

**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 12, 2023

6:00 p.m.

**TRUSTEES PRESENT:** Daniel T. Barrett, Chairman  
Mary Rose Brown, Vice Chair (Virtual)  
Graciela Cigarroa, Treasurer  
Donnie Windham Whited, Secretary  
Polly Jackson Spencer, Ret. Judge  
Roberta Krueger, M.D.  
Santee Marion, Ret. Judge  
Richard Usatine, M.D.

**TRUSTEES ABSENT:** Margaret M. Vera

**STAFF PRESENT:** Jelynn LeBlanc Jamison, President/Chief Executive Officer  
Robert Guevara, Chief Financial Officer (virtual)  
Frank Garza, General Counsel  
William Lee, M.D., Medical Director  
Ashley George, Sr. Director of Integrated Marketing & Communications  
Burt Santos, Sr. Director of Community Behavioral Health Systems  
Adam Velez, Sr. Director of Contracts & Procurement  
Lauren Estrada, Director of Authorization Services  
Randa Gipson, Director of Contracts & Procurement  
Jennifer Hussey, Director of Compliance & Internal Review  
Venisa Saenz, Chief of Staff/Board Liaison  
Cynthia Hinton, Executive Assistant

**GUEST PRESENT:** Hunter Stanco, Morgan Stanley  
Alejandra Canales, KGB  
Jonathan Gurwitz, KGB  
Jessica Serna, KGB

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 12, 2023, at the Administrative Offices located at 6800 Park Ten Blvd, Suite 200, San Antonio, Texas 78213.

**CALL MEETING TO ORDER  
CERTIFICATION OF QUORUM**

Dr. Whited called the meeting to order at 6:03 p.m., with the following trustees present: Mses., Brown,

Cigarroa, Krueger, Marion, Spencer, and Dr. Usatine, thereby establishing a quorum.

**PLEDGE OF ALLEGIANCE** - Led by Dr. Whited  
**CITIZENS TO BE HEARD** – There were none.

**I. APPROVAL OF MINUTES**

Dr. Whited asked for a motion to approve the Minutes of the October 10, 2023, Regular Board Meeting, which were presented for review and approval. Judge Marion so moved for approval as presented; Dr. Krueger seconded the motion. Motion carried.

**II. BOARD CHAIRMAN REPORT** – Mr. Barrett had not arrived yet to report.

**III. PRESIDENT/CEO REPORT**

**Leadership Briefing** – Ms. Jamison did not have a report.

- **Recognition of Service to the Center for Cynthia Cannon** – Ms. Jamison recognized Cynthia Cannon who celebrated forty years of service to the Center and stated that Ms. Cannon has served as the Privacy Officer and Director of Health Information and will now enjoy retirement with her family. Ms. Jamison went over Ms. Cannon’s career highlights at the Center. Flowers and a gift were then presented to Ms. Cannon. Ms. Cannon gave a short speech and thanked everyone.
- **CHCS Brand Refresh Overview with KGB** – Ms. Jamison introduced staff from KGB who is the Center’s Agency of Record. They are attending this meeting to share results from the focus groups that they have been conducting over the months and are going to share the feedback that the Center has received and make recommendations on where the Center needs to go with our Brand and name.

Mr. Gurwitz stated they had done qualitative research and went over the summary of their research what that might suggest of brand opportunities for the Center, with some recommendations, and a timeline. He went over the Objectives which included Reactions to CHCS positioning; Respondent sentiment; Perceptions of CHCS; and the drivers and barriers. He went over the Methodology which included Recruitment managed by CHCS; 90-minute in-person focus groups which took place at Galloway Research Services; and Qualitative research; and then went over the Six Key Learnings.

Ms. Serna went over the Brand Opportunities which include the Brand Identity, Brand Message, and Brand Perceptions. She stated they have done the research, gone out to the field, visited some of the clinics, talked to Peer Specialists, and Internal Surveying with some consumers throughout the last two years. Some perceptions received were negative and those are things that a Brand Refresh can help with a new image for the public. She went over the Rationale of the recommendations and the Brand Recommendations. The Timeline includes four phases: Phase 1 is December – February to present findings and recommendations; Phase 2 is March – May which includes creative development & design process; Phase 3 is June – August to include Leadership & BoT presentation; and Phase 4 is September – November to finalize assets & brand rollout.

