

**DALLAS METROCARE SERVICES**

**BOARD OF TRUSTEES  
MEETING MINUTES OF**

**December 1, 2005**

# DALLAS METROCARE SERVICES

## REGULAR MONTHLY MEETING of the BOARD OF TRUSTEES

### MINUTES OF December 1, 2005

A Regular Meeting of the Board of Trustees of Dallas Metrocare Services convened at 1:35 p.m. in the Board Room on December 1, 2005 at 1360 River Bend Drive, Dallas, Texas.

#### I. Call To Order/Roll Call

Mr. Cooper called the meeting to order at 1:35pm. A quorum was present.

The following Trustees were present:

Mr. Cooper  
Mr. Driver  
Ms. Green  
Mr. Garza  
Mr. Migl  
Dr. Nace  
Mr. Orr  
Mr. Poffenbarger

**Staff Present:** Dr. James Baker, Kyle Munson, Dr. Greg Graves, and other DMS staff.

II. **INVOCATION:** Mrs. Jerry Holacka, employee of Dallas Metrocare Services, gave the invocation.

III. **CITIZENS' COMMENTS:** The procedure for Public Comments was available at the meeting for those interested. No public comment was received.

#### IV. ISSUES TO BE CONSIDERED:

##### 1. Approval of the meeting Minutes of October 27, 2005 – Regular Board Meeting:

Mr. Cooper called for any comments or corrections to the meeting minutes of October 27, 2005. There were no comments or corrections presented. Mr. Garza made a motion to approve. The minutes were approved as written.

##### 2. Chairman's Report – Mr. Cooper announced the following:

- New Board member: Mr. Cooper announced that Commissioner Dickey has appointed Teresa Hawthorne to the DMS Board. An orientation is being arranged for Ms. Hawthorne and she will join the board at the January meeting.
- In January all committee and Board meetings will resume their regular schedule. All three committees will meet on Thursday, January 19<sup>th</sup>, starting with the Service and Program at 11:30 am.
- The full Board meeting will be held on Thursday, January 26<sup>th</sup>. A training session is planned prior to the meeting.

### **3. Chief Executive Officer's Report:**

- **Success Story:** Mr. Luna presented the video, "Storm Stress", as presented in the *News Hour with Jim Lehrer*, a report of the effort of DMS in partnership with other community stakeholders to provide help to the hurricane evacuees. Mr. Luna provided staff for interviews for this program on the aftermath of Hurricane Katrina. There were no questions posed for this item.

**In the Spirit of Diversity:** Ms. Sam Clark said that one of the goals of the Diversity Council for this year was to conduct a survey with all of its staff on cultural competence issues. This was done in October and the response from staff was 36%, higher than the usual return of responses of 23%. This survey showed that there has to be more importance placed in the area of diversity. The Diversity Council will use the survey in determining priorities for its work this year. There were no questions posed for this item.

- **Centerwide Benchmarks:** Dr. Baker referred to page 8878 and highlighted some of those benchmarks. He said that the Center met budget through the first two months of the year. MR Authority beat budget as well. Collections appear low relative to target because the Center does not recognize, for this measure, collections until posted. Since April the Center has not been able to post its ValueOptions (V/O) dollars because of some V/O computer issues. Dr. Baker said that Center continues its efforts in educating the community and its leadership in mental health and mental retardations issues. To accomplish this the Center scheduled three State Legislative offices tours since the first of October. Representative Linda Harper Brown, as well as the aide to Senator Chris Harris, and representative Alonso in November. The themes in these meetings include stewardship and showing efficiency in use of limited taxpayer dollars. The major issue for the Center continues to be how to improve expenditures rate for general revenue (GR) funds in mental retardation. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

