

**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 13, 2024

6:00 p.m.

TRUSTEES PRESENT: Daniel T. Barrett, Chairman
Mary Rose Brown, Vice Chair (Virtual)
Graciela Cigarroa, Treasurer
Polly Jackson Spencer, Ret. Judge
Sandee Marion, Ret. Judge (Virtual)
Richard Usatine, M.D.
Margaret M. Vera

TRUSTEES ABSENT: Roberta Krueger, M.D.
Donnie Windham Whited, Secretary

STAFF PRESENT: Jelynn LeBlanc Jamison, President/Chief Executive Officer
Tremaine Butler, Chief Information Officer
Robert Guevara, Chief Financial Officer (virtual)
Frank Garza, General Counsel
William Lee, M.D., Medical Director
Brad Benoit, Vice President of Children Behavioral Health
Adam Velez, Sr. Director of Contracts & Procurement
Lauren Estrada, Director of Authorization Services
Jennifer Flores, Customer Service/Performance Reporting Manager
Randa Gipson, Director of Contracts & Procurement
Monica Torres, Clinical Director of Adult Justice Programs
Venisa Saenz, Chief of Staff/Board Liaison
Cynthia Hinton, Executive Assistant

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 13, 2024, 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 6:12 p.m., with the following trustees present: Mes. Brown, Cigarroa, Marion, Spencer, Vera, and Dr. Usatine, thereby establishing a quorum.

PLEDGE OF ALLEGIANCE – Led by Mr. Barrett
CITIZENS TO BE HEARD – There were none.

I. APPROVAL OF MINUTES

Mr. Barrett asked for a motion to approve the Minutes of the December 12, 2023, Regular Board Meeting, which were presented for review and approval. Judge Spencer so moved for approval as presented; Dr. Usatine seconded the motion. Motion carried.

II. BOARD CHAIRMAN REPORT – Mr. Barrett

III. PRESIDENT/CEO REPORT

Leadership Briefing – Ms. Jamison stated she has nothing for Leadership Briefing and what she had to report would be discussed in Executive Session.

Chief Medical Officer's Report

Dr. Lee reported the following:

- In coordination with Dr. Olvera and UT Health, the Center will be welcoming Dr. Bodapati, Child/Adolescent Psychiatrist, who will start seeing consumers at the MAC Dual Diagnosis clinic starting March 2024.
- The Center's Opioid & Addiction Program (OATS) has welcomed the arrival of Dr. Daniel Garcia who will be providing in-person provider services for CHCS OATS consumers.
- The Center currently has a total of 38 students and residents on rotations across CHCS clinics. Mr. Barrett said that was wonderful and thanked Dr. Lee for his report.

Contracts executed by the President/CEO over \$50,000 and under \$100,000 for the months of December 2023 and January 2024 – Ms. Jamison reported there were none.

IV. CONSENT AGENDA

1. Review and Approve for the President/CEO to negotiate and execute a contract with Crescendo Consulting Group, LLC for the Provision of Conducting a Community Needs Assessment
– *Adam Velez*

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 the Center's Financial Statements for the period ending October 31, 2023, and November 30, 2023 – *Robert Guevara*

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

a) *October 2023 Financials*

- The Center had an overall loss of (\$635,937) thousand bringing the year-to-date loss to (\$286,000). We have \$2.9 million in Planned Reserve Expenditures. Overall gain with all funds recognized sitting at a positive \$2.7 million through the month of October.
- Monthly personnel costs were \$248,117 above September expenses. October had one additional payroll day.
- DPP/Charity Care recognition YTD - \$3.3 million. Approximately (\$420,045) recognized below the budget year to date.