Mr. Gurwitz said that they gave the same presentation last week to the Management Group and had a good discussion with that group, and one of the things that came out was that the Center had recently done the client satisfaction research which was overwhelmingly positive. What does that tell us. There is this disconnect of the public that does not know what the Center is in general, or what the mission is, and the services that are provided. But the people who we are in contact with love the Center. That is what the public needs to be educated about, what those services are, what kind of results you get.

Questions and discussion ensued. *Mr. Barrett arrived at this time 6:34 p.m.*

Mr. Garza reminded the Board they are getting off the topic. Mr. Barrett thanked KGB for their work and said that they should talk some more about what the Center really needs and direct them that way. Mr. Gurwitz said that if the Board identified two separate issues; one is the resource issue and they have worked with Ms. Jamison to highlight that issue and the other is how you communicate with the community including stakeholders, the County, Sheriff's office, and others. It is not just a Brand Refresh but also coupling that with a communication strategy to reach the stakeholders, clients, the different groups, and communicate the splendid work the Center does.

Ms. Jamison said that it is important work along with other initiatives that the Center has going on. The other area that the Board will hear from the Consultant that is looking at all the Center facilities who are going to share with the Board the state of all the facilities and where they think the Center needs to go in the future to address our population growth and our service needs. This is just one piece but an important piece of the overall goals and overall initiatives that need to be considered as a Board and as a Center.

- **Informational Report/Update on CHCS Cyber Security Posture post the 2019 Cyber Breach** – Ms. Jamison said that this last presentation under the Leadership Briefing is to take them back to December 2019 when we were excited about receiving a first certification as a CCBHC and then attacked by a ransomware attack. Since then, other things have happened. She stated that as they talk about FY 2024, she is going to reiterate how the business is changing, and the expectations all the Center's Payors have of the Center to have accurate secure data because they are requiring the Center to report on outcomes more. The Center is no longer counting heads or having to validate outcomes. It is all based on the Center's security posture, cyber position, and the ability to process all the data and report it in a timely manner. She wanted Mr. Butler to update the Board on where the Center is today and is proud to say that among the LMHAs of Texas, the Center is high performing in terms of security posture.

Mr. Butler gave a short background of what happened in December 2019 which is when the Center was hit with the ransomware attack. It did not just impact the Center it was nationwide, so the State was hit as well. In San Antonio there were seven other entities that were hit the same day the Center was hit. It was a tedious process that the Center went through. He went over the security measures that were in place then, and with the attack it also encrypted the backups. To restore the organization, they had to get creative on how to get that data back out of those virtual machines the Center had. Ninety seven percent of information was restored without compromise. Nothing was encrypted or left with a bug that could be used to jump back into the systems post ransomware attack.

Backup systems were back up online within three business days, it took eight days to get all the desktops updated. It took another fifteen to twenty days after that to get all the laptops updated. He said now the Center has some robust technologies to protect against future attacks and went over the security posture timeline as to what was done and when. Some were money items, and some were process items. The backup system was improved and is no longer a Windows based backup system. The Center now has an immutable solution backup and would be able to recover faster and would not be a tedious process. It gives more reliability and more flexibility to restart restoration process. Also added Network Access Control and a Centralized Wi-Fi Control which allows us to ensure the Center is protected against the ability for someone to come into the Center's environment and just plug in a device or connect to the internal network. He stated they also created a Phishing or a Security Awareness Program which includes simulated phishing attacks to the Center's workforce members to ensure that staff understand what they are clicking on and doing their due diligence before they click on a link or attachment to ensure that we don't open the Center up to another attack which is what happened in 2019. Today if that were to happen it would oscillate to that one machine and would not spread through the whole environment. They also invested in a Manage Service Organization named CrowdStrike who does 24/7 security monitoring. Mr. Butler thanked the Board for allowing the Center to improve the Center's security posture. He went over the reports for Digital Defense, KnowBe4 Security Awareness, PhishER, and CrowdStrike. He gave a summary and stated he would ensure they receive a copy of it. The Board thanked Mr. Butler for his report.