## **OPERATIONAL EXCELLENCE REPORT:**

### **BUSINESS AND FINANCE COMMITTEE**

**Chair Reports:** Mr. Orr, Chairperson of the Business and Finance Committee, asked Mr. Munson to present his report.

#### **❖ RECOMMENDATION(s) FOR APPROVAL:**

After discussion and upon motion duly made the following item(s) were approved:

#### **4. Consideration of Approval Financial Report for October 2005 (Unaudited):**

Mr. Munson referred to page 8886 the summarized statement of revenues and expenses for the period. He said that for the two months ended in October the Center was above budget on a net basis. There was a small variance from plan in the month of October of \$13,000. Most of this is related to a couple of revenue issues: The ability to earn down GR dollars through the MR Provider Services; and the county and state contracts (ICF-MR and HCS programs) providing fewer services than anticipated. Mr. Munson spoke of the intent to place two of the Centers' properties on the market. It is anticipated that the Center will accumulate approximately \$48K per month from this sale. The Center is running very positive on operating expenses primarily in salaries and wages. There was some lapse in salaries due to

vacant positions. As in previous years there is 3% in the budget for anticipated salary adjustments. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**BE IT RESOLVED** that the Board of Trustees of Dallas Metrocare Services hereby approves the **Financial Report for October 2005 (Unaudited)**

This was a Committee recommendation. All were in favor, motion carried.

**5. Update on Potential Recoupment of Non-NorthSTAR Medicaid:**

Mr. Munson said that this is an issue that arose recently regarding the Center not performing the Medicaid Administrative Claiming (MAC) studies for mental health services. Recently the Health and Human Services Commission (HHSC) decided that this Center, along with other NorthSTAR providers, should have been performing these studies for non-NorthSTAR Medicaid consumers. Mr. Munson said that this Center has not performed this function since the implementation of NorthSTAR six years ago. The State had given a verbal agreement that this Centers' mental health services did not have to perform the MAC studies. The total risk in recoupments is at \$620,000. This is almost exclusively related to the Foster Care Provider Program. Dr. Baker said that the Center has the documentation that demonstrates the Center only did what it was told to do in the last six years. This time study shows how much time you are spending doing administrative tasks related to collecting Medicaid and all the community mental health centers in the state are required to do this. He said that for some reason DMS was exempted when NorthSTAR started. Discussion with the Department of State Health Services (DSHS) leadership on these issues continues. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**6. Update on the Center's Financial Obligation associated with Lead Sponsorship of the 2006 March for Respect:** Mr. Munson said that this report is on the expanding role of DMS in the 2006 March for Respect Walk and the financial obligation in its leadership role. He said that this year, with Mr. Luna's help, DMS has become the primary sponsor. This will involve multiple agencies in promoting the month of March as the Developmental Disabilities Awareness Month. The March for Respect Walk 2006 will be celebrating its 3rd year. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**7. REVENUE DIVERSIFICATION REPORT: Not included on Packet.** Mr. Munson said that this report shows the status of the grants requests. As of last month there were approximately \$600,000 in grants requests pending final approval.

**8. Report on Investment in Human Assets:** Mr. Munson said that efforts continue to attract and retain staff. The following are the four objectives for the new year:

- 1) Reduce employee turnover: The goal is to maintain this at  $\leq 25\%$ . For the last 12 months this was at 20%. For the month of October this stayed at 4.0%.
- 2) Improve employee attitude: Working on a tool to monitor and survey employee morale that is not an intrusive or a time-consuming survey.
- 3) Fill rate for medical staff positions: This is below expectations. The target is to have 90% of the positions filled and we are currently at 85%. The Center has confirmed that the salary structure is in line with market. They will be addressing whether the Center has to go above market to attract qualified medical staff to the Center. The psychiatric market has proven to be very tight.
- 4) Maintain employee training: Goal is 90% and we were at 91%.