- Fund Balance Composition: Cash - \$853,444 and A/R - \$13,892,047.
- YTD Revenue Budget – \$22.7 million, Actual YTD Revenue \$20.7 million, so there is a shortfall (\$1.9 million). Variances have no minimal financial impact due to no cost incurred but it creates changes in programs.
- Medicaid Rehab & Case Management – Target was \$186,070, Revenue is being recognized \$137,000, short \$49,000. Same time last year \$68,000 was recognized. There has been some improvement, but this revenue service is one that is still being recognized at 60% of gross charges. This revenue source will increase once the data is received right out of Avatar and recognized at the actual payment amounts that come through for Medicaid.
- Notable Increases/Decreases from Balance Sheet – Fund Balance \$30.3 million, Investments in Tex Pool increased \$1.7 million, Interest earned - \$20,956 average yield of 5.3589%. Days of Operation – 60 days with all funds recognized. Total Profit Margin with all funds recognized is positive 12.7%.
- Cash Flow – Beginning Balance - \$2 million, In Flows - \$10 million, Out Flows - \$8.2 million, and Ending Balance - \$3.7 million.

b) November 2023 Financials

- Loss of (\$543,862). YTD loss - \$829,862. Planned Reserve Expenditures YTD of \$4.2 million. With all funds recognized the Net YTD gain is \$3.4 million through the month of November.
- Monthly personnel costs were \$166,433 above October expenses. October & November had the same number of payroll days.
- DPP/Charity Care recognition YTD - \$4.9 million, approximately (\$669,201) below the expense budget year to date.
- Fund Balance Composition: Cash – \$5.4 million, A/R - \$15.6 million.
- YTD Revenue Budget – Target \$2.3 million, Actual - \$1.9 million. Short \$19,000. Bulk of that is in ECI contract. What is not billed in Medicare or Medicaid is able to be billed stateside.
- Notable Increases/Decreases from Balance Sheet – Fund Balance \$29.5 million; Investments in Tex Pool increased \$3.3 million; Interest earned for the month \$45,997.
- Unreserved Fund Balance to Total Expenditures Days of Operations at 57.7 days with all funds recognized; Total Profit Margin with all funds recognized positive 11.08%.
- Cash Flow – Beginning Balance \$3.7 million, In Flows \$20.4 million, Out Flows \$17.1 million, Ending Balance \$7.1 million.

Mr. Barrett asked for a motion to accept the Financial Statements for October 2023 and November 2023. Judge Spencer so moved; Dr. Usatine seconded. Motion carried.

2. Review and Approve results of the FY 2023 Board Individual Self-Assessment Tool and the Board Annual Evaluation – *Frank Garza*

Mr. Garza thanked the Board members that submitted their Assessments, there were six Assessments returned out of the nine sent out. The majority of the Self-Assessments were in the Excellent category and some in the Good category. The majority of the Board Annual Evaluation were in the Excellent category, some in the Good category, and a few in the Fair category. Mr. Garza went over each category of the annual Board Assessment. He and staff will be reaching out to the Board member(s) that marked the category Fair under Board Practices and Board Performance just to see how those items can be improved and what can the Board do to improve that score over the next year to get it to the Good or Excellent category. The category regarding Relationships with Executive Leadership was a positive assessment from the Board.

Mr. Barrett thanked everyone who contributed. He knows it was a hard year, but the Center endured, and kudos to management for getting the Center through that. He thanked Ms. Jamison and stated that this is the hardest year since 1992 that he has ever seen. These are very different times where funding is questioned all the time. He does not believe that the Center's Sponsoring Agencies know the conflicts that the Center is having collecting money, and they need to have an understanding of what the Center is going through. The Center cannot sustain free services.

Mr. Barrett asked for a motion to approve results of the FY 2023 Board Individual Self-Assessment and the Board Annual Evaluation. Ms. Cigarroa so moved they approve the results; Dr. Usatine seconded. Motion carried.

Mr. Barrett thanked Mr. Garza and told him it was very thorough and appreciates the work he did on this.

VI. INFORMATIONAL ITEM

1. HHSC Performance Contract Metrics: FY 2024 First Quarter Update – *Jennifer Flores*

Ms. Flores reported that HHSC began implementing a restructured plan for the performance metrics which aims to streamline the metrics and prioritizes outcome measures over process measures which closely aligns with the Directed Payment Program for Behavioral Health and the Public Health Provider Charity Care Pool.

As part of the changes 10% of the Performance Measures are now called At-Risk Measures. There are only seven At-Risk Measures as opposed to ten from previous contracts and all are subject to improvement if the targets are not met.

