7 million or a 30% positive.
- Strategic Plan Expenses – \$174,389 or 4.52%, with the Planned Reserved Spending we are at a positive 9.93%
- Service Revenue Budget – Target was \$3,064,555, recognized \$1,884,028. Recognizing 60% of gross revenues. Last year we were averaging \$945,000 in cash collected per month and this year we are averaging \$688,000, but for the last two months of November and December we are at \$928,000. Our cash collections are keeping up to date with where we were last year. It means bills are going out and cash is coming in, which is a good sign.
- The monthly Service Revenue target was \$791,104, Actual is \$572,709, based on a 60% of gross revenues.
- Daily Billable Service Revenue – Average \$26,032. At the same time last year, average was \$42,000 per day, so short about \$16,000.
- Medicaid Rehab & Case Management – Recognized \$53,142. Target was \$186,653, missed that target by \$132,000.
- Fund Balance – \$32,025,431, Investments in Tex Pool increased \$7,057,419. Overall fund balance is sitting at 65 days of operation and total profit margin with all funds recognized is at a positive 5.1%.
- Cash Flow – Beginning Balance – \$1,888,614; In Flows – \$18,618,950; Out Flows – \$11,456,604; Ending Balance – \$9,050,960.

b) January 2023 Financials

- Monthly loss of (\$1,758,871), YTD loss of (\$3,738,465). Planned Reserve Expenditures YTD \$4,993,346. With all funds recognized the Net YTD gain was \$1,254,881 and with that recognized we are at a positive \$1,254,881. We still have \$5 million to recognize from CCP.

- Monthly personnel costs were \$214,056 above December expenses. December 2022 and January 2023 had the same number of payroll days.
- DPP/Charity Care recognition YTD – \$6,533,619, approximately (\$728,071) below the expense budget YTD.
- Fund Balance Composition: Cash – \$5,401,246, A/R - \$15,476,751.
- Financials YTD Totals – \$54,442,736, recognized \$47,645,175. The area under DPP and HHSC Other is the majority tied to the fund balance designation (\$4,466,536) which has no positive or negative impact.
- Strategic Plan Revenues – Short by (\$2,759,579), with the reserved spending it would be at \$778,000 above the strategic plan target or 27%.
- Strategic Plan Expenses – \$180,817 below budget. With the Reserved Spending sitting at positive \$4.9 million or 20.6%.
- YTD Service Revenue – Target is \$3,812,006, Recognized \$2,306,563. Billing should have been at \$3.8 million, cash collection through this same time collected \$3.4 million, and we are collecting what we bill.
- Service Revenue Budget vs. Actual – Target was \$791,104, Recognized \$662,696, and missed the target by \$90,000. From October through January there is a positive trend in service revenue recognition. This is at 60% of gross charges.
- Daily Billable Service Revenue – \$33,135 for the month. Same time last year the average was \$43,000.
- Medicaid Rehab & Case Management – Target \$186,653, Actual – \$65,906.
- Fund Balance - \$30,133,144. With all funds recognized we are sitting at the days of operation are 15.74 and the fund balance without recognizing the additional CCP of 8.9%.
- Cash Flow – Beginning balance \$9,050,960; In flows – \$5,891,524; Out flows – \$8,904,493; Ending Balance \$6,037,991.

Mr. Barrett asked for a motion to accept the Financial Statements for December 2022 and January 2023. Judge Spencer so moved; Dr. Krueger seconded. Motion carried.

2. Review and Recommend to the Board of Trustees Approval for the President/CEO to negotiate and execute a contract with Davidson, Troilo, Ream & Garza, P.C. for the provision of Legal Services for the Center – *Adam Velez*

Mr. Velez reported that the Center issued a Request for Qualifications (RFQ) in December 2022 to obtain a qualified firm with the expertise and track record in providing legal services. The RFQ was issued in accordance with Center Procurement Policy to ensure the provision of best value services. Three proposals were received from Denton Navarro Rocha Bernal & Zech, P.C.; O'Hanlon, Demerath, and Castillo; and Davidson, Troilo, Ream & Garza, P.C. (a small woman owned & Historically Underutilized Business). Davidson, Troilo, Ream & Garza was evaluated as the highest scoring respondent by the Center Evaluation Committee. The proposed contract will be for three years with an option to renew for up to two additional one-year periods. The projected annual cost of contracted Legal Services is \$350,000 and will commence January 1, 2024.

Mr. Barrett asked for a motion for approval of the contract with Davidson, Troilo, Ream & Garza, P.C. Judge Spencer so moved; Ms. Brown seconded. Motion carried.