There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

## **SERVICE AND PROGRAM COMMITTEE**

**Chair Reports:** Dr. Nace, Chairperson of the Service and Program Committee, asked Ms. Thompson to present her report.

- 9. Mental Retardation Authority Services Report:** Mrs. Thompson said that currently there are \$7.2 million in general revenue identified to be spent during FY 06 through the provider network. The number during October was increased over what was initially reported for the month of September due to some changes mandated by DADS on how the money is spent. DADS is mandating that the Medicaid match the Center collects be spent before the GR dollars can be utilized, and this increases the general revenue dollars that need to be spent. To accommodate this, all wait lists have been eliminated. The utilization staff is being expanded to expedite the review and authorization of services requested. Additional service coordinators have been hired to expand the number of individuals served from the community support waiting list to determine their interest in services at this time. All of them are being provided information on the provider network and they have been asked to make their decisions within a seven-day period. In order to spend IHFS dollars for this year, approximately 259 individuals have to be served. To date there have been 175 families identified to offer them this service. The rest of the families are showing up on the Community Support Waiting Lists. IHFS dollars are considered the last dollars, meaning that other resources have to be used first. Ms. Thompson presented a table containing the performance targets being monitored by DADS. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).
- 10. Report on Mental Retardation Medicaid Waiver Provider Programs:** Dr. Graves referred to page 8893 and said that the Medicaid waiver programs are the Center's providers for services funded by HCS and the TLR programs. Both of these programs have an actual net in the negative. DMS has participated in several provider fairs and any other opportunities to attract individuals into these programs. Staff is working very closely in educating MRA Service Coordinators who are the primary referral source. Center staff work closely with any individual getting off the waiting list to provide them information on the services we offer. DMS is working on developing some professional videos to help market these programs. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).
- 11. Report on ICF-MR Program:** Dr. Graves said that over the course of this fiscal year this program has had a negative net that would get resolved with the sale of the Inwood and Forest properties. The first Life Safety Survey was done by the Department of Aging and Disability Services. This survey is performed for the properties to which the ICF consumers would be moved to to allow the sale. Some adjustments were done and they are expected to return to conduct a repeat survey at any time. There were no questions posed for this item. (Please refer to the Board packet of December 1, 2005 for a detailed account).
- 12. Report on Mental Health Programs:** Dr. Graves reported that year-to-date they have a favorable net of \$39K. They are working on marketing strategies for the Forensic Diversion Unit as well as the Treatment Foster Care Programs. They have asked these two programs to get involved in the community to market these programs. The Forensic Diversion Unit is making contact with the courts and several meetings have transpired at this point. Dr. Graves said that of the five target areas, the goal for productivity was not met. Authorization

denials met target. Charting quality has not met target, but there is significant improvement. Greater attention will be focused on Caseload management. Actually having staff to caseload ratios. Under the ACT team, there have been five individuals identified as having multiple hospitalizations. More clinical focus was placed on these individuals to try to address this issue. There has been some improvement seen with these consumers with this effort. In all of the case rate programs some metrics have been put in place to track the intensity of services occurring in each of these programs similar to what is done in the non-case rate programs. Dr. Graves spoke of the medical staff recruitment issues and the medical turnover issues. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**13. Report from the West Provider Region:** Dr. Ofamata presented a written report. He said that in his region a medical staff does 85 med-checks and with 10 psychiatric evaluations. Based on this the Westmoreland clinic has 4.05 FTE's capacity that translate to 162 hours of medical staff time every week. The medical staff consists of 5 psychiatrists and 2 nurse practitioners, one full time LVN and a part time registered nurse. Region's variance from budget was a net \$53K. They anticipate increased revenue due to new hired medical staff. Productivity for the West Region was at 87%, it did not meet target. The goal is 100%. Authorization denial met target at 4.3%. RDM charting quality did not meet target at 83%. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**14. Clinical Outcomes Report:** Dr. Graves and Ms. Thompson presented a written report. Dr. Graves reported that the Center, along with ValueOptions, and the Department of State Health Services (DSHS) desire to move towards objective measures of clinical outcomes.