**Chief Medical Officer's Report** – Dr. Lee reported that the Crisis Extended Observation Unit (EOU) is currently operating at half capacity which is eight beds due to a low nursing census and plan to return to a full sixteen bed capacity by January 2024 with an improved nursing staffing. He stated East Texas Behavioral Health Network, the telepsychiatry service that staffs Crisis EOU when there is not an in-person provider present, will be ending services with CHCS starting January 1, 2024. The Center has entered a new contract with Alina Telehealth which is based out of Houston, Texas. They will be the Center's new telepsychiatry partner for Crisis EOU starting January 1, 2024. The Board thanked Dr. Lee.

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

#### IV. CONSENT AGENDA

1. Review and Approve the CY 2023 Third Quarter Performance Report of the Center's 401(a) and 457 (b) Accounts from Morgan Stanley – *Hunter Stanco*
2. Review and Approve for the President/CEO to negotiate and execute a contract with Acepex Management Corporation for the provision of Facilities Maintenance Services – *Adam Velez*
3. Review and approve authorization for the President/CEO to negotiate and execute a contract with Greater South Texas Corporation DBA Computer Solutions for the provision of Arctic Wolf Cyber Security Services – *Adam Velez*
4. Review and Approve authorization for the President/CEO to negotiate and execute a contract with Avail Solutions, Inc. for the provision of Enrollment Screening Services – *Adam Velez*

Being there were no questions or discussion needed on the items under Consent, Mr. Barrett asked for a motion to accept approval of the Consent Agenda. Judge Spencer so moved; Dr. Usatine seconded. Motion carried.

## V. INDIVIDUAL ITEMS FOR REPORT, DISCUSSION & APPROPRIATE ACTION

1. Review and Approve authorization for the President/CEO to negotiate terms and conditions, and execute all documents related to the Loan from Frost Bank – *Robert Guevara*

Mr. Guevara stated that with the changes in the Directed Payment Program (DPP) and the Charity Care Program (CCP) the Center is asking to borrow an additional \$10 million from Frost Bank as a mitigation strategy. This is in addition to the \$15 million that the Center currently has with Frost Bank, and as of now the current outstanding amount is \$3 million. He anticipates knowing more information on the CCP that is estimated to be about \$1 million or less but will have more information in the next two to three weeks. This loan will be used only if or as needed. It will be like the loan structure now which will be liable plus three percent, so about six and a half percent. This loan will be longer term, anywhere between four to five years. Mr. Barrett asked about collateral. Mr. Guevara replied yes. He is providing Frost Bank with an inventory of all the Center's assets. The \$15 million loan will be renewed every year that will cover some cash flow funding from the CCP, and that terms August 31. Ms. Jamison stated that what that means is that the Center has an IGT that must be sent out, but when it is returned, the Center pays it back.

Being there were no questions, Mr. Barrett asked for a motion to approve the Frost Bank Loan. Judge Spencer so moved; Dr. Usatine seconded. Motion carried.

2. Review and Approve the Finance FY 2023 End of Year Report – *Robert Guevara*

Mr. Guevara stated that currently the Auditors are in the Center and will be here for the next month providing an opinion on the actual financials but do want to close out FY 2023.

### **Accomplishments**

Accomplishments: Service Revenue Billing is trending upward since Go-Live. The DPP & CCP recognition was \$28,056,471 for FY 2023. Most importantly was ability to get access to the Executive and Operational Dashboard development.

### **Setbacks**

Financial Position dropped by \$117,338 from last FY; DP/CCP recognition is estimated to decrease \$11 million in FY 2024; EHR cleanup projects have resulted in a 32.3% in productivity; Write-offs are at 7.55% of service revenues compared to 3.32% last FY; Cash position has decreased by \$6.7 million due to delayed payments from Bexar County & STRAC; HHSC 1<sup>st</sup> Quarter Draw of \$15 million from HHSC was estimated to be received mid-September was not received until November 10, which stressed cash flow causing delayed payments for some vendors. Communication was sent to the vendors. He stated from a cash position it was a rough quarter. 2<sup>nd</sup> Quarter Draw was expected first week in December but was received December 11. He does not anticipate the Center getting caught up in a better cash flow position until the 3<sup>rd</sup> Quarter of FY 2024.