- Adult Improvement and Child Improvement are weighted at 2% of the total general revenue.
- School Performance, Community Tenure, Effective Crisis Response, Hospital 7-Day Follow-up (Encounter based), and Crisis 7-Day Follow-up are weighted at 1.2%.
- Adult Monthly Service Provision and Child Monthly Service Provision are no longer at-risk measures, Hospital 7-Day -Day Follow-up (Care based) was removed.
- Face-to-Face measures have been replaced with Encounter Measures.
- Other changes include removal of Hospital 7-Day Face-to-Face Follow-up (Care), Counseling Target, Family Partner Support Services, Crisis Follow-up, Community Linkage, and Frequent Admission.

HHSC At-Risk Performance Measures (Sanctioned if not met)

- Adult Improvement – Goal > 20%, Center scored 48%
- Child Improvement – Goal > 25%, Center scored 35.7%
- School Performance – Goal > 60%, Center scored 72.6%
- Community Tenure – Goal >96.8%, Center scored 99%
- Effective Crisis Responses – Goal > 75.1%, Center scored 81.72%
- Hospital 7-Day Follow-up Encounter Based – Goal >62.3%, Center scored 84.8%
- Crisis 7-Day Follow-up, Goal N/A, Center scored 51.2% (HHSC did not establish a

minimum based threshold for FY 24)

Adult Services Outcomes

- Adult Services Target – 6,790 Adults Goal > 100%, Center scored 115%
- Adult Monthly Service Provision > 65.6%, Center scored 55.1%, last FY they ended at 46.7 so this continues to move in a positive direction & working with ABH to come up with a plan of how to increase the services provided going forward
- ACT Target – Goal > 54%, Center scored 82%
- Depression Response at Six Months – Goal > 10.4%, Center scored 33%, a new measure

For the next three measures, she has been working hard with the Training Department to help individuals understand what qualities scoring is specifically for these measures.

- Education/Volunteering Strengths – Goal > 26.5%, Center scored 25.7%
- Employment Functioning Target – Goal > 39.8%, Center scored 43.6%, Employment area is engaging with Project Quest to see about providing opportunities for CHCS consumers to volunteer in the community in areas that interest them with the hope to increase this measure. Last year it ended at 25.9%
- Residential Services Outcomes – Goal > 84%, Center scored 76.3%

Child Services Outcomes

- Child & Youth Services Target – 1,198 children Goal > 100%, Center scored 98%
- Child Monthly Service Provision – Goal > 65%, Center scored 61.6%. Last FY ended at 55.25, so moving in a positive direction.
- Juvenile Justice Avoidance – Goal >95%, Center scored 99%
- Living & Family Situation – Goal > 67.5%, Center scored 82.9%
- Family Partner Response – Goal >65.2%, Center scored 74.8%, this is a new measure.

Crisis Services Outcomes

- Hospitalization – Goal < 1.9%, Center scored .34%
- Access to Crisis Response Services – Goal > 61.9%, Center scored 71.7%
- Hospital 30-day Readmission – Goal < 10.3%, Center scored 14.70%, this is being benchmarked for FY 24 & FY 25. Having a meeting with Crisis to discuss this measure as to how to get ahead of it in anticipation of it being a measure to have to look at.
- Adult Jail Diversion – Goal < 10.46%, Center scored 5.03%

2. Utilization Management Metrics: FY 2024 First Quarter Update – *Lauren Estrada*

Ms. Estrada reported on the following:

- ABH Target ended at 115% doing well above the Statewide target of 100%
- CBH Target ended at 98%, Statewide target is 100%

The following averages include face-to-face, telephone, and video encounters.

ABH Average Service Target Hours per LOC (Level of Care) Qtr. 1

- LOC 1S Skills, Suggested target 1.3, Ended at 0.2 hours
- LOC 2 Meds, Coord, & CBT, Suggested target 3.3, Ended at 1.1 hours

- LOC 3 Meds & Psychosocial Rehab Team, Suggested target 5.9, Ended at 1.0 hour
- LOC 4 ACT, Suggested target 8.0, Ended at 3.3 hours
- LOC 5 Crisis Follow-up, No suggested target, Ended at 2.0 hours
- LOC 5 Early Onset, Suggested target 5.0, Ended at 3.3 hours
- TAY/Transitional, No suggested target, 0 hours due to no individuals authorized in TAY currently