3. Review and Recommend to the Board of Trustees Approval for the President/CEO to negotiate and execute a contract with TGW SuperiorCare MTS, LLC for Ambulance Transportation Services for the Center – *Adam Velez*

Mr. Velez reported that in December 2022 the Center issued a Request for Proposals (RFP) to obtain a qualified firm with the technical expertise and established track record in providing ambulance transportation services for various Center locations. Four proposals were received and reviewed by the Center Evaluation Committee to ensure needs of the Center could be met by the respondents. The Committee evaluated and recommended TGW SuperiorCare MTS, LLC for the contract award. The proposed contract will be for an initial term of three years with an option to renew for up to two additional one-year extensions under the same terms and conditions. The projected cost of contracted services is \$362,000 and will commence May 1, 2023. Mr. Velez stated that a new facet was included in the RFP, that if someone showed up here at the Central location, we could call SuperiorCare and have them transported to the appropriate clinic. Often someone is dropped off here or came by bus and then has no way to get to the appropriate clinic, in which case the service would not come in an ambulance but in a vehicle. Questions and discussion ensued.

Mr. Barrett asked for a motion for approval of the contract with TGW SuperiorCare MTS, LLC. Ms. Brown so moved; Judge Marion seconded. Motion carried.

VI. INFORMATIONAL ITEMS

1. *CCBHC Changes Updates – Burt Santos*

Mr. Santos started by giving a brief history of CCBHC and how those criteria worked its way down to CHCS. On March 16, 2023, SAMHSA released an updated draft criteria proposal which proposed approximately one hundred updates to the criteria. Old terminology was replaced with new terminology, such as the term 'consumer' was replaced with 'person receiving services' that is utilized in the behavioral healthcare field. He stated there were some potential implications for CHCS and went over the changes in each of those areas that included Workforce, Access to Services, Care Coordination, Scope of Services, Quality & Reporting, and Organizational Authority & Governance. We are waiting for the National criteria to be finalized for the next steps. Once that is finalized then Texas could accept or adopt all the criteria or parts of it and update the Texas criteria. Moving forward the date they have indicated most recently would be July 2024 that we would need to become compliant. If they do adopt some of those criteria measures that is the tentative date released. This would for sure need to then be adopted and implemented in compliance by the time we have our recertification which would be three years from now since we were just recertified in December 2022. It is all tentative, but these are some of the proposed changes and what should be anticipated from the criteria.

Ms. Jamison reminded the Board that the Governance issues are being watched very carefully because we model our CAC around the old PNAC requirement for having individuals from the community, family members, etc., but the Board also designates a Board Liaison. Board Member Graciela Cigarroa is the liaison to CAC from the Board. Ms. Jamison is waiting to see how the State will review these, because there are some she thinks could be a conflict of interest in asking CAC to make fiscal and budgetary decisions that all the Board have been appointed by your representative entities to conduct on behalf of the Center. She is anxious to see how the

State will reconcile those kinds of areas because she imagines the sponsoring entities for the Center will have feedback related to that, and that is one concern that is being watched.

2. *HHSC Performance Contract Metrics Report – Jennifer Flores*

Mr. Tremaine Butler reported in place of Ms. Flores who was not in attendance. Mr. Butler reminded the Board that some of these performance measures are still being figured out to grab the data and there are some opportunities for us to improve some of these areas. Mr. Butler went over each of the performance measures and outcome measures. He mentioned that telehealth, telemedicine, and telephone encounters are not accounted for in the measures for Adult Improvement and Child & Youth Improvement due to the changeover to MyAvatar in June 2022, so the true number cannot be reported. The Adult Improvement, Child & Youth Improvement, School Performance, Community Tenure, and effective Crisis Response measures met the stated target. Although we met the 7-day Hospital 7-day Follow-Up staff will need to audit the numbers due to technical issues with the State's MBOW system during the first half of the fiscal year. Staff are working with it to finalize the report and capture all encounters for both the Adult Monthly Service Provision and the Child & Youth Monthly Service Provision. For Adult Services Outcomes, all measures except for three, met their target: employment functioning, educational/volunteering strengths, and residential stability. Staff are actively working to achieve target state. All measures within the Crisis Services Outcomes were met, except for Access to Crisis Response Services. Staff have Identified the issue and are currently finalizing a report that will help Crisis staff respond to those calls that need follow-up.

3. *Utilization Management Report – Lauren Estrada*

Mr. Butler reported in place of Ms. Estrada as she was not able to attend the meeting. He stated ABH Service Target is 102%, currently at 99%, the penalty would be 1.4%, but because we are in the forgivable range, there will be no penalty for FY 2023. CBH Target is 92% and currently at 96%. HHSC will not impose a penalty if percentage of target is 95 – 99%. Mr. Butler went over the ABH Average Service Target Hours per LOC, ABH Discharge Reason Averages, CBH Average Service Target Hours per LOC, and CBH Discharge Reason Averages for FY 23 First Half. He stated that some of this is attributed to data and some to the new EHR system. There are some variances that we have and are trying to work through them with the operational units to make sure they understand what the impacts are. Plans are being put in place to address these targets. Auto Discharges for ABH decreased consistently over the first half of the fiscal year showing they ended the first half below 50%. Auto Discharges for CBH decreased their rates to 78.6%. The high auto discharge rate over the first half of FY 23 has impacted the CBH service target. CBH clinics are currently being supported by other outpatient staff on a temporary basis to increase uniform assessment updates and is integral to decreasing the auto discharge rate from January to February. Mr. Butler reported that the discharges are trending down which is a good thing for the organization. It means we are engaging our consumers better and we want to make sure we continue to drop that number down.