### **Financials YTD Through August**

Month Gain/(Loss) \$5,167,327; YTD Gain/(Loss) (\$4,362,152); Planned Reserve Expenditures \$11,774,504; Net YTD Gain (Loss) Total Revenue \$7,412,352

**FY 2023 Financial Metrics**

- Revenue Target \$130,662,564; Recognized \$126,891,858; short by \$(3,770,706); about 100% of that is the Service Revenue Draw due to the Center's activity.
- Recognized \$131,254,010; expenses were a little over \$600,000.
- Current Ratio \$1.25 - \$4.00, Actual was \$2.15, target was met. Write-Offs were not to be more than \$247,989, Actual was \$620,204.
- Quick Ratio \$1.15 - \$3.75, Actual was \$2.10, target was met.
- Unreserved Fund Balance Days of Operations Target 45 - 60; Actual was 50.43; Unencumbered Fund Balance Days of Operations Target was 45 - 60; Actual was 50.80. This target is being recommended by Texas Council for all the Community Centers to grow between 90 - 120 days. He thinks the Center can get to the 120-day mark over the course of two to three years. This FY the Center's target will be about 70 - 75 days and will want to gradually increase that target to 120 days.
- Profit Margin Target 1% - 3%; Actual 5.67%; Without Capital actual was \$5.74%. Financial Metrics look good, but it is the cash piece that has impacted the true picture of how the Center is performing financially.

Mr. Guevara said the Center is in good shape from a financial metrics. It was the cash position that hurt this FY.

**Service Revenue: FY 2023** Billed \$8,211,564 (write-offs = 7.55%). 1<sup>st</sup> Qtr. averaging \$27,000 a day; 2<sup>nd</sup> Qtr. \$29,000 a day; 3<sup>rd</sup> Qtr. \$36,000 a day; 4<sup>th</sup> Qtr. \$37,000 a day. Improvement is 14% since Go-Live.

**Cash Flow as of August 31, 2023**

Beginning Balance \$8,616,472; In Flows \$137,993,884; Out Flows \$144,965,024; Ending Balance \$1,845,332. He said there is a lot of economic activity that the Center brings to the community.

Mr. Barrett thanked Mr. Guevara and Ms. Jamison. Mr. Barrett asked for a motion to approve the FY 2023 Finance FY 2023 End of Year Report. Dr. Usatine so moved; Dr. Krueger seconded. Motion carried.

3. Review and Approve the FY 2023 Board Individual Self-Assessment Tool and the Board Annual Evaluation Form – *Frank Garza*

Mr. Garza told the Board that in their material they will see the forms that have been utilized in the past. The Executive Committee recommended it be brought to the Board Meeting to be adopted by the Board. He stated that as part of Board Policy 5.1 and CARF Regulation, the Board is required to do a self-assessment both individually and as a Board of how they believe the Center performed in the previous FY. They do not have to evaluate today but it is the deadline to approve both forms. They will have to complete both forms before the deadline. Today they just need to approve the forms and complete the forms by April 2024.

Judge Marion moved they approve the forms; Judge Spencer seconded. Motion carried.

4. Review and Approve the Center's Financial Statements for the period ending August 31, 2023, and September 30, 2023 – *Robert Guevara*

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

*a) August 2023 Financials*

- The Center had an overall gain of \$5.1 million bringing the year-to-date loss to (\$4.3 million). We have \$11.7 million in Planned Reserve Expenditures. Overall gain with all funds recognized sitting at a positive \$7.4 million for the end of the FY.
- Monthly personnel costs were \$2.9 million above July expenses. August had two additional payroll days. In addition to that employees were provided with a one-time retention payment equivalent to 5% of their salary funded one hundred by leftover dollars at the State level.
- DPP/Charity Care recognition YTD - \$28,056,471. Approximately (\$1,373,724) recognized below the expense budget year to date.
- Fund Balance Composition: Cash - \$466,445 and A/R - \$16,900,372.
- YTD Revenue Budget - \$130.6 million, Actual YTD Revenue \$126.8 million, Actual YTD Expense - \$131.2 million, Net Loss YTD - (\$4.3 million). Variance comprised of DPP/CCP and HHSC Other. Variances have no minimal financial impact due to no cost incurred but it creates changes in programs.
- Strategic Plan Revenues - Short by (\$6.7 million), most is tied up in service revenue as only 60% is being recognized.
- Strategic Plan Expenses - Control spending of \$796,366, a positive 9.6%. Does not include Plan Reserved Spending.
- Service Revenue Budget - \$7.3 million, Actual YTD Service Revenue - \$6.4 million with only Variance of (\$2.9 million).
- Service Revenue for the month - Target - \$866,447, Actual - \$867,573. Target met.
- Daily Billable Service Revenue - \$37,672 for the month. This same time last year daily average was \$40,000.
- Medicaid Rehab & Case Management - Target was \$186,653, Revenue is being recognized at 60% of gross charges.
- Notable Increases/Decreases from Balance Sheet - Fund Balance \$30.2 million, Investments in Tex Pool decreased (\$2.7 million) to fund operations, Interest earned - \$16,894 average yield of 5.05%. Days of Operation - 50 days with all funds recognized. Total Profit Margin with all funds recognized is 6.9%.
- Cash Flow - Beginning Balance - \$4.7 million, In Flows - \$10.2 million, Out Flows - \$13.1 million, and Ending Balance - \$1.8 million.