- **Metric: Resiliency and Disease Management Outcome Measures**  
The Center met 7 out of its 10 targets. This is going to be tracked by Region, program, team and individual levels. These metrics are currently in production.
- **Metric: "Overall" consumer satisfaction rate  $\geq$  90%**  
Ms. Thompson said that the MR division was at 87% for the 4<sup>th</sup> Quarter of FY 05. This is the second quarter that the target was not met. The Community Services Division was the only area with scores of less than 70% in all domains. All sites with a score of less than 90% are required to complete a Plan of Action. A focus survey is being completed to determine specific problem areas. For the MH division the satisfaction score for individuals served was at 81% for the 4<sup>th</sup> Quarter. This has stayed fairly consistent throughout the fiscal year. Three clinic sites had scores of less than 70%. All sites scoring less than 90% are required to complete a Plan of Action that addresses the issues identified on the surveys.
- **Metric: Consistent progress towards accreditation:**  
Ms. Thompson said that the Center continues its efforts towards Joint Commission accreditation. The JCAHO Coordinator for DMS is making several presentations to the program sites regarding the accreditation process and survey expectations.
- **Metric: MH billing validity scores  $\geq$  95%:**  
Medical records review data, for the 4<sup>th</sup> quarter of FY 05, had an overall score of 80% (goal is 95%). Additional training is being provided to all program areas with scores less than 95%.
- **Metric: MR Audit Results  $\geq$  95%**  
For the 4<sup>th</sup> Quarter of FY 05 MR data verification reviews had an overall score of 90% (goal 95%). The score was pulled down by several internal providers. Supervisors for those programs are conducting weekly reviews of documentation.

Ms. Thompson presented a table with data collected for the Critical Incident Reporting System (CIRS).

- Abuse/Neglect: Ms. Thompson said that during the month of October there was one allegation of physical abuse reported to the Texas Department of Family and Protective Services (TDFPS). The allegation and investigation resulted in an inconclusive determination.
- Complaints: There were 4 complaints reported during the month of October. Two complaints involved staff not returning phone calls to individuals and/or their families. One complaint involved a physician being late for appointments and the last complaint involved a medication authorization request not being submitted timely.
- Deaths: For the month of October there were 3 reported deaths of consumers receiving services from DMS. Two of the deaths were consumers receiving services through the Mental Health Division and one death from the Mental Retardation Division. One death was attributed to a medical condition. Additional tests are being conducted by the ME's office to determine cause of death for the other two individuals. None of the deaths are attributed to services provided by DMS.
- Health and Safety: There was one medication error reported during the month of October. The error was attributed to a missed dose of medication. The number of individuals with restraint as part of their behavior program increased during the month of October. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**15. Community Partnerships Report:** Dr. Graves said that he wanted to highlight 4 items in Mr. Luna's report. He said that as Dr. Baker reported on his Centerwide Benchmarks, the Center scheduled three State Legislative offices tours and provided information on our mental health and mental retardation services. As lead agency DMS continues to plan for the March for Respect Walk for 2006. In October DMS hosted the Dallas/Ft. Worth Association of Latino Professionals in Finance and Accounting. Dallas Metrocare Services in partnerships with the City of Dallas, Workforce Commission, Dallas Urban Leagues, and the Veterans Administration continue to promote the Dallas Homeless Services Fair including a job fair to be held in December 2005. There were no questions posed for this item. (Please refer to the December 1, 2005 Board packet for a detailed account).

**V. EXECUTIVE SESSION:** There were no issues to discuss

**VI. MEETING ADJOURNMENT:** There being no further business to come before the meeting, on motion duly made, seconded and carried, the meeting adjourned at 3:00 pm.

Minutes approved by:

---

Charles M. Cooper, Chairperson

Minutes recorded, transcribed  
and distributed by:  
Martha L. Toscano  
Assistant to the CEO and