CBH Average Service Target Hours per LOC (Level of Care) Qtr. 1

- LOC 1 Medication Mgmt., Suggested target 0.5, Ended at 0.3 hours
- LOC 2 Targeted Services, Suggested target 3.0, Ended at 0.8 hours (can receive skills training or counseling depending on the needs of the child & the family)
- LOC 3 Complex Services, Suggested target 5.0, Ended at 1.1 hours (includes skills training, prescriber services, & counseling)
- LOC 4 Intensive Family Svcs., Suggested target 7.5, Ended at 3.6 hours
- Early Onset, Suggested target 5.0, Ended at 3.4 hours
- Young Child, Suggested target 3.5, Ended at 0.5 hours
- Yes Waiver, No suggested target, Ended at 3.4 hours
- TAY, No suggested target, 0 hours due to no individuals authorized currently in TAY

ABH & CBH Auto Discharge Averages – Q1

Auto Discharge is when a person's Uniform Assessment expires and then the system discharges them.

Adults suggested average of 50% – Sept. 74.70%, Oct. 71.40%, Nov. 74.10% = Q1 average of 73.4%

Children suggested average of 50% – Sept. 77.23%, Oct. 71.10%, Nov. 80.90% = Q1 average of 76.41%

Mr. Barrett asked if there is a plan for the benchmarks that aren't met. Ms. Estrada replied yes. The suggested average target is based on the level of care, so the services that we can provide to each level of care, is not a set standard. But what is being done in UM is speaking to our outpatient partners and discussing ways that they can implement or strategies that they can implement to increase those hours. Really looking at what do the caseloads look like, are we keeping track of how many hours each person is using, are we working as a team, because every hour no matter the provider counts towards the average hours.

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 6:52 p.m.

A. Discussion regarding President/CEO Annual Performance Evaluation

VIII. OPEN SESSION

The Board reconvened into Open Session at 7:16 p.m. Discussion was held and no action was taken. Mr. Barrett stated there is a motion to authorize General Counsel to follow through and

ensure that the payments are made to the CEO in accordance with what was discussed in Executive Session.

Judge Spencer so moved; Dr. Usatine seconded. Motion carried.

VIII. REPORTS

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

Mr. Barrett stated he had to miss the meeting due to unforeseen circumstances. Ms. Jamison said that an item “What Every Board Member Should be Talking About” was included, and CCP was the big item which everyone was still waiting for the report but has since been received. Also included was the Community Center Recognitions. Mr. Barrett said he liked how different centers like to acknowledge their good work. He said the Center donated 500 toys to the San Antonio Police Association for children during Christmas. The Board is proud of the Center’s employees, and anybody who wants to read what’s happening in the State there is now a publication.

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

Mr. Guevara stated TCRMF had their meeting on February 2nd. Funds are sitting with a net position of \$45.2 million. A firm was selected to conduct the performance audit which happens every five years. There was a training that had everything to do with property which tells him property rates are going to go up. The firm proposed to reinsure and to reduce the reinsurance rate if all the premiums were paid up front. The Board rejected that request and instead are giving member centers 2.5% discount if they want to pay their premiums up front. The premiums are about \$400,000. A Request for Qualifications (RFQ) is being prepared for a Financial Auditor that will be voted on at the May meeting.

Mr. Barrett stated that Texas Council came into existence because Centers could not buy worker’s compensation.

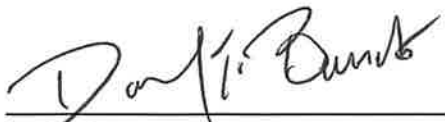
3. TEJAS HEALTH MANAGEMENT BOARD – *Robert Guevara*

Mr. Guevara reported the next Board meeting will be held on March 27, 2024.

IX. ADJOURNMENT

There being no further business, Mr. Barrett asked for a motion to adjourn the meeting. Judge Spencer so moved; Dr. Usatine seconded. Mr. Barrett adjourned the meeting at 7:54 p.m.

Passed and approved this 9th day of April, 202~~3~~⁴. *CPA*



Daniel T. Barrett
Board Chairman



Cynthia Hinton
Executive Assistant