*b) September 2023 Financials*

- Overall operating gain of \$350,911. YTD gain - \$350,911. Planned Reserve Expenditures YTD of \$1.4 million. With all funds recognized the Net YTD gain is \$1.7 million.
- Monthly personnel costs were (\$2.9 million) below August expenses. September had two less payroll days.
- DPP/Charity Care recognition YTD - \$1.6 million, approximately (\$202,160) below the expense budget year to date.
- Fund Balance Composition: Cash - (\$1 million), A/R - \$17.5 million. The negative balance is due to outstanding account payables.
- Operating Budget YTD - \$11.3 million, recognized \$10.7 million. Variance of (\$607,943), variances have no or minimal financial impact due to no cost incurred.
- Strategic Plan Revenues - Exceeded by 36% at \$477 thousand.
- Strategic Plan Expenses - Controlled spending of \$461,000 or -4.61%. With planned reserved expenditures - 18.9%.
- YTD Revenue Budget - \$719,000, Actual - \$658,000. Variance of (\$133,000) Recognized at 60% revenue in addition to productivity changes.
- Monthly Service Revenue Budget vs Actual - Target is \$798,360; Actual \$655,200.

- Daily Billable Service Revenue – Target of \$38,000. Averaging \$31,200 for the month. Same time last year the average was \$26,000. Improvement from last year.
- Medicaid Rehab & Case Management - \$132,388 against a target of \$186,070, Recognized at 60% of gross charges.
- Notable Increases/Decreases from Balance Sheet – Fund Balance \$30,530,321; Investments in Tex Pool increased \$409,060; Interest earned for the month \$9,059; Days of Operations at 52 days with all funds recognized; Total Profit Margin of 16%.
- Cash Flow – Beginning Balance \$1.8 million, In Flows \$7.8 million, Out Flows \$7.6 million, Ending Balance \$2 million.

Mr. Barrett asked for a motion to accept the Financial Statements for June 2023 and July 2023. Judge Spencer so moved; Judge Marion seconded. Motion carried.

## VI. INFORMATIONAL ITEM

### 1. Compliance Department FY 2023 Annual Report – *Jennifer Hussey*

Ms. Hussey gave a Compliance Year in Review for FY 2023:

- Completed “real time” internal reviews in conjunction with myAvatar “Go-Live” during Quarters One & Two as a hold harmless period. Business Units were evaluated as if their scores counted, however, in their Business Plans they were given a hold harmless period.
- Returned to Retrospective Reviews in Quarters Three & Four.
- Quarterly “Ask Compliance” meetings were held for all Business Units which was in conjunction with the IT Department, Center for Excellence, and operational units, as necessary. That was just to discuss what is found in the reviews.
- Coordinated and assisted with thirty-two external reviews, and a list of all the entities is included in the detail.
- All Business Units exceeded the state minimum scores of 80% again this year.

Judge Marion asked about “Cloned Notes.” Ms. Jamison stated the Compliance Department continues to work with Center of Excellence for Clinical Outcomes, who focus with individuals who need that additional development for documentation. The other thing being done is the Training Team also works closely with them to look at the training materials and what changes are needed to home in the message. Another thing being done is looking at a technology aid that is being offered by the EHR sponsor “NetSmart” which is an AI module that assists with documentation and is a coaching tool. This tool specifically addresses cloned notes, familiar terminology, and challenges the clinician to use different terminology if it is seen too often in the progress notes. It is not used for treatment plans or recovery plans but is used to aid them in closing progress notes more quickly and coach them to use appropriate codes, spelling, and sentence structure is corrected. This tool is being looked at very carefully. The other aspect is one that focuses on claims management, which will focus on the revenue cycle area and will help predict the claims and improve the submission rate/acceptance rate.