Ms. Jamison stated this happens when we are not maintaining an active caseload. This happens when we have not engaged with the consumer and over a certain period when we do not have enough engagements, they auto discharge from our services. This is monitored a lot because all our clinicians have a target for active caseloads. Questions ensued.

4. *Compliance Report – Jennifer Hussey*

Ms. Hussey stated the compliance internal target scores for each of the business units was 90% or above. Typically, the State sets the targets for 80% so our starting goal is over what the State typically scores us at. The Q1 and Q2 scores for this fiscal year like the end of last fiscal year were considered Hold Harmless because of the implementation of the MyAvatar system. Their scores were calculated but did not count against their business unit targets. Moving forward to Q3 and Q4 the scores will be counted towards their overall scores. There were two business units that had over 90% as their goal. Ms. Hussey gave a shout out to her team of Compliance Analysts; they worked extremely hard learning the system as everyone else was learning the system. They completed ninety-eight reviews during the first half of FY 23, forty-eight in Q1 and fifty in Q2. Q1 reviews were comprehensive (all regulations & standards) and Q2 reviews were focused (all staff). Scores were not counted against Business Plan targets. Value of Service findings reported \$45,599 across all programs.

Ms. Jamison said that this is an internal review that is done to prepare us for the external review from the regulatory entities. We want to find any issues first, fix it, and be prepared for the external review. Also, the target set by the State is typically 80% but we set a target of 90% or 98% depending on the program for the internal review. What we are evaluating against is at a higher standard. Ms. Hussey reported the documentation findings remained like previous review years such as insufficient documentation, missing signature pages, cloned notes, services provided did not match billing, etc. all findings are reviewed with program operations, Center for Excellence, Training, and during quarterly “Ask Compliance” meetings. Ms. Jamison said that part of the On-Boarding for new employees has changed. There are Clinical Trainers fully staffed now and individuals coming on-board will spend a longer time with them. Hopefully before the end of the fiscal year a self-assessment ‘Competency in Clinical Documentation’ will be implemented. We have been working on that instrument with all the Business Units. The Clinicians will be asked after a certain development period to self-assess themselves and then the supervisor will work on any deficiencies that they are seeing in their quality documentation.

5. *Contracts & Procurement Update – Adam Velez*

Contract Monitoring – Mr. Velez reported that the Contracting & Procurement Department completed a total of ninety-five contract monitoring reviews in Q1 and Q2 of FY 2023. These reviews consisted of forty-six revenue contracts and forty-nine expense contracts, including six host home provider agreements. The reviews included an examination of contract terms and conditions. There was a total of ninety findings in Q1 and Q2 with seventy-eight resolved within thirty days, leaving twelve pending a Corrective Action Plan to determine resolution. Subsequent reviews will allow an opportunity to monitor and ensure that training and/or new processes are having a positive effect on performance measures, documentation, and training compliance. Mr. Velez went over the findings for Mid-Year FY 2023.

The Center has expended a total of \$18,365,623.80 for Mid-Year 2023. Of this amount \$13.2 million was spent locally through a contract or purchase order, and a little over \$5 million for non-local spend. Purchase order amounts are about 8% of total spend which is good and proves the procurement process is working.

Procurement – Mr. Velez stated there were six procurements released. They were awarded to

a combination of Local, Small, Minority Owned, Women Owned, Veteran-Owned Businesses and Historically Underutilized Businesses. It is proving that our presence out at conferences and our marketing is working.

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

(Executive Session Items may be discussed and acted upon, if appropriate in Open Session)

551.071 (Consultation with General Counsel): Advise on matters in which the duty of the General Counsel to the Center under the Texas Disciplinary Rules of Professional Conduct of the State of Texas clearly conflicts with Chapter 552 of the Texas Government Code

Executive Session was not held.

IX. REPORTS

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

Mr. Barrett stated at the last meeting the Board discussed different Bills, the budget, and going to lobby. The next Board meeting is coming up on April 20 & 21, 2023.

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

Mr. Guevara said the TCRMF Board meeting is not scheduled until May 4, 2023.

TEJAS HEALTH MANAGEMENT BOARD – Robert Guevara

Mr. Guevara stated the next Tejas Board meeting is not until July 11, 2023.

Mr. Barrett thanked everyone for a highly informative meeting and thanked Sheriff Salazar for his participation.

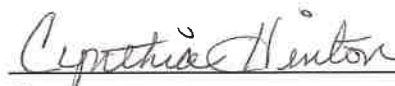
ADJOURNMENT

There being no further business to discuss, Mr. Barrett called for a motion to adjourn the meeting. Ms. Brown so moved; Ms. Vera seconded. Meeting adjourned at 7:57 p.m.

Passed and approved this 13th day of June, 2023.



Daniel T. Barrett
Board Chairman



Cynthia Hinton
Executive Assistant