Dr. Usatine and Dr. Krueger commented. Discussion ensued.



2. HHSC Performance Contract Metrics & Outcomes FY 2023 Annual Report – *Lauren Estrada*

Ms. Estrada went over the summary for FY 2023 Performance Contract Metrics.

- There were twenty-four Total Measures and ended up with seven deficiencies.
- The team collaborated with each respective unit to ensure there is a plan to address the deficiencies and began that with their Sr. Program Analysts in conjunction with the leadership at each of the units and the Performance Contract Managers.
- FY 24 contract is underway, it had begun September 1<sup>st</sup>. There are measures that have been removed, others that have been added, and a few that are being benchmarked.
- Collaborating with the Units to ensure measures are met. As they saw the deficiencies in FY 2023, they are already working to ensure that with the new measures they are strategizing towards that. They are pivoting depending on what each unit is responsible for to ensure that they are going to keep up this FY. Ms. Jamison stated there were no recoupments at the end of the year which is important.

Ms. Estrada said she did include the complete slides so the Board can see each of the Performance Metrics and all the changes for FY 2023. Mr. Barrett asked if the seven deficiencies quantitated funding loss. Ms. Estrada replied that for those it is a little different, none of them were recouped. The only one that was part of the 10% measures was the Hospital 7-Day Follow-up which would have resulted in a revenue loss.

3. Contract and Procurement FY 2023 Annual Report – *Adam Velez*

Mr. Velez went over the FY 2023 Contracting & Procurement Year in Review.

- Completion of 192 expense and revenue Contract Monitoring Reviews.
- Coordinated and reviewed additional 70 monitoring reviews.
- Discovered 18 less findings – that is 173 findings compared to 191 findings the previous year.
- 10 Solicitations (RFPs, RFAs, RFQs) were issued.
- Eight out of ten contracts were awarded to Local, Small, Minority, Women, and Veteran Owned Business Enterprises.
- Local Expenditures totaled 79%% - \$36.4 million out of \$46.6 million, and that is compared to 61% in FY 2022 which is a significant improvement.

4. CCBHC/DPP/CCP FY 2023 Annual Report – *Burt Santos*

Mr. Santos went over his report for the 1115 Medicaid Waiver & Certified Community Behavioral Health Clinic (CCBHC) for FY 2023. He started with 1115 Medicaid Waiver and stated that there have been many changes with the 1115 Waiver and gave background information.

- DSRIP no longer funded & was phased out in September 2021. The two new funding pools are Directed Payment Program (DPP) for Behavioral Health Services and Public Health Provider – Charity Care Program (CCP). These new funding pool align with HHSC's goal to support the Certified Community Behavioral Health Clinic (CCBHC)

model of care.

- DPP is a new value-based program where CHCS receives funding through Managed Care Organizations (MCOs) and has two types of funding structures (Component 1 & Component 2) based on 20 CCBHC procedure codes. A unique thing about the DPP is each year HHSC conducts public hearings on proposed rule amendments for DPP.
- Reconciliation takes place after the end of program year to assess actual services completed vs. the historical volume of services completed. DPP annual valuations were: \$8,708,451 for FY 22 and 11,829,099 for FY 23
- CHCS's valuation for CCP is determined by a Cost Report that identifies the actual costs incurred during the previous year. CHCS successfully completed the Cost Report for year one in November 2022 and received payment of \$24,396,231 in March 2023. FY 2024 valuation will be based on Cost Report submitted on November 14, 2023, and Final Cost Report valuations are anticipated in January 2024.

Ms. Jamison stated this report does not include the Medicaid Shortfall. Going forward for FY 2024 the focus will be on enhancing the Center's documentation and improving the accuracy of the documentation, so that we can improve the accuracy of billing because the annual experience will set the floor for that payment going forward. Questions/discussion ensued.

Mr. Santos went over the CCBHC FY23 Overview.

- CHCS was first certified by HHSC as a CCBHC in December 2019 and certification is valid for three years. CHCS received a score of 98% and obtained CCBHC re-certification which is valid until December 2025. In December 2022, SAMHSA announced proposed updates to existing national CCBHC criteria. Updated national CCBHC criteria was released in March 2023.
- Texas may choose to update some or all the current CCBHC criteria to align with the new national criteria. Spring 2024, HHSC anticipates release of finalized Texas criteria. July 2024, Texas CCBHCs must be compliant with criteria updates. Mr. Santos went over the potential CCBHC criteria updates that may impact CHCS.
- CHCS is preparing for the final Texas CCBHC criteria. CCBHC requires organizations to have an updated Community Needs Assessment (CNA), and CHCS is working to have an updated CAN by September 2024.

Mr. Santos said there are many changes, lots of information, and a lot of work has taken place in 2023 around the 1115 Waiver and CCBHC and will continue in 2024.

Ms. Jamison said that one thing that is being monitored is that Senator Cornyn has a bill, and it is reported it may get passed. The bill has bipartisan support and is promoting a CCBHC model that would be adopted federally and that would establish the payment methodology that was just shared this evening. The progress of that is being monitored, and if that gets adopted then that will inform the State of Texas and that will be a federal requirement. She also said the Center is supporting that and is in contact with Senator Cornyn's office in asking to be kept updated and if there is anything the Center can do to promote that because the Center has already embraced CCBHC and is structured for it. It would give certainty

around the payments and would take out the uncertainty in the industry.

Ms. Jamison said she wants to address the incentive issue again. We do have productivity targets for the Center's clinicians. They have a productivity target based on the program that they work in, their caseloads, and their face-to-face time with the incentives. If they meet or exceed their targets, then they are eligible for performance pay at the end of the rating period. There is no money for documentation but there is performance pay for productivity to meet/exceed, and that is specific for the clinicians. Discussion ensued.

**VII. EXECUTIVE SESSION (DISCUSSION ONLY: CLOSED TO THE PUBLIC) PURSUANT TO CHAPTER 551, TEXAS GOVERNMENT CODE 551.071 (Consultation with General Counsel)**

Mr. Barrett called the meeting into Executive Session at 8:05 p.m.

A. Discussion regarding President/CEO Annual Performance Evaluation

**VIII. OPEN SESSION**

The Board reconvened into Open Session at 8:49 p.m. Discussion was held and no action taken was taken on the Performance Evaluation.

Judge Marion made a motion that the Board approve the Metrics for FY 2024; Judge Spencer seconded. Motion carried.

**VIII. REPORTS**

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

Mr. Barrett stated that the Board should have received the Texas Council report in their material. Ms. Hinton stated it had not been included but will send it to the Board Members the next day. Mr. Barrett said there are many good things Texas Council Board is working on, and there is a lot of funding that is a work in progress. He also mentioned that the Center will be hosting the annual Texas Council Conference, which will be held in San Antonio this year. Ms. Jamison said the Center made a request to raise the rate for IDD Direct Care workers from \$8 to \$15 per hour.

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

Mr. Guevara stated that for FY 2023 audit, it was a clean audit. An RFP has been put out for a new audit firm. Places 4, 5, and 6 have been appointed. Judge Van York will be representing West Texas, Ms. Fowler will be representing Spindletop, and Mr. Brown will be representing Tarrant County. The overall TCRMF net position is at a positive \$45.2 million.

**3. TEJAS HEALTH MANAGEMENT BOARD – Robert Guevara**

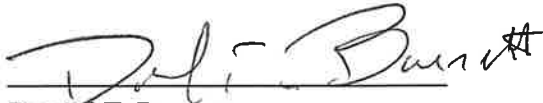
Mr. Guevara reported that Tejas has a reserve target of \$2.5 million which has been met, and currently they are at \$3.1 million as of August 31, 2023. Mr. Guevara informed that Board that Tejas has adopted a member distribution resolution to start developing the framework

for member distributions because of meeting the reserve target.


**IX. ADJOURNMENT**

There being no further business, Mr. Barrett asked for a motion to adjourn the meeting. Dr. Krueger so moved; Dr. Usatine seconded. Mr. Barrett adjourned the meeting at 8:54 p.m.

Passed and approved this 13<sup>th</sup> day of February, 2023.



Daniel T. Barrett  
Board Chairman



Cynthia Hinton  
Executive Assistant